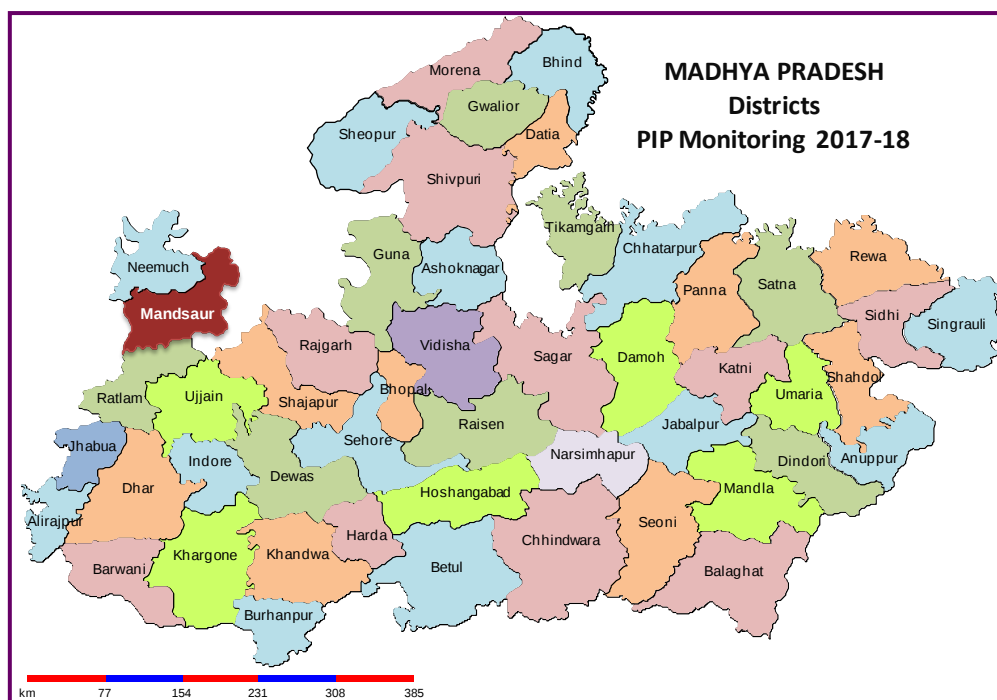


***Report on Monitoring of Programme Implementation
Plan (PIP) 2017-18 under National Health Mission in
Madhya Pradesh
District: Mandsaur***



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List of Acronyms

AFHC	Adolescent Friendly Health Clinic	M&E	Monitoring and Evaluation
AHS	Annual Health Survey	MCH	Maternal and Child Health
AMC	Annual Maintenance Contract	MCP Card	Mother Child Protection Card
AMG	Annual Maintenance Grant	MCTS	Maternal and Child Tracking System
ANC	Anti Natal Care	MDR	Maternal death Review
ANM	Auxiliary Nurse Midwife	MHS	Menstrual Hygiene Scheme
ARSH	Adolescent Reproductive and Sexual Health	MMR	Maternal Mortality Ratio
ART	Anti Retro-viral Therapy	MMU	Mobile Medical Unit
ASHA	Accredited Social Health Activist	MO	Medical Officer
AWW	Aanganwadi Worker	MoHFW	Ministry of Health and Family Welfare
AYUSH	Ayurvedic, Yoga, Unani, Siddha, Homeopathy	MP	Madhya Pradesh
BAM	Block Account Manager	MPW	Multi Purpose Worker
BB	Blood Bank	MSM	Men who have Sex with Men
BCM	Block Community Mobilizer	NBCC	New Born Care Corner
BEE	Block Extension Educator	NBSU	New Born Stabilisation Unit
BEmOC	Basic Emergency Obstetric Care	NCD	Non Communicable Diseases
BMO	Block Medical Officer	NFHS-4	National Family Health Survey-4
BMW	Bio-Medical Waste	NHM	National Health Mission
BPM	Block Programmer Manager	NLEP	National Leprosy Eradication Programme
BSU	Blood Storage Unit	NMR	Neonatal Mortality Rate
CBC	Complete Blood Count	NRC	Nutrition Rehabilitation Centre
CEA	Clinical Establishment Act	NRHM	National Rural Health Mission
CEmOC	Comprehensive Emergency Obstetric Care	NSSK	Navjaat Shishu Suraksha karyakram
CHC	Community Health Centre	NSV	No Scalpel Vasectomy
CMHO	Chief Medical and Health Officer	Ob&G	Obstetrics and Gynaecology
CS	Civil Surgeon	OCP	Oral Contraceptives Pills
CTT	Conventional Tubectomy	OPD	Outdoor Patient Department
DAM	District Account Manager	OPV	Oral Polio Vaccine
DBT	Direct Benefit Transfer	ORS	Oral Rehydration Solution
DCM	District Community Mobilizer	OT	Operation Theatre
DEIC	District Early Intervention Centre	PF	Plasmodium Falsiperum
DEO	Data Entry Operator	PFMS	Public Financial Management System
DH	District Hospital	PHC	Primary Health Centre
DMC	Designated Microscopic Centre	PIP	Programme Implementation Plan
DMO	District Malaria Officer	PMU	Programme Management Unit
DOT	Direct Observation of Treatment	PPE	Personal Protection Equipment
DPM	District Programmer Manager	PPIUCD	Post-Partum Intra Uterine Contraceptive Device
EC Pills	Emergency Contraceptive Pills	PRC	Population Research Centre
EDL	Essential Drugs List	RBSK	Rashtriya Bal Swasthya Karyakram
EmOC	Emergency Obstetric Care	RCH	Reproductive Child Health
ENT	Ear, Nose, Throat	RGI	Registrar General of India
FP	Family Planning	RHS	Rural Health Statistics
FRU	First Referral Unit	RKS	Rogi Kalyan Samiti
GDM	Glutamic Acid Decarboxylase	RKSK	Rashtriya Kishor Swasthya Karyakram
GOI	Government of India	RMNCH+A	Reproductive, Maternal, Newborn, Child Health & Adolescents
HIV	Human Immuno Deficiency Virus	RNTCP	Revised National Tuberculosis Control Program
HMIS	Health Management Information System	RPR	Rapid Plasma Reagen
HRG	High Risk Group	RTI	Reproductive Tract Infection
ICTC	Integrated Counselling and Testing Centre	SAM	Severe Acute Malnourishment
IDR	Infant Death Review	SBA	Skilled Birth Attendant
IEC	Information, Education, Communication	SHC	Sub Health Centre
IFA	Iron Folic Acid	SN	Staff Nurse
IMEP	Infection Management Environmental Plan	SNCU	Special Newborn Care Unit
IMNCI	Integrated Management of Neonatal and Childhood illness	SSK	Swasthya Samvad Kendra
IMR	Infant Mortality Rate	STI	Sexually Transmitted Infection
IPD	Indoor Patient Department	STLS	Senior Tuberculosis Laboratory Supervisor
IUCD	Copper (T) -Intrauterine Contraceptive Device	STS	Senior Treatment Supervisor
JE	Janani Express (vehicle)	T.B.	Tuberculosis
JSSK	Janani Shishu Surksha Karyakram	TT	Tetanus Toxoide
JSY	Janani Surksha Yojana	TU	Treatment Unit
LHV	Lead Health Visitor	UPS	Uninterrupted Power Supply
LMO	Lady Medical Officer	USG	Ultra Sonography
LSAS	Life Saving Anaesthesia Skill	VHND	Village Health & Nutrition Day
LSCS	Lower Segment Caesarean Section	VHSC	Village Health Sanitation Committee
LT	Lab Technician	WIFS	Weekly Iron Folic-acid Supplementation
LTT	Laparoscopy Tubectomy		

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

Executive Summary

This report presents the status of implementation of key health programme under NHM in Mandsaur 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), Sub District Hospital (SDH) Garoth, Community Health Centre (CHC) Sitamau, 24x7 Primary Health Centre (PHC) Nahargarh and L-1 Delivery Point Sub-Health Centre (SHC) Rewas Dewda in Mandsaur district during September, 2017. Apart from this team also visited PHC Melkheda level-2 delivery point in the district.

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

This report provides status of implementation of different health programme with the help of available secondary data from HMIS and other sources like state PIP submitted to the Government of India, 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-August, 2017 for all selected facilities.

Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out. The team discussed regarding knowledge about health programmes and facilities availed by JSSK/JSY beneficiaries and other patients at the visited health institutions.

Salient Observations

- There are 35 designated delivery points, out of which 12 are L-1 (PHC-7; SHC-5), 21 are L-2 (SDH-1; CHC-5; PHC-15) and DH and SDH Garoth are L-3 delivery point.
- In Mandsaur district, one DH, two SDH, six CHCs, 42 PHCs and 170 SHCs are functioning from government building.
- DH Mandsaur is functioning from a very old building and there are some new buildings for different sections such as NRC, MCH OPD, maternity-cum-children ward. Old building and the land area of DH has no space for any expansion. The DH caters to patients from four adjoining districts of Neemuch, Ratlam of MP and Jhalawar and Pratapgarh in Rajasthan. Looking to the patient inflow, bed capacity of DH is insufficient. Speciality services such as trauma care, SNCU including emergency care could not be provided due to limited infrastructure.
- Building conditions of the SDH Garoth and CHC Sitamau are poor and seepage was observed in different wards of these health facilities and drainage problem was observed in the DH and SDH.
- CHC, Sitamau is situated on a hillock and its different sections are not properly connected. CHC building is very old and does not fulfil criteria of IPHS standard. New CHC building should be sanctioned at the earliest.
- PHC, Nahargarh is functioning in old building which is in good condition. PHC building is functioning in two parts – old and new. PNC wards are functioning in newly constructed building.
- SDH Garoth is designated as L-3 CEmOC institution but it is not actually functioning as per their L-3 designated status. It has no specialist in-position except medicine specialist. No CEmOC trained MO is available at CHC. It is not equipped to provide C-section delivery service. It does not have a proper functional blood storage unit.
- Residential facilities for medical and paramedical staffs are not sufficient in all the visited health facilities.
- DH Mandsaur has two quarters for MOs and 13 quarters for SNs & supporting staffs. Two MOs quarters for Civil Surgeon and CMHO are under repair at the DH. SDH Garoth has only five staff quarters and four new quarters are near completion. CHC Sitamau has 12 quarters and four quarters among them are very old and bad in condition. BMO's quarter is being used for store and BPMU office after renovation. PHC Nahargarh and SHC Rewas Dewda have no residential facility available for MO and other health staff.
- Shortage of manpower is observed in all categories of staff in the district. SDH Garoth and CHC Sitamau are facing lack of specialists. Only one Medicine Specialist is posted at the SDH, a designated L-3 delivery point. None of the specialists are posted at the CHC Sitamau which is a designated L-2 delivery point.
- 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.

- DH Mandsaur have 478 sanctioned post against which 231 are in position. SDH Garoth has 28 staffs in position against 47 sanctioned posts. CHC Sitamau has 77 sanctioned posts and 42 staffs in position, and at PHC Nahargarh 11 posts are sanctioned and eight staffs are in position. This data is provided by the visited health facilities.
- The SNCU is fully equipped and having sufficient staff to take care of inborn and out-born children. It has four MOs, 19 staff nurses and 13 supporting staff posted for round the clock health care of children. SNCU has 39 sanctioned posts against which 35 staffs are in position.
- NRC at DH Mandsaur has seven staffs, SDH Garoth and CHC Sitamau has six staffs and PHC Nahargarh has five staffs in position for all categories.
- Integrated and co-located AYUSH services are not available at all the visited health facility except at DH. AYUSH MO of PHC Phoolkheda also provides services at SDH Garoth in the evening OPD. AYUSH MO is not a member of RKS at any of the health facility.
- A new DPL (District Priority Lab) under IDSP is proposed but adequate space is not available in district pathology. Open space available at the back side of laboratory can be used for new construction for DPL.
- In DH Mandsaur public announcement system has been made functional in labour room and PNC ward for counselling of pregnant women and mother.
- Referral transport under JSSK is the most affected service due to closure of JE. None of the facilities has any information about mothers transported from home to hospital and form hospital to home under JSSK.
- DH has two JE vehicles, two '108' emergency vehicles and one general ambulance. Blood bank ambulance is also available at the DH which is used for collecting blood during blood donation camps. This ambulance covers camps in Mandsaur, Ratlam and Neemuch districts. SDH Garoth has one JE, one '108' emergency vehicle and one general ambulance. CHC Sitamau has one JE, and one '108' emergency vehicle. PHC Nahargarh has only one general ambulance vehicle.
- JSY incentive is now provided through DBT transfer by PFMS. This is usually done within seven days after delivery. Large pendency of JSY payment is observed at SDH Garoth and CHC Sitamau. At CHC Sitamau BAM is not taking active steps to clear JSY pendency. MO(i/c) at CHC Sitamau has been fined twice for this long pendency under MP Loksewa Guarantee Act.
- Paucity of MCP card is observed in the district and visited health facilities. Supply of sanitary napkins is also found to be irregular in periphery institutions. Sanitary napkins are not supplied to SHC Rewas Dewda.
- SNCU is functional at DH Mandsaur and NBSU is functional at SDH Garoth but not at CHC Sitamau. Civil hospital Garoth has a one medical officer and one staff nurse at NBSU.
- For NBCC there is a provision of Rs.10000 under NHM for maintenance which has been sanctioned in PIP ROP of 2017-18. However, the budget is not yet transferred for NBCC at PHC Nahargarh.
- The NRCs at DH Mandsaur, is found to be fully functional with trained staff and all necessary equipments available. Building seepage is a very big problem in NRC at SDH

Garoth and timely payment are not done to NRC staffs and beneficiaries. Feeding demonstrator is not available at PHC Nahargarh. However, one ANM is providing services at the PHC.

- Out of 10 teams required, only 7 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 Mandsaur District. Seven AMOs are posted against 14 sanctioned posts, 10 ANMs in position against sanctioned post and six pharmacists are in position against 10 sanctioned posts in the district. Total staff is required to provide the complete range of services in RBSK.
- ANM at CHC Sitamau, informed about non-availability of PPIUCD follow up card since last two months. However, photocopy of the follow up card is being used.
- It was observed that no separate register is maintained for IUCD, OC and condom at SHC Rewas Dewda, although family planning services are recorded in OPD register at the SHC.
- It is observed that ARSH services have been merged into regular OPD services. All the ARSH clinics have been restructured and integrated into counselling centres named as “Swasthya Samvad Kendra (SSK)”.
- Mandsaur has separate NCD clinic established in the DH. IEC material is available regarding prevention of NCDs at DH Mandsaur. SDH Garoth and CHC Sitamau have no separate NCD clinic.
- Integrated Disease Surveillance Programme (IDSP) is established and functional since 2004-2005 in Mandsaur district. IDSP District Data Manager (DDM) informed that all equipments AC, computer system, scanner, printer provided by GOI at the time of establishment have become obsolete, are not in good condition and not repairable. New equipments are urgently required for smooth functioning of IDSP in Mandsaur district.
- At all the visited health facilities it was informed that payment of ASHAs is delayed by BPMU unit.
- During year 2016-17 the DH Mandsaur was given consolation prize under “Kayakalp” programme and SDH Garoth scored below 65 percent. “Kayakalp” assessment has been done in all visited health facilities for 2017-18 in Mandsaur district.
- BMW has been outsourced to House Win Limited, a Ratlam based private agency. BMW collected thrice a week from the health facilities. No BMW collection is done at PHC Nahargarh and SHC Rewas Dewda. Burial pit and burning is done at these facilities.
- Security services are not sufficient as per the requirements in visited facilities. Security service staffs are urgently required in periphery, particularly at SDH Garoth and CHC Sitamau.
- Upkeep and periodic maintenance of essential and expensive equipments has been outsourced to “AIM Health Care, Bhopal” for annual maintenance of equipments in SNCU, OT, Lab and X-ray and USG available at DH.
- MO (i/c) informed that fund of Rs. 1.5 crores in the form of fixed deposit is available with RKS which was earned by auctioning shops. Out of the interest earned on this deposit minor expenses were being met out. However due to mismanagement of RKS funds by

previous MO (i/c) payments are pending towards salary of eleven support staff and payment cheque of Rs.1-2 lakh are due.

- State has revamped HMIS and MCTS. New data items are included in facility level monthly reporting under HMIS. RCH Portal 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 introduced 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.
- More training and regular orientation is required for newly introduced HMIS and RCH portal for block level programme managers, supervisory staff and health workers. Presently the state is sending periodic instruction regarding changes being incorporate in new HMIS reporting formats. None of the visited facilities have adequately trained person for HMIS reporting which is equally essential for accuracy and completeness of data in HMIS and RCH Portal.
- Data entry unit for RCH portal has been setup in the DH. A room in the Maternity and immunization section is allotted for data entry purpose the same room is now being used for Aadhar centre which is causing shortage of space for data entry operators.

Action Points

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

- ***The staffs trained in various skills need to be posted optimally at rural and remote health facilities at least at all the identified L2 delivery points in order to provide full range of BEmOC services.***
- At CHC Sitamau except ANM, all the staffs in NRC are males. In 2009 recruitment of male staffs in NRC was done against the government guidelines. The presence of male staffs in NRC inhibits the counselling, feeding demonstration and other support services which affects services of NRC. ***Districts should ensure recruitment of staffs as per guidelines.***
- ***At least 50 beds are required for the SNCU and a separate building for 50 bedded child care unit is also required considering the high case load.***
- In order to achieve complete and accurate data reporting, training at all levels is essential. ***For computer based data reporting system – computer, internet and data entry operators are also essential.***
- ***Mapping of urban wards for Bhanpura city, Malhargarh, Pipliyamandi, Narayangarh and Mandsaur city in RCH portal is essential for capturing services of urban areas.***
- ***Detailed data definition guide and source of data from where each data is to be captured under HMIS need to be provided to all the health facilities.***

Action Points for DH, Mandsaur

- ***Separate autoclave for labour room is essential.***

- **Attached toilet in the labour room and a separate wash room for staff of maternity wing required at DH.**
- **Various laboratory equipments such as analyzer, reader for dengue and HIV test is required. AC in the blood bank and pathology should also be repaired urgently.**
- The data discrepancy was observed by PRC team in reporting of blood transfusion for ANCs. **The DEO of the maternity wing was instructed to check register and records to verify and validate this data item before data entry and reporting in HMIS.**
- **Adequate space for the proposed DPL (District Priority Lab) under IDSP needs to be provided near pathology.**
- Non availability of wash room separately for male and female staffs was reported. **Adequate wash room for male and female staffs of the DH is required to be built in different sections of DH.**

Action Points for SDH, Garoth

- SDH Garoth is facing acute shortage of doctors and paramedical staffs. At least three MOs have joined their duties in August, 2017 but not attending duty after joining. Two MOs from other PHCs are posted at SDH Garoth for providing services on fix days. Presently MO of PHC Sathkheda is attached at SDH Garoth as MO (i/c) since 2011. **Staff relocation to facilitate day to day services is essential. Administrative intervention is required for retaining doctors and paramedical staffs at the SDH.**
- Male staff nurses are not allowed to conducted deliveries due to social cultural issue. This has resulted in failure of two male staff nurse in securing extension of contract during 2017-18. **Job profile and work assignment to male staff nurses need to be clearly defined and posting of male staff nurse need to be ensured accordingly.**
- Present power backup through solar system, generator is insufficient for all parts of SDH. **Power backup capacity needs to be increased. Repair of non-functioning essential equipments in laboratory, labour room, NBSU and BSU need urgent attention.**
- **A new X-ray digital machine is required at SDH Garoth.**
- **Arrangements for BSU services and posting of LSCS and LSAS trained MOs is required for providing C-section and obstetric emergency services in this designated L-3 CEMOC.**
- Short supply of essential and life saving medicine such as rabies vaccine, antibiotics, IV set, calcium and vitamin D supplements, iron sucrose has affected services at the SDH. **Many of the EDL medicines which can not be ordered through SDMIS due to non availability of medicine at district drug store may be purchased locally or borrowed from other facilities.**
- **Monitoring of utilization of RKS funds and disbursement of dues need to be cleared with atmost priority by CMHO.**

Action Points for CHC Sitamau

- CHC Sitamau functioning from a very old building and functions from small rooms and staff quarters constructed in fragmented and piecemeal manner. Space for labour room, laboratory, X-ray room, drug store, OPD rooms and staff rest room are very small in size.

Shortage of municipal water supply and insufficient water availability during summer compel the CHC to purchase water during summer. CHC has 14 staff quarters but none of them are occupied due to dilapidated condition and insufficient basic amenities. **CHC should have a separate building with adequate staff quarters according to IPHS norms.**

- CHC only two MOs and three BPMU staffs. Two DEOs from Sitamau are attached to the different departments, one at district collector office and another at CMHO office. **Adequacy of HR need to be ensured. Alternate arrangement of DEOs must be made immediately.**
- Essential stationery items such as MCP cards, PPIUCD follow up card, partograph, TT certificate, NRC discharge card, IMNCI child referral card etc. are not available in sufficient quantity and xerox copy are being used. MCP card are not available since January, 2017. **Supply of essential cards must be ensured by the state and district.**
- Provision of store attached to labour room for keeping essential drugs and consumables etc. and air conditioner for labour room along with sufficient power backup is required at CHC Sitamau. **Labour room should be equipped and furnished as per IPHS norms.**

Action Points for PHC Nahargarh

- PHC is located at the end of market and approach road is very narrow which is not easily accessible for ambulance or other big vehicle. MO (i/c) informed that a small land area encroached adjacent to PHC need to be acquired for PHC. **Administrative intervention is required for expansion of building and other infrastructure of PHC, land of nearby school can be handed over to PHC.**
- Staff of the PHC and ASHAs informed that various payments of NRC, JSY and TT operation and ASHA incentive are delayed due to online payment system. **Delay in payments to ASHA and beneficiaries through PFMS need to be addressed urgently.**
- **Two old generators which consume more fuel and create noise and pollution need to be replaced with advanced fuel efficient generator set for PHC.**
- Support staffs such as Aaya and sweeper for regular cleanliness at the PHC, particularly for labour room is urgently required. **Arrangements for cleaning at this high performing L-2 PHC should be made.**

Action Points for SHC Rewas Dewda

- SHC Rewas Dewda functions from a recently renovated building. UNICEF has supported for establishing model labour room at the SHC. For round the clock services three ANMs are posted at SHC. **Efforts are needed to upgrade high performing SHCs or potentially high demand SHCs in model delivery point in other districts as well.**
- **A visit by a doctor and lab technician once or twice weekly is urgently required to ensure full range and increased coverage of services.**
- **SHC premises need adequate lighting on the main gate and in the premises for visibility during night time. Paver block and flooring, proper signage, RO water filter and restroom for ASHAs and patient's relatives are also required.**

**Report on Monitoring of Programme Implementation Plan (PIP) 2017-18 under
National Health Mission in Mandsaur 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 Mandsaur district in September, 2017. PRC team visited District Hospital (DH), Civil Hospital (SDH) Garoth, Community Health Centre (CHC) Sitamau, 24*7 Primary Health Centre (PHC) Nahargarh and Sub-Health Centre (SHC) Rewas Dewda which are functioning as delivery points, to assess services being provided in these health facilities. Apart from this team also visited PHC Melkheda level-2 delivery point in the district.

This report provides a review of health and service delivery indicators of the state and Mandsaur 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-August, 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, 19 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 (DPMU) in the district.

2. State and District Profile

- Madhya Pradesh located in central India with 50 districts and 342 blocks has a total population of 7.2 crores (Census, 2011).

- The district is bounded by two districts of Madhya Pradesh namely Neemuch in the north-west and Ratlam in the south. Four districts of Rajasthan namely Pratapgarh, Chittorgarh, Kota, Jhalawar also share the boundary with Mandsaur district. The total area of district is 5535 sq. km. with a population of 1340411 (Census, 2011). The percentage of scheduled caste and scheduled tribes population is 18.6 and 2.5 percent respectively in the district.
- The district is divided into five sub divisions and eight tehsils. There is one Municipality and nine Nagar Panchayats and 10 Census Towns in the District. As per Census 2011 Mandsaur has 933 villages, out of which 893 are inhabited and 40 are uninhabited villages. Mandsaur district has total 441 Gram Panchayats and five Janpad Panchayats. Population wise largest village is Bhensoda of Bhanpura tehsil.

Key socio-demographic indicators

Sr.	Indicator	MP		Mandsaur	
		2001	2011	2001	2011
1	No. of Districts	45	50	-	-
2	No. of Blocks	333	342	5	5
3	No. of Villages	55393	54903	943	933
4	No. of Towns	394	476	9	10
5	Population (Million)	60.34	72.63	1.2	1.3
6	Decadal Growth Rate	24.3	20.3	23.7	13.2
7	Population Density (per Km ²)	196	236	214	242
8	Literacy Rate (%)	63.7	70.6	70.3	72.7
9	Female Literacy Rate (%)	50.3	60.6	54.7	58.3
10	Sex Ratio	919	930	956	966
11	Sex Ratio (0-6 Age)	932	918	946	921
12	Urbanization (%)	26.5	27.6	18.6	20.7
13	Percentage of SC (%)	15.2	15.6	17.9	18.6
14	Percentage of ST (%)	20.3	21.1	3.2	2.5
Source: Census of India 2001, 2011 various publications, RGI.					

- Literacy rate of Mandsaur district is 72.7 percent and it occupies 17th position in the state. The female literacy rate of the district is 58.3 percent. Female literacy rate has increased by 3.6 points in Mandsaur district from 54.7 percent in 2001 to 58.3 in 2011 which is lower than the state average (MP: 60.6 percent).
- The sex ratio of Mandsaur district is 966 females per thousand males as compared to 930 per 1000 males for MP. The child sex ratio has decreased by 25 points from 946 in 2001 to 921 in 2011, which is little more than the child sex ratio of MP (918/1000).

- The latest round of Annual Health Survey (AHS) 2012-13 for MP reveals that Mandsaur district has IMR of 60 which is slightly lower than the state average (MP: 62). Neonatal mortality rate is 39 in the district which is lower than state average (MP: 42). Ujjain health division has maternal mortality ratio (MMR) of 176 per 100,000 live births as compared to the state average of 227 per 100,000 live births.

Sr.	Indicator		MP	Mandsaur
1.	Infant Mortality Rate (per 1000 live birth)	2010-11	67	64
		2011-12	65	62
		2012-13	62	60
2.	Neonatal Mortality Rate(per 1000 live birth)	2010-11	44	37
		2011-12	43	36
		2012-13	42	39
3.	Post Neonatal Mortality Rate (per 1000 live birth)	2010-11	22	27
		2011-12	21	26
		2012-13	21	21
4.	Maternal Mortality Ratio (per 100,000 live birth)	2010-11	310	268
		2011-12	277	206
		2012-13	227	176
5.	Sex Ratio at Birth	2010-11	904	910
		2011-12	904	913
		2012-13	905	902
6.	Postnatal Care received within 48 Hrs. after delivery	2010-11	74.2	84.2
		2011-12	77.8	88.8
		2012-13	80.5	88.2
7.	Fully Immunized Children age 12-23 months (%)	2010-11	54.9	47.0
		2011-12	59.7	61.5
		2012-13	66.4	67.5
8.	Unmet Need for Family Planning (%)	2010-11	22.4	25.0
		2011-12	21.6	18.9
		2012-13	21.6	21.5
Source: AHS Reports				

Temporal Variation in some service delivery indicators for Mandsaur district					
Sr.	Indicators	MP		Mandsaur	
		HMIS/AHS Census	NFHS-4	HMIS/AHS Census	NFHS-4
1	Sex Ratio	930 [#]	948	966 [#]	983
2	Sex Ratio at Birth	905 [§]	927	902 [§]	817
3	Female Literacy Rate (%)	60.6 [#]	59.4	58.3 [#]	54.4
4	Infant Mortality Rate (per 1000 live births)	62 [§]	51	60 [§]	-
5	Unmet Need for Family Planning (%)	21.6 [§]	12.1	21.5 [§]	14.9
6	Postnatal Care received within 48 Hrs. after delivery	80.5 [§]	55.0	88.2 [§]	55.8
7	Fully Immunized Children age 12-23 months (%)	66.4 [§]	53.6	67.5 [§]	43.5
8	1 st Trimester ANC Registration (%)	73.3 [§]	53.1	73.7 [§]	45.5
9	Reported Institutional Deliveries (%)	82.6 [§]	80.8	90.2 [§]	88.2
10	SBA Home Deliveries (%)	38.3 [§]	2.3	63.4 [§]	2.8
Source: [#] Census 2011, [§] AHS 2012-13					

3. Health Infrastructure in the District

- Mandsaur has 223 public health facilities and almost all facilities are reporting data under HMIS. Mandsaur has limited public health infrastructure in terms of specialist and referral services. Majority institutions are not fully equipped for providing all the designated secondary and tertiary care health services.
- There are 35 designated delivery points, out of which 12 are L-1 (PHC-7; SHC-5), 21 are L-2 (SDH-1; CHC-5; PHC-15) and DH and SDH Garoth are L-3 delivery point. SDH Garoth (L3) is not actually functioning as per its designated status. SDH Garoth and CHC Sitamau do not have facility for C-section delivery due to non availability of specialists and non-functional blood storage unit. Critical emergency cases of pregnancy are referred to DH.

Number of Designated Delivery Points, Mandsaur				
Block Name	Population Census 2011	Delivery Point Level		
		L-1	L-2	L-3
Bhanpura	151297	3	3	-
Malhargarh	203923	3	7	-
Garoth	261029	1	3	1
Mandsaur	445960	3	5	1
Sitamau	278202	2	3	-
Total	1340411	12	21	2



- Total bed strength in the public health institutions is 1002. This includes 500 functional beds in the DH, 30 beds each at 2 Civil Hospitals, 30 beds each at 6 CHCs, 10 beds each at 42 PHCs and 1-2 beds at each SHC L-1 delivery points.
- Details of health institution and beds strength in Mandsaur district available at <http://www.health.mp.gov.in/institution/insti/summary.htm> (as on 31.03.2017) show DH with 500 beds, 2 CHs with 99 beds, 7 CHCs with 210 beds, 40 PHCs with 240 beds and 191 SHCs. There are total 1049 beds available in 241 public health institutions in Mandsaur district.
- The building of DH Mandsaur, SDH Garoth and CHC Sitamau are not in good condition. Buildings of PHC Nahargarh and SHC Rewas Dewda are in good condition with continues up keep and renovation. Seepage and drainage problem was observed in DH, SDH and CHC.
- Residential facilities for medical and paramedical staffs are not sufficient at the visited facilities. DH Mandsaur has only two quarter for MOs, which are allotted for residence of Civil Surgeon and CMHO, are presently under repair. There are 13 quarters for SNs and

supporting staffs available at DH of which only nine are being used for residence purpose. SDH Garoth has only 5 staffs quarters (one for MOs and four for other staffs) and four new quarters are near completion. CHC Sitamau has 12 quarters out of which four quarters are in very bad condition and are in dilapidated condition and declared as condemned. BMO's quarter is being used for store and BPMU office after its renovation. PHC Nahargarh and SHC Rewas Dewda has no quarter available for MO and other health staff.

- 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 CHC and PHC. Internet facility is also not adequate, which is very essential for online reporting of many health care services.
- At SDH Garoth adequate space for laboratory and BSU are not available. Laboratory is functioning in a small room under poor condition and BSU is not functional due to non availability of trained lab technician. BSU procures blood from mother blood bank at DH Mandsaur as per requirement.
- Building of CHC, Sitamau does not suffice the purpose of a L-2 BEmOC facility. CHC building is very old and does not fulfil the requirements of any of its service delivery points such as labour room, laboratory, drug store, inpatient wards and OPD. CHC is situated in market place where shops and residential premises are in close proximity which restricts the entry of ambulance and patient vehicles into the hospital premises.
- PHC, Nahargarh is functioning from an old building however, good up keep and proper maintenance is observed in PHC. PHC building is functioning from two parts – old and new. PNC wards are functioning in newly constructed building. With continued efforts of MO (i/c) and active cooperation and donation received from public, facilities such as laboratory, medical ward, NRC and labour room has been added and renovated in the PHC.
- PHC is facing problem of continues running water supply throughout year. Grampanchayat water supply is provided only for four months and for remaining months Rs. 200=00 per water tank is paid by PHC for purchasing water.
- SHC Rewas Dewda functions from a recently renovated building. Land for SHC was donated by Sanghavi Sajjan Raj Ji Nahar Pariwar of Rewas Dewda. Active cooperation from village panchayat and public participation has supported augmentation of health infrastructure at the SHC.

4. Human Resources

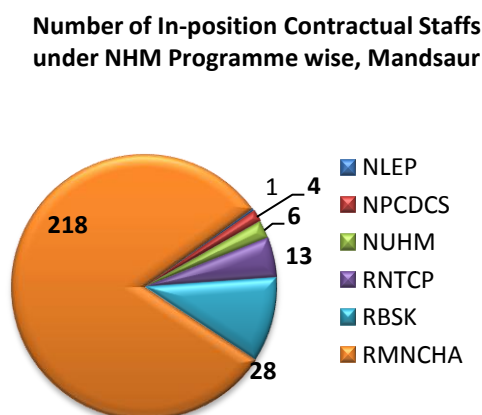
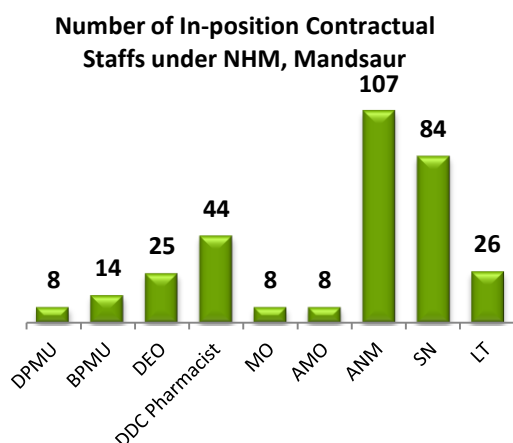
- For effective deployment of health services providers at various health care facilities state government has initiated the process of consolidating and compiling information related to each and every employee working in the health department by way of a comprehensive HR Portal <http://mpsdc.gov.in/nhmhrms/Home/Login>. This portal provides detailed information about all regular as well as contractual employees in the health department. However, information about facility-wise deployment of HR, in the form of summary or any report is not available in public domain.
- The annual report of the health department <http://www.health.mp.gov.in/iec.htm> mentions only number of sanctioned and in-position specialist and medical officers in the state. Details about various specialists and medical officers including their place of posting are not available in the public domain.
- Human Resource (HR) for health is grossly insufficient in the district, not only as per population norms but in terms of requirements for different health services and various national health programmes.
- At present the DH Mandsaur has only 13 specialists available against 37 sectioned posts. These include Paediatrician-2, Gynecologist-2, Anesthetists-2, General surgeon-2, Orthopedic-3, Medicine Specialist-1 and ENT Specialist-1. Apart from these three PGMOs (Ophthalmology, Radiology and Pathology) are also posted at the DH.
- SDH Garoth has total five sanctioned posts of specialist but only one specialist for general medicine is in position. A medical officer attached from PHC Sathkheda is acting as in-charge MO at SDH Garoth.
- None of the specialists at the CHC Sitamau are in-position against the sanctioned posts Only two MOs are presently posted at CHC.
- In the visited health facilities distribution of HR in regular and contractual categories against sanctioned posts is as follows -

HR Position	DH	SDH Garoth	CHC Sitamau	PHC Nahargarh	SHC Rewas Dewda
Sanctioned	478	47	77	11	-
In-position (Regular+Contractual)	231	28	42	8	4

Note: Data provided by visited health facilities.

- There are 598 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> (accessed on 05.12.2017) but this information is not updated. There are only 29 medical officers posted in periphery health institutions.
- The staffs position in district and block level PMUs under NHM shows that there are 324 contractual staffs in position in the district. The PMUs have one district monitoring and evaluation officer (M&E), one district community Mobilizer (DCM), one district account assistant, one sub engineer, 44 DDC pharmacists, one RBSK coordinators, one routine immunization data manager and 25 data entry operator (DEO), four block programme manager (BPM), five block community mobilizers (BCM) and five block accounts manager (BAM) are working. Post of District programme manager (DPM) is vacant in the district.

All contractual staff under different health programme of NHM as blow:-



- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility. DMPU has maintained complete information about the contractual staff of the district.
- In Mandsaur district, monitoring and evaluation officer (M&E) is given additional charge of DPM. 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. Similarly at SDH Garoth, the lone lab technician performs all the laboratory work for pathology, ICTC, blood storage unit and sometimes data entry work.

- 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.
- A fully equipped SNCU at DH has sufficient staffs which include four MOs and 19 staff nurses for round the clock health care of children. SNCU has thirty nine sanctioned posts and 35 of them are in position at SNCU.
- Twenty four staffs are working in NRCs at visited health facilities of the district- NRC at DH has seven staffs, SDH Garoth and CHC Sitamau each have six staffs and PHC Nahargarh has five staffs in position in all categories.
- Periodic training of health personnel is essential for providing services effectively. it was found that no Training MIS is maintained in the district as well as at visited health facilities for all categories of health staffs. DH Mandsaur, SDH Garoth, CHC Sitamau and PHC Nahargarh has provided a list of MO and SN trained in BEmOC, FIMNCI, NSSK, FBNC, SBA, PPIUCD, Kayakalp and other as per checklist. In totality 48, 19, 18 and 3 health personnel have received FBNC, SBA, IUCD and Blood Bank/BSU training respectively in all the visited health facilities. Visited health facility has no staff trained in Skill Lab. No CEmOC trained MO is available at SDH Garoth, a designated L-3 delivery point. No efforts are being made to initiate CEmOC services including C-section delivery at the SDH.
- District should ensure filling-up all the sanctioned posts, at least at all the identified delivery points, in order to provide full range of health services. The staffs trained in various skills need to be posted optimally at rural and remote health facilities.

5. Other Health System Inputs

- Availability of equipments, drugs and consumables, diagnostics and availability of speciality services are essential part of health care at all levels of health institutions. Provisioning of all these essentials need close and continuous monitoring to ensure their supplies and upkeep.
- Number of drugs in the EDL is publically displayed at all the health facilities except SHC Rewas Dewda. However, actual availability of drugs is not displayed publically. All the visited health facilities reported about shortage or non-availability of IFA (blue) except SDH Garoth and SHC Rewas Dewda. Vitamin A syrup' is not available at the DH.
- At DH Mandsaur, 8274 X-ray have been done of which 1251 were done for MLC cases during April to August, 2017.

- ANM informed about the shortage of sanitary napkins and essential consumables for delivery. However, ANM at SHC Rewas Dewda provides sterile cotton pads to the women at the time of delivery.
- Most of the diagnostic tests are available in the DH except serum urea and SGPT blood test. Although serum cholesterol test is available but test results is not appropriate because of some technical issue with the testing machine at DH Mandsaur.
- At SDH Garoth and CHC Sitamau liver function test is not available. PHC Nahargarh has only limited tests like Hb, Malaria, ESR and Urine pregnancy test etc. Only one Lab technician is available at the PHC.
- Equipments such as OT Ventilator, Laparoscopes and C-arm units are not available at DH and SDH. Anesthesia machines and surgical diathermies are not available at CHC Sitamau. Phototherapy unit are not functional at CHC and PHC Nahargarh.
- At DH 261 units of blood was available at the time of visit and 1959 blood units were issued in last six months, of which 455 units of blood was issued for ANC and delivery. There are free provision of blood for TB, SNCU, ANC and PNC patients. However, blood processing charges of Rs.1050 per unit is levied from patients of private facilities.
- At SDH Garoth BSU is not fully functional due to non availability of trained LT. Blood bags are procured from mother blood bank at DH as per requirement. Total 63 units of blood were issued during April to August, 2017 of which 30 units blood were issued for ANC.
- DH has speciality care services for gynaecology, surgery, medicine and paediatrics. Speciality care for cardiology and a four bedded ICCU is functional at the DH.
- Trauma care facility is not available at DH Mandsaur due to non availability of trauma care building, equipments and essential trained human resource. Specialty services for pathology, radiology and ophthalmology are not available at the DH. Except emergency care no other specialty care services are available at SDH and CHC.
- Integrated and co-located AYUSH services are not available in visited health facilities except at DH. AYUSH MO provides services at SDH Garoth in the evening and is posted at a nearby PHC. AYUSH MO is not a member of RKS at any of the visited health facilities.
- Pathological investigations are free for all the patients in government health care facilities. There are 48 diagnostic tests at DH, 32 at SDH, 28 at CHC, 19 at PHC and 3 at SHCs that are

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

Diagnostic Test not available at CHC, Sitamau	Diagnostic Test not available at PHC, Nahargarh
Complete Blood Picture/skilling, ECG, Liver Function Test, RPR for syphilis	Platelet Count, HBsAG, Semen Analysis, Liver Function Test, RPR for syphilis

- Adequate space is not available for medical staff and blood testing room in blood bank at DH Mandsaur. It was observed ACs, analyzer reader for dengue and HIV testing kits are required in laboratory at the DH.
- Under IDSP, establishment of a new District Priority Lab (DPL) is under process. However adequate space is not available for the laboratory. Open space adjacent to the pathology is marked for construction of proposed DPL. This lab will provide facility for testing of diseases like chikan guniya and other fevers which are epidemic prone. Essential equipments are being procured for DPL.

6. Maternal Health

- There is no separate maternity hospital or maternity wing attached to DH Mandsaur.
- DH is the only health facility in the district which has c-section delivery facility and is providing CEmOC services. On an average every month 400-500 deliveries are conducted at DH. There are 868 C-section deliveries conducted at DH during April-August' 2017 and 143 women with obstetric complication were managed by providing blood transfusion.
- In DH Mandsaur announcement system has been made functional in labour room and PNC ward for purpose of counselling of beneficiary and their children.
- During April-August' 2017 three maternal deaths were reported and one death was reviewed at the DH. SDH Garoth reported two maternal deaths but none of them were reviewed. A case of maternal death was reported while transferring a mother from CHC Sitamau to DH Ujjain due to maternal complications. PHC Nahargarh and SHC Rewas Dewda have no maternal death reported during April to August, 2017.
- At SDH, Garoth 456 deliveries, at CHC 610, at PHC 287 and at SHC 50 deliveries have been conducted during April-August'2017.
- At DH Mandsaur 1235 deliveries were conducted at night (8pm-8am). Number of on the way deliveries reported by SDH and CHC were 12 and 26 respectively.

- JSSK services are not fully functional at any of the visited health facilities. In-house kitchen and dietary services are available at all the visited health facilities except SHC Rewas Dewda. At SHC Rewas Dewda milk, tea, daliya and biscuit are provided to beneficiaries. Free diagnostic services and drug, medicine etc. are provided under JSSK services. Referral transport under JSSK is the most affected service. None of the facility has any information about mothers transported from home to hospital and from hospital to home under JSSK.
- Janani Express services which were operational through district level call centre have been reorganized. A centrally monitored state level referral transport service out sourced to “Ziqitza Health Care Limited” has been initiated for mothers and new born children. Apart from this ‘108’ emergency response vehicle also provide transportation under JSSK.
- It was observed that two JE vehicles and two ‘108’ emergency response vehicles are providing services at DH. SDH Garoth and CHC Sitamau have one JE and one ‘108’ emergency vehicle but PHC Nahargarh has no JE or ‘108’ vehicle.
- In case of inter facility referral under JSSK general ambulances available at visited facilities are also used for JSSK beneficiaries.
- JSY payments are done as per JSY guidelines through DBT. PFMS is being used to disburse JSY payment to the beneficiary which is usually credited to beneficiary account within seven days of discharge from the hospital after delivery.
- It was observed that SDH Garoth and CHC Sitamau have pendency of JSY payment of current as well as previous years due to delays in processing by respective BPMUs.
- JSY payments were made to 2504 beneficiaries at DH, 401 at SDH and 338 at PHC on date of visit. SDH Garoth reported about non payment of JSY incentives to about 20 JSY beneficiaries due to closure of their Jan Dhan accounts.
- At CHC Sitamau pendency of JSY incentive is mainly due to erroneous records of accounts of JSY beneficiaries which are not updated by BAM. This has resulted in complaints on CM helpline and eventually the MO (i/c) was penalised for delay in JSY payments.
- Nineteen beneficiaries, who received ANC or delivery or PNC services at the visited health facilities, were interviewed. There were 18 beneficiaries who had come for delivery services and nine of them were prime para. All of them had registered their pregnancies with ASHA/ANM. Eighteen beneficiaries were aware about JSSK and JSY scheme. One pregnant woman had no information about JSY/JSSK as counselling was not done by ASHA. All the

beneficiaries received free diagnostic and drugs under JSSK except those who delivered at SHC Rewas Dewda. All the women who delivered at institution were provided free meals and breakfast. One pregnant woman who had come for ANC services was advised regarding place of delivery by ASHA and ANM.

- Nine out of 18 women, who had come for delivery, were able to get free transport from home to hospital. Three pregnant women, who were referred from periphery to DH, had a normal delivery. Half of the pregnant women could not avail free transport facility due to closure of '102' Janani express and its conversion as '108' emergency vehicle. It was observed that pregnant women had to pay for transport due to non availability of JE vehicle while coming to hospital or returning back to home.

7. Child Health

- A 20 bedded SNCU is functional at DH Mandsaur with four medical officers, 19 staff nurse and 13 supporting staff posted at SNCU.
- During April-August 2017, a total 1060 children (inborn-474; outborn-586) have been admitted and as per the records, 904 children were cured after treatment and 41 children were referred to a higher facility and 105 death reported. In DH Mandsaur it was reported that eight children left earlier without informing or left against medical advice (LAMA).
- Civil surgeon informed that the present bed capacity of SNCU is not sufficient because it caters to two adjoining districts Neemuch and Ratlam in the state and Jhalawar and Pratapgarh districts of Rajasthan,. Due to high case load of neonates the present capacity needs to be increased up to 50 beds. Under PIP 2017-18 additionally 20 radiant warmers have been proposed. However due to lack of space expansion of SNCU is planned in the maternity ward. PRC team observed drainage and seepage problem in corridor of SNCU.
- NBSU is functional at SDH Garoth. It has four radiant warmers and other essential equipments. One medical officer and one staff nurse are trained for NBSU services. During April-August, 2017 there were 115 admissions (Inborn:109; Outborn:6). In this period 80 children are reported cured, two not cured, 33 referred, two deaths and one LAMA at SDH Garoth.
- The ACs and fans are not working since 2-3 months in the NBSU at SDH Garoth. It is also facing problem of irregular supply of oxygen which requires essential equipment and trained manpower.

- Child health services, particularly sick newborn care are severely affected in CHC Sitamau due to non-availability of NBSU or NBCC. At the CHC neither NBCC register nor detail about referred sick neonates are properly maintained.
- NBCC is functional in PHC Nahargarh. The MO (i/c) of PHC Nahargarh informed about non availability of maintenance grant for NBCC. As per the directives of NHM Madhya Pradesh Rs. 10,000 has been sanctioned for maintenance of NBCC which the PHC has not received at the time of the team's visit.
- There are seven NRCs in Mandsaur district. In all 80 beds are available in NRCs. Overall bed occupancy rate reported in the district is 77.7 percent. All the visited facilities have NRCs with total 24 staffs in-position. District hospital has a 20 bedded NRC, and the visited SDH, CHC and PHC each have 10 bedded NRC. During April-August' 2017, 165, 109, 136 and 79 SAM children were admitted in NRCs at DH, SDH CHC and PHC Nahargarh respectively.
- The NRC at DH Mandsaur, is found to be fully functional with trained staffs. It has seven staffs in-position. The NRC is facing problem regarding inadequate space and non functioning of computer and internet facility. The ANM expressed difficulty in monitoring of food intake of admitted SAM children due non availability of diet scale. On the day of visit only 12 children were admitted in the NRC. This shows lack of information, IEC and awareness among people about NRC services at the DH. Presently NRC at DH is functioning in small and old room. A new building for NRC is under construction.
- The NRC at SDH Garoth is facing problem of seepage and lack of maintenance is observed. The NRC staffs have reported about irregular salary and non payment of incentives to mothers of SAM children.
- At PHC Nahargarh post of feeding demonstrator is vacant and only one ANM is providing services at NRC. The other supporting staffs available at NRC includes cook, care taker and sweeper.
- RBSK programme in the district is being implemented as per guidelines. A district RBSK

Block-wise status of RBSK team in Mandsaur district				
Blocks	Teams	AMO	ANM	Pharmacist
Malhargarh	Team 1	1	1	0
	Team 2	1	1	1
Sitamau	Team 1	1	2	1
	Team 2	0	0	0
Garoth	Team 1	1	2	1
	Team 2	0	0	0
Dhundhadaka	Team 1	1	1	1
	Team 2	1	1	1
Bhanpura	Team 1	1	2	1
	Team 2	0	0	0
Total		7	10	6

coordinator has been appointed for monitoring and supervision of RBSK programme.

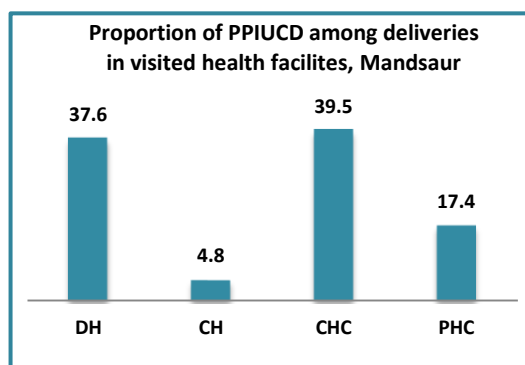
- Out of 10 teams required, only 7 RBSK teams are operational in the district. None of the RBSK team is complete in all aspects. Seven AMOs posted against 10 sanctioned posts, 10 ANMs are in-position and six pharmacists are in-position against 10 sanctioned posts in the district. There is manpower shortage in RBSK teams across all the blocks in Mandsaur District. All the required staffs needs to be posted to provide full range of RBSK services.
- One AMO posted at CHC Sitamau is attached with RBSK team at CHC Bhanpura. Two contractual ANMs working in RBSK team of Dhundadaka block have been selected for regular ANM post and will be joining their duties shortly this will create vacancy in RBSK teams in Dhundadaka block.
- As per the available data numbers of children screened for any illness were 4120 at SDH Garoth and 4986 at CHC Sitamau. A total of 417 and 1770 children in different age groups were identified with various health problems and 45 and 298 children have been referred to higher facility for treatment from SDH Garoth and CHC Sitamau respectively.
- District Early Intervention Centre (DEIC) has been operationalized in DH Mandsaur since 2016. Mandsaur district has sent a proposal for new DEIC building to the state. The staff at DEIC includes a physiotherapist, a dental surgeon, an audiologist & speech therapist and a social worker.

8. National Health Programmes

Mandsaur 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:

- Mandsaur district has facility of providing full range of family planning services at most of the health institutions. All family planning services are available at the visited DH and CHC Sitamau.
- ANM at CHC, Sitamau, informed about short supply of PPIUCD follow up card since last two months, however, photocopy of the card are being used.



- Total number of PPIUCD insertion are DH-757, SDH-22, CHC-241 and PHC-50.
- Total interval IUCD insertion are DH-81, SDH-0, CHC-13 and PHC-15.

- SDH Garoth has not reported NSV, Minilap and IUCD services under family planning method during April to August' 2017. During this period 33 CTT have been done.
- At CHC Sitamau CTT operation are conducted on every Saturday. A surgeon from CHC Suwasara visits CHC Sitamau for conducting CTT. For LTT one surgeon from Ratlam is called as per number of cases available.
- It was observed that no separate register is maintained for IUCD, OC and condom at SHC Rewas Dewda. All these family planning services are recorded in daily OPD register by ANM. PPIUCD training has been received by ANM recently and the required instrument has been provided to ANM.

8.2 ARSH / RSKS:

- Adolescent health services are an important dimension of overall umbrella of health care services. It is observed that ARSH services have been merged into regular OPD services. Hence ARSH data is not being reporting in HMIS format in Mandsaur district.
- All the ARSH clinics have been restructured and integrated into counselling centres named as "Swasthya Samvad Kendra (SSK)".
- ARSH counselling to 480 adolescents was provided at SHC Rewas Dewda by ANM.

8.3 Non-Communicable Diseases (NCD):

- Mandsaur has separate NCD clinic established in the DH. At present one MO and three 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.
- IEC material available for prevention of NCDs are displayed and through charts audio visual at the DH.
- NCD services are being provided with general OPD at SDH Garoth.

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-August' 2017, 6311, 1317, 16257, 2220 and 372 slides were examined for malaria at DH, SDH, CHC, PHC and for SHC respectively. There were only 16, 10, 24, 2 and two positive cases of malaria respectively reported during this period in facilities. It was observed that RD kits for malaria testing are regularly supplied and used at all the visited health facilities.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Mandsaur are functional in all the visited health facilities. There were 1203, 766, 907, 256 and 135 sputum test conducted at the visited DH SDH, CHC, PHC and SHC respectively. Out of these 211 sputum samples were found to be positive at DH, 55 at SDH Garoth, 94 at CHC Sitamau, 16 at PHC Nahargarh and 4 at SHC Rewas Dewda.
- Under National Leprosy Eradication Programme (NLEP) seven and four new cases have been detected in SDH Garoth and CHC Sitamau since April-August 2017, and in total eight and six patients are under treatment at respectively facilities.
- Under RNTCP, services data are not provided by DH Mandsaur and PHC Nahargarh
- Integrated Disease Surveillance Programme (IDSP) is functional since 2004-05 in Mandsaur district. The District Data Manager (DDM) of IDSP informed about lack of essential equipments and computer and internet facility for completing data entry, monitoring and communication with periphery level reporting units. He demanded replacement of AC, computer system, scanner, printer which were provided by GOI at the time of establishment of IDSP unit. All these equipments have become obsolete and beyond repair. New equipments are urgently required for smoothing work of IDSP in Mandsaur district.
- ICTC and STI clinic are functional in DH Mandsaur. One LT and counsellor are working in ICTC. Early infant diagnosis (EID) has been initiated since 2011 under PPTCT programme for early detection of HIV among children age one and half month, 6 month, 12 month and 18 month.

- Mandsaur district has certain population group having high risk behaviour such as MSM and HRG. District AIDS control society has identified about 100 villages and link workers have been trained for spreading awareness about safe sex practises among HRGs. Five facility level ICTCs and ART centre is functional in Mandsaur. All the consumables, medicine and drug are supplied by MP state AIDS control society.

9. Community Process (ASHA):

- In total there are 1127 ASHAs, including seven new ASHAs who joined in the district during April to August, 2017. These ASHAs are working in 906 villages, but there is a need of total 1174 ASHAs in the district. All 1127 ASHAs are working in rural areas and 50 ASHAs are working in urban areas in the district. Majority are trained upto 6-7 module.

Number of ASHAs in Mandsaur district					
Blocks	Revenue Villages	Entry in Gram Arogya Kendra	VHSC	Total ASHA	
				Target	Appointed
Dhundhadaka	216	216	216	295	270
Malhargarh	168	168	168	195	192
Melkheda	198	198	198	253	241
Sitamau	242	215	215	275	265
Sandhara	82	79	79	156	152
Total	906	876	876	1174	1120

- There are 87 ASHA sahyogis, 876 Village Health and Nutrition Committees (VHNCs), 1559 Anganwadi Kendra and 876 Arogya Kendras available in the district.

Incentive paid to ASHAs in Mandsaur district during April to August, 2017						
Incentive Range	Dhundhadaka	Malhargarh	Melkheda	Sitamau	Sandhara	Total
<=0	14	4	7	1	3	29
0-1000	29	12	25	20	11	97
1000-2000	97	79	59	69	39	343
2000-3000	60	55	59	68	47	289
3000-4000	39	23	50	42	26	180
4000-5000	12	11	27	19	13	82
< 5000	19	8	38	22	13	100
Total	270	192	241	265	152	1120

- Interaction with ASHAs at visited health facilities revealed that ASHAs are not getting their payment regularly and this has created discontent among ASHAs in continuing their services in the community. ASHAs from Malhargarh block reported that pregnant women take all the ANC services in their area or village but go for delivery to PHC Nahargarh in Sitamau block.

Consequently services provided to pregnant women during ANC and up to delivery are not counted properly and termed as incomplete. Thus BPMU does not allowed payment of incentive for such cases.

- Four urban ASHAs are in place in Garoth town. Each ASHA covers around 4000 population all ASHAs have completed training up to 6 & 7 module but there are not completely aware about HBNC. There are conflict among ASHAs and AWW regarding JSY incentive and incentive for bringing SAM children to NRC.
- Three urban ASHAs have received incentive of more than Rs. 5000 per month on an average during April to June, 2017 in Mandsaur district.

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 service, preventive measures for ailments and promotion of healthy behaviour through IEC for patients as well as general public.

10.1 Infection Control:

- General cleanliness and clean toilets was observed in DH, PHC Nahargarh and SHC Rewas Dewda but not at SDH and CHC. Condition of toilets needs immediate attention in SDH Garoth and CHC Sitamau. It was observed that disinfectants are not being used regularly for cleaning of toilets and floor.
- Practices of health staff, protocols, fumigation, functional autoclave was observed in DH and other visited health facilities.
- Adequate waiting space for OPD patients was observed in DH Mandsaur and other visited health facilities except CHC Sitamau. There is adequate space for medical staff at all visited facilities except CHC Sitamau. Fumigation is being carried out on regular basis (weekly) by DH Mandsaur and SDH Garoth but not at CHC Sitamau.

10.2 Kayakalp:

- Kayakalp is an ambitious programme in line with the Swachha Bharat Campaign. It envisages maintaining of high standard for cleanliness and hygiene across all the public health institutions.
- During year 2016-17 the DH Mandsaur was received consolation prize under “Kayakalp” programme and SDH Garoth was scored below 65 percent in the current year.

“Kayakalp” assessment has been initiated in all the visited health facilities for the year 2017-18 in Mandsaur district.

10.3 Bio-Medical Waste Management:

- There are standard protocols for disposal of bio-medical waste management at all levels of health care institutions.
- It was observed that colour coded bins are available in all parts of health institutions in all the visited health facilities.
- Bio medical waste management is outsourced to a private agency “House Win Limited, Ratlam”. Bio-medical waste is collected thrice a week from the health facilities except PHC Nahargarh and SHC Rewas Dewda.
- At PHC, Nahargarh colour coded burial bins are made for segregation of sharp material such as syringe, needle, glass etc. and for other bio hazardous waste. At SHC Rewas Dewda BMW is segregated in colour coded bins.

10.4 Information Education and Communication:

- Citizen charter and NHM Logo in both languages are not displayed at any of the visited health facility in Mandsaur district.
- Protocol posters, awareness generation chart, immunization schedule, FP IEC, phone number and JSSK entitlements are displayed at all the visited health facilities.
- List of services available, citizen charter, timing of health facility, EDL, user charges are not displayed at SHC Rewas Dewda and complaint/suggestion box is also not available.
- It was observed that complaint/suggestion box is available at all visited health facilities except SHC Rewas Dewda.
- 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, drug storage, grievance redressal mechanism and maintenance repair are available in all the visited facilities.
- For periodic maintenance and repair of faulty equipments AIM Bhopal has been contracted at state level. The facility in-charge informed that engineers and technician of AIM Bhopal was unable to provide repair services for all the equipments in various

facilities. This has hampered smooth functioning of diagnostic and clinical services to some extent and causing delays in repair of equipment.

- RKS at DH generates its income through blood bank, rented shops, ambulance, cycle stand and sulabh complex. DH has also generated income through charity and jan bhagidari to the tune of Rs. 2.0 crore.
- Security service is available only at DH Mandsaur. Security services are not sufficient as per the requirements of district Mandsaur. Security services are urgently required in periphery, specially at SDH Garoth and CHC Sitamau.

11. Referral Transport:

- In Madhya Pradesh referral transport has been an integral part of health care services. This is very essential for access to critical health care, emergencies, trauma care for remote and outreach areas and in rural areas.
- Until last year, all the districts had dedicated fleet of patients transport ambulance 'EMRI-GVK 108' for general patients and 'Janani Express 102' exclusively for mothers and children. These were operated through a district level call centre.
- During 2017-18, referral transport services have been out-sourced to a new agency and only services under National Ambulance Services are being implemented. This transformation has resulted in reduction of availability of patient transport services and dedicated referral transport for mothers and children.
- In Mandsaur, only "108" emergency patient transport is operational. It also provides services to pregnant women for home to hospital transport. In all four "108" vehicles (DH-2, SDH-1 and CHC-1) four Janani Express at (DH-2, SDH-1 and CHC-1) and two general ambulance available at SDH and PHC are plying at visited health facilities.
- Apart from this one ambulance for blood bank is available at the DH which is used during blood donation camps in Mandsaur, Ratlam and Neemuch districts.
- It was observed that not all the pregnant women are getting transport services with "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.

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 evam Rujopchar Sambandhi Sthapanaye (Ragistrikaran tatha Anugyapan) Adhiniyam, 1973 and Rules 1996.
- Process of registration, renewal and approval for all private nursing homes and clinics has been made online through MPONLINE portal. It has been made mandatory to submit online application for registration and renewal. It is also mandatory to communicate approval / disapproval online after required scrutiny and verification of received applications. This has helped in enhancing transparency in approval process.

13. 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 services more comprehensively under the new RCH Portal. Data capturing for these online services is done through service registers, which are designed to provide individual level information for tracking of service delivery. This also provides aggregate level data for each health facility.

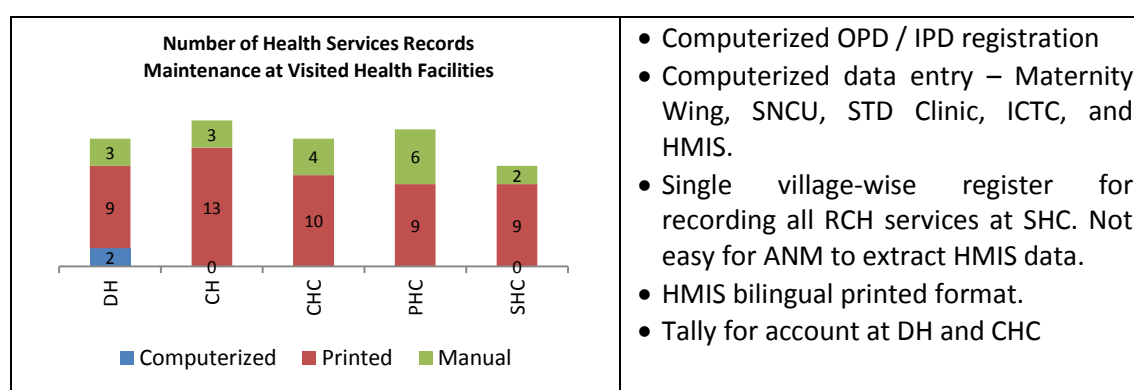
Recent changes in HMIS and MCTS (Now RCH Portal) has been conveyed to all the districts and all the facilities are required to submit their service delivery data only through new HMIS and RCH Portal. In order to achieve complete and accurate data reporting training at all levels is essential. For computer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

In Mandsaur, District M&E Officer is in-position. He is also in-charge DPM. There are two DEOs posted in DPMU. Apart from these 7 other DEOs are in-position in four blocks. Malhargarh has three DEOs and Bhanpura, Garoth and Sitamau blocks each have one DEO. At block level BPM is responsible for HMIS and RCH data uploading, consistency check and

completeness of data. Except DH no other visited facility has dedicated trained person for HMIS data uploading. Moreover, DEOs are not aware about new HMIS formats.

13.1 Record Maintenance and Reporting:

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



- 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 do 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. BEE and health supervisors 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 well as in Mandsaur district recently. As per the latest revision in facility level HMIS formats for monthly reporting, 67, 60, 48 and 23 new data items are added for DH, SDH/CHC, PHC and SHC respectively. The state has instructed all the blocks to use new HMIS format for the 1st quarter (April-June) in 2017 and in July final version of new HMIS format has been given for HMIS data entry with minor correction in the draft version.

- New reporting formats have been distributed to all the facilities. The formats are bilingual in Hindi and English which can be easily understood by all health staffs.
- It was observed that first round of orientation has been given to district M&E officers and block programme managers about the new HMIS formats and new data items added. However, subsequent training for health facility personnel is urgently required.
- 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 source of data from where each data is to be captured is not yet available with them. Only providing new formats does not ensure the completeness of data in HMIS.
- It was observed that data capturing at SDH, CHC and PHC is grossly incomplete and erroneous. In Garoth number of pregnant women having Hb<11 was reported as zero for first three months. Number of pregnant women tested positive for GDM was reported 119 in month of June and 278 in August, whereas the GDM level is not being measured as per guidelines using glucometer.
- Number of mini-lap operations performed at PHC Nahargarh was 67 during April to August, 2017 where in HMIS it was reported only 24.
- It was observed that none of the health facilities are submitting checked and verified copy of HMIS monthly report through Medical Officer (I/c). No office copy of HMIS report is retained by the reporting health facility.
- Data items related to death occurring at health facilities are reported as blank instead of zero. Death being a health event cannot be blank.
- Similarly health services related to critical care such as women given blood transfusion, identified with hypertension, diabetes and HIV tested are also reported blank.
- District M&E officer is over burdened with responsibility of DPMU, which leaves no scope for close monitoring of HMIS data, training of staffs and feedback and corrective action in case of errors in reporting.
- New data items have also been added to the facility annual infrastructure format for DH. NITI Ayog has also suggested new data items on Kayalalp score and patient feedback score of the DH to be included in the annual infrastructure MIS of DH.

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 about new RCH portal, data capturing and its updation. A data entry operator in DPMU has been assigned all data entry related work and training of block level DEOs for RCH portal. At present 18 DEOs are engaged for RCH portal data entry in district. Sixteen health facilities (SDH-2, CHC-5, PHC-9) are designated for RCH portal data entry covering all the rural area of the district.
- Work plan generation for ANC has been started since 2016-17. Due to some software related problems eligible couple data captured in 2016-17 could not be forwarded in 2017-18 for updation of services. Apart from this work plan for infants is also not being generated.
- Mapping of urban wards of Bhanpur, Malhargarh, Pipliyamandi and Nahargarh is being done which will facilitate in capturing services from urban areas as well.
- Presently data from DH regarding ANC and child immunisation is not being captured in RCH portal. The post of RCH portal DEO has been abolished and DEO of maternity wing has been given additional work of RCH portal data entry.

Observations from Mandsaur District visited during September, 2017

(ANNEXURE)

1. Health Infrastructure available in Mandsaur District

No. of institutions	Available	Located in government buildings	No. of new facility proposed	No. of health facilities having inpatient facility	No. of beds in each category
District Hospital	1	1	No	1	500
Exclusive MCH hospital	-	-	-	-	-
SDH	2	2	No	2	60
CHC	6	6	No	6	180
PHC	42	42	No	42	252
SCs	170	170	26	5	10
AYUSH Ayurvedic	1	1	-	-	-
AYUSH(Homoeopathic)	-	-	-	-	-
AYUSH (Others)	-	-	-	-	-
Delivery Point(L1)	12	12	-	12	-
Delivery Point(L2)	21	21	-	21	-
Delivery Point(L3)	2	2	-	2	-
Total 1002 beds availability in the district					

2. Physical Infrastructure

Infrastructure (Yes / No)	DH	SDH	CHC	PHC	SHC
Health facility easily accessible from nearest road head	Yes	Yes	Yes	No	Yes
Functioning in Govt. building	Yes	Yes	Yes	Yes	Yes
Building in good condition	Fair	Fair	Poor	Good	Good
Staff Quarters for MOs	2*	1	14 [#]	No	
Staff Quarters for SNs	13 [§]	4 [^]		No	
Staff Quarters for other categories				No	No
Electricity with power back up	Yes	Yes	Yes	Yes	No
Running 24*7 water supply	Yes	Yes	Yes [@]	Yes	Yes
Clean Toilets separate for Male/Female	Yes	Yes	Yes	Yes	No
Functional and clean labour Room	Yes	Yes	Yes	Yes	Yes
Functional and clean toilet attached to labour room	No	Yes	Yes	Yes	Yes
Clean wards	Yes	Yes	Yes	Yes	Yes
Separate Male and Female wards (at least by partitions)	Yes	Yes	Yes	No	
Availability of Nutritional Rehabilitation Centre	Yes	Yes	Yes	Yes	
Functional BB/BSU, specify	Yes	Yes ^{&}	No		
Separate room for ARSH clinic	No	No	No		
Availability of complaint/suggestion box	Yes	Yes	Yes	No	No
Availability of mechanisms for Biomedical waste management (BMW)at facility	Yes	Yes	Yes	Yes	No
BMW outsourced	Yes	Yes	Yes	No	No
Availability of ICTC/ PPTCT Centre	Yes	Yes	Yes		
Availability of functional Help Desk	Yes	No	No	No	No
*Two quarters for CMHO and CS under repair. [§] Four quarters very old in bed condition. [^] Four new quarters near completion. [#] BMO quarter is being used for store and BPMU office after renovation. [@] Power backup not working. ^{&} BSU is not fully functional due to non availability of LT but partially functional as per blood required.					

3. Human Resources

Health Functionary	Required (Sanctioned)					Available				
	DH	SDH	CHC	PHC	SHC	DH	SDH	CHC	PHC	SHC
Gynecologist	5	1	-			2	0	-		
Pediatrician	8	1	-			2	0	-		
Anesthetists	4	1	-			2	0	-		
Cardiologist	-	-	-			-	-	-		
General Surgeon	4	1	-			2	0	-		
Orthopedic	3	-	-			3	-	-		
Medicine Specialist	4	1	-			1	1	-		
ENT Specialist	2	-	-			1	-	-		
Ophthalmologist	3	-	-			0	-	-		
Ophthalmic Asst.	2	-	1	-		1	-	1	-	
Radiologist	2	-	-			0	-	-		
Radiographer	7	1	1			4	1	1		
Pathologist	2	-	-			0	-	-		
LTs	9	1	3	-		1*	1	1	1 [#]	
MOs	23	5	3	3		19	2	2	1	
AYUSH MO	-	1	-	-		-	0	-	-	
LHV	2	1	-	1		2	1	-	0	
ANM	6	4	9	4		6	3	9	3	3
MPHW (M)	-	-	-	-		-	-	-	-	1
Pharmacist	11	2	1	1		3	2	1	1	
Staff nurses	180	4	6	3		102	3	5	3	-
RMNCHA+ Counselor	-	-	-	-		-	-	-	-	

*Seven LTs post are filled up by extras contractual staff at DH. [#]One Lab technician attached at PHC

No. of Trained Persons

Training programmes	DH	SDH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	0	0	0		
LSAS (Life Saving Anaesthesia Skill)	1	0	0		
BEmOC (Basic Emergency Obstetric Care)	5	6	4	6	
SBA (Skill Birth Attended)	11	0	4	4	3
MTP (Medical Termination of Pregnancy)	4	0	0	1	
NSV (No Scalpel Vasectomy)	2	0	0	1	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	5	2	3	3	2
FBNC (Facility Based Newborn Care)	40	3	4	1	0
HBNC (Home Based Newborn Care)				1	0
NSSK (Navjaat Shishu Surakasha Karyakram)	3	4	4	4	3
Mini Lap-Sterilisations	1	1	0	3	
Laprosopy-Sterilisations(LTT)	3	0	0		
IUCD (Intrauterine Contraceptive Device)	3	6	3	6	2
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	12	6	3	4	2
Blood Bank / BSU	2	1	0		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	5	0	4	2	0
IMEP (Infection Management Environmental Plan)	3	0	0	4	0
Immunization and cold chain	1	3	3	2	3
RCH Portal (Reproductive Child Health)	1	4	4	3	2
HMIS (Health Management Information System)	1	6	4	2	2

RBSK (Rashtriya Bal Swasthya Karyakram)	1	1	1		
RKSK (Rashtriya Bal Swasthya Karyakram)	1	0	0	4	1
Kayakalp	5	1	1	5	0
NRC and Nutrition	1	2	1	1	
PPTCT (Prevention of Parent to Child Transmission of HIV)	1	1	0	0	
NCD (Non Communicable Diseases)	4	2	0	1	
Nursing Mentor for Delivery Point	2	1	0		
No. Others (specify)-----Skill Lab	-	-	-	-	-

4. Other health System inputs

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

Availability of drugs and diagnostics, Equipments	DH	SDH	CHC	PHC	SHC
No. X-ray done	8272	677	655		
ECG	Yes	Yes	No		
Endoscopy	No				
Others , pls specify	-	-	-	-	-
Essential Equipments					
Functional BP Instrument and Stethoscope	Yes	Yes	Yes	Yes	Yes
Sterilised delivery sets	Yes	Yes	Yes	Yes	Yes
Functional Neonatal, Paediatric and Adult Resuscitation kit	Yes	Yes	Yes	Yes	Yes
Functional Weighing Machine (Adult and child)	Yes	Yes	Yes	Yes	Yes
Functional Needle Cutter	Yes	Yes	Yes	Yes	Yes
Functional Radiant Warmer	Yes	Yes	Yes	Yes	Yes
Functional Suction apparatus	Yes	Yes	Yes	Yes	No
Functional Facility for Oxygen Administration	Yes	Yes	Yes	Yes	Yes
Functional Foetal Doppler/CTG	Yes	Yes	Yes	Yes	Yes
Functional Mobile light	Yes	Yes	Yes	Yes	
Delivery Tables	8	2	2	2	1
Functional Autoclave	No	Yes	Yes	Yes	No
Functional ILR and Deep Freezer	No	Yes	Yes	Yes	
Emergency Tray with emergency injections	Yes	Yes	Yes	Yes	
MVA/ EVA Equipment	Yes	Yes	Yes	No	
Functional phototherapy unit	Yes	Yes	No	No	
OT Equipments					
O.T Tables	Yes	Yes	Yes	Yes	
Functional O.T Lights, ceiling	Yes	Yes	Yes	No	
Functional O.T lights, mobile	Yes	No	Yes	Yes	
Functional Anesthesia machines	Yes	Yes	No	No	
Functional Ventilators	No	No	No	No	
Functional Pulse-oximeters	Yes	Yes	Yes	Yes	
Functional Multi-para monitors	Yes	Yes	Yes	No	
Functional Surgical Diathermies	Yes	Yes	No	No	
Functional Laparoscopes	No	No	No	No	
Functional C-arm units	No	No	No	No	
Functional Autoclaves (H or V)	Yes	Yes	Yes	Yes	
Blood Bank / Storage Unit					
Functional blood bag refrigerators with chart for temp. recording	Yes	Yes	No		
Sufficient no. of blood bags available	Yes	No	-		
Check register for number of blood bags issued for BT in April-August 2017-18	1959	63	-		
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
Yes Neonatal ambu bag					Yes
Yes Adult weighing machine					Yes
Infant/New born weighing machine					Yes
Needle & Hub Cutter					Yes

Availability of drugs and diagnostics, Equipments	DH	SDH	CHC	PHC	SHC
Color coded bins					Yes
RBSK pictorial tool kit					No

Specialty Care Services Available in the District

	DH	SDH	CHC
Separate Women's Hospital	No	No	No
Surgery	Yes	No	No
Medicine	Yes	Yes	No
Ob&G	Yes	No	No
Cardiology	No*	No	No
Emergency Service	Yes	Yes	Yes
Trauma Care Centre	No	No	No
Ophthalmology	Yes	No	No
ENT	Yes	No	No
Radiology	Yes	No	No
Pathology	Yes	No	No
*ICCU four beds available at DH			

AYUSH services

	DH	SDH	CHC	PHC
AYUSH facilities available at the HF	Yes	Yes	No	No
Type of facility available Ayurvedic – 1/Homoeopathic -2/ Others) _____-3	1&2	1	-	-
AYUSH MO is a member of RKS at facility	No	No	-	-
OPDs integrated with main facility or they are earmarked separately	-	-	-	-
Position of AYUSH medicine stock at the faculty	Yes	-	-	-

Laboratory Tests Available (Free Services)

Services	DH	SDH	CHC	PHC	SHC
Haemoglobin Hb test	Yes	Yes	Yes	Yes	Yes
Urine Pregnancy Test	Yes	Yes	Yes	Yes	Yes
Malaria PF/PV testing	Yes	Yes	Yes	Yes	Yes
Urine (Microscopy, Acetone)	Yes	Yes	Yes	Yes	No
Slide Collection for PBF & Sputum AFB	Yes	Yes	Yes	Yes	No
Blood Sugar	Yes	Yes	Yes	Yes	No
Serum Urea	No	Yes	Yes	Yes	No
Serum Cholesterol	Yes*	Yes	Yes	Yes	No
Serum Bilirubin	Yes	Yes	Yes	Yes	No
Typhoid Card Test/Widal	Yes	Yes	Yes	Yes	No
Blood Typing	Yes	Yes	Yes	Yes	No
Stool Examination	Yes	Yes	Yes	Yes	No
ESR	Yes	Yes	Yes	Yes	No
Complete Blood Picture/skilling	Yes	Yes	No	Yes	No
Platelet Count	Yes	Yes	Yes	No	No
PBF for Malaria	Yes	Yes	Yes	Yes	No
Sputum AFB	Yes	Yes	Yes	Yes	No
SGOT liver function test	Yes	Yes	Yes	No	No
SGPT blood test	No	Yes	Yes	No	No

Services	DH	SDH	CHC	PHC	SHC
G-6 PD Deficiency Test	Yes	Yes	Yes	No	No
Serum Creatine / Protein	Yes	Yes	Yes	Yes	No
RA factor (Blood Grouping)	Yes	Yes	Yes	Yes	No
HBsAG	Yes	Yes	Yes	No	No
VDRL	Yes	Yes	Yes	Yes	No
Semen Analysis	Yes	Yes	Yes	No	No
X-ray	Yes	Yes	Yes	No	No
ECG	Yes	Yes	No	No	No
Liver Function Test	Yes	Yes	No	No	No
RPR for syphilis	Yes	Yes	No	No	No
RTI/STI Screening	Yes	Yes	Yes	Yes	No
HIV	Yes	Yes	Yes	Yes	No
Indoor Fees	25	Free	Free	Free	Free
OPD fees	5	10	5	5	Free
Ambulance	Yes	Yes	Yes	Yes	Yes
Food for Inpatients	Yes	Yes	Yes	Yes	Yes [#]
*Serum cholesterol test available but test results showing wrong. [#] Only dalia, milk, biscuit and tea provide at SHC.					

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

5.1 ANC and PNC

Services Delivered	DH	SDH	CHC	PHC	SHC
ANC registered	953	149	100	70	65
New ANC registered in 1st Trim	863	31	75	70	44
No. of women received 3 ANC	1659	91	69	0	55
No. of women received 4 ANC	170	57	76	39	40
No. of severely anaemic pregnant women(Hb<7) listed	113	21	37	2	3
No. of Identified hypertensive pregnant women	63	7	1	8	0
No. of pregnant women tested for B-Sugar	1780	0	100	113	58
No. of U-Sugar tests conducted	1780	0	100	113	65
No. of pregnant women given TT (TT1+TT2)	1787	149	176	132	65
No. of pregnant women given IFA	953	149	680	132	27
No. of women received 1 st PNC check within 48 hours of delivery	2013	0	0	287	52
No. of women received 1 st PNC check between 48 hours and 14 days of delivery	2013	0	0	251	44
No. of ANC/PNC women referred from other institution (in-referral)	1141	0	0	0	0
No. of ANC/PNC women referred to higher institution (out-referral)	109	138	152	39	8
No. of MTP up to 12 weeks of pregnancy	20	0	22	22	0
No. of MTP more than 12 weeks of pregnancy	-	-	-	-	-

5.2 Institutional deliveries/Delivery Complication

(Give Numbers from 1 April- 31 August'2017)	DH	SDH	CHC	PHC	SHC
Deliveries conducted	2013	456	610	287	50
Deliveries conducted at home					2
C- Section deliveries conducted	868	0	0	-	-
Deliveries conducted at night (8 pm-8 am)	1235	224	-	-	-
No. of pregnant women with obstetric complications provided EmOC	-	15	-	-	-
No. of Obstetric complications managed with blood transfusion	143	2	-	-	-
No. of Neonates initiated breastfeeding within one hour	-	453	602	249	49
No. of Still Births	109	3	8	15	1

5.3 Maternal Death Review (Register to be verified by visiting team)

(Give Numbers from 1 April- 31 August'2017)	DH	SDH	CHC	PHC
Total maternal deaths reported	3	2	0	0
Number of maternal death reviews during the quarter	1	0	0	0
Key causes of maternal deaths found	-	-	-	-

5.4 Janani Sishu Suraksha Karyakarma

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

5.5 Janani Suraksha Yojana

	DH	SDH	CHC	PHC	SHC
No.of JSY payments made	2504*	-	-	338	-
JSY payments are made as per the eligibility criteria indicated in JSY Guidelines	Yes	Yes	Yes	Yes	Yes
No delays in JSY payments to the beneficiaries.	Yes	No	No	No	No
Full amount of financial assistance to be given to the beneficiary before being discharged from the health facility after delivery.	No	No	No	No	No
Payments mode Cash-1, Cheque bearer-2, Cheque a/c payee-3 Direct transfer-4, Others (specify____) -5	4	4	4	4	4
Physical (at least 5%) verification of beneficiaries to be done by district level health authorities to check malpractices.	Yes	Yes	No	No	No
Grievance redressal mechanisms as stipulated under JSY guidelines to be activated in the district.	Yes	Yes	Yes	No	No
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	No	No	No
*JSY payments done 2504 beneficiaries up to 11.09.2017					

5.6 Service delivery in post natal wards

Parameters (Ask during visit to confirm the status)	DH	SDH	CHC	PHC	SHC
All mothers initiated breast feeding within one hour of normal delivery	Yes	Yes	Yes	Yes	Yes
Zero dose BCG, Hepatitis B and OPV given	Yes	Yes	Yes	Yes	Yes

Parameters (Ask during visit to confirm the status)	DH	SDH	CHC	PHC	SHC
Counseling on IYCF done	-	-	-	-	-
Counseling on Family Planning done	Yes	Yes	Yes	Yes	Yes
Mothers asked to stay for 48 hrs	Yes	Yes	Yes	Yes	Yes
JSY payment being given before discharge	No	No	No	No	No
Any expenditure incurred by Mothers on travel, drugs or diagnostics <i>(Please give details)</i>	No	No	No	No	No
Diet being provided free of charge	Yes	Yes	Yes	Yes	Yes

6. Child Health (April to August 2017)

6.1 Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU	DH	SDH	CHC	PHC	SHC
Whether SNCU / NBSU exist. (Yes/No)	SNCU	NBSU	No	NBCC	NBCC
Necessary equipment available (Yes/No)	Yes	Yes	-	Yes	Yes
Availability of trained MOs	4	1	-	Yes	-
No. of trained staff nurses	19	1	-	Yes	3
No. of admissions					
Inborn	474	109	-		
Out Born	586	6			
No. of Children					
Cured	904	80	-		
Not cured	2	2			
Referred	41	33			
Others (death)	105	-			
LAMA	8	1			

6.2 Nutrition Rehabilitation Centre

NRC	DH	SDH	CHC	PHC
No. of functional beds in NRC	20	10	10	10
Whether necessary equipment available	Yes	Yes	Yes	Yes
No. of staff posted in NRC FD/ANM and other	7	6	6	5
No. of admissions with SAM	165	109	136	79
No. of sick children referred	1	0	4	0
Average length of stay	179.64	42.44	14	-

6.3 Immunization (April to August 2017)

Immunization	DH	SDH	CHC	PHC	SHC
BCG	2438	402	566	269	52
Penta1	1097	125	73	53	52
Penta2	940	120	62	54	50
Penta3	961	113	60	33	46
Polio0	2483	402	566	269	52
Polio1	1097	125	73	53	52
Polio2	940	120	62	54	50
Polio3	961	113	60	33	46
Hep 0	2483	402	566	269	52
Hep 1	1084	-	-	-	-
Hep 2	-	-	-	-	-
Hep 3	-	-	-	-	-
Measles1	1073	-	83	55	59
Measles2	262	152	32	40	77
DPT booster	1072	152	-	40	57

Immunization	DH	SDH	CHC	PHC	SHC
Polio Booster	1072	152	12	40	77
No. of fully vaccinated children	1073	145	83	55	59
ORS / Zinc	Yes	Yes	Yes	Yes	Yes
Vitamin - A	Yes	Yes	Yes	Yes	Yes
No. of immunisation sessions planned	145	32	97	47	38
No. of immunisation sessions held	145	32	97	47	38
Maintenance of cold chain. Specify problems (if any)	Yes*	No	No	No	No
Whether micro plan prepared	Yes	Yes	Yes	Yes	Yes
Whether outreach prepared	Yes	Yes	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	No	No	No
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes	Yes
* One Deep freezer not working at the DH as on visit date.					

6.4 Rashtriya Baal Swasthya Kariyakram Mandsaur district
(No. of children referred by RBSK team for treatment) CHC Sitamau

No. of Children Screened (Give Number)	Screened	Identified with problems	Referred higher facility	No. of RBSK team available in Block with staff
Age group				Only one RBSK Team Available at Sitamau CHC. 1 MO, 1 Pharmacist and ANM available.
0-6 weeks	102	5	0	
6 weeks-6 years	372	988	109	
6 -18 years	4512	777	189	
Total	4986	1770	298	

6.5 Number of Child Referral and Death 1 April-August' 2017

Child Health	DH	SDH	CHC	PHC	SHC
No. of Sick children referred(up to age 5)	94	-	55	14	8
No. of Neonatal Deaths	-	2	1	1	-
No. of Infant Deaths	8	-	-	-	3

7. Family Planning (April to August 2017)

Family Planning (Give Numbers from 1 April- 31 August'2017)	DH	SDH	CHC	PHC	SHC
Male Sterilization (VT+NSV)	6	-	3	1	-
Female Sterilization (CTT+LTT)	582	32	29	90	-
Minilap sterilization	325	-	180	-	-
IUCD	81	-	13	15	8
PPIUCD	757	22	241	50	-
Condoms	10872	110	232	281	108
Oral Pills	1703	60	170	113	130

8. Adolescent Reproductive and Sexual Health

ARSH	DH	SDH	CHC	PHC	SHC
Whether ARSH counseling done by ANM					Yes
ANM trained in services					No
Outreach ARSH services provided					Yes
No. of adolescent provide counseling by ANM					480
No. of Referral from ARHS to Higher Facility	-	-	-	-	No

9.4 Quality Parameter of the facility

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

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

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

	DH	SDH	CHC	PHC
Number of ambulances				
102 Mahtari Express/JE [#]	2	1	1	-
108	2	1	1	-
Other	1*	1	-	1
MMU	-	-	-	-

*One ambulance for blood bank available at the DH which is used during blood donation camps in Mandsaur, Ratlam and Neemuch districts. # Referral transport service is centralized at state level.

11. Community processes

11.1 Accredited Social Health Activist

ASHA	SDH	CHC	PHC	SHC
Number of ASHA required	7	7	-	-
Number of ASHA available	4	7	4	7
Number of ASHA left during the quarter	1	No	No	No
Number of new ASHA joined during the quarter	No	No	No	No
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	No	No	No	No
Availability of ORS and Zinc to all ASHA	Yes	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHA	Yes	Yes	Yes	Yes
Highest incentive to an ASHA during April to August, 2017	38950	30770	4000	5000
Lowest incentive to an ASHA during April to August, 2017	23600	3450	-	-
Whether payments disbursed to ASHA on time	No	No	No	No
Whether drug kit replenishment provided to ASHA	Yes	Yes	Yes	Yes
ASHA social marketing spacing methods of FP	Yes	Yes	No	No

12. Disease Control Programmes

Disease Control	DH	SDH	CHC	PHC	SHC
National Malaria Control Programme					
Number of slides prepared	6311	1317	16257	2220	372
Number of positive slides	16	10	24	2	2
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	Yes	Yes	Yes
Availability of drugs	Yes	Yes	Yes	Yes	Yes
Availability of staff	Yes	Yes	Yes	Yes	-
Revised National Tuberculosis Programme (RNTCP)					
Number of sputum tests	1203	766	907	256	135
No. of positive tests	211	55	94	16	4
Availability of DOT medicines	Yes	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	No	Yes	Yes	No	-
Timely payment of salaries to RNTCP staff	Yes	Yes	No	No	-
Timely payment to DOT providers	Yes	Yes	No	No	Yes
National Leprosy Eradication Programme (NLEP)					
Number of new cases detected	-	7	4	-	-
No. of new cases detected through ASHA	-	0	0	-	-
No. of patients under treatment	-	8	6	-	-

13. Non Communicable Diseases

NCD	DH	SDH	CHC	PHC
NCD services	Yes	Yes	No	No
Establishment of NCD clinics	Yes	No	No	
Type of special clinics (specify) _____	No	No	-	
Availability of drugs	Yes	Yes	-	-
Type of IEC material available for prevention of NCDs	Yes*	-	-	-
No. of staff trained in NCD				
MO	1	2	-	-
SN	3	-	-	-
Other	-	-	-	-

*Chart audio visual display at the DH.

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

Record	DH	SDH	CHC	PHC	SHC
OPD Register	1C	1M	1M	1M	1M
IPD Register	1C	1M	1M	1M	1M
ANC Register	1P	1P	1P	1P	1P
PNC Register	1P	1P	1P	1P	1P
Indoor bed head ticket	-	-	-	-	-
Line listing of severely anaemic pregnant women	1P	1P	1P	1M	1P
Labour room register	1P	1P	1P	1P	1P
Partographs	1P	1P	1P	1P	1P
FP-Operation Register (OT)	1M	1P	3	1M	
OT Register	1M	1P	1M	1M	
FP Register	1P	1P	1P	1P	3
Immunisation Register	1P	1P	1P	1P	1P
Updated Microplan	3	1P	1P	1P	1P
Blood Bank stock register	1P	1P	3		

Record	DH	SDH	CHC	PHC	SHC
Referral Register (In and Out)	1P	1P	1P	1P	1P
MDR Register	1M	3	3	3	3
Infant Death Review and Neonatal Death Review	3	1M	1M	1M	3
Drug Stock Register	1P	1P	1P	1P	1P
Payment under JSY	PFMS	PFMS	PFMS	-	-
Untied funds expenditure (Check % expenditure)	-	-	-	-	-
AMG expenditure (Check % expenditure)	-	-	-	-	-
RKS expenditure (Check % expenditure)	-	-	-	-	-

15. Health Management Information System and Mother Child Tracking System
(Verify during facility visit)

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

16. Additional and Support Services

Services	DH	SDH	CHC	PHC
Regular Fogging (Check Records)	No	No	No	No
Functional Laundry/washing services	Yes	Yes	Yes	Yes
Availability of dietary services	Yes	Yes	Yes	Yes
Appropriate drug storage facilities	Yes	Yes	Yes	Yes
Equipment maintenance and repair mechanism	Yes*	Yes*	Yes*	Yes*
Grievance Redressal mechanisms	Yes	Yes	Yes	Yes
Tally Implemented	Yes	No	Yes	No
*Contract to AIM health care Bhopal for equipment maintenance.				

District Hospital (DH) Mandsaur, District Mandsaur visited on 11 September, 2017



Civil Hospital (SDH) Garoth, District Mandsaur visited on 12 September, 2017



Sub Health Centre (SHC) Rewas Dewda, District Mandsaur visited on 12 September, 2017



Community Health Centre (CHC) Sitamau, District Mandsaur visited on 13 September, 2017



Primary Health Centre (PHC) Nahargarh, District Mandsaur visited on 13 September, 2017

