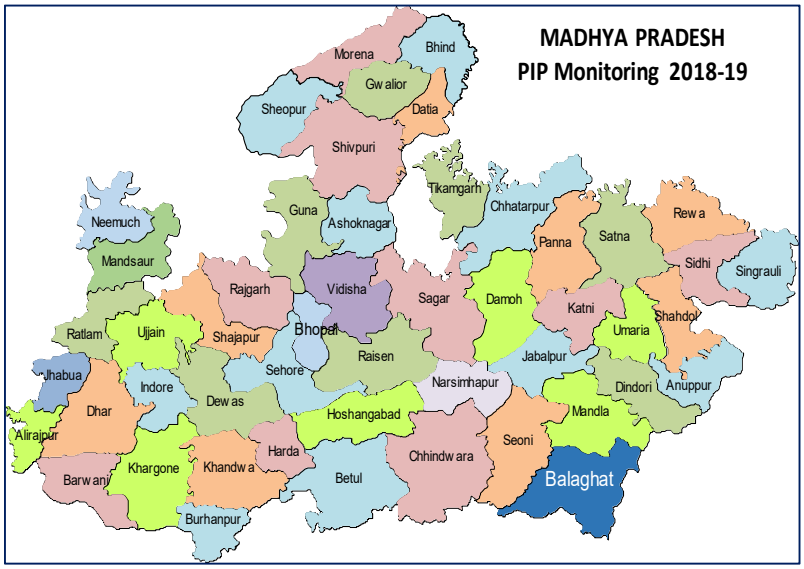
Quality Monitoring of Programme Implementation Plan 2018-19 under National Health Mission in Madhya Pradesh

District: Balaghat



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List of Acronyms

AB	Ayushman Bharat
AFHC	Adolescent Friendly Health Clinic
ALS	Advanced Life Support
AIIMS	All India Institute of Medical Sciences
AMC	Annual Maintenance Contract
AMG	Annual Maintenance Grant
ANC	Anti Natal Care
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWC	Aanganwadi Centre
AWW	Aanganwadi Worker
AYUSH	Ayurvedic, Yoga, Unani, Siddha, Homeopathy
BAM	Block Account Manager
BAMS	Bachelor of Ayurvedic Medicine and Surgery
BB	Blood Bank
BCM	Block Community Mobilizer
BEmOC	Basic Emergency Obstetric Care
BLS	Basic Life Support
BMO	Block Medical Officer
BMW	Bio-Medical Waste
BOR	Bed Occupancy Rate
BPM	Block Programmer Manager
BSU	Blood Storage Unit
CBMO	Chief Block Medical Officer
CEA	Clinical Establishment Act
CEmOC	Comprehensive Emergency Obstetric Care
CHC	Community Health Centre
CMHO	Chief Medical and Health Officer
CRS	Civil Registration System
CS	Civil Surgeon
CSR	Corporate Social Responsibility
CTT	Conventional Tubectomy
DAO	District AYUSH Officer
DAM	District Account Manager
DT	Direct Transfer
DCM	District Community Mobilizer
DDRC	District Disabled Rehabilitation Centre
DEIC	District Early Intervention Centre
DEO	Data Entry Operator
DH	District Hospital
DHS	Directorate of health Services
DOT	Direct Observation of Treatment
DPM	District Programmer Manager
EC Pills	Emergency Contraceptive Pills
EDL	Essential Drugs List
EmOC	Emergency Obstetric Care
ENT	Ear, Nose, Throat
FICT	Facility Integrated Counselling and Treatment
ETAT	Emergency Triage Assessment and Treatment
FP	Family Planning
GOI	Government of India
HIV	Human Immuno Deficiency Virus
HMIS	Health Management Information System
ICTC	Integrated Counselling and Testing Centre
IDR	Infant Death Review
IEC	Information, Education, Communication
IFA	Iron Folic Acid
IMNCI	Integrated Management of Neonatal and Childhood illness
IMR	Infant Mortality Rate
IPD	Indoor Patient Department
IPHS	Indian Public Health Standard
ITSC	Information Technologies Support Centre
IUCD	Copper (T) -Intrauterine Contraceptive Device
JE	Janani Express (vehicle)
JSSK	Janani Shishu Surksha Karyakram
JSY	Janani Surksha Yojana
LBW	Low Birth Weight
LHV	Leady Health Visitor
LMO	Lady Medical Officer
LSAS	Life Saving Anaesthesia Skill
LSCS	Lower Segment Caesarean Section
LT	Lab Technician

List of Acronyms

LTT	Laparoscopy Tubectomy
MCH	Maternal and Child Health
MCP Card	Mother Child Protection Card
MDR	Maternal death Review
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Ratio
MMSSPSY	Mukhya Mantri Shramik Seva Prasuti Sahayta Yojna
MMU	Mobile Medical Unit
MP	Madhya Pradesh
MPEB	Madhya Pradesh Electricity Board
MPW	Multi - Purpose Worker
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NBCC	New Born Care Corner
NBSU	New Born Stabilisation Unit
NCD	Non-Communicable Diseases
NFHS-4	National Family Health Survey-4
NHM	National Health Mission
NMA	Nursing Male Assistant
NLEP	National Leprosy Eradication Programme
NMR	Neonatal Mortality Rate
NQAC	National Quality Assurance Certification
NRC	Nutrition Rehabilitation Centre
NRHM	National Rural Health Mission
NSS	National Sample Survey
NSSK	Navjaat Shishu Suraksha karyakram
NSV	No Scalpel Vasectomy
Ob&G	Obstetrics and Gynaecology
OCP	Oral Contraceptives Pills
OPD	Outdoor Patient Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
OT	Operation Theatre
PH&FW	Public Health and Family Welfare
PFMS	Public Financial Management System
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PMMVY	Pradhan Mantri Matritva Vandana Yojana
PMSMA	Pradhan Mantri Surakshit Matritva Yojana
PO	Project Officer
PMU	Programme Management Unit
PPIUCD	Post-Partum Intra Uterine Contraceptive Device
PRC	Population Research Centre
PV	Plasmodium Vivex
RBSK	Rashtriya Bal Swasthya Karyakram
RCH	Reproductive Child Health
RGI	Registrar General of India
RHS	Rural Health Statistics
RKS	Rogi Kalyan Samiti
RKSK	Rashtriya Kishor Swasthya Karyakram
RMNCH+A	Reproductive, Maternal, Newborn, Child Health & Adolescents
RNTCP	Revised National Tuberculosis Control Program
RPR	Rapid Plasma Reagen
RTI	Reproductive Tract Infection
SAM	Severe Acute Malnourishment
SBA	Skilled Birth Attendant
SDH	Sub-District Hospital
SDM	Sub-Divisional Magistrate
SHC	Sub Health Centre
SN	Staff Nurse
SNCU	Special Newborn Care Unit
SSK	Swasthya Samvad Kendra
STI	Sexually Transmitted Infection
STS	Senior Treatment Supervisor
STLS	Senior Tuberculosis Laboratory Supervisor
T.B.	Tuberculosis
TBHV	Tuberculosis Health Visitor
TMIS	Training Management Information System
TT	Tetanus Toxoide
TU	Treatment Unit
UPS	Uninterrupted Power Supply
USG	Ultra-Sonography
WCD	Womsen and Child Development
VHND	Village Health & Nutrition Day
VHSC	Village Health Sanitation Committee

Quality Monitoring of Programme Implementation Plan under National Health Mission in Balaghat District 2018-19 (M.P.)

Executive Summary

For quality monitoring of Programme Implementation Plan (PIP) of NHM, the Ministry of Health and Family Welfare, Government of India, has assigned its 18 Population Research Centres (PRC) since 2012-13 in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2018-19, PRC Sagar is engaged in carrying out PIP monitoring in several districts of Madhya Pradesh. In this context a field visit was made to Balaghat district in MP in second week of September, 2018.The PRC team visited District Hospital (DH) Balaghat, Civil Hospital (CH)Lanji, Community Health Centre (CHC) Khairlanji, 24*7 Primary Health Centre (PHC) Bhanegaon and SHC Katori, which are functioning as delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Balaghatl District.

Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, MCTS & RCH portal data. The report provides insight based on observations and information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the period April-August 2018 for all selected facilities. Checklists for different health facilities were used to ascertain the range of services available. During monitoring, exit interviews of recently delivered women were carried out at DH Balaghat, CH Lanji, CHC Khairlanji, 24*7 PHC Bhanegaon and SHC Katori for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received. Secondary information was collected from the state web portal and district HMIS data available at the Programme Management Unit in the district.

Salient Observations

- Balaghat district provides health services in both rural and urban areas through different types of rural and urban health facilities.The district is providing health services in urban areas through District Hospital, CH Lanji, CH Waraseoni and one UPHC in urban areas . In rural areas, 8 CHCs 36 PHCs and 337 SHCs are mapped but presently 8 CHCs, 36 PHCs and 289 SHCs are functional providing health services. These facilities are functioning from government buildings.
- There are 50 Ayurveda, 6 homeopathy and one Unnani dispensary (under state AYUSH department) functioning in the district.
- In total 973 beds are available in the district with a population of 17 lakh, which are insufficient for the government health facilities, according to the required norm of 500 beds per 1 lakh population.
- Overall 51 delivery points three L3, 23 L2 and 25 L1 points are functional in the district. DH Balaghat is functional as a 300 bedded hospital. CH Lanji has 40 beds, and CeMOC CHC Kantangi is functional with 30 beds. All the three facilities have high delivery load.

- Condition of buildings of DH Balaghat, CH Lanji and CHC Khairlanji is not good. The roof of DH Balaghat has been renovated to avoid seepage. A new 60 bedded CH building is under construction at Lanji.
- Continuous upgradation and infrastructure augmentation by construction of new SHC buildings and expansion is in process in both rural and urban health facilities in Balaghat district.
- Staff quarters is a serious concern in the district. DH Balaghat has 8 staff quarters, 4 quarters for MOs, and 4 for SNs. There are aslo 12 old quarters of G, H and I type. CH Lanji has only two quarters, one for MO and the other for SN of E, F, G and H type quarters. The condition of most of these quarters is not good especially at the DH. Residential quarters funded by the state government for the staff of DH Balaghat, and the CHCs are under construction.
- All the visited health facilities have power back up in the form of generator or inverter in the district.There is a separate feeder for power supply to DH Balaghat and five generators in different sections of the hospital. DH Balaghat has solar supply in different sections, PHC Bhanegaon and SHC Katori too have solar supply. Solar supply in the new CH building is proposed in Lanji.
- All the visited health facilities have clean and functional labour room with attached clean toilets. Separate toilets for males and females are available in the visited health facilities except PHC Bhanegaon and SHC Katori.
- Bio-medical waste segregation was observed in all the health facilities. Color coded bins were available in all the visited facilities. Collection of waste is done on alternate days by a Seoni based NGO Krupa Wastage in DH Balaghat, CH Lanji and CHC Khairlanji except Sunday's. Disposal of hospital waste in PHC Bahanegaon and SHC Katori is being done in closed pits.
- DH Balaghat has only 17 out of 37 specialists (46 percent) in position, including three gynaecologists, one medicine specialist, one surgeon, one ENT specialist, three anaesthetists, two paediatricians, one ophthalmologist, two pathologists, two radiologists and one psychiatrist working against the total sanctioned specialists' posts. Posts of dental and TB specialists lie vacant.
- Only one third posts of MOs are filled up in the DH (9 MOs in position out of 27 sanctioned posts).Two dental medical officers are available but the post of one AYUSH doctor lies vacant.
- Seventy eight percent of the posts are filled up among the paramedical staff including Matron, SNs, ANMs and nursing sisters. Majority 138 SNs (female) are working against the sanctioned post of 149. All 14 posts of male SNs are however lying vacant.
- CH Lanji a 40 bedded CeMOC health facility does not have specialists in position, and posts of gynaecologist, paediatrician, surgical specialist and anaesthetist are lying vacant.
- Although night time deliveries are being conducted in all the facilities PHC Bhanegaon and SHC Katori have limited staff. SHC Katori has only one ANM inspite of high delivery load.
- In the DPMU, DPM, M&E, DAA, RBSK coordinator DCM, DM IDSP, subengineer and two DEOs are in position. CHC Khairlanji does not have a regular BPM and BCM.
- Trainings in CEmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.

- In DH Balaghat surgery, medicine, emergency, ophthalmology, ENT are available along with ancillary services of radiology, pathology etc. Facility of obstetrics and gynaecology, emergency and family planning services are provided in separate MCH wing in the DH.
- EDL list were displayed at the visited DH, CH, CHC and PHC. All the essential drugs are available in all the visited health facilities and There is a computerized inventory management system in the DH, CH and CHC. E-aushdhi software is being used by DH Balaghat for procurement of drugs.
- Among the visited CEmOC facilities only DH Bhopal has the full range of services. CH Lanji has a fully functional OT, but no specialists. Two MOs trained in LSAS and LSCS are providing C-section delivery services.
- Pathological investigations are free for all the patients in government health care facilities. DH Balaghat has 48 type of diagnostic tests for patients and e- hospital services are being used for providing services. CH Lanji is providing 28 types of diagnostic tests.
- There is a dialysis unit in the DH with two dialysis machines of which one is non functional. A medicine specialist trained in renal treatment with three SNs and one ward boy are providing services.The expenses of medicines, dializer and staff are managed by the DH.The unit is operating on basis of public private partnership.
- There are 24 AYUSH facilities in the district functioning under NHM. In four PHCs Karanjha, Charegaon, Rajegaon and Mogaon, the Aush dispensary is integrated with the PHCs. There is one Ayurvedic specialist, an MO, one pharmacist and one compunder at DH Balaghat, which has also one homeopathy doctor. At CHC Khairlanji there is one homeopathy MO and one Ayurvedic doctor is posted at Bhanegaon. OPDs of AYUSH are integrated with DH, and CHC OPDs. Total 8496 Ayurveic OPDs and 6395 homeopathy were reported at DH Balghat and in Khairlanji CHC 10394 homeopathy OPDs were reported during April-November 2018.
- Under PM Surakshit Matritava Abhiyan (PMSMA) monthly clinics are functional at Balaghat, Waraseoni, Lalbarra, Lanji, Lamta and Hatta are run at Blaghat during April to November 2018, 2273 pregnant women have received ANC checkup by doctors at all the designated health facilities in Balaghat town and in different blocks.
- JSSK is implemented at all levels of health facility and free entitlements are provided. Display of all JSSK benefits components were observed in the DH, CH and CHC and PHC Bhanegaon but not at SHC Katori.
- Roshni clinic is providing services in the district by identifying women through 'mahila swasthya shivir' at the block level and providing services at the DH on weekly basis or in camps specially organized for women for different types of services like treatment of hypertension, cervical cancer, oral cancer, breast cancer, anaemia, high risk pregnancy and infertility. Total 1072 cases have been attended during April-November, 2018.
- ICTC clinics and counselling centre are functional in and HIV testing is being done at DH Balaghat, CH Lanji and CHC Khairlanji is carried out CH Lanji for both males and females and separately for ANC women. Out of total 1149 males screened for HIV 29 tested positive, 12 out of 1696 women, and 5 out of 2585 ANC women tested HIV positive in DH Balaghat. In the visited CH and CHC all males females and ANC women screened tested negative for HIV. FICTC centre in CH Lanji has closed because of no counsellor and lab technician.

- DH Balaghat has a ART centre since 2016, for which CS is the nodal officer. The centre has one one counsellor, one SN, one Lab technician, one care coordinator, and one data manager. Total 728 cases are registered and 673 are on treatment.
- There is fully functional Blood Bank at DH Bhopal but the Blood Storage Unit at CH Lanji is not functional for past one year, due to breakdown of refrigerator. Overall 165 units of blood was available at the DH. DH Blaghat supplies blood to BSUs at CH Lanji, and CHC Katangi and adjoining Seoni district.The pathologist and all the technical staff are trained.
- The DH has a very high delivery load for both Balaghat town and adjoining enchatchments of the district with an average of 633 deliveries per month (20-25 deliveries per day) and approximately 240 caeserean section operations per month (8 C-section operations per day).
- During April to November 2018 DH Balaghat has reported 5068 deliveries among which 943 were night time deliveries (between 8 pm to 8 am) CH Lanji reported 917 deliveries of which 153, 147 out of 488 in CHC Khairlanji and 22 out of 38 in SHC Katori are night time deliveries. PHC Bhanegaon reported 275 deliveries during this period.
- JSSK is implemented at all levels of health facility and free entitlements are being provided. Display of all JSSK benefits components were observed in the DH, CH and CHC and PHC Bhanegaon but not at SHC Katori.
- Chief minister's new initiative MMSSPSY on the lines of PMMVY from May 2018 has been launched to facilitate mothers working in informal sector with direct conditional cash transfer of Rs. 16000 to promote safe motherhood. Uptill Novemeber, 2018 total 9418 beneficiaries in the district(3564:ANC; 5854: delivery) received benefits under the scheme. DH Blaghat has provided 1220 women (581:ANC; 639: delivery) benefits of this scheme.
- Overall 24 maternal deaths were reported in Blaghat district with 14 deaths reported in the health facilty and 10 deaths on the way to the hospital or at home. Five maternal deaths were reported and reviewed in the DH, and four deaths were reported in CH Lanji and three were reviewd during April-November, 2018. MDR reporting is online.
- DH Balaghat has a 20 bedded SNCU functioning from August 2013, and NICU with necessary equipments and availability of one trained MO out of four sanctioned posts and 19 staff nurses. Two paediatricians from the DH are also overlooking the SNCU. During April- November, 2018, there were 1027 admissions (In-born: 522; Out-born: 550) in the SNCU and 84 neonates died during this period. The NBSU at CH Lanji is closed since 2016.
- Total 609 Child deaths were reported in Balaghat district between April-November 2018, which include neonatal deaths (510), post neonatal deaths (67) and infant deaths (32). Neonatal deaths are high in the district. CDR reporting is online.
- There are six NRCs in Balaghat district. All the NRCs are 10 bedded except DH Balaghat which is 20 bedded. To augment identification and admissions of SAM children the CMHO is coordinating with the PO of Balaghat district.
- Ten days district level Dastak training programme was being organized at the time of PRC team visit. A batch of 40 ANMs, MPW, BCMs, ASHA and ASHA supervisors from different blocks were receiving training by a Jabalpur based NGO, Nutritional International.Th focus was on SAM identification and reporting ofchild health, CDR, so that corrective measures are possible.

- VHND sessions are being held on regular basis for immunization of pregnant women and children. Total 12450 immunization sessions were planned of which 12386 sessions were held and in 89 percent sessions ASHAs were present in Balaghat district.
- Total 32 immunization sessions were planned in the DH and 32 were held and 557 children were fully immunized during April-November, 2018. IN SHC Katori 61 children received complete immunization.
- In Balaghat district there are total 20 AYUSH MOs (7 : males; 13: females), 5 pharmacists, and 17 ANMs providing RBSK services in different blocks. None of the RBSK teams are complete in manpower in block.
- As per the data available from DH Balaghat a total of 181684 children have been screened, 15821 identified with problems and 4814 children were referred to a higher health facility during April-November, 2018. From 0-6 week 7396, from 6 weeks-6 years 76095, from 6-18 years 98193 children were screened respectively.
- Balaghat district is presently providing full range of family planning services at the visited DH, CHC, PHC and all the other health facilities in the district. An integrated 'Swasthya Samwad Kendra' is providing counselling service for adolescents with ICTC, FP, and nutrition services at a single point is functional in the DH Bhopal with two counsellors.
- Total 22 JE, 13 '108' and five MMUs are functional in Lanji, Katangi, Paraswada and Lalbarra and Baihar in the district. Two "JE and two '108' are providing services in DH Balaghat. CH Lanji and CHC Khairlanji have 1 JEE each.
- For diagnosis and treatment of communicable diseases malaria, TB and Leprosy, the DH, CH and CHC in the district have adequate laboratory facilities and technicians, drugs and infrastructure resources for providing preventive and curative services against the three diseases staffs are effectively providing outreach services.
- NCD clinic is being held at the DH and NCD services are provided in all the health facilities through normal OPD with adequacy of medicines and essential drugs are available. Mental Health services are also available at DH Balaghat.
- A review of Kayakalp for year 2017-18 was completed and the internal score of Kayakalp was 52 for DH because there was no rain water harvesting facility in the old DH buildings. Internal review teams in the district have been constituted for observing the resources and services available at the facility and scoring as per the prescribed norms.
- General cleanliness, practices followed by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in all the visited health facilities. All the toilets at DH, CH and CHC are found clean and usable.
- All the visited health facilities have signages which are displayed in different sections of the hospital. Signages in all sections of DH Balaghat are clear.
- The cleaning staffs are outsourced at the health facilities through a centralised mechanism from state and they are providing services mainly at DH and the visited CH. DH Balaghat has 56 outsourced cleaning staff, six at Lanji and five cleaning staff at CHC Khairlanji are providing services.

- Total 166 ASHAs(129 VHNSCs) are currently working in Lanji block and 111 (79 VHNSCs) in Khairlanji. The CHC reported of 21 ASHA providing community services in its catchment and three ASHAs each under PHC Bhanegaon and SHC Katori are providing community services.
- Out of ten blocks only five have Block Community Mobilizer (BCM). There are one hundred and thirty six ASHA sahyogis in the district. Sixty new ASHA's are to be inducted this year. In all 1258 VHSNCs are functional in the district.
- Tally software has been implemented in visited DH, and CHC in the district. E– vitta pravah a new software has been introduced for direct transfer of untied funds. In the the current year blocks have separately received their financial grants.
- DEOs have to do multi-tasking doing data entry for RCH, birth and death registrations and there is no DEO dedicated in data entry for a particular programme. There is little scope of feedback and corrective action in case of errors in reporting.
- HMIS has been revamped in Madhya Pradesh as well as in Balaghat 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, CH/CHC, PHC and SHC respectively. HMIS data entry is being done in 386 facilities in Balaghat district.
- The RCH portal has been initiated with many upgradations and there are 227 data fields. A total of 289 ANMs from the SHCs and DEO's have received training for RCH portal. The ANMs are facing technical problems with ANMOL, because whatever data is being entered in the tab does not show on the RCH portal.
- There are several Whats APP group 79 for faster communication and networking. There is one networking of CS, CMHO with DHS and NHM. The second network of NQAC is among all districts of M.P. to ensure quality in improvement of services. Third is 'Ayushman Bharat Balaghat', 'Team Health Balaghat', 'MMPSY', 'Dastak Abhiyan , MP'.

Based on field observations PRC team highlights the strengths of the facilities. Several action points are outlined below for the visited health facilities and Balaghat district. These action points highlight the areas which need attention for providing impetus to the health services under the umbrella of NHM.

DH Balaghat (Strengths)

- ✓ CH Balaghat is active in hospital management of the DH. DH Balaghat is being upgraded in terms of infrastructure and services. CS initiated the water proofing of the roof of DH building through Jan Bhagidari. Through active coordination and support of the District Collector CS has obtained funds for expansion of DH.
- ✓ CS has created a corpus fund for DH Balaghat through earnings from rents to outsourced canteen, cycle stand parking and fees from GNM training to nurses.
- ✓ DH Balaghat is making efforts to increase the bed strength to 500 to augment services considering increasing number of patients.
- ✓ DH is continuously trying to improve its Kayakalp scores, by implementing cleanliness, sanitation and hygiene protocols.

- ✓ Rainbasera and hospital canteen are patient friendly initiatives for relatives who accompany patients.
- ✓ There are several Whats APP groups for faster communication and networking. There is one networking of CS, CMHO with DHS and NHM. The second network of NQAC is among all districts of M.P. to ensure quality in improvement of services. Third is 'Ayushman Bharat Balaghat', 'Team Health Balaghat', 'MMPSY', 'Dastak Abhiyan', MP'. This has
- ✓ The process of Integrated Id for Ayushman Bharat is underway to provide health insurance of Rs. five lakhs. Already 468 golden cards has been dispensed and procurement of software and providing separate space is under way.
- ✓ '108' services have facilitated transport of pregnant mothers and critical patients to the hospital, from catchments and outreach areas.
- ✓ DH Balaghat has also initiated the e- hospital software to facilitate updating of patient services.
- ✓ GNM training centre is functional in DH. This provides additional income for the DH.
- ✓ Sisters teaching in GNM training centre are master trainers in SBA, and Antara andprovide trainings to ASHA, ANMs for IUCD,PPIUCD, VHSC.

Action Points for DH

- ✓ Very high load and pressure for all types of health services was observed in DH Blalaghat.
- ✓ Several posts of specialists and MOs are lying vacant and need immediate filling up to ease out the pressure of high case load on a few to enable them to provide good quality services.
- ✓ The national health programmes are dynamic and growing incrementally and expanding fast. **Separate trained and exclusive personnel is essential to give impetus to the national programmes.**
- ✓ Posts of **hospital manager/ administrator, matron, nursing sisters need filling up immediately,** so as to strengthen monitoring and supervision of respective sections and DH as a whole.
- ✓ The DH has added 120 beds in its maternity wing but is receiving logistic facilities as per old bed norms. **Revision of norms and creating provisions for the new setup is essential.**
- ✓ **The DH urgently needs one ANM, because the earler ANM has been posted.**
- ✓ The drainage in old parts of the building gets frequently choked and needs immediate attention.
- ✓ With emphasis on online data uploading for all the health programmes and e-hospital, e-inventory and databased MIS. **A multi- tasking IT manager trained in handling data is a pre-requisite.**
- ✓ The available DEOs at the DH are multi-tasking in different departments**. Dedicated DEOs are essential for HMIS and PMSMA.**
- ✓ The frequent meetings and trainings of doctors and other DH staff also hamper the smooth functioning and providing daily services at the DH. **Alternative arrangements to facilitate services may be made to during these programmes.**

CH Lanji (Strengths)

- ✓ CH Lanji is providing CeMOC services with only two MOs who are trained in LSCS, LSAS, NBSU, LTT and NSV.
- ✓ CH Lanji is saving on electricity by using solar power in OT, labour room, emergency and other sections, reducing electricity bill to 40 percent.
- ✓ The new building of CH Lanji is under way which will be upgraded to a 60 bedded hospital.
- ✓ CH Lanji in collaboration with MPEB plans to create a solar panel in the new building and the excess generation will facilitate the CH in augmenting its income by supplying the excess to MPEB.
- ✓ CH Lanji augments RKS income through paramedical staff training.
- ✓ AYUSH compounder gives training in naturopathy and Yoga for which charges are collected from students.
- ✓ CH Lanji has been selected and empanelledc for Ayushman Bharat for which necessary infrastructure has to be developed.
- ✓ The diet chart provided by the state is being followed by the CH. Two SNs continuously monitor the quality of diet.

Action Points for CH Lanji

- ✓ Specialists are urgently required in CH Lanji to provide complete range of CeMOC services.
- ✓ BSU needs immediate rectification to a maintain continuity of blood supply for operations.
- ✓ The construction of the new CH building needs to be expedited considering the high case load and paucity of space in the old CH building.
- ✓ The ANMOL tablet needs rectification because ANMs cannot operate it without ID and password and data uploading is affected in RCH portal.
- ✓ CH Lanji is receiving funds as per old norms (earlier CHC).The CH has sought reimbursement of additional expenses.
- ✓ State has permitted a monthly payment of Rs. 1500 to ASHAs whereas the software accpts only Rs. 2000 entry which is transferred to respective accounts. This anomaly needs rectification.

CHC Khairlanji (Strengths)

- ✓ BMO of Khairlanji is efficient and has taken multiple initiatives for smooth functioning of the CHC with high case load for OPD and delivery services.Khairlanji a BeMOC facilty has one AYUSH MO to assist in providing services.
- ✓ The AMO of RBSK covers 81 villages in Khairlanji block as the second team with no staff is is non- functional. The AMO coordinates with local AWC and schools and hostels to provide services
- ✓ ASHAs of Khairlanji block were aware of their role and responsibilities in HBNC, and recived training in WIFS and HIV.

Action Points for CHC Khairlanji

- ✓ The CHC urgently needs a second MO as it is difficult for a single MO I/C to provide both clinical and administrative services. **BPM and BCM posts need to be filled up.**
- ✓ A single MO is unable to participate in regular trainings. A replacement should be available on such occasions.
- ✓ A new NRC building is urgently needed. The old NRC building is located in the maternity wing and is closed because of a non-functional toilet.**This needs urgent attention as SAM children are not getting services at the CHC.**
- ✓ ASHAs reported of poor cooperation at the DH while accompanying patients. They are often asked to leave the DH premises. This issue needs attention as it is their duty to accompany patients.
- ✓ The salary of AYUSH MOs and other categories working under NHM is delayed and needs revision.
- ✓ **The ANMOL tablet needs rectification to facilitate** ANMs to operate it because of software issues data uploading is affected in RCH portal.

PHC Bhanegaon (Strengths)

- ✓ PHC Bhanegaon is located on the main road and is easily accessible.
- ✓ PHC Bhanegaon has a new building and is saving on electricity by using solar power in the PHC premises.

Action Points for PHC Bhanegaon

- ✓ The PHC is an L2 delivery point with only one AYUSH MO incharge. Two SNs and one ANM are providing services. **An LMO, is urgently required.** Since the facility has 24*7 delivery services one cleaning staff is insufficient. **One cleaning staff is urgently required.**
- ✓ The staff expressed the need of hydraulic labour table, electronic suction apparatus, autoclave and pair of delivery instruments in the labour room.
- ✓ There is no boundary wall for the PHC which makes night stay for the staff and patients unsafe, available in the PHC premises. **Boundary wall needs immediate construction.**
- ✓ In absence of enclosed gate and boundary wall **a security staff is urgently required in PHC Bhanegaon.**
- ✓ HMIS booklets were not available for manual data entry**. HMIS booklets must be made available at the PHC.** DEO doing data entry is not trained in HMIS andneeds training in HMIS.

SHC Katori (Strengths)

- ✓ ANM Katori is single handedly managing the SHC which is L1 delivery point.The only ANM is active and managing both field work and delivery load which high in the area.
- ✓ ANM is directly uploading RCH data in the RCH portal.
- ✓ ANM has good coordination with AWCs and ASHAs and is running the Gram Aarogya Kendra.

- ✓ All essential drugs were available at the SHC.

Action Points for SHC Katori

- ✓ The SHC is functioning with one single ANM. With high delivery load and pressure of national programmes it is difficult for a single ANM to carry out simultaneous activities at the SHC in the periphery.**A second ANM for the smooth functioning of the SHC is urgently required to reduce pressure on the single ANM.**
- ✓ ANM reported that multiple surveys have taken place in the periphery like Dastak, but payments have not been made. **Immediate reimbursement of incentives and TA/DA is essential, so that ASHAs are motivated to provide support to the ANM in different villages.**
- ✓ The untied fund for SHC Katori is insufficient to meet out the contingency expenses due to high delivery load and additional expenditures have been made Gram Arogya Kendras need essential equipments. **Additional funds are essential to meet out essential expenses.**
- ✓ Since the facility is a delivery point and has 24*7 delivery services one cleaning staff is insufficient. **One cleaning staff is urgently required.**
- ✓ ANM expressed the need to be trained in suction apparatus.

Action Points for District Balaghat

- ✓ All 36 PHCs in Balaghat district are functioning without a regular MO. **Therefore doctors are urgently needed at the PHCs.**
- ✓ All the SHCs are receiving the same amount of untied funds and the delivery points have to bear extra expenses. **Therefore, a distinction between those providing delivery services and those not providing needs to be made while allocating funds.**
- ✓ Centralising basic services like security, cleanliness and transportation are hampering smooth service delivery and tracking of these services. The outsourced workers discontinue frequently on issues of non -payment. **The monitoring and tracking of these services which is minimal must be strengthened for optimum utilization.**
- ✓ Under e- vitta pravah tracking of payments is difficult. **Necessary modifications must be ensured to ensure smooth payments. Timely disbursement of Untied, AMG and RKS is essential.**
- ✓ No health and wellness centres were observed during field visit, although four centres have been designated in the first stage for upgradation. **These PHCs in the district need manpower, infrastructure and logistics to become functional as health and wellness centres.**
- ✓ All the ANMS in the district have received training in ANMOL tablet which is non- functional. **The district must ensure that software issues are sorted out.**
- ✓ Delayed payments of ASHA incentives and NHM staff was reported. **The district must ensure timely payments.**
- ✓ Single AMO of RBSK is providing services in Khairlanji block. RBSK teams in the district need complete staff.

Quality Monitoring of Programme Implementation Plan under National Health Mission in Balaghat District 2018-19 (M.P)

1. Introduction

For quality monitoring of Programme Implementation Plan (PIP) of NHM, the Ministry of Health and Family Welfare, Government of India, has assigned its 18 Population Research Centres (PRC) since 2012-13 in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2018-19, PRC Sagar is engaged in carrying out PIP monitoring in several districts of Madhya Pradesh. In this context a field visit was made to Balaghat district in MP in second week of September, 2018.The PRC team visited District Hospital (DH) Balaghat, Civil Hospital (CH)Lanji, Community Health Centre (CHC) Khairlanji, 24*7 Primary Health Centre (PHC) Bhanegaon and SHC Katori, which are functioning as delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Balaghatl District.

Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, MCTS & RCH portal data. The report provides insight based on observations and information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the period April-August 2018 for all selected facilities. Checklists for different health facilities were used to ascertain the range of services available. During monitoring, exit interviews of recently delivered women were carried out at DH Balaghat, CH Lanji, CHC Khairlanji, 24*7 PHC Bhanegaon and SHC Katori for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received. Secondary information was collected from the state web portal and district HMIS data available at the Programme Management Unit in the district.

2. State and District Profile

Madhya Pradesh located in central India has 51 districts and 342 blocks with a total population of 7.2 crores (Census, 2011). Bhopal is the capital of Madhya Pradesh. Balaghat District is district of Madhya Pradesh state in Central India. The town of Balaghat serves as its administrative headquarters. Balaghat District is located in the southern part of Jabalpur Division.

The district extends from 21°19' to 22°24' north latitude and 79°31' to 81°3' east longitude. The total area of the district is 9,245 km² and is bounded by Mandla district of Madhya Pradesh to the north, Dindori district to the northwest. It is the 16 th largest district in the state by population, but 8 th largest district in the state by area. According to the 2011 census Balaghat district has a population of 1,701,156 with 841740 males and 859416 females. The district has a population density of 184 inhabitants per square kilometre (480/sq mi). Its population growth rate over the decade 2001–11 was 13.56%. Balaghat has a sex ratio of 1021 females for every 1000 males, and a literacy rate of 78.29%.

The percentage of urban population in the district is 14.0 percent, whereas the state as a whole has 27.6 percent of urban population. The decadal growth rate of Balaghat has increased from 9.7 percent to 13.6 percent during 2001-2011. Katangi, Khairlanji, Lalbarra, Waraseoni Balaghat, Kirnapur Paraswada Baihar, Birsa and Lanji are the ten community development blocks The district has a population density of 184 per km^2 as per Census 2011. The Scheduled Caste population in the district is 7.4 percent while Scheduled Tribe comprises 22.5 percent of the total population.

Key Socio-Demographic Indicators					
Sr.	Indicator	MP		Balaghat	
		2001	2011	2001	2011
1	No. of Districts	45	50	-	-
2	No. of Blocks	333	342	10	10
3	No. of Villages	55393	54903	1390	1384
4	No. of Towns	394	476	9	13
5	Population (Million)	60.34	72.63	1.4	1.7
6	Decadal Growth Rate	24.3	20.3	9.7	13.6
7	Population Density (per Km$^{2)}$	196	236	157	184
8	Literacy Rate (%)	63.7	70.6	68.02	77.09
9	Female Literacy Rate (%)	50.3	60.6	57.08	69.04
10	Sex Ratio	919	930	1022	1021
11	Sex Ratio (0-6 Age)	932	918	968	967
12	Urbanization (%)	26.5	27.6	--	14.39
13	Percentage of SC (%)	15.2	15.6	7.7	7.4
14	Percentage of ST (%)	20.3	21.1	21.8	22.5
Source: Census of India 2001, 2011 various publications, RGI.					

The overall literacy rate of Balaghat district is 77.1 percent with 8.4 percent increase in total literacy, since Census 2001. The overall literacy rate of Balaghat district is above the state average in 2011 (M.P.:70.6; Balaghat 77.1). The female literacy rate has increased by 12 percentage points since 2001. The male-female sex ratio of Balaghat is 1021 females, per thousand males which is much higher in comparison to 930 of M.P. as a whole. The sex ratio for 0-6 years of age group in Balaghat district has decreased sightly from 968 in 2001 to 967 in 2011. District level estimates for key health indicators such as IMR, MMR, NMR, unmet need for FP, SRB and level of immunization is not available from any of the recent surveys.

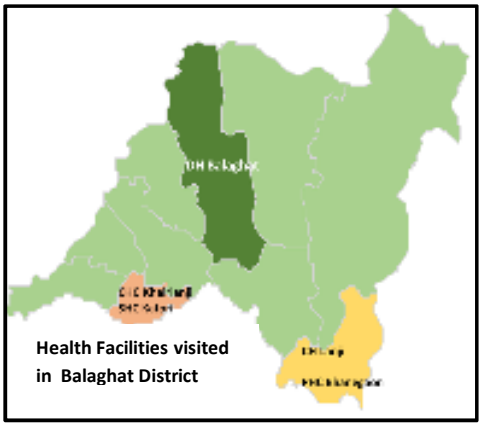
Sr.	Key health and service delivery Indicators	MP	Balaghat
1.	Expected number of Pregnancies – 2018-19	2247032	46126
2.	ANC Registration – 2018-19*	978440	16165
3.	1st Trimester ANC Registration (%)– 2018-19*	63	73
4.	OPD cases per 10,000 population – 2017-18	6874	3468
5.	IPD cases per 10,000 population 2017-18	584	313
6.	Estimated number of deliveries – 2018-19	2042751	41933
7.	SBA Home Deliveries (%)2018-19*	0.69	0.08
8.	Reported Institutional Deliveries (%) 2018-19*	94	96
Source: www.nrhm-mis.nic.in and http://www.nhmmp.gov.in/HMIS_HealthBulletin.aspx) April-September, 2018*			

3. Health Infrastructure in Balaghat District

- Balaghat district provides health services in both rural and urban areas through different type of rural and urban health facilities. The district is providing health services in urban areas through District Hospital, CH Lanji andCH Katangi. In rural areas, 8 CHCs 36 PHCs and 337 SHCs are providing services Although 337 SHCs are mapped only 289 of them are

Existing Health Facilities and Health Facilities Visited		
Health Facility	Number	Health Facility Visited
District Hospital	1	DH Balaghat
Civil Hospital	2	CH Lanji
Community Health Centres	8	CHC Khailanji
Primary Health Centers	36	PHC Bhanegaon
Sub Health Centres	337	SHC Katori

functional. The rest of the SHCs neither have any building, infrastructure or manpower and thus are not functional.



- Aditionally there are 50 Ayurveda, 6 homeopathy and one Unnani dispensary (under state AYUSH department) functioning in the district.
- In total 973 beds are available in the district with a population of 17 lakh, which are insufficient for the government health facilities, according to the required norm of 500 beds per 1 lakh population.
- Overall 51 delivery points three L3, 23 L2 and 25 L1 points are functional in the district. DH Balaghat is functional as a 300 bedded hospital. It has 120 beds in the maternity wing. CH Lanji has 40 beds, and CHC Khairlanji is functional with 30 beds. All the three facilities have high delivery load.

Construction Work in District Balaghat under NHM			
Status	**Cost in lakhs**	**Year$**	**Progress**
Construction of RCC drain, infront of several wards in DH Blagaht	32.1	2018-19	Under Completion
Construction of SHCs in Dhongriya, Badgav, Kurenda, Khlondi, Bhidi, Uddana, Bhikewada#	24 (each)	2018-19	Work in progress
31 SHC building proposed in Balaghat district #	24 (each)	2017-18	Site selection/ Plinth
Construction of residential quarters 2 F, 2 H & 2 G type quarters in CHC Baihar, Parasware, Birsa, Kiranpur, Rampyali, Khairlanji, Lalbarra, Katangi *	104.32 (each)	2018-19	Tendering process
Construction of residential quarters 4 F, 4H & 4 G type quarters in DH Balaghat *	208.64	2018-19	Tendering process
Electric Wiring work at CH Waraseoni	4.52	2018-19	Tendering process
Construction of Laundry building in DH Balaghat#	48.38	2018-19	Tendering process
#SHCs supported by NHM, #Construction of Laundry building, *Residential quarters by state funds$ Approved earlier			

- Continuous upgradation and infrastructure augmentation by construction of new SHC buildings and expansion is in process in both rural and urban health facilities in Balaghat district.

Status of Visited Health Facilities

- DH Balaghat, CH Lanji, CHC Kahirlanji, PHC Bhanegaon and SHC Katori are easily accessible from the main road. DH Balaghat caters to 2.69 lakhs in Balaghat town and 17 lakh population of the whole district. CH Lanji caters to 14570 population of Lanji town and 1.87 lakh population in the block. CHC Khairlanji caters to 1.47 lakh population in the block. PHC Bhanegaon has a population of approximately 5000, but caters to a population of 12000 from adjoining villages. SHC Katori caters to a population of 3000 and also provides services to adjoining village Manegaon.
- Staff quarters is a serious concern in the district. DH Balaghat has 8 staff quarters, 4 quarters for MOs, and 4 for SNs. There are aslo 12 old quarters of G, H and I type. CH Lanji has only two quarters, one for MO and the other for SN of E, F, G and H type quarters. CHC Khairlanji has 4 quarters three for MOs two for SNs and one for other category staff. PHC Bhanegaon has one

quarter for MO and one quarter for SN. SHC Katori has one ANM quarter. The condition of most of these quarters is not good especially at the DH. Residential quarters funded by the state government for the staff of DH Balaghat, and the CHCs are under construction.

- All the visited health facilities have power back up in the form of generator or inverter in the district.There is a separate feeder for power supply to DH Balaghat and five generators in different sections of the hospital. DH Balaghat has solar supply in different sections of PHC Bhanegaon and SHC Katori too have solar supply. Solar supply in the new CH building is proposed in Lanji.
- Water supply is available with overhead tanks in DH Balaghat, CH Lanji and CHC Khairlanji. DH receives regular water supply from municipality. There is 24*7 running water supply in all the facilities. PHC Bhanegaon and SHC Katori receive water supply from the borewell.
- All the visited health facilities have clean and functional labour room with attached clean toilets. Separate toilets for males and females are available in all the visited facilities except PHC Bhanegaon and SHC Katori.
- Separate male and female wards are available in all the visited facilities except PHC Bhanegaon.
- Blood bank is only functional in DH Balaghat. The BSU at CH Lanji is non-functional due to breakdown of the fridge and the drug inspector's refusal to grant license, although there are two technicians.
- DH Balaghat and CHC Khairlanji have a suggestion box for suggestions and complaints but none of the other visited facilities are equipped with a suggestion box. Functional help desk was not observed at any of the visited health facilities.
- There are ICTC/ PPTCT centres functional at DH Balaghat and CH Lanji with staff and medicines available. DH Balaghat is providing ART services since the year 2016.There is one ICTC counsellor for the ICTC centre.
- The 'sawasthya samvaad kendra' has two counsellors one male and one female urban STD counsellor are providing services in FP, HIV,nutrition.
- Bio-medical waste segregation were observed in all the health facilities except SHC Katori. Color coded bins were available in all the visited facilities including SHC Katori.
- The BMW service is out sourced in the district. Collection of waste is done on alternate days at DH Balaghat CH Lanji and CHC Khairlanji on alternate days by 'Krupa Wasteage', but disposal of hospital waste in PHC Bhanegaon and SHC Katori is being done in closed pits.

4. Human Resources

- Madhya Pradesh is facing an acute shortage of human resources for health care services. In rural areas, majority of health institutions are functioning without necessary staffs. Even contractual staffs post is vacant in many of the facilities.

- Madhya Pradesh has a deficit of 68 percent specialists and 34 percent MOs as shown in the Annual Report for the year 2017-18 of the state http://www.health.mp.gov.in/iec.htm

- A list of staff position of Bhopal district is available on the state HR web-site but this information is not updated http://www.nhmmp.gov.in/WebContent/md/HR/Regular-Facility-Wise.xls

- The portal http://mpsdc.gov.in/nhmhrms/Home/Login which is created to provide detailed information about all regular as well as contractual employees in the health department. However, information about facility-wise deployment of HR is not available in public domain.

Status of Human Resource in Visited Health Facilities

- DH Balaghat has only 17 out of 37 specialists (46 percent) in position, including three gynaecologists, one medicine specialist, one surgeon, one ENT specialist, three anaesthetists, two paediatricians, one ophthalmologist, two pathologists, two radiologists and one psychiatrist working against the total sanctioned specialists' posts. Posts of dental and TB specialists lie vacant.

- Only one third posts of MOs are filled up in the DH (9 MOs in position out of 27 sanctioned posts).Two dental medical officers are available but the post of one AYUSH doctor lies vacant.

- Seventy eight percent of the posts are filled up among the paramedical staff including Matron, SNs, ANMs and nursing sisters. Majority 138 SNs (female) are working against the sanctioned post of 149. All 14 posts of male SNs are lying vacant. Two out of ten nursing sisters and three out of six matrons are in position but the posts of nursing superintendent and nursing brother are lying vacant. One LHV and three ANMs are working against their sanctioned posts.

- In the DH, 47 percent of the technical staff are working against their sanctioned posts. Five lab technicians out of ten, two out of six dressers and one ophthalmic assistant is working against their sanctioned posts. There are three radiographers against the sanctioned post of five, one ophthalmic and one dark room assistant against the sanctioned post of two in each category, and no OT technician are posted at DH against the sanctioned post. There is one steward, health assistant and two lab. assistants working against their sanctioned posts. There is one dark room and one ophthalmic assistant working against the sanctioned post of two in each category. The posts of one ASO and one UDC are lying vacant.

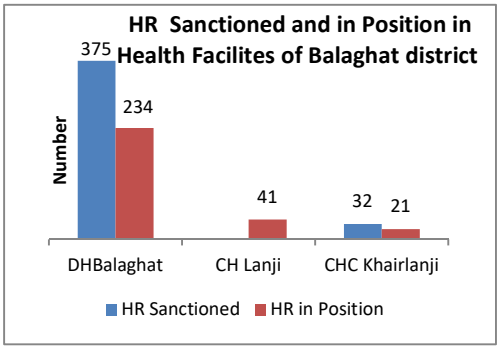
Staff Position in Different Health Facilities in Balaghat District								
	Specialists		**Medical Officer**		**Para medical staff**		**Technical Staff**	
BlaghatDistrict	Sanctioned	In-position	Sanctioned	In – position	Sanctioned	In-position	Sanctioned	In – position
DH	37	17	27	9	185	144	45	21
CH	--	--	--	2	--	17	14	12
CHC	4	0	1	2	9	8	2	0
DHBalaghat, CHLanji, CHC Khairlanji								

- Among category four staff only 30 out of 92 are in position including four contractual computer and cleaning staff (outsourced). There is paucity of ward boys and ward ayahs on contingency.

- The DH has hired 14 security gaurds and 56 cleaning staff, CH six cleaninag and four security, and CHC Khairlanji has five cleaning staff paid through RKS at collector's rate by outsourcing agency hired by the state.

- CH Lanji a 40 bedded CeMOC health facility does not have specialists in position, and posts of gynaecologist, paediatrician, surgical specialist and anaesthetist are lying vacant. A total of 41 staff including 2 regular MOs are providing services. The CH has one NMA in position, 16 SNs, two lab technicians and two pharmcists in position. Two OT assistants and supporting staff are providing services at CH Lanji.

- CHC Khairlanji an L2 delivery point is functioning with one regular MO, and one AYUSH MO (Homeopathic). Five regular SNs one LHV and four ANMs (NHM) provide MCH services. Aditionally there is one contractual pharmacist, two DEOs and one feeding demonstrator (NHM)working in CHC Khairlanji.

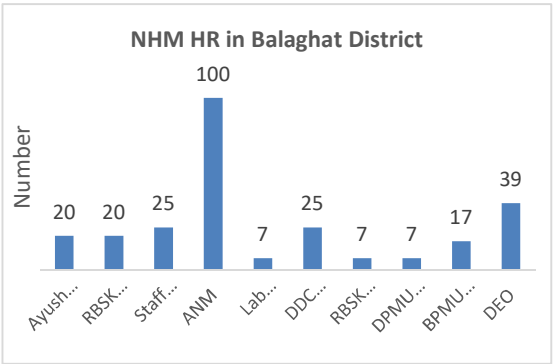


- PHC Bhanegaon an L2 delivery point is functioning with one AYUSH MO (NHM), one regular SN, and one SN, one ANM, one pharmacist, one DEO and one wardboy (NHM) who are posted at the PHC.

- SHC Katori an L1 delivery point has only one ANM and the second ANM (NHM) is selected against a regular post and has been transferred elsewhere. The single ANM is providing all the clinical and MCH services at the delivery point.

- A total of 305 NHM staff have been reported in Balaghat district (HRMIS, Dec 2017). Twenty Ayush MOs, RBSK AMOs (20) ANMs (100) and SNs(25) have been appointed to provide services in the periphery. The district has reported 286 NHM staff of different categories.

- In the DPMU Balagaht, DPM, DEIC/ RBSK manager, DCM, DAA, DDM of IDSP, epidemeiologist, sub-engineer and two DEOs are in position. BPM and BAM are available in seven blocks each and BCM is available in five blocks. In the visited Lanji block there is no BPM or BCM but one BAM. CHC Khairlanji does not have a regular BCM and BPM, but one BAM. One MPW in CHC Khairlanji is incharge BPM.



- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility. Although details of staff working were provided by BMO at CH Lanji and BMO at CHC Khairlanji, the number of sanctioned posts were not available.

Training Status/Skills and Capacity Building

- NHM focuses on capacity building and skill up gradation of the existing staff, for which there are provisions for trainings at all levels. Under NHM, several training programmes are organized for medical and paramedical staff at district and state level. Twenty-seven types of trainings were received by different category of staff in different health facilities.
- Training MIS has been initiated at the national level for training load assessment but is not yet operational in Balaghat district. Training calender is not maintained properly in the district.
- Trainings in CEmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, mini-lap, BSU are being continuously provided for skill up gradation of different category of health staff in the district.
- Among the visited facilities, i.e. one CEmOC trained MO each are available in CH Lanji and CHC Khairlanji. One BeMOC trained MO is available in CH Lanji. Among the visited facilities, one LSAS trained MO is available at CH Lanji.
- Twelve SNs of DH are trained in skill lab and at the district level there are and 41 SBA trained MOs, SNs and ANMs are available in different visited health facilities.
- FBNC trained staff are available at the different health all the visited health facilities(DH:10;CH:2; CHC:1; SHC: 1).
- Two MTP trained MOs are available at DH Balaghat and two at CH Lanji, and one NSV trained doctor at the DH.
- The CH of Balaghat is NSV trained and one MO of CH Lanji provides NSV services among the facilities.
- IUCD, PPIUCD trainings have been received by 52 health staff belonging to different categories, in the visited health facilities.
- Other trainings of different category of staff in Balaghat district are as follows: blood bank/BSU (7), RTI/STI (2), immunization and cold chain (7), RCH portal (3), HMIS (5), RBSK (4), RKSK (1), Kayakalp (1), NRC and nutrition (4), PPTCT (2), NCD (2), Mental health (1), dialysis(5), ART(5), ICTC (2), NBSU(1).
- AYUSH MO of PHC Bhanegaon reported of receiving four months crash course training in allopathy medicines in MGM college Indore. Five AYUSH doctors in Blaghat district have received this training.

5. Other Health Systems Input

- Availability of speciality services are essential for delivery of quality health care services at all levels of health institutions, along with availability of adequate equipments, drugs and consumables and diagnostics.

- In DH Balaghat all types of health services like surgery, medicine, obstetrics & gynaecology, emergency, ophthalmology, ENT and family planning are available along with ancillary services of blood bank, radiology and pathology. The trauma care centre is non functional due to non availability of requisite staff and is being used for MCH services. DH Balaghat does not have an ophthalmologist.

- CH Lanji (L3 CeMOC) although upgdraded from a CHC has no specialist services CH Lanji does not have any surgical facilities except for two MOs one male and one female who have undergone essential training in CeMOC and are conducting C-section operations. CHC Khairlanji also does not have speciality services.

- There is fully functional Blood Bank at DH Bhopal but the Blood Storage Unit at CH Lanji is not functional for past one year, due to breakdown of refrigerator. Overall 165 units of blood was available at the DH, and the hospital provided 3919 blood bags during 2017-18. DH Blaghat supplies blood to BSUs at CH Lanji, and CHC Katangi and adjoining Seoni district.The pathologist and all the technical staff are trained.

- Most of the essential equipments are available at the health facilities along with functional foetal Doppler/CTG and mobile light at the DH and MVA/EVA equipment at the visited CH, and the CHC.

- OT lights and anaesthesia machines are available at DH Blaghat and CH Lanji. Photo therapy unit is available in DH Blaghat, CH Lanji and CHC Khairlanji.

- Surgical diathermies and laproscopes are available only in DH Blaghat, and not the other visited health facilities. DH has all the requisite equipments except C-arm unit. CH Lanji does not have surgical diathermies, C-arm unit, laproscopes multi -para monitors

- Pathological investigations are free for all the patients in government health care facilities. DH has 48 type of pathological investigations for patients that are provided without charging any user fees. All the listed diagnostic tests are mainly available at the DH, 28 types of test in CH Lanji, but very few diagnostic tests are available at PHC Bhanegaon visited for PIP monitoring.

Diagnostic Tests not available at CHC Khairlanji	**Diagnostic Tests not available at PHC Bhanegaon**
Serum urea Serum cholesterol stool examination, Complete Blood Picture, Platelet count, SGOT liver function test, SGPT blood test G-6 PD deficiency test, serum creatine/ protein	Serum urea, Serum cholesterol, serum bilirubin, HbsAG, SGOT liver test, blood typing, stool examination, Complete Blood Picture, Platelet count, ECG, RTI/STI screening, SGOT liver function test, RPR for syphilis, X-Ray, RPR for syphilis, SGPT blood test, Serum creatine/ protein, VDRL, semen analysis, G-6 PD deficiency test

- At DH Blaghat 9287 X-Rays 485 at CH Lanji and 345 at CHC Khairlanji are reported during April-November, 2018. Total 5650 USGs are reported at DH Balaghat during the same period.

- EDL lists were available at all the health facilities but displayed at the DH and SHC Katori. Majority of the essential drugs are available in all the visited health facilities and there is a computerized inventory management system for the DH, CH and CHC. E- aushdhi software is being used for procurement of drugs. Drug out stock out is not reported from any of the visited health facilities in the district.

- Roshni clinic is providing services in the district by identifying women through 'mahila swasthya shivir' at the block level and providing services at the DH on weekly basis or in camps specially organized for women for different types of services like treatment of hypertension, cervical cancer, oral cancer, breast cancer, anaemia, high risk pregnancy and infertility.Total 1072 caseshave been attended during April-November, 2018.

- ICTC clinics and counselling centre is functional in and HIV testing is being done at DH Balaghat. CH Lanji and CHC Khairlanji are carrying out CH Lanji for both males and females and separately for ANC women. Out of total 1149 males screened for HIV 29 tested positive, 12 out of 1696 women, and 5 out of 2585 ANC women tested HIV positive in DH Balaghat. In the visited CH and CHC all males females and ANC women screened tested negative for HIV.

- DH Balaghat has a ART centre since 2016, for which CS is the nodal officer. The centre has one one counsellor, one SN, one Lab technician, one care coordinator, and one data manager. Total 728 cases are registered and 673 are on treatment. Both ICTC and PPTCT trained counsellor overlook targeted Interventions (TIs) amongst persons most vulnerable to HIV/AIDS, such as female sex workers (FSWs), men who have sex with men (MSM) and transgenders (TGs) and injecting drug users (IDU).

- The trauma unit of the DH is being utilised as the MCH wing with 120 beds, labour room and wards.

- There is a dialysis unit in the DH with two dialysis machines of which one is non functional. A specialist trained in renal treatment with three SNs and one ward boy are providing services. The expenses of medicines, dializer and staff are managed by the DH. A long waiting period for patients was reported by the concerned staff. DCDC has provided homeodialysis machine and one technician to DH Balaghat.Total 624 patients were provided dialysis services between April-November, 2018.

AYUSH Services

- Currently, 200 PHCs do not have a single Medical Officer (MO), in place in M.P. In the year 2017-18, the state government has conducted training of PSC selected Ayurvedic Medical Officers for prescription of allopathic drugs and deployed them in PHCs. Five AYUSH doctors in Blalaghat district have completed a crash course in allopathy medicines from MGM Inore.

- There are 24 AYUSH MOs in the district functioning under NHM. The state AYUSH department is separately operating 50 Ayurvedic, 6 homeopathy and one unani dispensary.

- In four PHCs Karanjha, Charegaon, Rajegaon and Mogaon, the Aush dispensary is integrated with the PHCs.

- OPDs of AYUSH are integrated with DH, and CHC OPDs. The AYUSH doctors report to facility HMIS as well as to their parent department.There is one Ayurvedic specialist, an MO, one pharmacist and one compunder at DH Balaghat, which has also one homeopathy doctor. At CHC Khairlanji there is one homeopathy MO and one Ayurvedic doctoris posted at Bhane gaon

- Total 8496 Ayurveic and 6395 homeopathy OPDs were reported at DH Balghat and 10394 homeopathy OPDs in CHC Khairlanji during April-November 2018.
- Building of a new AYUSH hospital is underway adjoining the trauma centre building in the DH.
- AYUSH medicines are available and no stock out was reported in any of the visited health facilities. Replenishment of drugs is made by AYUSH drug warehouse at Bhopal.
- Currently there is no AYUSH IPD services in the DH but panchakarma services are being provided at the DH. A technician for panchkarma is urgently required considering the high caseload.
- Training needs in panchkarma were specified by the doctors for themselves and their technician.

6. Maternal Health

- Balaghat district has 51 delivery points nine in. Out of these there are three functional L3 facilities (DH Balaghat, CH Lanji and CHC Katngi), 23 L2 facilities (1 CH, 7 CHCs and 15 PHCs) and 25, L1 facilities (18 PHCs & 7 SHCs) which are providing maternal health services in the ten blocks of the district.
- DH Blaghat has converted its trauma centre into a separate maternity wing with separate ANC and PNC wards.The DH has a very high delivery load for both Balaghat town and adjoining enchatchments of the district with an average of 633 deliveries per month (20-25 deliveries per day) and approximately 240 caeserean section operations per month (8 C-section operations per day).
- CH Lanji is a 40 bedded hospital with no separate maternity wing, and is not fully functional as a CeMOC facility. There is no single specialist in the CH, although two MOs trained in LSCS, LSAS, NBSU are providing MCH services. The designated delivery points CHC Khairlanji is also not functional as BeMOC facility as per IPHS norms, due to lack of specialists, infrastructure and manpower.

Number of Designated Delivery Points in Balaghat District (Levelwise)

Blocks	Population Census 2011	L-1	L-2	L-3
Baihar	284352	1	3	-
Balaghat	269352	4	3	1
Birsa	127251	3	3	-
Katangi	102594	3	3	1
Khairlanji	147208	5	1	-
Kirnapur	175890	2	1	-
Lalbarra	170960	1	2	-
Lanji	187624	4	1	1
Paraswada	108026	1	2	-
Waraseoni	176291	1	4	-
Total	**1749548**	**25**	**23**	**3**

- Under PM Surakshit Matritava Abhiyan (PMSMA) monthly clinics are functional at Balaghat, Waraseoni, Lalbarra, Lanji, Lamta and Hatta are run at Blaghat during April to November 2018, 2273 pregnant women have received ANC checkup by doctors at all the designated health facilities in Balaghat town and in different blocks. Although this is a PPP model in which private doctors provide ANC services in public health facilities on the 9th of each month, doctors of government health facilities have provided services.

- During April to November 2018 DH Balaghat has reported 5068 deliveries among which 943 were night time deliveries (between 8 pm to 8 am) CH Lanji has reported 917 deliveries of which 153, 147 out of 488 in CHC Khairlanji, 22 out of 38 in SHC Katori are night time deliveries. PHC Bhanegaon reported 275 deliveries during this period.
- Out of the total deliveries 28, and 17 percent deliveries were conducted under C-Section at DH Balaghat, and CH Lanji respectively.
- Overall 24 maternal deaths were reported in Blaghat district with 14 deaths reported in the health facilty and 10 deaths on the way to the hospital or at home.
- Five maternal deaths were reported and reviewed in the DH , and four deaths were reported in CH Lanji and three were reviewd during April-November, 2018. The reasons for maternal deaths were PPH, severe anaemia, obstructed labour and eclampsia. No maternal death reported either at, CHC Khairlanji, PHC Bhanegaon and SHC Katori during this period.
- Among the visited CemOC facilities DH Balaghat and CH Lanji only DH Balaghat have the full range of services given in the below table.

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

Janani Shishu Suraksha Karyakram (JSSK)

- JSSK is implemented at all levels of health facility and free entitlements are provided. Display of all JSSK benefits components were observed in the DH, CH and CHC and PHC Bhanegaon but not at SHC Katori.
- Nine beneficiaries were interviewed through exit interviews out of which four had come for their first delivery, and reported about service availability at the facilities i.e. free meals and diagnostics. All nine benficiaries had registered themselves with ASHAs and ANMs. Eight beneficiaries have reported of using free transport services, reciving free food, free drugs and consummables and all nine of them reported normal delivery and initiation of breast feeding within one hour of delivery. It was observed that all the visited health facilities have free dietary service. All the women utilised the delivery care at the visited facilities, stay for minimum 48 hours as per norms.
- DH Balaghat , CH Lanji and CHC Khairlanji provide dietary services through the hospital kitchen and PHC Bhanegaon and SHC Katori provide dietary services suplied privately. DH has 15 kitchen

staff including cooks and assistant cooks outsourced under NHM providing food to both general patients as well as beneficiaries of JSSK as per state government norms.

- JSY is implemented and payments are made as per eligibility criteria. Since the payments are made through e- vitta pravah from July 2018, therefore physical verification of beneficiaries' payment by district authorities is not possible. With introduction of e- vitta, BMO Lanji reported problems of JSY payment to beneficiaries though direct money transfer on time due to poor internet network, and old version of computers which created problems. However, JSY payments was updated till October, 2018.
- Majority JSY payments were made to the beneficiaries in the visited health facilities. PHC Bhanegaon reported that 72 percent beneficiaries had received payments. Pendency due to deactivated or non-functional bank account of the beneficiary, was reported at the health facilities.
- Chief minister's new initiative MMSSPSY from May 2018 has been launched inder which direct conditional cash transfer of Rs. 16000 in two instalments for early identification of high-risk pregnancies, safe deliveries (institutional) and early initiation of breastfeeding and '0' dose immunization of newborn is being undertaken. This is to facilitate mothers working in informal sector. Uptill Novemeber, 2018 total 9418 beneficiariesin the district(3564:ANC; 5854: delivery) received benefits under the scheme. DH Blaghat has provided 1220 women (581:ANC; 639: delivery) benefits of this scheme.

Referral Transport

- In Madhya Pradesh referral transport has been an integral part of both Janani Surksha and emergency 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.
- 'Ziqita healthcare limited' has been hired by the state for integrated ambulance services and is managing both JE and '108' in the state.
- Total 22 JE, 13 '108' and five MMUs are functional in Lanji, Katangi, Paraswada and Lalbarra and Bihar in the district. Two "JE and two '108' are providing services in DH Balaghat. CH Lanji and CHC Khairlanji have 1 JEE each.
- Referral transport '108' is not under the direct control of the CMHO or facility head and its movements and services cannot be tracked.
- None of the visited facilities have any information about mothers being transported from home to hospital and from hospital to home under JSSK. Mainly 108 services is being used by CH Lanji. This makes tracking of JE services very difficult by the facility head.
- The referral transport service in the district is running through a centralised call centre from state. It was observed that '108' also provides services to JSSK mothers transporting them to the facility.

- Due to non-availability of data at district level the services being provided to pregnant women and newborn children and other patients by '108' and JE remain unassessed.

- The MMU has a district coordinator. The MMU vehicles are with GPSfitting and are functioning in Lanji block providing services six days a week with a preplanned route chart in concurrence with the BMO. A doctor, and ANM provide immunization, ANC and PNC enroute in the villages and cases are reffered to CH Lanji.

- DH Blaghat has an ambulance donated by Red Cross used by DH to provide services on special occasions and emergencies.

- The hospital in-charges also have mobility support in the visited DH and the CH and vehicles are available for call duty MOs at the DH.

7. Child Health

- Child health is a major challenge for MP which has the highest NMR and IMR in the country. In every district SNCU has been established in Madhya Pradesh. Total 54 SNCUs are established with an objective to reduce neo-Tatal mortality from preventable causes. The focus is on providing quality neonatal services. Focus has shifted from 'survival' to 'intact survival'.

- DH Balaghat has a 20 bedded SNCU functioning from August 2013, and NICU with necessary equipments and availability of one trained MO out of four sanctioned posts and 19 staff nurses. Two paediatricians from the DH are also overlooking the SNCU. During April- November, 2018, there were 1027 admissions (In-born: 522; Out-born: 550) in the SNCU and 84 neonates died during this period.

- The number of NBSUs needed for critical care for child survival has been reduced from 105 to 60 in the health facilities, due to specialist and manpower shortage. Although the BMO at Lanji is trained in NBSU at CH Lanji the NBSU has been closed, since 2016 and the eqiipments have been sent to DH Balaghat. SNCU equipments are maintained by AIM healthcare New Delhi.

- There are 1515 designated delivery points in the state and Newborn Care Corners are functional in all the delivery points including CH Lanji which has a functional NBCC. CHC Khairlanji also has a NBCC.

- Total 609 Child deaths were reported in Balaghat district between April-November 2018, which include neonatal deaths (510), post neonatal deaths (67) and infant deaths (32). Neonatal deaths are high in the district. CDR reporting is online.

Nutrition Rehabilitation Centre (NRC)

- Although improvements have been made in the under-nutrition status of children under 5 years of age, with the percentage of children severely wasted (i.e. children with severe acute malnutrition (SAM) declining from 12.6% (NFHS 3) to 9.2 % (NFHS 4) it is still a challenge for M.P.

- With 315 Nutrition Rehabilitation Centers (NRCs) in all DHs and CHC/PHCs and 5 tertiary care Severe Malnutrition Treatment Units functional in the State, around 60,270 children with SAM have been managed in 2017-18. Also, there has been an improvement in the output indicators with recovery rates at 72%, defaulter rate at 11%, medical transfer of 3% and non-responder rate at 14% (State Report April'- Dec'17).

- There are six NRCs in Balghat district. All the NRCs are 10 bedded except the NRC in DH Balaghat which is 20 bedded. Thus, there are total 70 beds for SAM children in the district.

- With high proportion of children 6-59 months suffering from anaemia (Balaghat total: 41.5 percent; rural: 42.6, NFHS, 4) reported BOR is only 61 percent. There are four FDs in six NRCs

- The NRCs at DH Balaghat, CH Lanji, and CHC Khairlanji are observed to be fully functional with trained staff and all necessary equipments available. In DH 211, CH 83 and CHC Khairlanji 134 SAM children were admitted to the respective NRCs during April-November, 2018. Average length of stay in NRCs is around 27, 58 and 14 days at DH, CH and the CHC respectively.

- NRC MIS software is being used for monitoring and supervision of NRC services. The NRCs are provided with separate computer and internet connection.

NRC, Bed Occupancy Report in Blaghat district 1 st April -31 st November, 2018	
No. of NRC	6
Total Beds	70
Previous Admission	4
Children admitted during period	762
Death during period	0
Defaulter during period	39
Medical transfer during period	04
Overall bed occupancy %	61.34
Mothers counselled for family plan	467
Mothers adopted family planning	0
Children referred by AWW	549
Children referred by ASHA	139
Children referred by self	15
Children referred by Doctors	4
Children referred by others	13
Children referred by RBSK team	6
www.nrcmis-mp-.gov.in	

- 'Dastak Abhiyan' is a special initiative of GoMP (2016) in which door to door screening of children under five years of age is being undertaken once every 6 months to address the major determinants of U5 morbidities and mortality in collaboration with WCD department considering high SAM rates in the state.

- During the current year between 14 th June -31st July, 2018 community screening of children has been done for complicated SAM, severe anaemia, childhood diarrhoea and pneumonia along with preventive measures such as Vitamin A supplementation, ORS prepositioning, promotion of handwash and infant and young child feeding practices was undertaken in Balghat district.

- CH Lanji and CHC Khairlanji covered screening in 85 and 165 villages respectively , 10417 and 16176 under five children were screened and and 3453 and 3965 mothers were provided IYCF counselling in the respective villages.

- AWWs, ASHAs and ANMs are jointly visiting households to identify children with childhood deficits to ensure timely admissions and follow up. These grassroots workers have listed out

such children for the MO I/C and feeding demonstrator of NRCs to provide requisite services timely. SAM children have been identified.

- Ten days district level Dastak training programme was being organized at the time of PRC team visit. A batch of 40 ANMs, MPW, BCMs, ASHA and ASHA supervisors from different blocks were receiving training by a Jabalpur based NGO, Nutritional International.Th focus was on SAM identification and reporting ofchild health, CDR, so that corrective measures are possible.

Immunization

- M.P. is still lagging behind in complete immunization(M.P urban: 63 percent, rural: 50; total 50.6, NFHS 4). In rural areas of Balaghat district complete immunization is 61 percent and 65 percent in the district as a whole (NFHS 4). The dropout rate has shown a decline but needs further intensification.
- The annual service need for immunization in Balaghat district estimated for 2018-19 is 39459, out of which 15870 children were immunized upto September, 2018.
- Balaghat district has 32 focal points for vaccine storage CH Lanji and PHC Bhanegaon are focal points for immunization. Micro plans have been prepared for different blocks by DIO for the year 2018-19.
- Alternate vaccine delivery system is in place in the district. MPWs and LHVs have been trained in cold chain handling in the district. The birth dose of immunisation is being ensured for all newborns delivered before getting discharged at the DH, CH and CHC.
- Immunisation services are available in DH Balaghat on daily basis and on fixed days in the CH and periphery .
- VHND sessions are being held on regular basis for immunization of pregnant women and children. Total 12450 immunization sessions were planned of which 12386 sessions were held and in 89 percent sessions ASHAs were present in Balaghat district.
- Total 32 immunization sessions were planned in the DH and 32 were held and 557 children were fully immunized during April-November, 2018. IN SHC Katori 61 children received complete immunization.
- PHC Bhanegaon reported that immunization services are provided by field ANM in periphery on fixed days on Tuesdays and Fridays. Catchup round of immunization was underway.

Rashtriya Baal Surkasha Karyakram (RBSK)

- Under PIP 2018-19, Regional Early Intervention Centers are proposed at Medical college, Rewa, Indore, Bhopal and Jabalpur. In all 25 functional DEICs are catering to special needs of children in M.P.
- Samarpan is a unique intervention Early Intervention Clinic for early identification, screening, treatment and rehabilitation of children with developmental delay or physically disability. It is a

convergence model of Health, WCD and district disabled rehabilitation centre (DDRC) with the leadership of district administration.

- State Resource Centre is proposed to be set up as a model multi-disciplinary approach for detection, screening, evaluation, treatment, management and rehabilitation centre for 0-18 years of children in Madhya Pradesh (2018-19). State level training centre for RBSK staff of different DEIC is proposed.
- The Child Health Evaluation Treatment Notification Application (Chetna APP) was launched as a pilot project in four districts of M.P. in November 2016 and extended to all 51 districts in June 2017. Through this APP quality screening, tracking, and monitoring of services to children with four D's, in the age group 0-18 years, tracking of high-risk children, follow up of SNCU discharged children is being carried out.
- As per the data available from DH Balaghat a total of 181684 children have been screened, 15821 identified with problems and 4814 children were referred to a higher health facility during April-November, 2018. From 0-6 week 7396, from 6 weeks-6 years, from 6-18 years 98193 76095 children were screened respectively.
- In Balaghat district there are total 20 AYUSH AMOs (7 : males; 13: females), 5 pharmacists, and 17 ANMs providing services in all the blocks. None of the RBSK teams are complete in manpower in block. In Khairlanji block there is only one team functional in the block with a single AMO and although Balghat and Lanji blocks have two teams they do not have pharmacists in place.
- There is manpower shortage in RBSK teams across Balaghat district specially of pharmacists. screening of 4 D's is being carried out in schools and AWCs in Khairlanji block.
- The DEIC Balaghat is under construction, and all the requisite staff have yet not been recruited. There is one DEIC /RBSK coordinator, one social worker, one audiologist in place.
- Children found with 4Ds defects of birth, diseases, deficiency, and developmental delays are being provided treatment. The services provided by DH Balaghat is given below.

DEIC Services provided at DH Balaghat during April-November, 2018			
Children Identified & Registered	**Total**	**Children Treated**	**Total**
Dental Condition	275	Dental Condition	265
Vision Impairment	233	Vision Impairment	225
Hearing Impairment	261	Hearing Impairment	255
Neuro motor impairment	321	Neuro motor impairment	316
Motor Delay	385	Motor Delay	378
Cognitive Delay	307	Cognitive Delay	297
Language Delay	521	Language Delay	521
Behaviour Disorder (Autism)	40	Behaviour Disorder (Autism)	40
Learning Disorder	386	Learning Disorder	386
Attention Deficit Hyperactivity Disorder	13	Attention Deficit Hyperactivity Disorder	13
Others	385	Others	379
Total	**3127**		**3075**

Adolescent Health (ARSH & RKSK Services)

- Adolescent health services are an important dimension of overall umbrella of health care services. Adolescent health is covered under two health programmes – ARSH and RKSK. The two programmes supplement each other - ARSH caters to the reproductive and sexual health needs of adolescents and RKSK focuses on overall health of adolescent.
- RKSK is implemented in 11 districts on pilot basis in Jhabua, Barwani, Alirajpur, Mandla, Dindori, Umaria, Shadol, Panna, Satna, Chhatarpur and Singrauli of MP. The program is implemented with the support of selected NGOs.
- In all 88 functional Adolescent Friendly Health Clinic (AFHCs) are providing services given through 88 trained counsellors in the state. Convergence with school education have been initiated to streamline counseling services in schools. Restructuring of outreach activities of counselors to offer services up to PHC level is being initiated.
- It is observed that ARSH service has been merged, restructured and integrated with 'Swasthya Samwad Kendra'(SSK). The SSK has been established in DH Balaghat and counselling services are being provided by two counselors on male and one female. Treatment of common RTI/STI problems is being provided.
- AFHC health clinic is not functional in any of the health facilities in the district.
- RKSK services are not being separately provided in DH Balaghat. SSK counsellors are counselling on nutrition, HIV, family planning and hygiene.
- In both CH Lanji and CHC Khairlanji, the health facilities reported of not screening adolescents at the block level.

8. Family Planning

- Ensuring permanent sterilization services at PHC, CHC, CH and DH on fixed days with aiming static service delivery at DHs & identified CHs has been proposed in PIP 2018-19.
- Balaghat district is presently providing full range of family planning services for spacing as well as limiting methods at all the visited health facilities in the district.
- Balaghat district has 2 Surgeons/ and 3 MOs for providing LTT and CTT services (DH: 4; CH:1:) and two trained doctors for providing NSV services (DH: 1; CH:1;).
- DH and CH are the facilities where FP operations are also done on regular basis. LTT camps are organized at visited CHC and PHC on fixed days basis on weekly and fortnightly respectively.
- Supply of modern family planning methods, i.e. OP, condom, copper T etc. are regular in the district and none of the visited health facilities informed about any scarcity. PHC Bhanegaon reported that most of the condoms and Oral pills are provided by ANMs in the field.
- During April-November' 2018, 1485 female sterilizations (DH: 285; CH: 713; CHC: 487) and 59 NSV operations (DH: 27; CH: 17; CHC: 15) have been performed. At CHC & PHC these services

are done on fixed days by surgeon from DH. During this period 748, 384,115 and 16 women were provided PPIUCD services at the DH, CHC and, SHC Katori respectively.

- During interaction it was found that most of the women in PNC wards were counselled for PPIUCD by doctor or SNs. In Balaghat district acceptance of PPIUCD among mothers was reported.
- Antara injections for family planning was reported to have caused hormonal problems among some women.

9. Disease Control Programmes

Communicable Diseases

- Balaghat district has a nodal officer each for Malaria, TB and Leprosy disease programs. The CHCs and PHCs in the district have adequate laboratory facilities and technicians, drugs and infrastructure resources for providing preventive and curative services against the three communicable diseases, staffs are effectively providing outreach services.

- The malaria control initiatives are reported to be progressing satisfactorily in the district. Periodic surveillance is carried out by respective MOs and program officers.

- Under national malaria control programme DH Bhopal, CH Bairagarh, CHC Berasia and PHC Nazeerabad are providing services with adequate availability of rapid diagnostic kits and drugs. In April-November 215034, 21559, 26278, and 351 slides were reported prepared from DH Balaghat, CH Lanji, CHC Khairlanji and SHC Katori respectively.

- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Balaghat district are functional in all the visited health facilities. A total of 1442 sputum tests were reported to be positive from DH Balaghat and 17 CH Lanji, 125 at CHC Khairlanji and 3 at SHC Katori. NMAs are providing MDT in Lanji block.

- National Leprosy Eradication Programme (NLEP) is functional and 94 new cases were detected at the DH. Total 143 patients are being treated at DH Balaghat.

- There are STS, STLS and TBHV staff are adequate in the blocks to provide different services.

Non-Communicable Diseases

- NCD services are being provided in DH Balaghat and CH Bairagarh through OPD services with adequacy of medicines and drugs. Diabetes, followed by hypertension, cardio-vascular diseases, ophthalmic, dental, mental illness, epilepsy stroke and cancer patients have been treated at the DH where most of the specialists are available.

NCD Services	DH	CH
Diabetes	493	238
Hypertension	757	295
Stroke	85	1
Acute Heart Diseases	37	1
Mental illness	23	1
Epilepsy	8	1
Ophthalmic Related	9298	2203
Dental	3035	90
Oncology	187	0
M.P. HMIS: April-November, 2018		

- Treatment for mental illnesses is also being provided at the DH with one trained MO is available for services. Mental services are not being provided at any of the

other visited health facilities. Opertionalization of 'Mannkaksh' in District Hospital is the prime objective of the state to provide basic Mental Health Care services to persons suffering from mental ailments.

- RBSK team during its routine visit during 2018-19 proposes to create awareness in school both public and private and colleges for children upto 18 years with regard to tobacco addiction.

- Four PHCs have been taken up for conversion into health and wellness clinic where these envisioned health and wellness centres would be developed first into referral centre to treat and identify non-communicable ailments.Renovation of four PHCs is being undertaken especially improving drainage and toilet facilities of PHC Lamta, Kirori, Damoh, Hatta.

10. Quality in Health Services

- 'Kayakalp' is an intervention in line with the Swachha Bharat Campaign for maintaining of high standard of cleanliness and hygiene across all the public health institutions.

- Continuous monitoring of health facilities under 'Kayakalp' is underway and each health facility is given scores based on level of amenities of that particular facility and cleanliness and hygiene it maintains. A peer group assesses the health facility by scrutinizing different aspects and providing scores. On the basis of 'Kayakalp' score achieved, enhanced fund is provided to health facility.

- A review of Kayakalp for year 2017-18 is completed, internal score of Kayakalp was 52 for DH because there was no rain water harvesting facility in the old DH buildings. Four internal review teams in the district have been constituted for observing the resources and services available at the facility and scoring as per the prescribed norms.

- General cleanliness, practices followed by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in all the visited health facilities. All the toilets at DH, CH and CHC are found very clean and usable.
- ROs have been installed in all the health facilities for providing clean drinking water.

- The cleaning staffs are outsourced at the health facilities through a centralised mechanism from state and they are providing services mainly at DH and the visited CH. General cleanliness was observed in all the visited health facilities.

- PHC Bhanegaon has only one cleaning staff, although it is delivery point. Non-availability of sufficient cleaning staff at the PHC with high delivery load creates problems in maintaining cleanliness. SHC Katori uses the services of a part time sweeper for cleaning the SHC and payments are made through RKS.

- In DH Balaghat the new maternity wing is clean. DH Balaghat has well equipped labour room, OT, clean in-patient ward and kitchen in the new building developed as MCH wing. IEC about health care and available services is done at all the facilities.

- It was observed that all the cleanliness, procedural and service related protocols and charts are displayed at proper places in DH Bhopal, CHC Bairagarh CHC Berasia and PHC Nazeerabad with

adequate protocol posters in labour rooms and observed that all protocols are being followed properly. Fumigation in the DH maternity OT and general OT is done on weekly basis.

- There is lack of adequate space for medical staff and adequate waiting space for patients in the old building of DH Balaghat and CH Lanji.

Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Balaghat, CH Lanji, and CHC Khairlanji , PHC Bhanegaon and SHC Katori. Facilities have colour coded bins placed in OT, labour room.
- Krupa Wastage a private agency registered under M.P. pollution Control Board collects bio-medical waste on basis at the DH, CH and CHC. There is availability of pit and burning facility for waste management in the visited PHC and SHC.
- There are standard protocols for disposal of bio-medical waste management in all levels of health care institutions. Awareness amongst staff on cleanliness and hygiene practices is satisfactory in all the visited health facilities.

Information Education Communication

- In 2017-18, the State has implemented an integrated IEC strategy wherein all IEC components sanctioned under different program components have been integrated for a unified mass media intervention.
- The key features of IEC strategy include well defined mass media activities to be conducted from state level at regular intervals and campaign mode.
- IEC budget is proposed program wise, but an integrated implementation strategy is planned program wise for the districts and blocks.
- All the visited health facilities have signages which are displayed in different sections of the hospital. Signages in all sections of DH Balaghat are clear.
- Display of NHM logo was observed in the only the visited DH and none of the other health facilties.
- Citizen Charter was observed only in the DH among all the health facilities. Suggestion/ complaint box is observed in DH Balaghat and CHC Khairlanji.
- Display of timings of the health facility is observed in all the visited health facilties and list of services available are also observed in all the health facilities except PHC Bahnegaon.
- Display of partographs, clinical protocols EDL with information on free drug distribution is available, and phone numbers were displayed in all the visited facilities.
- Protocol posters, immunization schedule, FP IEC , JSSK entitlements are displayed at the visited DH, CH, CHC and PHC. SHC Katori did not have the required protocol posters and JSSK entitlements displayed.

- Awareness generation charts, were available in DH Balaghat, CH Lanji and CHC Khairlanji but not the visited PHC or SHC.
- List of RKS members and income and expenditure of RKS is not displayed publically in any of the visited health facility.

Essential Skills of Staff

- On quality parameter, the staffs (SN, ANM) of DH Balaghat and CH Lanji are skilled in management of high-risk pregnancy and cases are referred from the other health facilities to these health facilities.
- The SNs at PHC Bhanegaon and SHC Katori are skilled, providing essential newborn care (thermoregulation, breastfeeding and asepsis) etc.
- Knowledge of managing sick neonates and infants, DH Balaghat and CH Lanji and cases of sick neo-nates are referred from the other health facilities to these health facilities.
- Correct use of partograph, correct insertion of IUCD, correctly administer vaccines, segregation of waste in colour coded bins is observed in all the visited health facilties.
- A comprehensive RCH portal with new software has been initiated for MCH services. Knowledge on RCH portal and ANMOL software is in use but transferring of data from ANMOL to RCH portal is having problems which was reported by DEO and ANMs at the district. Training for ANMOL is planned at the district level to mitigate problems.

Additional Support Services

- Provisions of regular fumigation of OT at DH Balaghat, and CH Lanji, were reported by the respective facilities.
- Citi-scan services of the DH has to be initiated. USG services are available only at th DH is also out sourced and partially charged (more than once user charge is taken). Under PMSMA no user charges are taken from beneficiaries.
- Out sourced mechanized laundry services are proposed for DH Balaghat. CH has a washing machine for laundry purpose. At the other visited facilities the local washerman's services for hospital laundry are used and is paid through RKS.
- Centralised annual maintenance contract (AMC) for equipment maintenance bar coding, calibration and repairing is out sourced by the state for which services are being provided by AIM Healthcare, for health facilities in B alaghat as well as the whole state.
- Tally soft-ware has been implemented in the visited DH, CH, CHC and PHC in the district. E–vitta pravah a new software has been introduced for direct transfer of untied funds. In the current financial year money is being directly transferred by the state to carry out specific programmes.

11. Clinical Establishment Act

- Clinical establishment act has not been ratified by the state as per latest GOI norms. MP Nursing Home Act of 1972 in which all the clinical establishment are required to register is functional. Twelve nursing homes are registered with the CMHO, but reporting of services are poor.
- 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.

12. Community Processes

Accredited Health Social Activist (ASHA)

- ASHA Resource Centre at the state level monitors the progress of ASHAs. The online web portal of MP *http://asha.mp.gov.in/ASHADatabase.aspx* shows that overall 1433 ASHAs are presently working including 25 urban ASHAs in Balghat district, and District Community Mobilizer (DCM) is overall in-charge of ASHA programme.
- Out of ten blocks only five have Block Community Mobilizer (BCM). There are one hundred and thirty six ASHA sahyogis in the district. Sixty new ASHA's are to be inducted this year. All 1258 VHSNCs are functional in the district.
- Total 166 ASHAs(129 VHNSCs) are currently working in Lanji block and 111 ASHAs (VHNSCs) in Khairlanji. The CHC reported of 21 ASHA providing community services in its encatchment and three ASHAs each under PHC Bhanegaon and SHC Katori.
- Skill development of ASHAs is a continuous process. Fourth round of training for 6-7th modules and RBSK have been completed for ASHAs in illness such as drown syndrome. The training is carried out by an NGO selected for this purpose.
- Different programme officers in Bhopal district are providing orientation to ASHAs for National Health Programmes like TB, Malaria, Leprosy etc. at the block level and identifying children with 4 D's like down syndrome. Other types of training provided are HMIS, RCH, Dastak, and MMPSY.
- ASHAs are involved in survey of 'Ayushmaan Bharat', creating awareness for mahila swasthya shivir, identifying women for PMSMA . ASHAs of Khairlanji block have received trainings in WIFS, and HIV/ AIDS.
- ASHAs and one ASHA Sahyogi of Khairlanji block were interviewd regarding HBNC services. All the ASHAs were aware of the mandatory even home visitsand the work during home visits to mothers, like weighing the baby, advising mother for proper diet.
- Drug kit replenishment is done based on demand and availability of drugs. Payments to ASHAs have been regularized based on verification by the concerned ANM. It was reported by the BMO that presently all ASHA's receive a minimum amount of Rs.1000 for MCH services. ASHA incentive has increased to Rs. 1500 in July 2018 for register updation, VHSNC meetings survey.

- ASHA payments are regular but pendency is reported for last two months because of implementation of e- vitta pravah. ASHAs are paid incentives for different types of services but are facing difficulties to track payments through e-vitta. Not all the services have been listed in e- vitta pravah.BMO Lanji reported that for verifying payment for different services to ASHA's, for each service separate verification is required which is tedious.
- ASHAs are paid separately for attending trainings in leprosy and RBSK which pay TA/DA separately for these programmes.
- Since last three years the VHSNCs have received Rs. 5000 as untied fund whereas ASHA's earlier received Rs. an amount of Rs.10,000.

Urban Health

- The State has presently mapped all the Urban Health Facilities and its catchment area for outreach services as per the NUHM norms (PIP 2018-19).
- Only one UPHC is are functional in Balaghat city in slum locality. There is no MO but an SN is providing services with a supporting staff but with no pharmacist or lab technician in place. The proposed upgradation of services in UPHCs from OPD to IPD is yet to operationalize.
- Twenty five ASHAs have been selected to provide services in 33 urban wards. Four ANMs are providing services in these wards.

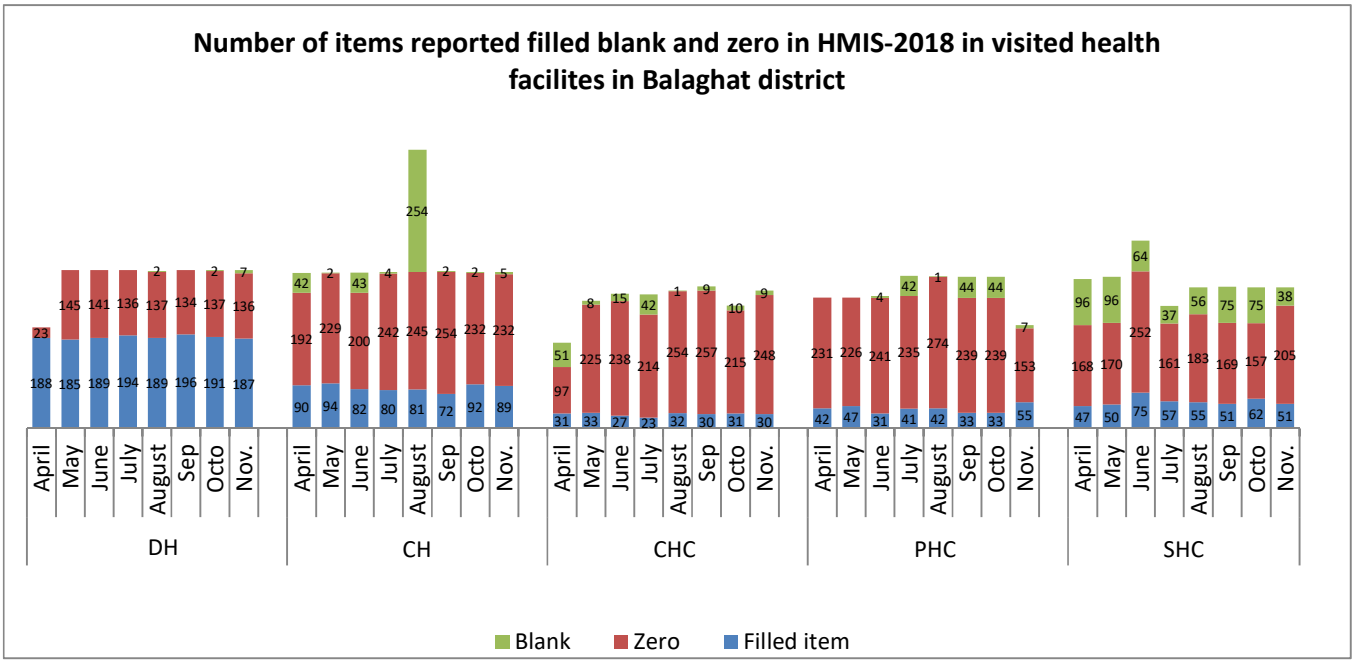
13. Data Reporting, HMIS and RCH Portal

- 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.
- In Balaghat, District M&E Officer is not in-position. The IDSP data manager is incharge of HMIS data. In DH Balaghat there is no regular DEO and hard copy of the data signed by CS at DH Bhopal is sent to DPMU. Two DEOs are posted in DPMU.
- The state has 23 types of soft wares for monitoring the different types of programmes. HIMS, RCH, MDR, CDR are being reported online. Several programmes like DASTAK, MMPPSPY, ASHA, RBSK, Swasthya Shivir, Ayushman Bharat are uploading data separately. There is no dedicated DEO in the district hospital for PMMSA.
- Five DEOs one each for SNCU, e-raktkosh, ART, birth & death registration and DDC are working at DH Balaghat. DDC, manages the monthly consumption of all generic medicine supplied for free distribution to patient.
- EMMS software is used for equipment management and DH Balaghat has enlisted 273 equipments for which AMC is overlooked by the state.
- Recent changes in HMIS and RCH Portal data 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.

- DEOs have to do multi-tasking doing data entry for RCH, birth and death registrations and there is no DEO dedicated in data entry for a particular programme. There is little scope of feedback and corrective action in case of errors in reporting.
- HMIS has been revamped in Madhya Pradesh as well as in Bhopal 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, CH/CHC, PHC and SHC respectively
- Out of total 387 health facilities mapped in the national HMIS portal for Balaghat district 2018-19, currently 386 health facilities are uploading monthly HMIS data *nrhm-mis.nic.in/hmisreport.*
- New reporting formats have been distributed to all the facilities. The formats are bilingual in Hindi and English which is can be easily understood by all health staffs. Printed HMIS formats were available at the DH but ANM at SHC Katori reported of receiving six months printed formats.
- It was observed that the MO at CHC Khairlanji has not received any orientation about HMIS. and DEO who is doing data entry since the year 2014 has not any received orientation in HMIS and is not well versed with different data items and their validations. However, detailed data defintion guide and source of data from where each data to be captured is not yet available with them.
- It was observed that DH Balaghat, CH Lanji are submitting checked and verified copy of HMIS monthly report through CS and Medical Officer (I/c) respectively. The state has issued instructions to the district to maintain a receipt of HMIS verified copy by the facility head. However, the officers concerned with their busy routines are not aware about the importance of HMIS. Office copy of HMIS report is retained by the reporting health facility. In the DH a DEO from maternity wing collects the data from different sections of the hospital for HMIS entry and uploading.
- The data element 'pregnant women tested for syphillis' is erroneously reported in CH Lanji for April, May, and June 2018 (210, 125, 165 respectively), was pointed out by the PRC team during field visit. The data element ' condom pieces distributed' is only reported for the month of November (3050),whereas in other month zero has been reported, this data needs verification.
- In CHC Khairlanji 'number of PW tested for Haemoglobin (Hb) 4 or more than 4 times for respective ANCs' is reported for two months April-May 2018 (40 and 42 respectively) 'number of PW having Hb level<11' (tested cases) is reported for two months April-May 2018. After May 2018 no data reporting has been done or no services have been provided during these months.
- The HMIS report in PHC Bhanegaon shows blank in child immunisation section which is incorrect. PHC Bhanegaon's live data entry sheet is showing some programming errors.
- The neonatal and infant death data elemnts have been left blank in HMIS of CHC Khairlanji and PHC Bhanegaon which is erroneous because death is an event and these cannot be reported blank.

- There is no dedicated DEO in DH Balghat and data entry is done by DEO of maternity wing. In



the month of November reporting of certain data elements is missing.

- The state data management unit sends quarterly report to review validation errors.
- The AYUSH department also sends data for uploading in HMIS monthly basis. The same report is sent to the DAO.

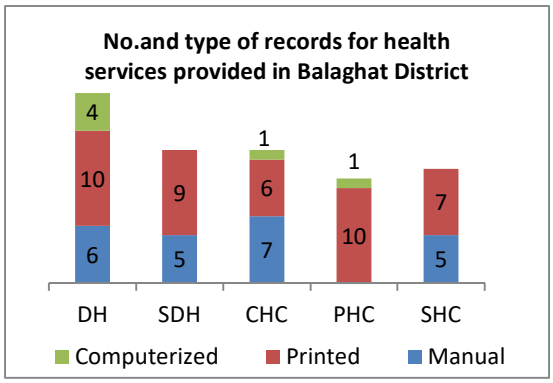
RCH Portal

- The RCH portal has been initiated with many upgradations and there are 227 data fields. A total of 289 ANMs in Balaghat district have received training for RCH portal in October, 2018.
- The ANMs are facing technical problems with ANMOL, because whatever data is being entered in the tab does not show on the RCH portal.Two blocks Baihar and Birsa do not have internet facilities which creates problems in data uploading.
- Child IDs are not being generated through ANMOL, and therefore child data updation is not taking place.
- ANM of Katori has reported that they are directly entering the data on RCH portal.
- Some of the ANMs who had purchased the Anmol Tab from their pocket had yet to recive their reimburements.

Record Maintenance and Reporting by Health Facilities

- During PIP visit record maintenance and of data reporting registers of each of the visited health facilities has been physically ascertained.

- Computerization of health records and reporting has been observed at DH, CH and the CHC for maternal and child health care service. For rest of the health services, record registers are maintained manually.
- The e- hospital software is in its nascent stage with only OPD/IPD and laboratory services being managed. Efforts are being made to gradually use as many modules as possible at DH Balaghat.
- Capturing of all health services and health events is not being done at all the health facilities. It is observed that, maternal deaths are computerized in the DH,CH and CHC and recorded in registers, in PHC Bhanegaon and SHC Katori.



- There is still practice of multiple manual recording and reporting and area reporting among supervisory staffs at periphery level. This report is collected for monitoring services during weekly meeting of ANM at sector level. But the RCH registers and HMIS reports are not being monitored at health facility and direct data entry is done by DEOs who are observed to have no knowledge of data elements.

Observations from field visit to Balaghat District, Dec 2018 **(Annexure)**

1.Health Infrastructure in the 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	Infrastructure MIS uploaded for current year
District Hospital	1	1	--	1	300	Yes
Exclusive MCH hospital	--	--	--	--	120	--
CH	2	2	--	2	70[$]	Yes
CHC	8	8	--	--	246	Yes
PHC	36	36	1	36	216	Yes
SHC (under PRIs)	--	--	--	--	--	--
SCs	337[&]	289	*	7	21	Yes
AYUSH Ayurvedic	5	--	--	--	--	--
AYUSH(Homoeopathic)	18[#]	--	--	--	--	--
AYUSH (Others)/Unani	1	--	--	--	--	--
Delivery Point(L1)	25	--	--	--	129	--
Delivery Point(L2)	23	--	--	--	330	--
Delivery Point(L3)	3	3	--	3	496	--

[$]CH Lanji to be upgraded to 60 beds, new building under construction. [&] 48 SHCs have no building or staff [#] no doctors available in 4,

2.Physical Infrastructure

Infrastructure (Yes / No)	DH	CH	CHC	PHC	SHC
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes	Yes
Functioning in Govt. building	Yes	Yes	Yes	Yes	Yes
Building in good condition	No	No	No	Yes	Yes
Staff Quarters for MOs	4	1	4[#]	1	
Staff Quarters for SNs	4	1	2	1	
Staff Quarters for other categories	Yes[*]	Yes	1	No	1
Electricity with power back up	Yes	Yes	Yes	Yes	Yes
Running 24*7 water supply	Yes	Yes	Yes	Yes	Yes
Clean Toilets separate for Male/Female	Yes	Yes	Yes	No	No
Functional and clean labour Room	Yes	Yes	Yes	Yes	Yes
Functional and clean toilet attached to labour room	Yes	Yes	Yes	Yes	Yes
Clean wards	Yes	Yes	Yes	Yes	Yes
Separate Male and Female wards (at least by partitions)	Yes	Yes	Yes	No	
Availability of Nutritional Rehabilitation Centre	Yes	Yes	Yes		
Functional BB/BSU, specify	Yes	Yes	No		
Separate room for ARSH clinic	No	No	No		
Availability of complaint/suggestion box	Yes	No	No	No	No
Availability of mechanisms for Biomedical waste management (BMW)at facility	Yes	Yes	Yes	Yes	Yes
BMW outsourced	Yes	Yes	Yes	No	No
Availability of ICTC/ PPTCT Centre	Yes	Yes	No		
Availability of functional Help Desk	No	No	No	No	No

[*]12 old residential quarters for different category of staff in DH Balaghat,[#] 7 old staff quarters in condemn condition

3.Human Resources

No. and types of HRH required vs Available, Postings. (of all categories regular/contractual)

Health Functionary	Required (Sanctioned)					Available				
	DH	CH	CHC	PHC	SHC	DH	CH	CHC	PHC	SHC
Gynecologist		--	1			3	--	--		
Pediatrician	7	--	1			2	--	--		
Anesthetists	5	--	1			3	--	--		
Cardiologist	--	--	--			--	--	--		
General Surgeon	4	--	1			1	--	--		
Medicine Specialist	4	--	1			1	--	--		
ENT Specialist	2	--	--			1	--	--		
Ophthalmologist	2	--	--			1	--	--		
Ophthalmic Asst.	2	--	--			1	--	--	--	
Radiologist	2	--	--			2	--	--		
Radiographer	5	--	--			3	1	1		
Pathologist	2	--	--			2	--	--		
LTs	10	--	1	--		5	2	1	--	
MOs	27	--	1	--		9	2	1	--	
AYUSH MO	1	--	--	--		0	--	1	1	
LHV	1	--	--	--		1	2	1		
ANM	3	--	--	--		3	1	3	1$	1
MPHW (M)		--	--	--						--
Pharmacist	8	--	--	--		8	2	1$	1$	
Staff nurses	149	--	1	--		138	14	6	2$	--
RMNCHA+ Counselor	--	--	--	--		3	--	--	--	
DPMU	6					6				
BPMU(Total District)	30					17				
Feeding demonstrator in DH, SSK, RTI/ STI counsellor, ART Counsellor										

1. No. of Trained Persons

Training programmes	DH	CH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	--	1	1	--	--
LSAS (Life Saving Anaesthesia Skill)	--	1	--	--	--
BEmOC (Basic Emergency Obstetric Care)	--	1	1	--	--
SBA (Skill Birth Attended)	--	10	4	1	1
MTP (Medical Termination of Pregnancy)	2	2	--	--	--
NSV (No Scalpel Vasectomy)	1	1	--	--	--
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	10	2	1		1
FBNC (Facility Based Newborn Care)	17	1	2	--	1
NSSK (Navjaat Shishu Surakasha Karyakram)	10	2	1	--	1
Mini Lap-Sterilizations	--	--	--	--	--
Laparoscopy-Sterilizations (LTT)	2	--	--	--	--
IUCD (Intrauterine Contraceptive Device)	2	15	6	--	1
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	6	15	6	--	1
Blood Bank / BSU	7	1	--	--	--
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	1	--	2	--	1
IMEP (Infection Management Environmental Plan)	1	2	--	--	1
Immunization and cold chain	6	2	2	--	1
RCH Portal (Reproductive Child Health)	3	1	1	--	1
HMIS (Health Management Information System)	1	4	--	--	1

Training programmes	DH	CH	CHC	PHC	SHC
RBSK (Rashtriya Bal Swasthya Karyakram)	--	3	--	--	1
RKSK (Rashtriya Kishor Swasthya Karyakram)	--	--	--	--	1
Kayakalp	--	--	--	--	1
NRC and Nutrition	--	1	3	--	--
PPTCT (Prevention of Parent to Child Transmission of HIV)	1	1	--	--	--
NCD (Non Communicable Diseases)	2	--	--	--	--
Nursing Mentor for Delivery Point		--	2	--	--
No. Others (specify)--------NBSU	--	1	--	--	--
Dialysis	5	1	--	--	--
ART	5	1	--	--	--
ICTC	1	2	--	--	--
Allopathy	--	--	--	1	--
NRC Management	--	--	1	--	--

Health System inputs

4.Availability of drugs and diagnostics, equipments

Drugs, diagnostics and equipments	DH	CH	CHC	PHC	SHC
Availability of EDL and Displayed	Yes	No	No	No	Yes
Availability of EDL drugs	Yes	Yes	No	Yes	No
No. and type of EDL drugs not available	Nil	Nil	Nil	Nil	Nil
Computerized inventory management	Yes	Yes	Yes	No	No
IFA tablets	Yes	Yes	Yes	Yes	Yes
IFA tablets (blue)	Yes	Yes	Yes	Yes	Yes
IFA syrup with dispenser	Yes	Yes	Yes	Yes	Yes
Vit A syrup	Yes	Yes	Yes	Yes	Yes
ORS packets	Yes	Yes	Yes	Yes	Yes
Zinc tablets	Yes	Yes	Yes	Yes	Yes
Inj Magnesium Sulphate	Yes	Yes	Yes	Yes	No
Inj Oxytocin	Yes	Yes	Yes	Yes	Yes
Misoprostol tablets	Yes	Yes	Yes	Yes	No
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 *available*	Yes	Yes	Yes	Yes	Yes
Pregnancy testing kits	Yes	Yes	Yes	Yes	Yes
Urine albumin and sugar testing kit	Yes	Yes	Yes	Yes	Yes
OCPs	Yes	No	Yes	Yes	Yes
EC pills	Yes	Yes	Yes	Yes	Yes
IUCDs	Yes	Yes	Yes	Yes	Yes
Sanitary napkins	Yes	Yes	Yes	Yes	No
Gloves, Mckintosh, Pads, bandages, and gauze etc.	Yes	Yes	Yes	Yes	Yes
Haemoglobin	Yes	Yes	Yes	Yes	Yes
CBC	Yes	No	No	No	
Urine albumin and sugar	Yes	Yes	Yes	Yes	
Blood sugar	Yes	Yes	Yes	Yes	
RPR	Yes	No	No	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	5068				
No. Ultrasound Scan (General) done	582	--	--	--	--

Drugs, diagnostics and equipments	**DH**	**CH**	**CHC**	**PHC**	**SHC**
No. X-ray done	9289	485	345		
ECG	Yes	Yes			
Endoscopy	No				
Others , pls specify	Nil	Nil	Nil	Nil	Nil
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	No	Yes
Functional Facility for Oxygen Administration	Yes	Yes	Yes		
Functional Foetal Doppler/CTG	Yes	No	Yes	Yes	Yes
Functional Mobile light	Yes	Yes	No	Yes	Yes
Delivery Tables	Yes	Yes	Yes	Yes	
Functional Autoclave	Yes	Yes	Yes	No	
Functional ILR and Deep Freezer	Yes	Yes	Yes	Yes	
Emergency Tray with emergency injections	Yes	Yes	Yes	Yes	
MVA/ EVA Equipment	Yes	Yes	Yes	No	
Functional phototherapy unit	Yes	Yes	Yes	No	
O.T Tables	Yes	Yes	No	No	
Functional O.T Lights, ceiling	Yes	Yes	No	No	
Functional O.T lights, mobile	Yes	Yes	No	No	
Functional Anesthesia machine	Yes	Yes	No	No	
Functional Ventilators	Yes	No	No	No	
Functional Pulse-oximeters	Yes	Yes	No	No	
Functional Multi-para monitors	Yes	No	No	No	
Functional Surgical Diathermies	Yes	No	No	No	
Functional Laparoscopes	Yes	No	No	No	
Functional C-arm units	No	No	No	No	
Functional Autoclaves (H or V)	Yes	Yes	Yes	No	
Blood Bank / Storage Unit					
Functional blood bag refrigerators with chart for temp. recording	Yes	No	No		
Sufficient no. of blood bags available	165	--	--		
Number of blood bags issued for BT in **2017-18 (date of visit)**	3919	--	--		
Haemoglobinometer					Yes
Any other method for Hemoglobin Estimation					Yes
Blood sugar testing kits					Yes
BP Instrument and Stethoscope					Yes
Delivery equipment					Yes
Neonatal ambu bag					Yes
Adult weighing machine					Yes
Infant/New born weighing machine					Yes
Needle &Hub Cutter					Yes
Color coded bins					Yes
RBSK pictorial tool kit					No

Specialty Care Services Available in the District

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

AYUSH services

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

Lab test available and free of cost

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

Services	DH	CH	CHC	PHC	SHC
Semen Analysis	Yes	Yes	Yes	No	No
X-ray	Yes	Yes	Yes	No	No
ECG	Yes	No	No	No	No
Liver Function Test	Yes	No	No	No	No
RPR for syphilis	Yes	Yes	Yes	No	No
RTI/STI Screening	Yes	Yes	Yes	No	No
HIV	Yes	Yes	Yes	Yes	Yes
Indoor Fees	No	50	30	No	No
OPD fees	10	10	51	10	No
Ambulance	Yes	Yes	Yes	Yes	No
Food for Inpatients	Yes	Yes	Yes	Yes	No
Others					

5.Maternal Health (Numbers from 1 April- 30 November'2018)

ANC and PNC

5.1 Services Delivered	DH	CH	CHC	PHC	SHC
ANC registered	294	0	1721	0	54
New ANC registered in 1st Trim	263	2423	0	0	46
No. of women received 3 ANC	0	2027	1658	-0	35
No. of women received 4 ANC	0	1947	1557	0	30
No. of severely anaemic pregnant women (Hb<7) listed	65	32	9	0	1
No. of Identified hypertensive pregnant women	126	13	28	0	2
No. of pregnant women tested for B-Sugar	0	9	21	0	0
No. of U-Sugar tests conducted	0	12	1721	0	51
No. of pregnant women given TT (TT1+TT2)	532	4610	3278	0	100
No. of pregnant women given IFA	5068	2460	1721	0	54
No. of women received 1st PNC check within 48 hours of delivery	-	1070	488	0	38
No. of women received 1st PNC check between 48 hours and 14 days of delivery	-	1070	978	0	35
No. of ANC/PNC women referred from other institution (in-referral)	1264	53	56	-	-
No. of ANC/PNC women referred to higher institution (out-referral)	25	357	872	0	12
No. of MTP up to 12 weeks of pregnancy	24	15	3	0	-
No. of MTP more than 12 weeks of pregnancy	2	0	0	0	-

5.2 Institutional Deliveries/Delivery Complication

Numbers from 1 April- 30 Nov. '2018)	DH	CH	CHC	PHC	SHC
Deliveries conducted	5068	917	488	275	38
C- Section deliveries conducted	1915	153	0	-	-
Deliveries conducted at night (8PM-8AM)	943	447	147	0	22
On the way deliveries	-	39	0		3
No. of pregnant women with obstetric complications provided EmOC	909	117	305	-	-
No. of Obstetric complications managed with blood transfusion	155	0	0	-	-
No. of Neonates initiated breastfeeding within one hour	4973	997	0	-	37
No. of Still Births	184	0	5	3	1

5.3 Maternal Death Review

(Numbers from 1 April- 31 Nov.' 2018)	DH	CH	CHC	PHC	SHC
Total maternal deaths reported	5	4	0	-	0
Number of maternal death reviewed	5	3	-	-	-
Key causes of maternal deaths found	PPH, eclampsia	PPH, eclampsia	-	-	-

5.4 Janani Sishu Suraksha Karyakram

JSSK	DH	CH	CHC	PHC	SHC
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section,	Yes	Yes	Yes	Yes	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	No	No	No	No

5.Janani Surksha Yojna

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

5.6 Service delivery in post natal wards

Parameters (Asked during visit to confirm the status)	DH	CH	CHC	PHC	SHC
All mothers initiated breast feeding within one hour of normal delivery	Yes	Yes	Yes	Yes	Yes
Zero dose BCG, Hepatitis B and OPV given	Yes	Yes	Yes	Yes	Yes
Counseling on IYCF done	Yes	Yes	Yes	Yes	Yes
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	Yes	Yes	Yes	Yes	Yes
Any expenditure incurred by Mothers on travel, drugs or diagnostics*(Please give details)*	No	No	No	No	No
Diet being provided free of charge	Yes	Yes	Yes	Yes	No

6 Child Health

SNCU / NBSU (Yes / No)

6.1 (Numbers from 1 April- 30 Nov.'2018)	DH	CH	CHC	PHC
Whether SNCU / NBSU /NBCCexist. (Yes/No)	SNCU	NBCC	NBCC	No
Necessary equipment available (Yes/No)	Yes	Yes	Yes	
Number of trained MOs	3	-	1	
No. of trained staff nurses	21	-	5	
No. of admissions				
Inborn	491	-	-	
Out Born	523	-	-	
No. of Children				
Cured	875	-	-	
Not cured	96	-	-	
Referred	29	-	-	
Others (specify)				

6.2 Nutritional Rehabilitation Centress

NRC (Numbers from 1 April- 30 November '2018)	DH	CH	CHC
No. of functional beds in NRC	20	10	10
Whether necessary equipment available	Yes	Yes	0
No. of staff posted in NRC	7	3	2
No. of SAM children admitted	211	83	134
No. of sick children referred	3	0	1
Average length of stay	27	58	14

6.3 Child Immunization (Numbers since April 'to November 2018)

Immunization	DH	CH	CHC	PHC	SHC
BCG	5589	983	341	272	38
DPT1/Penta1	566	0	0	0	41
DPT2/Penta2	540	0	0	0	40
DPT3/Penta3	535	0	0	0	38
Polio0	566	983	341	272	38
Polio1	566	0	0	0	41
Poli02	540	0	0	0	40
Polio3	535	0	0	0	38
Hep 0	5037	983	341	272	38
Hep 1	0	0	0	0	0
Hep 2	0	0	0	0	0
Hep 3	0	0	0	0	0
Measles1	496	0	0	0	61
Measles2	376	0	0	0	30
DPT booster	374	0	0	0	34
Polio Booster	376	0	0	0	34
No. of fully vaccinated children	496	0	0	0	61
ORS / Zinc		16	0	16	2
Vitamin - A	496	0	0	0	1
No. of immunisation sessions planned	28	0	0	0	31
No. of immunisation sessions held	28	0	0	0	31
Maintenance of cold chain. Specify problems	Yes	Yes	Yes	Yes	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

6.4 No. of children referred by RBSK team for treatment in DH

No. of Children Screened (Numbers from 1 April- 30 Nov. '2018)	Screened	Identified with problems	Referred to higher facility
Age group			
0-6 weeks	7396	354	354
6 weeks-6 years	76095	7142	1565
6 -18 years	98193	8325	2895
Total	181684	15821	4814
No. of RBSK teams available in 10 Blocks with staff No. of teams – 18, MO—20, ANM- 17, Pharmacist – 5			

6.5 Number of Child Referral and Death

(Numbers from 1 April- 30 Nov.'2018)	DH	CH	CHC	PHC	SHC
No. of Sick children referred (up to age 5)		67	Neonatal and infant deaths not reported in HMIS	--	20
No. of Neonatal Deaths	84	55		--	1
No. of Infant Deaths	8	12		--	0

7.Family planning

FP(Numbers from 1 April- 30 Nov. '2018	DH	CH	CHC	PHC	SHC
Male Sterilization (VT+NSV)*	27	17	15	--	--
Female Sterilization (CTT+LTT)*	285	713	487	--	--
Minilap sterilization*	0	0	0	--	--
IUCD*	0	118	61	--	8
PPIUCD*	748	384	115	--	16
Condoms%	260	8000	219	--	25
Oral Pills%	250	7210	269		0
*Number of person %Number of packets					

8. Disease Control Programmes

(Numbers from 1 April- 30 Nov. '2018) and Yes/No	DH	CH	CHC	PHC	SHC
National Malaria Control Programme					
Number of slides prepared	215034	21559	26278		351
Number of positive slides	269	37	9		0
Availability of Rapid Diagnostic kits (RDK)	189070	0	Yes		Yes
Availability of drugs	Yes	0	Yes		Yes
Availability of staff	Yes	0	Yes		-
Revised National Tuberculosis Programme (RNTCP)					
Number of sputum tests	9296	1210	765		30
No. of positive tests	1442	17	125		3
Availability of DOT medicines	Yes	74 box	Yes		Yes
All key RNTCP contractual staff positions filled up	Yes	1	No		-
Timely payment of salaries to RNTCP staff	Yes	0	-		-
Timely payment to DOT providers	No	101	-		-
National Leprosy Eradication Programme (NLEP)					
Number of new cases detected	97	0	0		0
No. of new cases detected through ASHA	25	0	0		0
No. of patients under treatment	143	0	7		1

9. Non Communicable Diseases (Yes / No)

NCD	DH	CH	CHC	PHC
Establishment of NCD clinics	No	No	No	
Type of special clinics(specify)_____	none	none	none	
Availability of drugs	Yes	Yes	Yes	Yes
Type of IEC material available for prevention of NCDs				
No. of staff trained in NCD MO SN Other	2	--	--	--

Community processes

10. Accredited Social Health Activist

ASHA	CHC	PHC	SHC
Number of ASHAs required	0	0	0
Number of ASHAs available	21	3	3
Number of ASHAs left during the quarter	0	0	0
Number of new ASHAs joined during the quarter	1	1	0
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	Yes	Yes	Yes
Availability of ORS and Zinc to all ASHAs	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHAs	Yes	Yes	Yes

ASHA	CHC	PHC	SHC
Highest incentive to an ASHA during the quarter	10000	9000	5000
Lowest incentive to an ASHA during the quarter	7000	2000	1000
Whether payments disbursed to ASHAs on time	Yes	Yes	Yes
Whether drug kit replenishment provided to ASHAs	Yes	Yes	Yes
ASHAs social marketing spacing methods of FP	No	No	No

Quality in health services

11. Infection Control

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

12. Biomedical Waste Management

BMW	DH	CH	CHC	PHC	SHC
Whether bio-medical waste segregation done	Yes	Yes	Yes	Yes	Yes
Whether outsource	Yes	Yes	Yes	No	No
If not, alternative arrangement Pits-1 Incineration-2 Burned -3 Others (specify) --4	--	--	--	1	1

13. Information Education Communication (Observe during facility visit)

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

14. Quality Parameter of the facility

Essential Skill Set (Yes / No)	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Manage high risk pregnancy	Yes	Yes	Refer	Refer	Refer
Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	Yes	Yes	Yes	Yes	Yes
Manage sick neonates and infants	Yes	Yes	Yes	Refer	Refer
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
Essential Skill Set (Yes / No)	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Adherence to IMEP protocols	Yes	Yes	Yes	Yes	No
Bio medical waste management	Yes	Yes	Yes	Yes	Yes
Updated Entry in the MCP Cards	Yes	Yes	Yes	Yes	Yes
Entry in MCTS	Yes	Yes	Yes	Yes	Yes
Action taken on MDR	Yes	Yes	Yes	Yes	Yes

15. Referral Transport/MMU April- November'2018

Referral Transport/MMU	**DH**	**CH**	**CHC**	**PHC**
No. of patient transport vehicle				
102/JE	2	1	1	-
108	1	1	1	-
Other	1		1#	
No. of Mobile Medical Unit (MMU)	5 in different blocks			
# Old ambulance used for transporting medicines in the block				

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

Record	**DH**	**CH**	**CHC**	**PHC**	**SHC**
OPD Register	1C	1M	1M	1M	1M
IPD Register	1C	1M	1M	1M	1M
ANC Register	1M	1P	1P	1 P	1P
PNC Register	1M	1P	3	1P	1P
Indoor bed head ticket	1P	1P	1P	1P	1P
Line listing of severely anaemic pregnant women	1P	1M	1M	3	1P
Labour room register	1P	1M	1M	1P	1P
Partographs	1P	1P	1P	1P	1P
FP-Operation Register (OT)	1M	1M	1M	1P	
OT Register	1M	1M	1M	3	
FP Register	1P	1P	1M	1P	1M
Immunisation Register	1P	1M	1M	1P	1M
Updated Microplan	1P	3	1P	1P	1P
Blood Bank stock register	1P	3	3		
Referral Register (In and Out)	1P	1P	1P	1P	1M
MDR Register	1C	1P	1M	3	1M
Infant Death Review and Neonatal Death Review	1CM	1P	1P	3	1M
Drug Stock Register	1P	1P	1P	1P	1P
Payment under JSY	1MC	1P	C	C	3
Untied funds expenditure (check % expenditure)	*2018-19 Exp.112,198,039 36.04 %	*2018-19 Bug.248,564 Exp. 11.14%	*938,201 Exp. 21,305 8.57%		100%@ 20,000 (2017-18
AMG expenditure (check % expenditure)					
RKS expenditure (check % expenditure)					
*As on 5th Dec,2018 @ Rs, 4000 spent extra					

17. HMIS and RCH(Verify during facility visit)

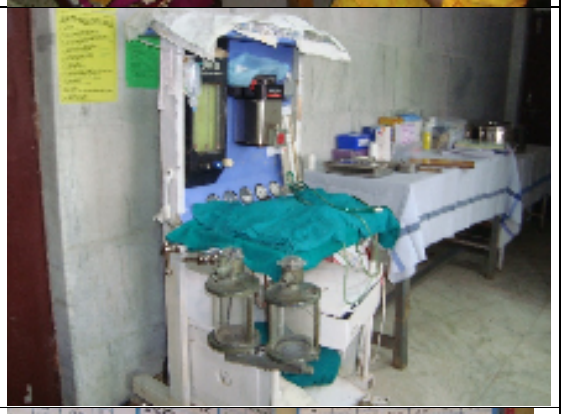
HMIS and RCH	DH	CH	CHC	PHC	SHC
Dedicated Staff available for HMIS and MCTS (RCH portal)	Yes	Yes	Yes	No	No
Quality of data	Good	Fare	Fare	Fare	Fare
Timeliness	Good	Fare	Fare	Fare	Fare
Completeness	Good	Fare	Fare	Fare	Fare
Consistent	Good	Fare	Fare	Fare	Fare
Data validation checks (if applied)	Yes	Yes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

18. Additional / support services

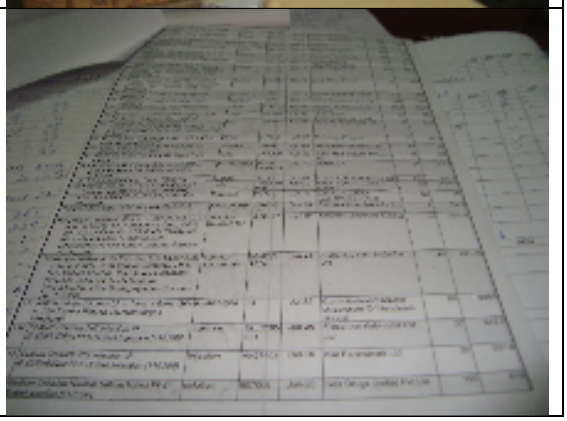
Services	DH	CH	CHC	PHC
Regular Fogging / fumigation (checked records)	Yes	Yes	Yes	No
Functional Laundry/washing services	Yes	Yes[$]	Yes	Yes
Availability of dietary services	Yes	Yes	Yes	Yes
Appropriate drug storage facilities	Yes	Yes	Yes	Yes
Equipment maintenance and repair mechanism	Yes	Yes	Yes	Yes
Grievance Redressal mechanisms	No	No	No	No
Tally Implemented	Yes	Yes	Yes	Yes
[$]CH has a washing machine				

District Hospital (DH) Balaghat, visited on 5th December 2018 in District Balaghat

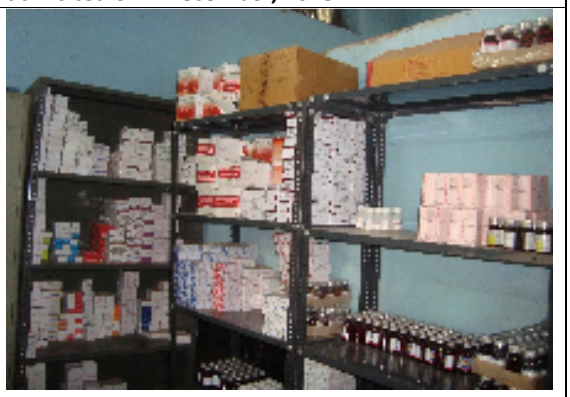
Civil Hospital (CH) Lanji, visited on 06th December, 2018 District Balaghat

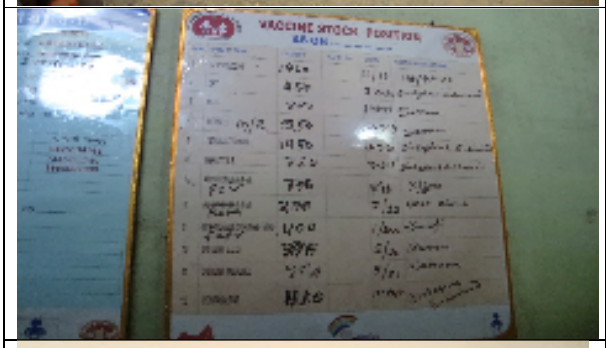


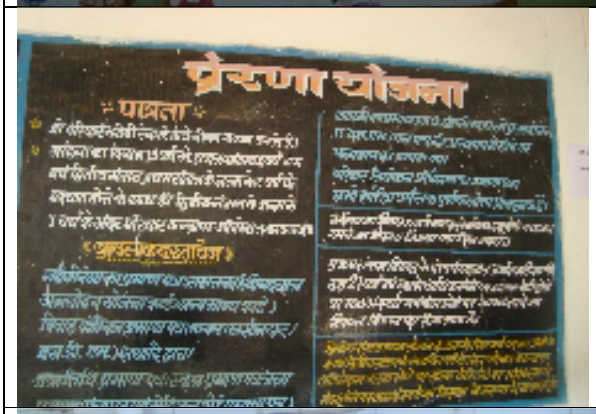
Primary Health Centre (PHC) Bhanegaon, visited on 6th December, 2018 in District Balaghat



Community Health Centre (CHC) Khairlanji, District Balaghat visited on 7 December, 2018







Sub Health Centre (SHC) Katori , visited on 7th December, 2018 District Balaghat