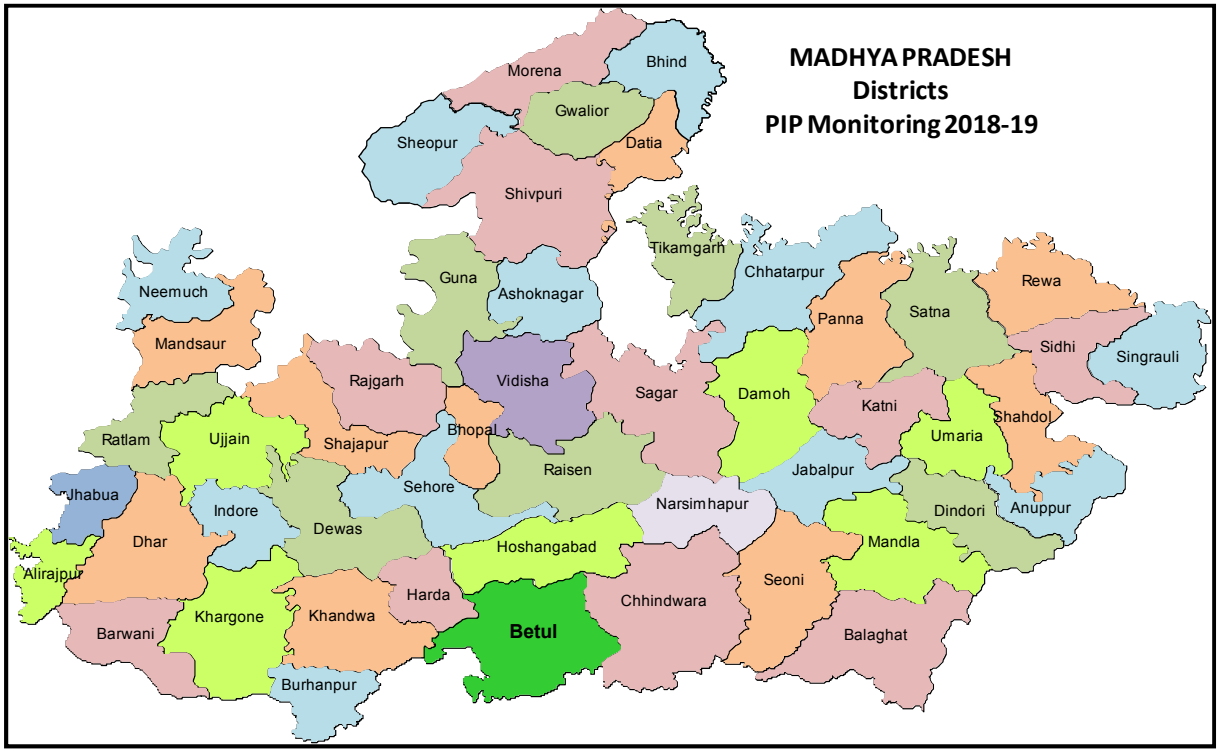
Report on Monitoring of Programme Implementation Plan (PIP) 2018-19 under National Health Mission in Madhya Pradesh

District: Betul



Dr. Kr. Raghubansh Mani Singh, Field Investigator
Dr. Niklesh Kumar, Field Investigator

Population Research Centre

(Ministry of Health and Family Welfare, Government of India)
Department of General and Applied Geography
Dr. H. S. Gour Central University
Sagar (M.P.) 470003

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Contents

Quality Monitoring of PIP 2018-19 in Madhya Pradesh (District Betul)

Executive Summary

The Ministry of Health and Family Welfare, Government of India, has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 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 Betul district in MP in third week of July, 2018. PRC team visited District Hospital (DH) Betul, Community Health Centre (CHC) Ghodadongri, 24*7 Primary Health Centre (PHC) Jhallar and SHC Neempani, 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 Betul District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, MCTS & RCH portal data. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the period April-June 2018 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Betul, CHC Ghodadongri, 24*7 PHC Jhallar and SHC Neempani 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 different state web portal and district HMIS data available at the Programme Management Unit in the district.

Salient Observations during facility visit

- Betul district provides health services through rural and urban health facilities both in rural and urban areas of Betul. In total 1 DH, 02 UPHCs, 10 CHCs, 33 PHCs and 339 SHCs are providing health services in Betul district. Among all SHCs, 75 are newly sanctioned and don't have any buildings for physically functioning.

- Total functional bed capacity reported in rural health facilities i.e. CHCs, PHCs and SHCs in Betul district is 438 which is less and insufficient according to the desired norm of 500 beds per 1 lakh population.

- Total functional bed capacity in different government health facilities in urban area i.e. DH & UPHCs is 300 which is grossly insufficient to cater the urban population in the district. There is 200 bedded MCH wing under construction in the DH campus, which will surely enhance the health services in the district.

- Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up-gradation of different category of staff in the district.

- In DH Betul surgery, medicine, emergency, ophthalmology, ENT are available along with ancillary services of radiology, pathology etc. Facility of obstetrics and gynaecology, emergency and family planning services are done in separate MCH wing in the DH.

- Majority of the essential drugs are available in all the health facilities and there was computerized inventory management system in place only at DH & CHC among the visited health facilities.

- Roshni Clinic has been initiated in DH Betul to deal with the rising infertility issues. Doctors at DH Betul have been trained and are providing services to women in the age 15-49 years. Total 851 women have been examined in April-June 2018. Most of the observed cases are related to infertility, severe anaemia, ANC, prolepses uterus, recurrent abortion etc.

- DH Betul, CHC Ghodadongri and PHC Jhallar have a separate AYUSH OPD room among the visited facilities. There are 17 AYUSH dispensaries (Ayurvedic: 09; Homeopathy: 08) under state AYUSH department in the district.

- Among the visited CEmOC facilities only DH Betul has the full range of services, although new DH building is in under construction, while new trauma centre building is functional. CHC Ghodadongri has a fully functional OT, but due to non-availability of blood storage unit, anaesthetist and specialist, no operation is carried out.

- Night time deliveries are being conducted at all the visited delivery points, yet the capacity to provide services is somewhat lacking as per IPHS norms.

- Line listing of severely anaemic pregnant woman with Hb level below 7 is being done and treatment of iron sucrose is being given to them in all the visited health facilities.

- JSSK services are being provided as per entitlement with very little pendency of payment of JSY incentives in all the visited health facilities.

- The referral transport service in the district is running through centralised call centre from state. Apart from this centralised '108' service, there are two ambulance at DH.

- Among all the visited health facilities, DH Betul has a full functional SNCU, while PHC Jhallar and SHC Neempani have a functional NBCC with phototherapy unit and radiant warmer. CHC Ghodadongri doesn't have NBSU.

- There are seven NRCs in Betul district with total 70 bed capacity. More NRCs must be established in the district; especially in CHC Ghodadongri and in remote areas to facilitate more SAM children with required services.

- In Betul district the RBSK programme is functional since April 2015. Twenty six AMOs 11 pharmacists and six ANMs have been deployed in Betul district and constant screening treatment and referral services are being provided. There are 21 RBSK teams in ten blocks and one UPHC, although only 20 teams are operational.

- Betul 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' counselling service for adolescents with ICTC, FP, breastfeeding and nutrition services at a single point has been initiated in the DH Betul since 15th August, 2016.

➢ Disease control programme for malaria, RNTCP, TB and leprosy are functioning in all the visited health facilities with adequate staff.

➢ NCD clinic is being held at the DH and NCD services in all the CEmOC facilities are done through normal OPD with adequacy of medicines and drugs are available.

➢ Segregation of bio-medical waste is being done at DH Betul and all visited health facilities. Facilities have colour coded bins placed in OT, labour room and laboratory at all the visited facility. Outsourcing of waste management has been done and it is getting collected on alternate day at DH and CHC. There are availability of pit and burning facility for waste management in the visited PHC and SHC.

➢ General cleanliness, practices followed by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in all the visited health facilities as per there available norms. Very few functional toilets at DH and CHC are found very clean and usable. There was no attached toilet available at DH with labour room. SHC Neempani has good clean toilet. The cleaning staffs at the health facilities are centralisely outsourced from state and they are providing services mainly at DH and CEmOC facilities. Non availability of sufficient cleaning at DH & CEmOC facilities and zero availability at BEmOC and SHCs are affecting the overall hygiene and cleanliness of the health facilities in the district.

➢ In Betul district presently 383 health facilities (1 DH, 10 CHCs, 33 PHCs and 339 SHCs) are reporting online for HMIS. Betul district has a regular Monitoring and Evaluation Officer to monitor HMIS and MCTS (now RCH portal).

➢ Public Financial Monitoring System (PFMS) is in place for online payments of JSY incentives, ASHA incentives etc.

➢ Clinical establishment act has not been ratified by the state as per latest GOI norms. MP Nursing Home Act of 1973 and Rules 1996 in which all the clinical establishment are required to register is functional. There are 293 nursing homes and private clinics are registered with district health administration, but reporting of services are poor.

Key Conclusions and Recommendations

Strengths

✓ The buildings of all the visited health facilities are in good condition except DH. The new DH building is under construction, while newly constructed trauma centre is functional at DH.

✓ The introduction of Roshni Clinic services highlights attention towards infertility issues of women in the age group 15-49 years. Referral services through screening at MSS camps at the block level and provision for treatment at DH has been made, with a team of specialists providing services on weekly basis.

✓ Screening by RBSK teams at block level and in the periphery has provided important referral linkages for special treatment. DEIC services at the DH are presently running

through OPD service for differently-able children and adolescents with development lag and disabilities.

✓ CMHO and CS Betul are actively using WhatsApp 'DH Betul', 'CMHO Betul' and some other district administration group for fast flow of information which is helpful in prompt decision making and action in all situations.

✓ Segregation of bio-medical waste is being done at DH Betul and all visited health facilities. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility. Outsourcing of waste management has been done and waste is getting collected on alternate day at DH and CHC. There are also availability of pit and burning facility for waste management in the visited health facilities.

✓ DH is registered on E-Hospital, only pathology software is due for updation after which it will function as E-Hospital.

✓ ANMOL, a newly implemented android app based reporting program for field ANM is launched in the district and field ANM are getting trained to use this app.

✓ 'DASTAK' program has been launched in the district on 15th June 2017 along with whole state. This program is a joint initiative of WCD & HFW. Under this program 10 tests will be done to the children of 0-5 years to identify the problems related to mal nutrition, pneumonia, anaemia, by birth disabilities, breast feeding etc.

✓ 'Pradhanmantri Matritwa Suraksha Yojna' is running all over in the district and gynaecologists of private hospital; nursing homes are providing services to pregnant women on 9th of every month in the district.

✓ 'Sambal Yojna' of MP state government is started in all over the district, under which, any woman street labour or wife of street labour, those are registered in Labourer Registration Portal of the state, will get a total financial benefit of rupees 16 thousands, since her pregnancy registration, completing all ANC visit and delivery at government health facility.

Weaknesses

✓ There is paucity of staff quarters in the visited health facilities. DH Betul has only four quarters for MOs, four for SNs and 20 quarters for other category, CHC Ghodadongri has three MO quarters, four for SNs and six quarters for other category. PHC Jhallar has one MO quarter, one SN quarter and six quarters for other category, SHC Neempani has one ANM quarter. The condition of most of the quarters is not good. SHC Neempani doesn't have water facility for facility as well as for quarter.

✓ With the launch of NHM, the OPD and IPD demand has increased significantly, but the number of doctors and other clinical service providers did not increase in the same manner. There is severe shortage of manpower specifically of specialist doctors, SNs, ANMs, LHVs and pharmacists in the district affecting the quality of delivery of many healthcare services. All the CEmOC and BEmOC facilities have huge shortage of doctors and SNs, which is very much affecting the quality health services in the district. There is an urgent need of doctors, especially gynaecologists, surgeon and anaesthetists.

✓ Discontinuation of services of contractual staff and abolition of posts abruptly under NHM may have negative impact on different aspect of the programme. HR policy needs to clearly define about the specific goals of staff deployment and duration of staff requirement and retention.

✓ The financial input under NHM is gradually decreasing from the centre and the state due to financial constraints is downsizing many of the vital services and decreasing contractual staffs.

Recommendations/Action Points

Field visit observations and information gathered during interaction with the field staffs at visited health facilities by PRC team leads to point out some important action points, which needs to be address on priority basis. Following action points suggested to the district.

✓ Resolving staff paucity at all levels is essential for strengthening services owing to rising expectations of clients both in range of services and quality of care is essential.

✓ Acute shortage of doctors, specialist and support staff has directly affecting the services and enrichment of clients in the district. Adequacy of support staff is essential for smooth functioning of the health facility.

✓ In order to achieve complete and accurate data reporting, training at all levels is essential. For computer based data reporting system – computer, internet and data entry operators are also essential.

✓ Detailed data definition guide and source of data from where each data is to be captured under HMIS need to be provided to all the health facilities.

✓ Administrative decision by the state to curtail contractual staff will have an adverse effect on the health services. Staff curtailment in MP which is an EAG state with extremely weak infrastructure and limited human resource needs rethinking.

✓ HR and placement policy need to be clearly defined and implemented by the state.

✓ Supportive supervision by the state and district needs expansion at periphery level.

✓ Centralising basic services like security, cleanliness and transportation are hampering smooth service delivery in these area. The monitoring of these services must be done through CMHO, CS, BMO and MO I/c in the periphery.

<u>Action Points for DH Betul</u>

✓ The hospital administrator's (manager) post at DH should be restarted as it is hampering the smooth functioning of administrative work at district hospital.

✓ DH has four functional OT rooms (Major, Orthopaedic, Minor and PP OT). One AC of Major OT and C-Arm unit needs to be repaired. Two big autoclaves (Horizontal & Vertical) are not working at the time of visit, either it needs to be replaced with new one or may be repaired properly.

✓ SNCU of DH has the immediate requirement of syringe pump as out of 25 only 14 are in working condition.

✓ Cold Chain room is well maintained, however, this room is packed from all side, so there is an urgent need of AC in this room.

✓ New 20 bedded NRC building is ready but it has not been handed over to NRC, this need to be started with immediate effect.

✓ New DH building is under construction and may get ready by March 2019.

✓ The DH drug storage house condition is not good, new building is under construction. There is requirement of two pharmacists and one computer and one computer operator at storage centre.

✓ All the staff quarters of DH are in poor condition and built in year 1962. New quarters for all category staff needs to build urgently.

Action Points for CHC Ghodadongri

✓ CEmOC facilities of CHC Ghodadongri need strengthening in terms of specialist doctors and logistics to be functional and perform as per CEmOC norms.

✓ Establishment of BSU and posting of anaesthetist is needed for caesarean delivery or other surgery service at CHC.

✓ NBSU facility needs to be started at CHC urgently, with complete infrastructure and human resources.

✓ Attached toilet in the labour room and a separate wash room for staff of maternity wing required at CHC. However new CHC building is under construction, so these issues may no persist there.

✓ At NRC, Feeding and SSC centre is needed. The need of room heater in winter is raised by the staffs for SAM children and their mothers.

✓ Drug storage building condition is very poor and doesn't have proper space. At least one more support staff and one computer staff is urgently needed for smooth functioning of the storage centre.

Action Points for PHC Jhallar

✓ Although PHC is functioning in newly constructed building since 2017, however some of the services i.e. OPD, Male IPD and cold chain are still running from old building.

✓ The Temperature Logger for ILR & Deep Freezer have problem due poor network coverage in the area, this needs to be addressed for correct temperature data updates.

✓ Staffs quarter is very less and whatever is available, that also is in very bad condition. More construction of MOs and other category staff quarter is needed.

✓ PHC doctors told that, they are not getting salary as per the service rule of MP government for tribal area as Betul is tribal district. There was also issue of untimely salary payments of staffs.

✓ Security staff is urgently needed. More cleanliness staff is needed too. There is no boundary wall of PHC, which is very much required.

Action Points for SHC Neempani

✓ Present SHC building is now coming under national highway, so soon this centre will be dismantle and new SHC building will be constructed in some other place of the village.

✓ There is no water facility at SHC; ANM is arranging water on its own expenses for facility as well as for her residence, as she is residing there in the ANM quarter.

✓ ANM told that, she has to cover the area of two SHCs, i.e. eight villages, 14 Aanganwadi, eight Aarogya Kendra, with population of 6153, so at least one supporting staff and one should be posted at the SHC.

Quality Monitoring of PIP 2018-19 in Madhya Pradesh (District Betul)

1. Introduction

The Ministry of Health and Family Welfare, Government of India, has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 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 Betul district in MP in third week of July, 2018. PRC team visited District Hospital (DH) Betul, Community Health Centre (CHC) Ghodadongri, 24*7 Primary Health Centre (PHC) Jhallar and SHC Neempani, 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 Betul District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, MCTS & RCH portal data. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the period April-June 2018 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Betul, CHC Ghodadongri, 24*7 PHC Jhallar and SHC Neempani 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 with 50 districts and 342 blocks has a total population of 7.2 crores (Census, 2011).
- The district is bounded by four districts of Madhya Pradesh namely Harda & Khandwa in the west, Hoshangabad in the north and Chhindwara in the east. In the south, Amravati (Maharashtra) shares the boundary with Betul district.
- The total area of district is 10043 sq. km. with a population of 1575362 (Census, 2011). The percentage of scheduled caste and scheduled tribes population is 10.1 and 42.3 percent respectively in the district.
- The Betul district lies in the extreme south of the Narmdapuram division. The district comprises of eight tehsils and ten community development blocks, which are Betul,

Multai, Athner, Prabhat Pattam, Chicholi, Ghoda Dongri, Amla, Bhainsdehi, Bhimpur and Shahpur. There are four Nagar Parishad and 10 Census Towns in the District. As per Census 2011 Mandsaur has 1399 villages, out of which 1344 are inhabited and 55 are uninhabited villages. Betul district has total 556 Gram Panchayats and four Nagar Palika Panchayats. Population wise largest village is Prabhat Pattam of Multai tehsil.

Key socio-demographic indicators

Sr.	Indicator	MP		Betul	
		2001	2011	2001	2011
1	No. of Districts	45	50	-	-
2	No. of Blocks	333	342	-	10
3	No. of Villages	55393	54903	1407	1399
4	No. of Towns	394	476	7	10
5	Population (Million)	60.34	72.63	1.4	1.6
6	Decadal Growth Rate	24.3	20.3	18.1	12.9
7	Population Density (per ($Km^{2)}$	196	236	139	157
8	Literacy Rate (%)	63.7	70.6	66.4	70.6
9	Female Literacy Rate (%)	50.3	60.0	55.6	61.6
10	Sex Ratio	919	930	965	970
11	Sex Ratio (0-6 Age)	932	918	969	949
12	Urbanization (%)	26.5	27.6	18.6	19.6
13	Percentage of SC (%)	15.2	15.6	10.6	10.1
14	Percentage of ST (%)	20.3	21.1	39.4	42.3
Source: Census of India 2001, 2011 various publications, RGI.					

- Literacy rate of Betul district is 70.6 percent and it occupies 27th position in the state. The female literacy rate of the district is 61.6 percent. Female literacy rate has increased by 6 points in Betul district from 55.6 percent in 2001 to 61.6 in 2011 which is more than the state average (MP: 60 percent).
- The sex ratio of Betul district is 970 females per thousand males as compared to 930 per 1000 males for MP. The child sex ratio has decreased by 20 points from 969 in 2001 to 949 in 2011, which is highly more than the child sex ratio of MP (918/1000).
- The latest round of Annual Health Survey (AHS) 2012-13 for MP reveals that Betul district has IMR of 61 which is slightly lower than the state average (MP: 62). Neonatal mortality rate is 44 in the district which is higher than state average (MP: 42). Jabalpur health division has maternal mortality ratio (MMR) of 218 per 100,000 live births as compared to the state average of 227 per 100,000 live births.

Sr.	Indicator		MP	Betul
1.	Infant Mortality Rate (per 1000 live birth)	2010-11	67	68
		2011-12	65	64
		2012-13	62	61
2.	Neonatal Mortality Rate(per 1000 live birth)	2010-11	44	48
		2011-12	43	46
		2012-13	42	44
3.	Post Neonatal Mortality Rate (per 1000 live birth)	2010-11	22	20
		2011-12	21	18
		2012-13	21	16
4.	Maternal Mortality Ratio (per 100,000 live birth)	2010-11	310	296
		2011-12	277	280
		2012-13	227	218
5.	Sex Ratio at Birth	2010-11	904	845
		2011-12	904	861
		2012-13	905	863
6.	Postnatal Care received within 48 Hrs. after delivery	2010-11	74.2	77.8
		2011-12	77.8	80.3
		2012-13	80.5	82.4
7.	Fully Immunized Children age 12-23 months (%)	2010-11	54.9	57.3
		2011-12	59.7	61.9
		2012-13	66.4	64.7
8.	Unmet Need for Family Planning (%)	2010-11	22.4	18.9
		2011-12	21.6	22.5
		2012-13	21.6	18.6
Source: AHS Reports				

Temporal Variation in some service delivery indicators for Betul district					
Sr.	**Indicators**	**MP**		**Betul**	
		HMIS/AHS Census	**NFHS-4**	**HMIS/AHS Census**	**NFHS-4**
1	Sex Ratio	930#	948	970#	1010
2	Sex Ratio at Birth	905$	927	863$	933
3	Female Literacy Rate (%)	60.6#	59.4	61.6#	69.5
4	Infant Mortality Rate (per 1000 live births)	62$	51	61$	-
5	Unmet Need for Family Planning (%)	21.6$	12.1	18.6$	8.5
6	Postnatal Care received within 48 Hrs. after delivery	80.5$	55.0	82.4$	56.3
7	Fully Immunized Children age 12-23 months (%)	66.4$	53.6	64.7$	69.1
8	1st Trimester ANC Registration (%)	73.3$	53.1	82.5$	62.0
9	Reported Institutional Deliveries (%)	82.6$	80.8	86.2$	76.0
10	SBA Home Deliveries (%)	38.3$	2.3	32.9$	2.4
Source: #Census 2011, $AHS 2012-13					

3. Health Infrastructure in Betul District

Betul district provides health services in both rural and urban areas through rural and urban health facilities. District is providing health services in urban areas through District

Hospital and two urban PHCs. In rural areas 10 CHCs, 33 PHCs and 339 SHCs are providing health services.

DH Betul, 10 CHCs, 33 PHCs and 187 SHCs are functioning from government buildings. Besides this, there are 17 AYUSH dispensaries under NHM, functioning in the district. DH Betul is sanctioned as a 300 bedded hospital and presently it is functional as 300 bedded in different parts as new building is under construction, and all the two L3 CHCs are 30 bedded. Seventeen L2 facilities with eight CHCs and nine PHCs are 30 and 6 bedded respectively. There are 20 L1 facilities, 12 PHCs and eight SHCs functional as level 1 delivery points with having total 84 functional beds.

Existing Health Facilities and Health Facilities Visited		
Health Facility	**Number**	**Health Facility Visited**
District Hospital	01	DH Betul
Community Health Centres	10	CHC Ghodadongri
Primary Health Centres	33	PHC Jhallar (24*7)
Sub Health Centres	339	SHC Neempani
AYUSH	17	(delivery point)

Number of Designated Delivery Points, Betul				
Block Name	**Population Census 2011**	**Delivery Point Level**		
		L-1	**L-2**	**L-3**
Bhainsdehi	289295	8	3	-
Athner	106793	1	2	-
Betul	280179	-	2	1
Chicholi	86795	2	1	-
Ghodadongri	235790	3	3	1
Shahpur	113306	1	2	-
Multai	287078	4	2	1
Amla	176126	1	2	-
Total	**1575362**	**20**	**17**	**3**

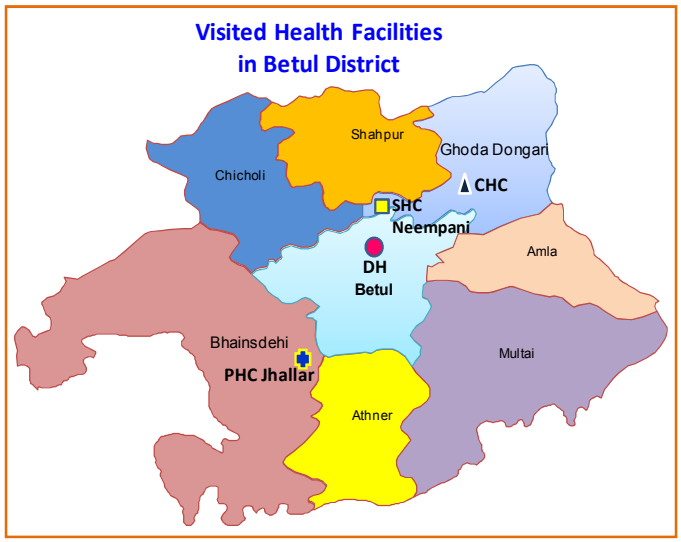
In total 738 beds are available in the district with a population of 1.58 million, which are insufficient for the government health facilities, according to the required norm of 500 beds per 1 lakh population.

4. Status of Visited Health Facilities:

- DH Betul is easily accessible from the main road. DH Betul caters to around 16 lakhs population of Betul. CHC Ghodadongri caters to around 2.3 lakhs population. PHC Jhallar caters around 36 thousands populations in the periphery and SHC Neempani caters to about 6,000 populations.
- Staffs quarter is a serious concern in the district; DH Betul has only four MO quarters, four SNs quarters and 20 quarters for other category. CHC Ghodadongri has three MO quarters, four SNs quarters and six quarters for other category while PHC Jhallar has one quarter each for MO & SN and six quarters for other category. SHC Neempani has one

ANM quarter. The condition of most of these quarters is not good especially at DH and PHC.

- DH Betul has a bed capacity of 300 beds; a new building is also under construction. CHC Ghodadongri has 30 beds, PHC Jhallar six and SHC Neempani has two beds for in patients.
- All the visited health facilities have power back up in the form of generator or inverter except SHC Neempani. Water supply is available with overhead tanks in all the visited facility except SHC, where ANM, herself bring water from hand pump.
- All the visited health facilities have clean and functional labour room. At DH Betul and CHC Ghodadongri, there are no attached clean toilets with labour room. However PHC Jhallar and SHC Neempani has attached functional toilet with labour room.



- Facilities for bio-medical waste segregation were observed in all the health facilities. The BMW service is out sourced in the district. Collection of waste by Environmental Protection Company Limited, Sehore is done on alternate day basis at DH and twice in a week at CHC. Disposal of hospital waste in PHC Jhallar and SHC Neempani is being done in closed pits.
- Functional help desk was not seen in any of the visited health facilities including DH.

5. Human Resources

- Madhya Pradesh is facing an acute shortage of human resources for health care services. In rural areas, majority of health institutions are functioning without necessary staffs. Even contractual staffs post are vacant in most of the facilities.
- Majority CHCs have low index value for human resources particularly for doctors and paramedical staffs (PRC Sagar, 2016).
- In Madhya Pradesh as per RHS 2016-17, for 309 CHCs, there is sanctioned post of 1236 specialist's doctors at CHCs. Out of the sanctioned posts only 14.56 percent (180) are posted at CHCs. As per RHS 2016-17, for 1171 PHCs, 81.46 percent medical officers are

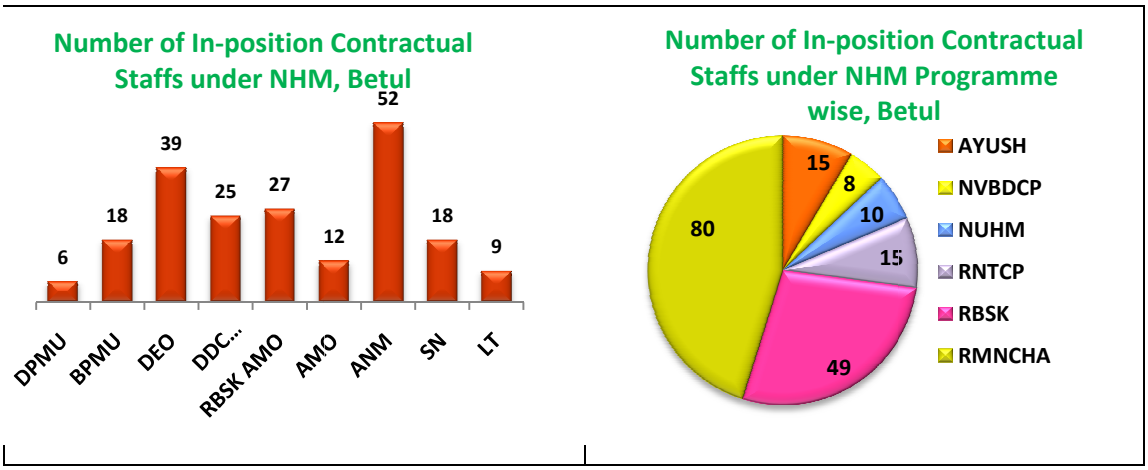
posted at the PHCs against the required (1171) post, although sanctioned post are 1771 doctors for PHCs.

Status of Human Resource in Visited Health Facilities

- DH Betul has two gynaecologists, two medicine specialists, two radiologists, one surgeon, one orthopaedic specialist, one ophthalmologist and one paediatrician posted against the sanctioned 23 specialist post. Fourteen MOs are in position against 20 sanctioned posts.
- In Betul district one third of specialists and two-third of the MOs are in position against the sanctioned posts. There is paucity of lady MOs in the district. Caseload is high on DH Betul and CHC Ghodadongri.
- In the DH there are 138 SNs working against its sanctioned post of 138. Five out of 8 lab technicians, two out of two ophthalmic assistant, two out of two pathologists and two out of three radiographers are working against their sanctioned posts.
- In the DH, services of Hospital Manager, ARSH Counsellor, Breastfeeding Counsellor, Family planning Counsellors have been discontinued after March 2016.
- Now for counselling purposes an integrated 'Swasthya Samwad Kendra' has been established in the district, where three persons are posted and providing counselling on FP, adolescent health and ICTC.
- At PHC Jhallar, there is one MO, one AYUSH MO, one LT, one SN, one LHV and three ANMs are posted for running the 24x7 PHC services.
- At SHC Neempani, there is one MPW (M) and only one ANM, providing all the clinical services at the delivery point.
- There are 1117 regular staffs available in the district in peripheral health institutions. This information is available at the web-site of state health department http://www.nhmmp.gov.in/WebContent/md/HR/Regular-Facility-Wise.xls (accessed on 04.10.2018) but this information is not updated. There are only 29 medical officers posted in periphery health institutions.
- The staffs position in district and block level PMUs under NHM shows that there are 257 contractual staffs in position in the district. The PMUs have one district monitoring and evaluation officer (M&E), one district community Mobilizer (DCM), one district account assistant (DAA), one sub engineer, 25 DDC pharmacists, one RBSK coordinators,

one routine immunization data manager and 39 data entry operator (DEO), five block programme manager (BPM), five block community mobilizer (BCM) and eight block accounts manager (BAM) are working. One medical officer is in-charge DPM, most of the work related to DPM is done by DM&E officer in Betul district.

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



- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility. DMPU has maintained complete information about the contractual staff of the district.
- Although there is one regular medical officer working as DPM but he is not taking any responsibility of this job so all the DPM unit work is under one person working as monitoring and evaluation officer (M&E).
- At visited health facilities many staffs are holding charge of multiple tasks. This is due to non-availability of designated staffs. Contractual staffs are also engaged in many administrative and other related works.

Training Status/Skills and Capacity Building

- NHM focuses on capacity building and skill upgradation of the existing staff, for which there are provisions for trainings at all levels. Under NHM, several training programmes are organized for medical and paramedical staff at district and state level.
- Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.

- Among the visited facilities, i.e. DH Betul, CHC Ghodadongri and PHC Jhallar, two MOs in DH and 13 MOs in CHC are EmOC trained MO. Six BEmOC trained staffs are at PHC and two at CHC. Among the visited facilities, only two LSAS trained MO is at DH.
- SBA training is taking place at the district level and SBA trained MOs, SNs and ANMs are available in different visited health facilities. No NSV trained doctors are available in any of the visited health facility while MTP trained doctors are available only at DH and CHC among the visited health facilities.
- IUCD, PPIUCD and NSSK trainings have been received by LMOs, SNs and ANMs at all the visited facilities. Cold chain trained ANMs, SNs and MPWs are available in the visited health facilities (except SHC) to maintain cold chain services.

6. Other Health Systems Input

- In DH Betul surgery, medicine, obstetrics & gynaecology, emergency, ophthalmology, ENT and family planning services are available along with ancillary services of blood bank, radiology and pathology.
- ICTC and RTI/STI services including counselling are being provided in the DH. Newly constructed Trauma care centre is fully functional at DH Betul. There is fully functional Blood Bank at DH Betul.
- Most of the diagnostic tests are available in the DH except for CT scan and endoscopy. USG facility is not available at any of the visited health facility except DH.
- 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 CHC. SHC Neempani has one big room which includes labour room along with NBCC corner with one radiant warmer, weighing scale (Baby and Adult), emergency tray with medicine, injections and attached clean toilets. Although there is no water facility at SHC.
- Although DH Betul has functional OT but many types of equipment like, ventilators, c-arm units, OT mobile lights are either not available or not functional. Other required OT equipments like OT ceiling lights, surgical diathermies, anaesthesia machines, multi-para monitors, laparoscopes etc. are available in DH.
- At CHC Ghodadongri, there is functional OT but many types of equipment like, ventilators, c-arm units, laparoscopes, OT mobile lights are either not available or not

functional. Other required OT equipments like OT ceiling lights, surgical diathermies, anaesthesia machine, multi-para monitor etc. are available in CHC.

- Majority of the essential drugs are available in all the visited health facilities and computerized inventory management system is working at DH and CHC among the visited facilities.

Roshni Initiative for Infertility Treatment

- 'Roshni Clinics' spread across 51 districts of MP, is an initiative towards the rising infertility issues and high cost treatment. Doctors at DH Betul, who have been trained in private infertility clinics, are providing services to women in the age 15-49 years.
- In DH Betul 851 cases of infertility, gynaecological, severe anaemia, high BP have been treated, after screening and referral at the block level during Mahila Swasthya Shivir (MSS) between April-June 2018. A team consisting of specialists in medicine, surgery, pathology and radiology provide services in the Roshni clinic.
- Treatment of diabetes, hypertension, high risk pregnancy, cervical cancer, thyroid, breast carcinoma treatment is provided and referral linkages persist between the district and hospitals identified by the state in Bhopal and Indore.

AYUSH Services

- There are 17 AYUSH dispensaries in the district (Ayurvedic: 09; Homeopathy: 08) running through state AYUSH department.
- OPDs of AYUSH are integrated with DH, CHC & PHC OPDs. The AYUSH doctors report to facility HMIS as well as to their parent department office, District AYUSH Officer (DAO).
- Among the visited health facilities AYUSH services are available at DH, CHC & PHC. AYUSH medical officer is not a member of RKS at any of the visited health institutions. There is lack of AYUSH medicines at visited health facility.

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

- Betul district has three functional L3 facilities (DH Betul & 2 CHCs), seventeen L2 facilities (8 CHCs, 9 PHCs) and twenty L1 facilities (12 PHCs & 8 SHCs) providing maternal health services in the district.
- All designated delivery points are not fully functional as per IPHS, either due to lack of manpower, diagnostic facilities or specialists and infrastructure. Among the visited facilities only DH has USG testing facility.

- DH Betul has reported 1498 deliveries among which 579 were between 8 pm to 8 am caesarean deliveries. In CHC Ghodadongri out of 370 deliveries, 186 have been done at night (8pm-8am). In PHC Jhallar out of 119 deliveries, 37 took place between 8 pm to 8 am and in SHC Neempani out of 16 deliveries 12 have been done at night (8pm-8am) in April-June 2018.

Services provided in labour room for pregnant women at DH Betul since April to June, 2018		
Services	**Total**	**Percentage**
Admitted Pregnant women	2502	-
Total Delivery	1498	59.8
Normal Delivery	1326	88.5
Caesarean Delivery	172	11.5
Abortion	2	0.13
High risk	183	12.2
Preterm Labour	80	5.3

- SHC Neempani does not have water facility.
- Line listing of severely anaemic pregnant woman with haemoglobin below 7 (Hb<7) is being done and treatment of iron sucrose is given at all the health facilities. DH Betul and PHC Jhallar have a separate register for anaemic women. DH Betul, CHC Ghodadongri and PHC Jhallar are maintaining separate data of pregnant women with anaemia.
- Among the visited CEmOC facilities DH Betul has the full range of services given in the below table.

Services provide in maternity ward for pregnant mother survival in different health difficulties at DH Betul since April to June, 2018	
Services	Numbers
Blood Transfusion	192
IV Sucrose ANC	129
Dexamethasone	60
PIH	39
Anaemic	78
Vitamin K	1471

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

Available Maternal and Child Health Services	**DH Betul**	**CHC Ghodadongri**
Provision of 24*7 service delivery for CS and other Emergency Obstetric Care at the Facility	Yes	No
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	Yes
Provision of Family Planning	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 only.**		

- All mothers in post natal ward reported about initiation of breastfeeding within one hour of delivery in the visited health facilities (49.2 percent, NFHS-4).

7.1 Maternal Death Review

- All the visited health facilities are maintaining maternal death registers and line listing of maternal deaths.
- Among all the visited facilities only DH Betul has reported four maternal deaths during April-June 2018. The reasons for maternal deaths were ante-partum eclampsia with aspiration pneumonitis.

7.2 Janani Shishu Suraksha Karyakram (JSSK)

- JSSK is implemented at all levels of health facility and free entitlements are provided.
- Display of all JSSK benefits components was observed in all the visited health facilities, but JSSK was not mentioned.
- Beneficiaries in the exit interviews have reported to have received free JSSK services including free drugs and consumables, free diet, free diagnostics etc. in all the health facilities.
- Sixteen beneficiaries interviewed through exit (in-patient) in the visited facilities and they had reported about service availability at the facilities i.e. free meals and diagnostics.
- It was observed that all the visited health facilities have free dietary service under JSSK except at SHC, Neempani and all the women utilise the delivery care at these facilities, stay for minimum 48 hours as per norms except SHC Neempani, where some mother go home before 48 hours due to none availability of water and dietary service.

7.3 Janani Suraksha Yojana(JSY)

- JSY is implemented and payments are made as per eligibility criteria, since the payment done through PFMS no physical verification of beneficiaries' upto 5% is done by district authorities.
- Among the visited facilities, there are 1498 registered JSY beneficiary at DH Betul, 370 at CHC Ghodadongri, 119 at PHC Jhallar and 16 at SHC Neempani and 1041, 55, 78 are the beneficiaries who received JSY benefits at DH, CHC and PHC respectively. The SHC beneficiary's payment done through its block CHC, so no data available for the same.
- No proper grievance redressal mechanism for JSY has been initiated in the visited health facilities, but beneficiaries may visit to the facility office if money not transferred within a month after depositing all the required documents in Betul district.

- When asked the officials about late credit of JSY benefits to the beneficiaries account, they told that mostly it is happening due to non deposit of correct documents and bank details of the beneficiaries at the concerned centre. Sometimes it might due to non availability of the fund from the state too.

8. Child Health

8.1 Special Newborn Care Unit

- In every district SNCU has been established in Madhya Pradesh. These SNCUs are established with an objective to reduce neo-natal mortality from preventable causes.
- In 1296 delivery points in M.P., NBCC have been made functional to prevent infection, to regulate the body temperature of neonates and resuscitation.
- DH Betul has a 20 bedded SNCU, with necessary equipments and availability of three trained MOs and 19 staff nurses.
- There is no paediatrician at CHC and also no NBSU available at CHC Ghodadongri.
- There are three medical officers and 19 staff nurse posted at SNCU Betul.
- During April-June 2018, a total 440 children (inborn-147; outborn-293) have been admitted and as per the records, 363 children were cured after treatment and 26 children were referred to a higher facility and 53 death reported. In DH Betul it was reported that two children left earlier without informing or left against medical advice (LAMA).
- Among the available 28 radiant warmer and nine phototherapy machine only 12 and six are functional respectively. Around 10-12 syringe pumps are not in working condition.
- There is no any NBSU at visited CHC. Child health services, particularly sick newborn care are severely affected in CHC Ghodadongri and periphery level health institutions due to non-availability of NBSU.
- NBCC is functional in PHC Jhallar and SHC Neempani.

8.2 Nutrition Rehabilitation Centre (NRC)

- M.P. has 10.8 million children of 0-6 years (Census, 2011) out of which an estimated 1.3 million children are Severe Acute Malnourished (SAM) as per the SAM rate of the state.
- There are seven NRCs in Betul district, which also includes one in Padhar Private Hospital. Total 70 beds are available in these seven NRCs. Total 659 children are admitted

during the period in seven NRC of the district (http://www.nrcmis.mp.gov.in). Overall bed occupancy rate reported in the district is 103.4 percent.

- Although at DH 20 bedded new building for NRC is ready for function but due non-completion of administrative process (handing-taking over), it is running in old NRC with having 10 bedded and eight staffs. CHC Ghodadongri has 10 bedded NRC with five staff. During April-July' 2018, 77 and 62 SAM children were admitted in NRCs at DH and CHC respectively.
- The NRCs at CHC Ghodadongri, is found to be fully functional with trained staffs. There is need of breast feeding and SSC corner at NRC, it is also noted that room heater is needed in winter for beneficiaries.

8.3 Immunization

- Government of India has selected 201 districts of the country for Mission Indradhanush including 15 top priority districts of MP. The first programme was launched in April 2015 to save lives of children through vaccination in these districts which have 50 to 55 percent complete immunization.
- CHC Ghodadongri and PHC Jhallar 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 DH, CHC, PHC and SHC.
- Immunisation services are available in DH Betul and CHC Ghodadongri on daily basis and on fixed days in the periphery.
- VHND sessions are being held on regular basis for immunization of pregnant women and children. PHC Jhallar reported that immunization services are provided by field ANM in periphery and on fixed days at PHC.

8.4 Rashtriya Baal Surkasha Karyakram(RBSK)

- RBSK programme in the district is being implemented as per guidelines. A district RBSK coordinator has been appointed for monitoring and supervision of RBSK programme.
- Out of 21 teams required, only 20 RBSK teams are operational in the district. One RBSK team also functional at UPHC Baghudana in Betul city. None of the RBSK team is complete

in all aspects. Twenty six AMOs posted against 42 sectioned posts, Six ANMs are in-position against 21 sectioned posts and 11 pharmacists are in-position against 21 sectioned posts in the district. There is manpower shortage in RBSK teams across all the blocks in Betul District. All the required staffs need to be posted to provide complete range of RBSK services.

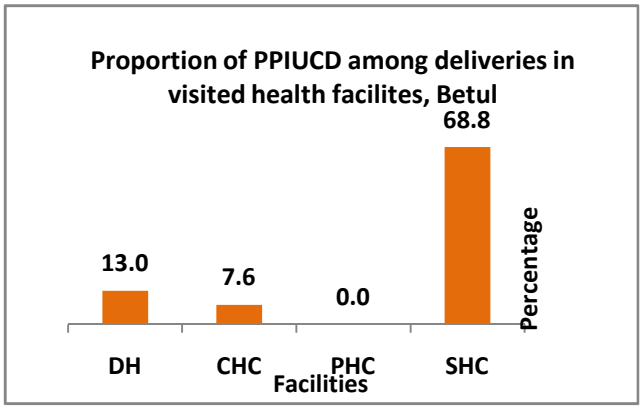
Block-wise status of RBSK team in Betul district

Blocks	Teams	AMO	ANM	Pharmacist
Sehra	Team 1	2	1	1
	Team 2	2	0	1
Amla	Team 1	1	1	0
	Team 2	1	0	1
Athner	Team 1	2	0	1
	Team 2	1	0	1
Bhimpur	Team 1	1	0	0
	Team 2	1	0	1
Bhaisdehi	Team 1	1	1	0
	Team 2	2	0	0
Ghoradongri	Team 1	1	0	1
	Team 2	1	0	1
Multai	Team 1	2	1	1
	Team 2	1	1	1
Pattan	Team 1	0	0	0
	Team 2	1	0	0
Chicholi	Team 1	2	0	0
	Team 2	1	0	0
Shahpur	Team 1	1	0	0
	Team 2	1	1	0
UPHC	Team 1	1	0	1
Total		**26**	**6**	**11**

- As per the available data numbers of children screened for any illness were 7136 at CHC Ghodadongri. A total of 1197 children in different age groups were identified with various health problems and 28 children have been referred to higher facility for treatment from CHC Ghodadongri.
- District Early Intervention Centre (DEIC) is operational in DH Betul since August 2015. New DEIC building is under construction. The staffs at DEIC includes a special educator, an audiologist & speech therapist and a social worker. A post of Physiotherapist and Psychologist are advertised for recruitment under DEIC. There is no separate lab for DEIC.

9. Family Planning

- Access to family planning helps in protection from unwanted pregnancies, along with decrease in infant and child mortality.
- Betul district has facility of providing full range of family planning services at most of the health



institutions. All family planning services are available at the visited DH and CHC Ghodadongri.

- LTT camps are organized at visited CHC and PHC on fixed days basis on weekly and fortnightly respectively. DH is the only health facility where FP operations are also done on regular basis.
- Supply of modern family planning methods, i.e. OP, condom, copper T etc. are regular in the district and none of the visited health facilities informed about any scarcity. PHC Jhallar reported that most of the condoms and Oral pills are provided by ANMs in the field.
- During April-June' 2018, 55 family planning operations and two NSV have been performed at DH, 115 family planning and zero NSV at CHC and 19 family planning and zero NSV at PHC. At CHC & PHC these services are done on fixed day by surgeon from DH. During this period 195, 28, and 11 women were provided PPIUCD services at the DH, CHC and SHC respectively. Insertion of IUCD to the women during April-June, 2018 is 11, 04 and six at the DH, CHC and SHC respectively.
- During interaction it was found that most of the women in PNC wards were counselled for PPIUCD by doctor or SNs. In spite of counselling, women have some fear in acceptance of PPIUCD.

10. Quality in Health Services

- General cleanliness, practices followed by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in all the visited health facilities as per the respective available services at the facilities. Very few functional toilets at DH and CHC are found clean and usable. There was no attached toilet available at DH and CHC labour room, while PHC and SHC have good clean toilet attached to labour room. The cleaning staffs at the health facilities are centrally outsourced from state and they are providing services mainly at DH and CEmOC facilities. Non availability of sufficient cleaning at DH & CEmOC facilities and zero availability at BEmOC and SHCs are affecting the overall hygiene and cleanliness of the health facilities in the district. The buildings of the visited health facilities are in good condition. DH is running in old building and new DH building is under construction and may be getting ready till December 2018.
- It also has well equipped three labour rooms, minor OT, average clean in-patient ward and kitchen. IEC about health care and available services is done at all the facilities. All the

visited health facilities have required prioritising the protocol posters and messages in the labour room, OT and in wards. At DH labour rooms, there was no attached bathroom.

- There is adequate space for medical staff and adequate waiting space for patients in all the visited health facilities except DH Betul, as present old DH building has less waiting space as per the daily patient flow ratio in the DH.
- It was observed that all the cleanliness, procedural and service related protocols and charts are displayed at proper places in DH Betul, CHC Ghodadongri and PHC Jhallar 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.
- Kayakalp workshop was going on in Betul. Several initiatives have been taken by the health facilities under Kayakalp, like providing ROs for safe drinking water in the health facilities.
- Review of Kayakalp for year 2017-18, internal review teams in the district have been constituted and they are very minutely observing the resources and services available at the facility and scoring as per the prescribed norms.

Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Betul, CHC Ghodadongri, PHC Jhallar and SHC Neempani. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility.
- Outsourcing of waste management to (Environmental Protection Corporation Limited) at Sehore based private agency has been done and bio-medical waste is collected on alternate day at DH and CHC. There are 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 level of health care institutions. Awareness amongst staff on cleanliness and hygiene practices is satisfactory in all the visited health facilities.

Information Education Communication

- Display of NHM logo was not observed in any of the visited facilities except DH Betul.
- All the visited health facilities have signages which are clearly displayed in each and every section of the hospital.

- Timing of the health facility, phone numbers and list of services available and complaint box were observed only in DH Betul and CHC Ghodadongri among the visited health facilities. While none of the visited facilities have any signage on Citizen Charter.
- Display of partographs, clinical protocols EDL with information on free drug distribution is available, were displayed in all the visited facilities.
- Protocol posters, awareness generation chart, immunization schedule, FP IEC and JSSK entitlements (except SHC) are displayed at all the visited health facilities.
- 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 Betul, CHC Ghodadongri, PHC Jhallar and SHC Neempani are skilled in management of high risk pregnancy, providing essential newborn care (thermoregulation, breastfeeding and asepsis) etc.
- Knowledge of managing sick neonates and infants, correct use of partograph, correct insertion of IUCD, correctly administer vaccines, segregation of waste in colour coded bins.
- The services of MCTS have been discontinued and a comprehensive RCH portal has been initiated in its place. Knowledge on RCH portal and ANMOL software is in preliminary stage and learning process is going on, its simplification will help grass root level staffs in updating the data.

Additional Support Services

- Provisions of fogging were reported only by DH Betul among all visited health facilities. Laundry service is being done through outsource at DH, CHC and PHC.
- Centralised annual maintenance contract is done at state level and one company namely; AIM Healthcare Co. Ltd. is given tender for this financial year.
- Tally software has not been in use at the visited facilities. Public Financial Monitoring System (PFMS) is in place for online payments of JSY incentives, ASHA incentives etc.

11. Clinical Establishment Act

- Clinical Establishment Act 2010 has not been enacted in Madhya Pradesh. Presently all the private nursing homes and clinical establishments are required to register under

Madhya Pradesh Upcharya Gruh Evam Rujopchar Sambandhi Sthapanaye (Ragistrikaran tatha Anugyapan) Adhiniyam, 1973 and Rules 1996.

- Process of registration, renewal and approval for all private nursing homes and clinics has been made online through MPONLINE portal. It has been made mandatory to submit online application for registration and renewal. It is also mandatory to communicate approval / disapproval online after required scrutiny and verification of received applications. This has helped in enhancing transparency in approval process.
- There are 293 nursing homes and private clinics registered with district health administration, but reporting of services are poor.

12. Referral Transport

- In Madhya Pradesh referral transport has been an integral part of health care services. This is very essential for access to critical health care, emergencies, trauma care for remote and outreach areas and in rural areas.
- During 2017-18, referral transport services have been centralised at state level and out-sourced to a new agency and services under 'National Ambulance Services' has been implemented.
- The referral transport service in the district is running through centralised call centre from state. Apart from this centralised '108' service, there are two ambulance at DH among the visited health facility.
- It was observed that not all the pregnant women are getting transport services with "108" or ambulances. Due to non-availability of data at district level no assessment could be done for the services provided to pregnant women and newborn children and other patients.
- Under JSSK free transport data from April-June 2018 at the visited facilities shows, 435 and 548 for home to hospital and hospital to home in DH, 803 and 542 at CHC Ghodadongri and 283 and 207 at PHC Jhallar.

13. Community Processes
Accredited Health Social Activist (ASHA)

- Total 1557 ASHAs (1488-Rural & 69-Urban) are presently working in Betul district and District Community Mobilizer (DCM) is overall in-charge of ASHA programme.

- There are 1446 villages in the district, as informed by DCM, there are requirement of 28 ASHAs in the district.
- Skill development of ASHAs is a continuous process. Fourth round of training for 6-7th modules have been completed for 1185 ASHAs but many ASHA's have not received ID cards and uniforms.
- Different programme officers in Betul district are providing orientation to ASHAs for National Health Programmes like TB, Malaria, Leprosy etc. at the block level. ASHA Resource Centre at the state level monitors the progress of ASHAs. Mentoring Group for Community Action provides supportive services.
- Drug kit replenishment is done based on demand and availability of drugs. Payments to ASHAs have been regularized based on verification by the concerned ANM. It was reported by the BMO that presently all ASHA's receive a minimum amount of Rs. 1000 for MCH services. ASHA payments are regular but depending on availability of funds.
- There is ASHA's resting room at DH Betul. Mamta Corner is established at all the visited health facility.

Urban Health

- The urban health programme is at an elementary stage in all wards of Betul city. There are two urban PHCs having one MO, four ANMs and one pharmacist for these facilities in Betul city. All the selected urban ASHAs (69) have received first round of training for 6-7th modules till now.

14. Disease Control Programmes:

- Betul district has a district program officer each in-charge of Malaria, TB and Leprosy disease programs. The FRUs and PHCs in the district have adequate laboratory facilities and technicians, drugs and infrastructure resources for providing preventive and curative services against the three communicable diseases, staffs are effectively providing outreach services.
- The malaria control initiatives are reported to be progressing satisfactorily in the district. Periodic surveillance is carried out by respective MOs and program officers. Under national malaria control programme DH Betul, CHC Ghodadongri and PHC Jhallar which are providing services with adequate availability of rapid diagnostic kits and drugs. In April-

June 2018, 1837, 6554, 45 and 400 slides in DH Betul, CHC Ghodadongri, PHC Jhallar and SHC Neempani respectively were prepared.

- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Betul district are functional in all the visited health facilities.
- A total of 548, 145, 399 and 20 sputum tests were reported respectively from DH, CHC Ghodadongri, PHC Jhallar & SHC Neempani and 95, 13, 16 and zero were reported to be positive at these health facilities.
- National Leprosy Eradication Programme (NLEP) is functional and 6 and zero new cases each were detected at CHC Ghodadongri and PHC Jhallar and one and two patients are being treated respectively at these facilities.
- NCD services are being provided in all the CEmOC facilities through OPD service with adequacy of medicines and drugs.

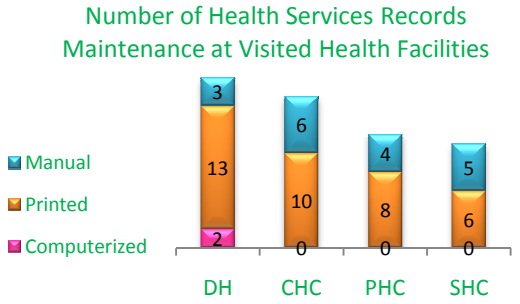
15. Data Reporting, HMIS and RCH Portal (MCTS):

Monitoring and Evaluation (M&E) of all the health care services are essential not only to review the progress of the existing services but also to augment existing services and initiate new services in the district. It also helps in supervision and planning for areas to be strengthened. Data gathering for health services has been systematized through HMIS. Since last year MCTS has been restructured and it now covers more services comprehensively under the new RCH Portal. Data capturing for these online services is done through service registers, which are designed to provide individual level information for tracking of service delivery. This also provides aggregate level data for each health facility.

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

In Betul, District M&E Officer is in-position. There are no any dedicated staffs for HMIS & RCH portal in the visited health facilities. There is only one DEOs posted in DPMU for all the data entry purpose. In periphery, it is found that, HMIS data reporting done through contractual computer operator in many facilities.

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



- Computerized OPD / IPD registration
- Computerized data entry – Maternity Wing, SNCU, and HMIS.
- Single village-wise register for recording all RCH services at SHC.
- HMIS bilingual printed format for L2 and L1 facilities.
- No Tally implemented for all the visited health facilities.

16.1 Health Management Information System (HMIS):

- HMIS has been revamped in Madhya Pradesh as well as in Betul recently. As per the latest revision in facility level HMIS formats for monthly reporting, 67, 60, 48 and 23 new data items are added for DH, SDH/CHC, PHC and SHC respectively.
- New reporting formats have been distributed to all the facilities. The formats are bilingual in Hindi and English which is can be easily understood by all health staffs.
- It was observed that orientation has been given to district M&E officers and block programme managers about the new HMIS formats and new data items added. Training for health facility personnel on new HMIS format has not been done properly.
- It was observed that none of the health facilities are submitting checked and verified copy of HMIS monthly report through Medical Officer (I/c). No office copy of HMIS report is retained by the reporting health facility. Some designated person collect data from different service register and provide it to the DEO for HMIS entry and uploadation.
- New data items have also been added to the facility annual infrastructure format for DH. NITI Ayog has also suggested new data items on Kayalakp score and patient feedback score of the DH to be included in the annual infrastructure MIS of DH.
- It is observed that some of the health facility in the district has not uploaded annual facility infrastructure data on HMIS for 2018. District M&E officer informed that state has

directed to upload all the infrastructure data first on the state RHS data portal. After verification the data will be uploaded on HMIS portal.

16.2 RCH Portal / MCTS:

- The new RCH portal has been initiated with many upgradation for replacing MCTS which was affected with duplication, non-updation and issue of under-reporting of maternal and child health services. There were 118 data fields in MCTS and newly developed RCH portal have 227 data fields.
- Training for data capturing and data entry into new RCH Portal has been given to all concerned staffs and available DEOs of different programs under NHM.
- Block level training have been organized to provided detailed information to MOs and BMOs for checking data entry and completeness of information. Based on the completeness of information, progress of the RCH programme can be determined.
- As informed by the DPMU staff that RCH data reporting is not fully functional and all the concerns are getting resolved day-by-day. Soon the RCH portal data uploadation will be done smoothly.

Observations from Betul District visited during July, 2018 **(ANNEXURE)**

1. Health Infrastructure available in Betul District

No. of institutions	Available	Located in government buildings	No. of new facility proposed	No. of health facilities having inpatient facility	No. of beds in each category
District Hospital	1	1	No	1	300
Exclusive MCH hospital	1*	-	-	-	-
UPHC	2	2	-	-	-
CHC	10	10	-	10	300
PHC	33	33	-	21	126
SCs	339	187	#	6	12
AYUSH Ayurvedic	1	-	-	-	-
AYUSH(Homoeopathic)	8	-	-	-	-
AYUSH (Others)	8	-	-	-	-
Delivery Point(L1)	20	20	-	20	
Delivery Point(L2)	17	17	-	17	
Delivery Point(L3)	3	3	-	3	
Total 738 beds availability in Betul district. *Two hundred bedded MCH wing under construction at the DH. # New 75 SHC has been sanctioned since 2017-18 but government buildings are not available in all SHCs in Betul district.					

2. Physical Infrastructure

Infrastructure (Yes / No)	DH	CHC	PHC	SHC
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes
Functioning in Govt. building	Yes	Yes	Yes	Yes
Building in good condition	Yes	Yes	Yes	Poor
Staff Quarters for MOs	4	3	1	
Staff Quarters for SNs	4	4	1	
Staff Quarters for other categories	20	6	6	Yes
Electricity with power back up	Yes	Yes	Yes	No
Running 24*7 water supply	Yes	Yes	Yes	No
Clean Toilets separate for Male/Female	Yes	Yes	No	No
Functional and clean labour Room	Yes	Yes	Yes	Yes
Functional and clean toilet attached to labour room	No	No	Yes	Yes
Clean wards	Yes	Yes	Yes	Yes
Separate Male and Female wards (at least by partitions)	Yes	Yes	No*	
Availability of Nutritional Rehabilitation Centre	Yes	Yes	No	
Functional BB/BSU, specify	Yes	No		
Separate room for RKSK and Swasthya Samwad Kendra	Yes[#]	No		
Availability of complaint/suggestion box	Yes	No	No	No
Availability of mechanisms for Biomedical waste management (BMW)at facility	Yes	Yes	Pit	Pit
BMW outsourced	Yes	Yes	No	No
Availability of ICTC/ PPTCT Centre	Yes	Yes		
Availability of functional Help Desk	No	No	No	No
*Only PNC ward is separate but male and female ward are not separate in the PHC. #RKSK services are not available in the district. Although Swasthya Samwad Kendra is functional at the DH.				

3. Human Resources

Health Functionary	Required (Sanctioned)				Available			
	DH	CHC	PHC	SHC	DH	CHC	PHC	SHC
Gynaecologist	4	1			2	1		
Paediatrician	3	1			1	0		
Anaesthetist	4	1			0	0		
Cardiologist	-	-			-	-		
General Surgeon	3	1			1	0		
Orthopaedic	2	-			1	-		
Medicine Specialist	3	1			2	0		
ENT Specialist	2	-			0	-		
Ophthalmologist	2	-			1	-		
Ophthalmic Asst.	2	2	-		2	1	1	
Radiologist	2	-			2	-		
Radiographer	3	1			2	1		
Pathologist	2	-			2	-		
LTs	8	3	-		5	2	1	
MOs	20	2	-		14	2	1	
AYUSH MO	-	2	-		-	2	1	
LHV	1	2	-		1	1	1	
ANM	1	2	-		1	2	3	1
MPHW (M)	-	-	-		-	-	-	1
Pharmacist	8	2	-		4	2	-	
Staff nurses	138	6	-		138	8	1	-
RMNCHA+ Counsellor	-	-	-		-	-	-	

No. of Trained Persons

Training programmes	DH[#]	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	2	13		
LSAS (Life Saving Anaesthesia Skill)	2	-		
BEmOC (Basic Emergency Obstetric Care)	-	2	6	
SBA (Skill Birth Attended)	28	13	6	2
MTP (Medical Termination of Pregnancy)	5	10	-	
NSV (No Scalpel Vasectomy)	-	-	-	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	10	1	6	-
FBNC (Facility Based Newborn Care)	4	3	6	1
HBNC (Home Based Newborn Care)			6	1
NSSK (Navjaat Shishu Surakasha Karyakram)	1	2	6	1
Mini Lap-Sterilisations	-	-	-	
Laparoscopy-Sterilisations(LTT)	-	-		
IUCD (Intrauterine Contraceptive Device)	18	9	6	1
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	18	8	2	-
Blood Bank / BSU	-	1		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	-	2	4	1
IMEP (Infection Management Environmental Plan)	-	-	6	-
Immunization and cold chain	1	1	6	-
RCH Portal (Reproductive Child Health)	-	-	6	1
HMIS (Health Management Information System)	-	2	6	-
RBSK (Rashtriya Bal Swasthya Karyakram)	-	2		-

RKSK (Rashtriya Bal Swasthya Karyakram)	-	-	6	1
Kayakalp	2	-	6	1
NRC and Nutrition	1	2	-	
PPTCT (Prevention of Parent to Child Transmission of HIV)	-	-	6	-
NCD (Non Communicable Diseases)	9	-	6	
Nursing Mentor for Delivery Point	4	-		
No. Others (specify)--------Skill Lab	6*	*5-Trauma& one is OT		
#DH Betul training data does not maintained and provided.				

4. Other health System inputs

Availability of drugs and diagnostics, Equipments	**DH**	**CHC**	**PHC**	**SHC**
Availability of EDL and Displayed	Yes	Yes	Yes	Yes
Availability of EDL drugs	Yes	Yes	Yes	Yes
No. and type of EDL drugs not available (Collect Separate List)	No	No	No	No
Computerised inventory management	Yes	Yes	No	No
IFA tablets	Yes	Yes	Yes	Yes
IFA tablets (blue)	Yes	Yes	Yes	Yes
IFA syrup with dispenser	Yes	Yes	Yes	Yes
Vitamin A syrup	Yes	Yes	Yes	Yes
ORS packets	Yes	Yes	Yes	Yes
Zinc tablets	Yes	Yes	Yes	Yes
Inj. Magnesium Sulphate	Yes	Yes	Yes	Yes
Inj. Oxytocin	Yes	Yes	Yes	Yes
Misoprostol tablets	Yes	Yes	Yes	Yes
Mifepristone tablets	Yes	No	Yes*	No
Availability of antibiotics	Yes	Yes	Yes	Yes
Labelled emergency tray	Yes	Yes	Yes	Yes
Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Yes	Yes	Yes	No
Adequate Vaccine Stock *available*	Yes	Yes	Yes	No
Supplies (Check Expiry Date during visit to the Facility)				
Pregnancy testing kits	Yes	Yes	Yes	Yes
Urine albumin and sugar testing kit	Yes	Yes	Yes	Yes
OCPs	Yes	Yes	Yes	Yes
EC pills	Yes	Yes	No	No
IUCDs	Yes	Yes	Yes	Yes
Sanitary napkins	Yes	Yes	Yes	Yes
Gloves, Mckintosh, Pads, bandages, and gauze etc.	Yes	Yes	Yes	Yes
Laboratory and Other Diagnostic tests				
Haemoglobin	Yes	Yes	Yes	Yes
CBC	Yes	Yes	No	
Urine albumin and sugar	Yes	Yes	Yes	Yes
Blood sugar	Yes	Yes	Yes	
RPR	Yes	Yes	No	
Malaria	Yes	Yes	Yes	Yes
T.B	Yes	Yes	Yes	
HIV	Yes	Yes	Yes	
Liver function tests (LFT)	Yes	Yes		
No. Ultrasound scan (Ob.) done	2560			
No. Ultrasound Scan (General) done	2140			

Availability of drugs and diagnostics, Equipments	**DH**	**CHC**	**PHC**	**SHC**
No. X-ray done	7100	341		
ECG	Yes	Yes[#]		
Endoscopy	No			
Others , pls specify	-	-	-	-
Essential Equipments				
Functional BP Instrument and Stethoscope	Yes	Yes	Yes	Yes
Sterilised delivery sets	Yes	Yes	Yes	Yes
Functional Neonatal, Paediatric and Adult Resuscitation kit	Yes	Yes	Yes	Yes
Functional Weighing Machine (Adult and child)	Yes	Yes	Yes	Yes
Functional Needle Cutter	Yes	Yes	Yes	Yes
Functional Radiant Warmer	Yes	Yes	Yes	Yes
Functional Suction apparatus	Yes	Yes	Yes	Yes
Functional Facility for Oxygen Administration	Yes	Yes	Yes	Yes
Functional Foetal Doppler/CTG	Yes	Yes	Yes	Yes
Functional Mobile light	Yes	No	No	
Delivery Tables	5	3	2	1
Functional Autoclave	Yes	Yes	Yes	Yes
Functional ILR and Deep Freezer	Yes	Yes	Yes	
Emergency Tray with emergency injections	Yes	Yes	Yes	
MVA/ EVA Equipment	Yes	Yes	No	
Functional phototherapy unit	Yes	No	No	
OT Equipments				
O.T Tables	Yes	Yes	Yes^	
Functional O.T Lights, ceiling	Yes	Yes	-	
Functional O.T lights, mobile	No	No	-	
Functional Anaesthesia machines	Yes	Yes	-	
Functional Ventilators	No	No	-	
Functional Pulse-oximeters	Yes	Yes	Yes	
Functional Multi-para monitors	Yes	Yes	-	
Functional Surgical Diathermies	Yes	Yes	-	
Functional Laparoscopes	Yes	No	-	
Functional C-arm units	No[@]	No	-	
Functional Autoclaves (H or V)	Yes	Yes	-	
Blood Bank / Storage Unit				
Functional blood bag refrigerators with chart for temp. recording	Yes	No		
Sufficient no. of blood bags available	25	-		
Check register for number of blood bags issued for BT in **April-June 2018-19**	1742	-		
Checklist for SHC				
Haemoglobinometer				Yes
Any other method for Haemoglobin Estimation				Yes
Blood sugar testing kits				Yes
BP Instrument and Stethoscope				Yes
Delivery equipment				Yes
Neonatal ambu bag				Yes
Adult weighing machine				Yes
Infant/New born weighing machine				Yes
Needle &Hub Cutter				Yes
Colour coded bins				Yes

Availability of drugs and diagnostics, Equipments	**DH**	**CHC**	**PHC**	**SHC**
RBSK pictorial tool kit				No
*Mifepristone tablets are available but it is not use at the PHC. #ECG facility is available but trained staff not available at CHC. ^PHC OT is used only for LTT camp. @C-arm units is available in Ortho OT but not functional as on visit date.				

Specialty Care Services Available in the District

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

AYUSH services

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

Laboratory Tests Available (Free Services)

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

Services	DH	CHC	PHC	SHC
SGOT liver function test	Yes	No	No	-
SGPT blood test	Yes	No	No	-
G-6 PD Deficiency Test	Yes	No	No	-
Serum Creatine / Protein	Yes	Yes	No	-
RA factor (Blood Grouping)	Yes	Yes	No	-
HBsAG	Yes	Yes	Yes	-
VDRL	Yes	Yes	Yes	-
Semen Analysis	Yes	Yes	No	-
X-ray	Yes	Yes	No	-
ECG	Yes	No	No	-
Liver Function Test	Yes	Yes	No	-
RPR for syphilis	Yes	Yes	No	-
RTI/STI Screening	Yes	Yes	No	-
HIV	Yes	Yes	Yes	Yes
Indoor Fees	50	20	Free	Free
OPD fees	15	10	5	Free
Ambulance	Yes	No	No	-
Food for Inpatients	Yes	Yes	Yes	No

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

5.1 ANC and PNC

Services Delivered	DH	CHC	PHC	SHC
ANC registered	65	76	19	22
New ANC registered in 1st Trim	149	42	16	21
No. of women received 3 ANC	290	20	11	14
No. of women received 4 ANC	149	14	14	16
No. of severely anaemic pregnant women(Hb<7) listed	78	-	1	-
No. of Identified hypertensive pregnant women	28	-	-	-
No. of pregnant women tested for B-Sugar	1200	76	-	22
No. of U-Sugar tests conducted	500	76	-	22
No. of pregnant women given TT (TT1+TT2)	20	76	13	25
No. of pregnant women given IFA	1761	76	19	22
No. of women received 1st PNC check within 48 hours of delivery	1337	360	19	16
No. of women received 1st PNC check between 48 hours and 14 days of delivery	217	-	19	-
No. of ANC/PNC women referred from other institution (in-referral)	520	7	3	-
No. of ANC/PNC women referred to higher institution (out-referral)	106	-	-	-
No. of MTP up to 12 weeks of pregnancy	2	8	-	-
No. of MTP more than 12 weeks of pregnancy	-	-	-	-

5.2 Institutional deliveries/Delivery Complication

(Give Numbers from 1 April- 30 June'2018)	DH	CHC	PHC	SHC
Deliveries conducted	1498	370	119	16
Deliveries conducted at home				-
C- Section deliveries conducted	172	-	-	-
Deliveries conducted at night (8 pm-8 am)	579	186	37	12
Number of on the way delivery conducted	32	13	4	-
No. of pregnant women with obstetric complications provided EmOC	143	21	-	-

No. of Obstetric complications managed with blood transfusion	79	-	-	-
No. of Neonates initiated breastfeeding within one hour	1372	360	119	16
No. of Still Births	41	5	1	-

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

(Give Numbers from 1 April- 30 June'2018)	**DH**	**CHC**	**PHC**	**SHC**
Total maternal deaths reported	4	-	-	-
Number of maternal death reviews during the quarter	4	-	-	-
Key causes of maternal deaths found	Yes*	-	-	-
*Causes of Ante-partum eclampsia with aspiration pneumonitis.				

5.4 Janani Sishu Suraksha Karyakarma

JSSK	**DH**	**CHC**	**PHC**	**SHC**
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section,	Yes	Yes	Yes	No
Free essential and desirable diagnostics (Blood & urine tests, USG, etc) during Ante Natal Care, Intra Natal Care and Post Natal care	Yes	Yes*	Yes*	No
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	Yes	No	No
Free transport – home to hospital, inter-hospital in case of referral drop back to home	 435 - 548	 803 - 542	 283 - 207	 - - -
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes
*USG facility is not available.				

5.5 Janani Suraksha Yojana

April to June' 2018	**DH**	**CHC**	**PHC**	**SHC**
No. of JSY payments made	1041	55	78	No
JSY payments are made as per the eligibility criteria indicated in JSY Guidelines	Yes	Yes	Yes	Yes
No delays in JSY payments to the beneficiaries.	Yes	Yes	No	No
Full amount of financial assistance to be given to the beneficiary before being discharged from the health facility after delivery.	No	No	No	No
Payments mode Cash-1, Cheque bearer-2, Cheque a/c payee-3, Direct transfer-4, Others (specify____) -5	4	4	4	4
Physical (at least 5%) verification of beneficiaries to be done by district level health authorities to check malpractices.	No	No	No	No
Grievance redressal mechanisms as stipulated under JSY guidelines to be activated in the district.	Yes	Yes	No	No
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	No	No

5.6 Service delivery in post natal wards

Parameters (Ask during visit to confirm the status)	**DH**	**CHC**	**PHC**	**SHC**
All mothers initiated breast feeding within one hour of normal delivery	Yes	Yes	Yes	Yes

Zero dose BCG, Hepatitis B and OPV given	Yes	Yes	Yes	Yes
Counselling on IYCF done	Yes	Yes	No	Yes
Counselling on Family Planning done	Yes	Yes	Yes	Yes
Mothers asked to stay for 48 hrs	Yes	Yes	Yes	Yes
JSY payment being given before discharge	No	No	No	No
Any expenditure incurred by Mothers on travel, drugs or diagnostics *(Please give details)*	No	No	No	No
Diet being provided free of charge	Yes	Yes	Yes	No

6. Child Health (April to June 2018)

6.1 Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU		**DH**	**CHC**	**PHC**	**SHC**
Whether SNCU / NBSU exist. (Yes/No)		Yes	-	-	-
Necessary equipment available (Yes/No)		Yes	-	-	-
Availability of trained MOs		3	-	-	-
No. of trained staff nurses		19	-	-	-
No. of admissions	Inborn	147	-	-	-
	Out Born	293			
No. of Children	Cured	363	-	-	-
	Not cured	-			
	Referred	26			
	Others (death)	53			
	LAMA	2			

6.2 Nutrition Rehabilitation Centre

NRC	**DH**	**CHC**
No. of functional beds in NRC	10	10
Whether necessary equipment available	Yes	Yes
No. of staff posted in NRC FD/ANM and other	8	5
No. of admissions with SAM	77	62
No. of sick children referred	1	5
Average length of stay	29	12

6.3 Immunization (April to June 2018)

Immunization	**DH**	**CHC**	**PHC**	**SHC**
BCG	1478	363	118	16
Penta1	271	42	13	12
Penta2	235	49	12	12
Penta3	204	39	9	11
Polio0	1478	363	118	16
Polio1	271	42	13	12
Poli02	235	49	12	12
Polio3	204	39	9	11
Hep 0	1452	212	118	16
Measles1	200	42	20	14
Measles2	133	42	18	4
Rotavirus1	271	42	13	12
Rotavirus2	235	49	12	11
Rotavirus3	204	39	9	11
DPT booster	133	42	18	4

Immunization	**DH**	**CHC**	**PHC**	**SHC**
Polio Booster	133	42	18	4
No. of fully vaccinated children	190	42	20	14
ORS / Zinc	Yes	Yes	Yes	Yes
Vitamin – A	Yes	Yes	Yes	Yes
No. of immunisation sessions planned	90	30	12	12
No. of immunisation sessions held	90	30	12	12
Maintenance of cold chain. Specify problems (if any)	No	No	No	No
Whether micro plan prepared	Yes	Yes	Yes	Yes
Whether outreach prepared	Yes	Yes	Yes	No
Stock management hindrances (if any)	No	No	No	No
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes

6.4 Rashtriya Baal Swathya Karyakram

(No. of children referred by RBSK team for treatment) CHC Ghodadongri

No. of Children Screened (In Number)	**Screened**	**Identified with problems**	**Referred higher facility**	**No. of RBSK team available in Block with staff**
Age group				Two team available at CHC Ghodadongri with two MO and two Pharmacists available. Two MOs and ANMs post are vacant at CHC.
0-6 weeks	1655	170	6	
6 weeks-6 years	3267	473	21	
6 -18 years	2214	554	1	
Total	7136	1197	28	

6.5 Number of Child Referral and Death 1 April-June' 2018

Child Health	**DH**	**CHC**	**PHC**	**SHC**
No. of Sick children referred(up to age 5)	15	2	1	0
No. of Neonatal Deaths	43	0	0	0
No. of Infant Deaths	4	0	0	0

7. Family Planning

Family Planning (Give Numbers from 1 April- 30 June'2018)	**DH**	**CHC**	**PHC**	**SHC**
Male Sterilization (VT+NSV)	2	-	-	-
Female Sterilization (CTT+LTT)	55	115	19	-
Minilap sterilization	-	-	-	-
IUCD	11	4	-	6
PPIUCD	195	28	-	11
Condoms	1728	1048	146	34
Oral Pills	194	957	61	26

8. Quality in Health Services

8.1 Infection Control

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

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

8.2 Biomedical Waste Management

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

8.3 Information Education Communication (IEC)

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

8.4 Quality Parameter of the facility

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

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

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

	DH	CHC	PHC
Number of ambulances			
108/ Janani Express	2*	2	1
108 (Emergency)	2*	1	-
Other	2	-	-
MMU	-	-	-
Mortuary Vehicle	-		
*Referral transport service is centralized at state level.			

10. Community processes

10.1 Accredited Social Heath Activist

ASHA	**CHC**	**PHC**	**SHC**
Number of ASHA required	3	1	No
Number of ASHA available	3	2	8
Number of ASHA left during the quarter	No	No	No
Number of new ASHA joined during the quarter	No	No	No
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	Yes	Yes	Yes
Availability of ORS and Zinc to all ASHA	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHA	Yes	Yes	Yes
Highest incentive to an ASHA during April to June, 2018	-	16600	6000
Lowest incentive to an ASHA during April to June, 2018	-	6100	441
Whether payments disbursed to ASHA on time	Yes	Yes	Yes
Whether drug kit replenishment provided to ASHA	Yes	Yes	Yes
ASHA social marketing spacing methods of FP	No	No	No

11. Disease Control Programmes

Disease Control	**DH**	**CHC**	**PHC**	**SHC**
National Malaria Control Programme				
Number of slides prepared	1837	6554	45	400
Number of positive slides	6	7	0	0
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	Yes	Yes
Availability of drugs	Yes	Yes	Yes	-
Availability of staff	Yes	Yes	No	-
Revised National Tuberculosis Programme (RNTCP)				
Number of sputum tests	548	145	399	20
No. of positive tests	95	13	16	0
Availability of DOT medicines	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	Yes	Yes	Yes	-
Timely payment of salaries to RNTCP staff	Yes	Yes	Yes	-
Timely payment to DOT providers	Yes	Yes	Yes	-
National Leprosy Eradication Programme (NLEP)				
Number of new cases detected	-	6	0	-
No. of new cases detected through ASHA	-	1	0	-
No. of patients under treatment	-	11	2	-

12. Non Communicable Diseases

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

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

Record	DH	CHC	PHC	SHC
OPD Register	C	M1	M1	M1
IPD Register	C	M1	M1	M1
ANC Register	P1	P1	P1	M1
PNC Register	P1	P1	P1	P1
Indoor bed head ticket	-	-	-	-
Line listing of severely anaemic pregnant women	P1*	P1*	P1*	P1*
Labour room register	P1	P1	P1	P1
Case sheet	P1	P1	P1	P1
FP-Operation Register (OT)	M1	3	3	
OT Register	M1	M1	3	
FP Register	M1	M1	M1	M1
Immunisation Register	P1	P1	P1	P1
Updated Micro-plan	P1	P1	P1	P1
Blood Bank stock register	P1	3		
Referral Register (In and Out)	P1	P1	M1	M1
MDR Register	P1	M2	3	3
Infant Death Review and Neonatal Death Review	P1	M1	3	3
Drug Stock Register	3[#]	P1	P1	3
Payment under JSY	P1	P1	3	3
Untied funds expenditure (Check % expenditure)	-	-	-	-
AMG expenditure (Check % expenditure)	-	-	-	-
RKS expenditure (Check % expenditure)	P1	-	-	-

*Line listing of severely anaemic data entry in ANC register and SHC data entry in high risk register. [#]State Audit team visited DH and took drug store register with them so during the PRC team visit we are not able to verify the register.

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

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

15. Additional and Support Services

Services	**DH**	**CHC**	**PHC**
Regular Fogging (Check Records)	Yes	No	No
Functional Laundry/washing services	Yes*	Yes	Yes
Availability of dietary services	Yes	Yes	Yes
Appropriate drug storage facilities	Yes	Yes	Yes
Equipment maintenance and repair mechanism	Yes	Yes	Yes
Grievance Redressal mechanisms	Yes	Yes	No
Tally Implemented	No	No	No
*Laundry services are outsourcing. # Equipment maintenance is centralized system through AIM Bhopal.			

List of Acronyms

AFHS	**Adolescent Friendly Health Clinic**
AHS	**Annual Health Survey**
AMC	**Annual Maintenance Contract**
AMG	**Annual Maintenance Grant**
ANC	**Anti Natal Care**
ANM	**Auxiliary Nurse Midwife**
ARSH	**Adolescent Reproductive and Sexual Health**
ART	**Anti Retro-viral Therapy**
ASHA	**Accredited Social Health Activist**
AWW	**Aanganwadi Worker**
AYUSH	**Ayurvedic, Yoga, Unani, Siddha, Homeopathy**
BAM	**Block Account Manager**
BCM	**Block Community Mobilizer**
BEmOC	**Basic Emergency Obstetric Care**
BMO	**Block Medical Officer**
BMW	**Bio-Medical Waste**
BPM	**Block Programmer Manager**
BB	**Blood Bank**
BSU	**Blood Storage Unit**
CBC	**Complete Blood Count**
CD	**Civil Dispensary**
CEA	**Clinical Establishment Act**
CEmOC	**Comprehensive Emergency Obstetric Care**
CH	**Civil Hospital**
CHC	**Community Health Centre**
CMHO	**Chief Medical and Health Officer**
CS	**Civil Surgeon**
CTT	**Conventional Tubectomy**
DAO	**District AYUSH Officer**
DAM	**District Account Manager**
DCM	**District Community Mobilizer**
DEIC	**District Early Intervention Centre**
DEO	**Data Entry Operator**
DH	**District Hospital**
DIO	**District Immunization Officer**
DM	**District Magistrate**
DMC	**Designated Microscopic Centre**
DMO	**District Malaria Officer**
DOT	**Direct Observation of Treatment**
DPM	**District Programmer Manager**
DTO	**District Tuberculosis Officer**
EAG	**Empowered Action Group**
EC Pills	**Emergency Contraceptive Pills**
EDL	**Essential Drugs List**
EmOC	**Emergency Obstetric Care**
ENT	**Ear, Nose, Throat**
FP	**Family Planning**
FRU	**First Referral Unit**
GOI	**Government of India**
HFW	**Health & Family Welfare**
HIV	**Human Immuno Deficiency Virus**
HMIS	**Health Management Information System**
HPD	**High Priority District**
ICTC	**Integrated Counselling and Testing Centre**
IDR	**Infant Death Review**
IEC	**Information, Education, Communication**
IFA	**Iron Folic Acid**
IMEP	**Infection Management Environmental Plan**
IMNCI	**Integrated Management of Neonatal and Childhood illness**
IMR	**Infant Mortality Rate**
IPD	**Indoor Patient Department**
IPHS	**Indian Public Health Standard**
IUCD	**Copper (T) -Intrauterine Contraceptive Device**
JE	**Janani Express (vehicle)**
JSSK	**Janani Shishu Surksha Karyakram**
JSY	**Janani Surksha Yojana**
LBW	**Low Birth Weight**
LHV	**Leady Health Visitor**
LSAS	**Life Saving Anaesthesia Skill**
LSCS	**Lower Segment Caesarean Section**
LT	**Lab Technician**
LTT	**Laparoscopy Tubectomy**
MCH	**Maternal and Child Health**
MCP Card	**Mother Child Protection Card**
MCTS	**Maternal and Child Tracking System**
MDR	**Maternal death Review**
M&E	**Monitoring and Evaluation**
MMR	**Maternal Mortality Ratio**
MMU	**Medical Mobile Unit**
MP	**Madhya Pradesh**
MPW	**Multi Purpose Worker**
MSS	**Mahila Swasthya Shivir**
MO	**Medical Officer**
MoHFW	**Ministry of Health and Family Welfare**
NBCC	**New Born Care Corner**
NBSU	**New Born Stabilisation Unit**
NCD	**Non Communicable Diseases**
NFHS-4	**National Family Health Survey-4**
NHM	**National Health Mission**
NLEP	**National Leprosy Eradication Programme**
NMA	**Non Medical Assistant**
NMR	**Neonatal Mortality Rate**
NRC	**Nutrition Rehabilitation Centre**
NRHM	**National Rural Health Mission**
NSCB	**Netaji Subhash Chandra Bose**
NSSK	**Navjaat Shishu Suraksha karyakram**
NSV	**No Scalpel Vasectomy**
Ob&G	**Obstetrics and Gynaecology**
OCP	**Oral Contraceptives Pills**
OPD	**Outdoor Patient Department**
OPV	**Oral Polio Vaccine**
ORS	**Oral Rehydration Solution**
OT	**Operation Theatre**
PFMS	**Public Financial Management System**
PHC	**Primary Health Centre**
PIP	**Programme Implementation Plan**
PMU	**Programme Management Unit**
PMDT	**Programmatic management of Drug Resistant TB**
PPIUCD	**Post-Partum Intra Uterine Contraceptive Device**
PRC	**Population Research Centre**
PRI	**Panchayati Raj Institution**
PV	**Plasmodium Vivex**
RBSK	**Rashtriya Bal Swasthya Karyakram**
RCH	**Reproductive Child Health**
RGI	**Registrar General of India**
RKS	**Rogi Kalyan Samiti**
RKSK	**Rashtriya Kishore Swasthya Karyakram**
RMNCH+A	**Reproductive, Maternal, Newborn, Child Health & Adolescent**
RNTCP	**Revised National Tuberculosis Control Program**
RPR	**Rapid Plasma Reagen**
RTI	**Reproductive Tract Infection**
SAM	**Severe Acute Malnourishment**
SBA	**Skilled Birth Attendant**
SDM	**Sub-Divisional Magistrate**
SHC	**Sub Health Centre**
SN	**Staff Nurse**
SNCU	**Special Newborn Care Unit**
STI	**Sexually Transmitted Infection**
T.B.	**Tuberculosis**
TBHV	**Tuberculosis Health Visitor**
TT	**Tetanus Toxoide**
UPHC	**Urban Primary Health Centre**
USG	**Ultra Sonography**
WIFS	**Weekly Iron Folic-acid Supplementation**
VHND	**Village Health & Nutrition Day**
VHSC	**Village Health Sanitation Committee**
WCD	**Women & Child Development**

District Hospital (DH) Betul, District Betul visited on 17th & 19th July, 2018



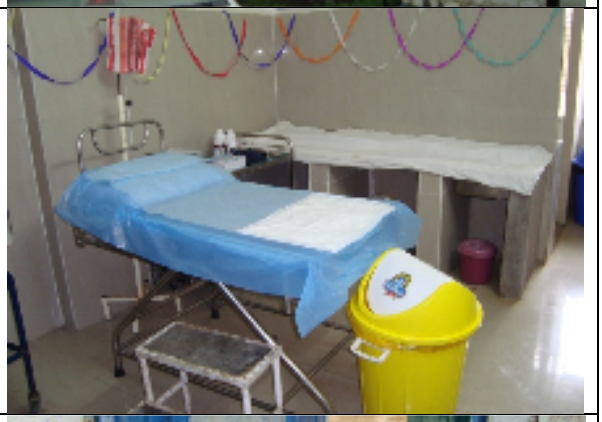





Community Health Centre (CHC) Ghodadongri, District Betul visited on 18th July, 2018

Primary Health Centre (PHC) Jhallar, District Betul visited on 19th July, 2018





Sub Health Centre (SHC) Neempani, District Betul visited on 18th July, 2018