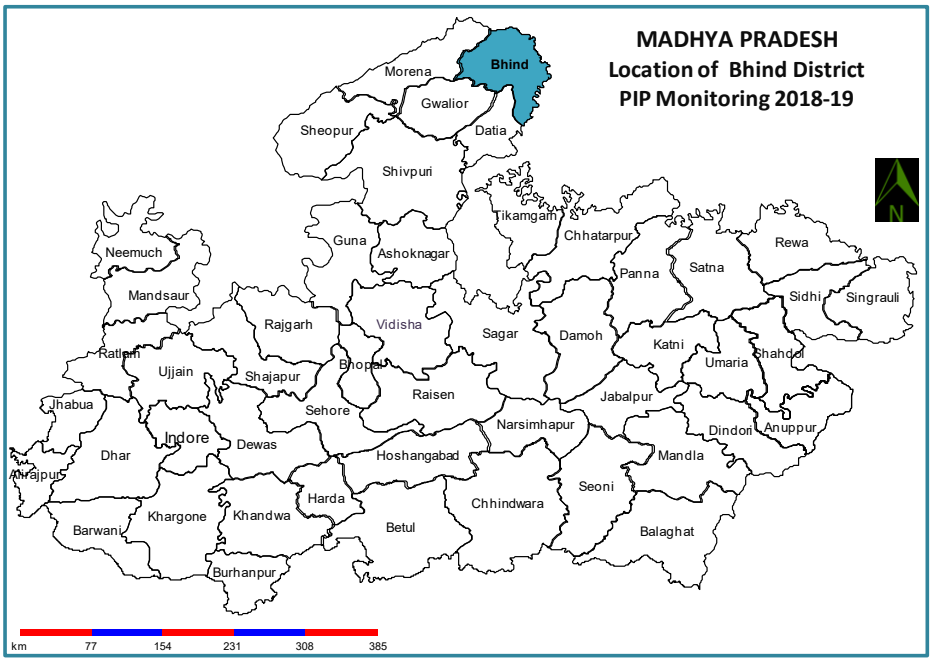
Report on Monitoring of Programme Implementation Plan (PIP) 2018-19 under National Health Mission in Madhya Pradesh

District: Bhind



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Contents

List of Acronyms

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

Report on Monitoring of Programme Implementation Plan (PIP) 2018-19 under National Health Mission in Bhind District (M.P.)

Executive Summary

For action based PIP monitoring of NHM proposed by MoHFW (GOI) a field visit was made to Bhind district in Madhya Pradesh in December, 2018. PRC Team visited District Hospital (DH) Bhind, Sub-District Hospital (SDH) Lahar, Community Health Centre (CHC) Gohad, 24*7 Primary Health Centre (PHC) Umari, and Sub-Centre (SHC) Nayagaon which is a level-1 delivery point to assess services being provided. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, human resources and programme management, and qualitative interaction with beneficiaries to ascertain quality of services. Secondary data was collected from the state web portal and district HMIS data format that was already available at the respective Programme Management Unit. Primary data was collected for the qualitative responses through interactions with the health staff during the visits to the health facilities. The reference point for examination of issues and status was for the period April-November, 2018 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. Twenty beneficiaries were interviewed ANC, delivery and child immunization services through both exit and household interviews and checklists.

- In Bhind district, DH, one SDH, 6 CHCs, 21 PHCs, 3 UPHCs and 190 SHCs are functioning from government buildings. Eighteen SHC building need renovation. Since 2014-15, the DH infrastructure has been upgraded to a great extent with improved patient amenities and proper cleanliness. Bhind district has added one PHC and 20 SHCs to its health infrastructure, while CHC Lahar has been upgraded to SDH.
- CHC Gohad which is proposed to be upgraded to SDH requires a new building. Present building and other essential infrastructure is grossly insufficient and its has not made any improvement since 2014.
- In Bhind district only one-fifth of the specialists are working against their sanctioned posts which needs to be addressed. Vacancies at district and block PMUs are observed and these need strengthening.
- HR appraisal system has many technical issues in the HRMIS portal. Employee IDs of some persons has not been generated and thus appraisal related information could not be updated on the portal resulting in non-payment of annual increment to few staffs.
- Presently, there is no exclusive maternity hospital in Bhind. A 100 bedded maternity wing is functional in DH Bhind.

- ICTC with FIART centre is functional at DH. Two counsellors are posted at the centre. Although HIV tesing is being carried out at block head quarters paucity of HIV testing kits is reported.
- Free and cashless JSSK services including drugs and consumables, diet, diagnostics, blood supply is being provided in the DH. Majority of services under JSSK are provided in CHC Gohad, PHC Umari but not at SHC Nayagaon. Except DH, other facilities have limited diagnostic services.
- A back log of 30-40 percent payments to JSY beneficiaries in Bhind district was observed due to problems of account opening faced by beneficiaries. Banks emphasize KYC for opening new accounts.
- SNCU is fully functional in Bhind DH and NBSU in CHC Gohad. Presently bonded and contractual MOs are working with special training in SNCU management. Proportion of deaths among neonates admitted in the SNCU has been reduced from 11 percent in 2014-15 to 7 percent in 2018-19.
- Although 5 NRCs are functional in Bhind district the numbers of SAM children admitted in the NRCs are fewer than the estimated number of such children in the district. To bring down the SAM rates in the district, training of AWWs and ASHAs for early identification of such children, with low nutritional status is essential.
- AYUSH services are available at DH Bhind and CHC Gohad. There is a separate drug distribution room for AYUSH medicines in DH Bhind. Although AYUSH services are physically co-located with the health facilities, they report separately to the District AYUSH Officer (DAO) and hence their OPDs are not integrated with the health facility.
- ARSH services have been integrated with the OPD services. ICTC counselor also provides services to adolescents. Medical checkup, RTI-STI services, nutrition, anemia, immunization, IFA, and pre-marital counseling, family planning services and counseling on violence, stress and depression are being provided at DH. Outreach services are being provided at CHCs, PHCs, and VHNDs.
- Display of IEC material for MCH, FP, different services available, hospital timings, phone numbers observed in the visited health facilities. Display of partographs, clinical protocols, EDL with free drug distribution caption was observed in all the visited facilities.
- Referral transport services are very limited in the district. All the delivery points are not covered through referral transport services. Bhind district has 14 Janani Express with central call centre system for transporting pregnant mothers and sick children.
- Skill enhancement is a continuous process and majority ASHAs are trained on module 6 and 7 in the district. All six blocks in the district have a BCM but the post of DCM lies vacant. VHNSCs are functional in 925 villages with running accounts. A single window payment system for ASHAs has been implemented by the state.
- The RKS funds are being maintained and updated at DH Bhind but records of untied funds and AMG for facilities and VHSNCs in the periphery are centrally maintained at block level by the concerned BMO. Training on record maintenance is essential.

- RCH Portal has started registering mothers, children and eligible couple but updation of services is still facing technical challenges, improper reporting mechanism and lack of training to DEOs.
- Under NHM major renovation have taken place in SDH Lahar, CHCs at Gohad, Mehgaon, and Raun and PHCs at Umari and Phoop.
- Bhind district has revamped various health infrastructures under Kayakalp programme in the last three years. DH has received first prize of Rs.20 lakh under Kayakalp and in the subsequent year award of continuation under Kayakalp.
- Under Kayakalp, building renovation, developing gardens in the premises, construction of quarters, renovation of OT, toilet, post portem room, maternity ward and mother ward has been completed at DH. Bio-toilets have been installed at CHC Ater, Raun and Mihona. Ten residential quarters are proposed at SHC Nayagaon and CHC Gohad.
- Bhind district has proposed 21 Health and Wellness Centres including UPHC Bhawanipura. PHC Umari has been designated as HWC.
- Programme-wise PIP is now approved for every district by the state as a flexi pool envelope. District does not prepare any PIP specific to its requirements.
- BMO has now been given financial powers to utilize budget for IEC, vehicle and staff salary etc.
- The bed strength of DH has been increased to 400 beds from the present 300 beds functional. DH has got Kayakalp award in 2015-16 and in 2016-17 it received incentive for maintaining peer assessment score of 90% and above.
- DH ranking has not yet initiated. No team from NITI Aayog has visited DH so far.
- DH has been preparing for LaQshya assessment for the year 2017-18. DH has got overall 96% marks in NQAS ranking including 93% for labour room and 80% for OT.
- Presently SDH has 31 functional beds – Emergency (7), General (4) and ANC/PNC (20).
- For residential purpose, SDH has very limited staff quarters. Almost all the staff quarters have been declared as condemned. Construction of 11 staff quarters has been sanctioned.
- Under DOTs 805 patients have been tested and 99 were found positive including 17 MRD TB patients. Referral for suspected TB patients through ASHA and MPW is low. Training is required for LT posted at PHC Daboh. This will benefit more patients in the block. Every TB patient is provided Rs.500 for nutritional support and the money is transferred through DBT.
- For RBSK services two teams are placed in the Gohad block. Total three MOs and two ANMs are working in the team. Both the teams do not have pharmacist in position. RBSK services are monitored through CHETNA App. RBSK MOs informed that with this app supervision and follow-up has improved. BRSK teams have also been given additional responsibility of services related to WIFS, NIPI, vaccination, GAK, Dastak, MAS, Leprosy and TB programme. Referral transport support is required for patients screened by the RBSK teams, since many patients do not take the treatment due to high

out-of-pocket expenditure on transportation and stay at referral hospital during treatment.

- NRC at CHC Gohad has 10 beds but bed occupancy remains low throughout the year, except in summer season, since many families go for labour jobs to other places and thus do not want to bring their children to NRC. Every year 2-3 children are readmitted to the NRC due to reoccurrence of severe weight loss due to malnourishment. Since October, 2018 incentive to mother of the child has been reduced to Rs.1680 from Rs.2660. This has also reduced admission in the NRC.
- Cold chain provides vaccine to 25 SHCs through AVD and cover 1.84 lakh population. CHC has two ILRs and two deep-fridge for maintaining cold chain.
- Since April 2018, 23 MDR TB patients have been identified by the TU at Gohad. The TU in-charge informed that the revised MDR short-term treatment regime of 9 months duration has shown increase in the cure rate of MDR TB. Surveillance has improved and Nikshay software has been streamlined to proper reporting of patient history as well as drug distribution. Under the new guidelines, mobile number of each patient is mandatory for registering in the DOTS. This ensures proper follow-up and close surveillance.
- PHC Umari provides only primary care to the out patients and in-patients are admitted for day care services. Only PNC women are advised to stay at the PHC for 48 hours. PHC has limited space for in-patient services.
- This PHC has been upgraded to Health and Wellness Centre (HWC). It has added services related to NCD. MO is trained for providing NCD and accordingly drugs are also supplied for NCD patients. No staff nurse is trained for NCD. Only symptomatic diagnosis and primary management of NCD is available at the PHC. Patients are referred to higher facility for further diagnosis and after confirmation of presence of NCD, follow-up treatment is continued at PHC.
- SHC building has been renovated in 2013. It functions as delivery point since its inception. There are three ANMs posted at the SHC. Although SHC has 12 villages in its catchments, but it caters to the delivery cases from about 25 nearby villages due to poor connectivity to PHC and other higher health facilities.
- SHC received untied grant of Rs.10000 in 2015, since then no untied grant received. ANM informed that utilization of untied grant was not submitted and therefore subsequent grant has not been released. ANM has not maintained any details of untied grant expenditure.
- For cleaning purpose, one sweeper has been deputed from PHC Umari through RKS. Payment is made by PHC, Umari and consumable are arranged from SHC.
- Weekly contraceptive pill “Chhaya” has been introduced at the SHC and there are 13 users registered at present.
- All the JSSK services are not available at the SHC. Only free delivery, medicine and consumables are provided at the SHC.

Action Points

- In 2016, 50 new SHCs have been sanctioned in the district. These SHCs are functioning notionally and served by staffs from nearby SHCs. New building and posting of new staffs is required urgently at these new SHCs.
- It is observed district authorities do not have updated information about number of sanctioned posts. This issue should be addressed and updated information about regular and contractual staffs should be uploaded on the state health portal under mandatory disclosure.
- All mothers in the PNC ward and in the NRC should be taught about using growth chart given in the MCP card and about monitoring of growth of their child during routine AWC visits.
- The SNCU data is reported separately but it is not captured in HMIS. Therefore, neonate and infant death reporting in HMIS should be matched with the SNCU reports at DH. All the neonatal and infant deaths, particularly reported among outborns at SNCU, should be reviewed at community level.
- Most of the community services other than maternal and child health services are also being recorded by ASHAs which in turn has to be reported in HMIS or other programme specific reporting channels. ASHAs should be oriented about proper recording of services provided in the community and the same should be reported in the HMIS by SHCs and PHCs.
- Block level officials need to be oriented more frequently to resolve issues related to financial management platform "E-vitta". Pendency of payments of JSY, JSSK, FP incentives and other infrastructure related payments need to be addressed at the earliest.
- Training of field staffs on ANMOL platform for capturing data on RCH services is required. Robustness of hardware and software for AMNOL is required. State should provide specification of required hardware (tablet) to be procured for ANMOL.
- Changes in guidelines or directives pertaining to financial incentives under Mukhyamantri Sharmik (Prasuti Sahayata) Yojana of GoMP, increased payments to ASHAs (as per GOI directives) should be communicated promptly to block level officials along with necessary directives on availability of funds. Grievances pertaining to delay in payments, identification of beneficiaries etc. should be addressed properly.
- IEC in needed to promote Ayushyaman Bharat programme. Adequate support mechanism in the form of help-desk may be created at DH, SDH and CHCs for facilitating beneficiaries regarding registration process and availing benefits. Ayushyaman Bharat Mitra need to be appointed at the earliest. More beneficiary registration centres are needed in the in the district.
- There are many court cases from regular employees against the establishment. One legal expert should be appointed at the divisional level to respond to all the court cases. Similar arrangements for NHM staffs have also been made at state level.

- Continuity of cleanliness and security services need to be ensured at all the health facilities as per the guidelines issued by the state government. Frequent changes in directives for out-sourcing of cleanliness and other support services should not be made to avoid disruption of support services at the health facilities.
- Multi-tasking of DEOs for reporting of various health programmes should be supported with periodic orientation of all the DEOs. District M&E officer and all the programme nodal officers need to be given responsibility of proper data reporting and training of DEOs.
- Specialist staff of ICU services and infrastructure support for AYUSH in-patient services needs to be provided at the DH.
- DH Bhind requires more lab technicians for catering increasing number of services and to maintain quality of pathological investigations. Blood bank requires blood collection / mixer monitor unit for regulating blood collection quantity during blood collection camp.
- Blood storage unit at SDH Lahar requires trained staffs to make BSU functional. A homeopathic dispensary is functional in the dilapidated old building adjacent to the SDH. This should be shifted to the SDH building which has sufficient space to accommodate the AYUSH dispensary. This will benefit patients.
- SDH Lahar has 10 KW solar plant which is not functional due to improper installation. This need urgent attention for effective utilization of solar energy system.
- Pathology lab at SDH Lahar should be redesigned and need more space as per the requirements. Auto analyser for CBC is required for the lab. HIV testing kits should be supplied in adequate quantity. Printed stationery and registers for maintaining lab records need to be supplied. One more lab technician is also required.
- The new x-ray machine at SDH Lahar requires periodic maintenance. X-ray machine has some oil leakage problem. AERB certification is awaited.
- CHC Gohad requires hydraulic labour table, laryngoscope and suction machine in the casualty ward. CHC also need more staff nurses for smooth functioning.
- Pathology lab at CHC Gohad requires Bio-chemistry analyser, CBC machine and Refrigerator. One more LT exclusively for ANC cases is also required.
- Newly posted MOs at SDH Lahar and PHC Umari need orientation about health facility management and data reporting and monitoring. Induction training is required for both the MOs effective management of services.
- Security arrangements at the periphery level health facilities need urgent attention to ensure safe and secure working atmosphere.
- PHC Umari requires additional rooms for providing all the services offered under health and wellness centre. Separate minor OT and in-patient wards for general patients are required.
- There is a need to rationalize the supply of drugs as per EDL and availability of service providers. At PHC Umari and SHC Nayagaon staffs have suggested that supply of medicines should be based on demand and consumption.

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1. Introduction

For action based PIP monitoring of NHM proposed by MoHFW (GOI) a field visit was made to Bhind district in Madhya Pradesh in December, 2018. PRC Team visited District Hospital (DH) Bhind, Sub-District Hospital (SDH) Lahar, Community Health Centre (CHC) Gohad, 24*7 Primary Health Centre (PHC) Umari, and Sub-Centre (SHC) Nayagaon which is a level-1 delivery point to assess services being provided.

This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Bhind district. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management and status of HMIS and RCH Portal data and interaction with beneficiaries to ascertain quality of services. The report also provides critical insight and action points based on information collected from the service providers and programme managers during the visits to different health facilities in the district. Primary data was collected for the qualitative responses through interactions with the health staff during the visits to the health facilities. Secondary data was collected from the state web portal and district HMIS data that was already available at the respective programme management unit (PMU).

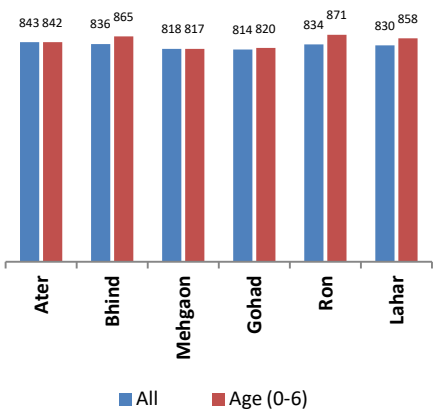
The reference point for examination of issues and status was for the period April-November, 2018 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. Twenty beneficiaries were interviewed ANC, delivery and child immunization services through both exit and household interviews and checklists.

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). Two more districts, Alirajpur and Niwadi, are newly formed after 2011, makes the total 52 districts in the state now.
- Bhind district is located in Chambal division of Madhya Pradesh in the northwest of the state. It is bounded by Agra, Etawah, Jalaun and Jhansi districts of Uttar Pradesh state to

the north and the east, and districts of Datia to the south, Gwalior to the southwest, and Morena to the west in Madhya Pradesh.

- The district has a population of 1.70 millions of which 4.33 lakh (25 percent) reside in urban areas. It represents 2.3 percent of the total population of M.P. It is divided into 8 tehsils (Bhind, Ater, Mehgaon, Gohad, Mihona, Lahar, Raun and Gormi) and 6 development blocks (Bhind, Gohad, Mehgaon, Ater, Raon and Lahar).
- There are 2 municipalities and 9 nagar panchayats and a census towns in the district. As per census 2011, Bhind has 937 villages, out of which 890 are inhabited and 47 are uninhabited villages. Population wise largest town is Bhind having population 197585. Bhind district has 447 Gram Panchayats.
- The district has a population density of 382 persons per sq. km as compared to 236 persons of M.P. The decal growth rate has increased from 17 in 2001 to 19 percent in 2011 (Census, 2011). Female literacy rate in the district has increased by eight percentage points from 55 percent in 2001 to 63 in 2011 which is close to the average female literacy rate of the state (64 percent).



Key Socio-Demographic Indicators

Sr.	Indicator	MP		Bhind	
		2001	2011	2001	2011
1	No. of Districts	45	50	--	--
2	No. of Blocks	333	342	6	6
3	No. of Villages	55393	54903	935	937
4	No. of Towns	394	476	11	12
5	Population (Million)	60.34	72.52	1.43	1.70
6	Decadal Growth Rate	24.3	20.3	17.2	19.3
7	Population Density (per km^2)	196	236	320	382
8	Literacy Rate (%)	63.7	70.6	70.5	75.3
9	Female Literacy Rate (%)	50.3	60.0	55.2	63.1
10	Sex Ratio	919	930	829	837
11	Sex Ratio (0-6 Age)	918	912	832	842
12	Urbanization (%)	26.5	27.6	23.7	25.4
13	Scheduled Caste Population (%)	15.2	15.6	21.5	22.0
14	Scheduled Tribe Population (%)	20.3	21.1	0.5	0.4

Source: Census of India 2001, 2011 various publications, RGI

- Bhind district has lowest sex-ratio in the state. The sex ratio of Bhind is 837 females per 1000 males in comparison to 930 for M.P. state. The child sex ratio has slightly improved from 832 in 2001 to 842 in 2011, but it is much lower than the child sex ratio of the state (912/1000). As per latest round of NFHS (2015-16) sex ratio at birth of the Bhind district is abysmally low at 821 females per 1000 males.

- The latest round of Annual Health Survey (AHS 2012-13) for M.P. reveals that IMR of Bhind district is lower than the state average (M.P.62 percent; Bhind:54). Neonatal mortality rate is also lower than the state average (M.P.42 percent; Bhind: 31). Maternal mortality ratio is 215/100000 live births in Chambal division as compared to 227 for M.P.

Key Health and Service Delivery Indicators				
Sr.	**Indicator**		**MP**	**Bhind**
1	Infant Mortality Rate	2010-11	67	53
		2011-12	65	53
		2012-13	62	54
		(NFHS-4) 2015-16	51	--
2	Neonatal Mortality Rate	2010-11	44	29
		2011-12	43	30
		2012-13	42	31
3	Post Neonatal Mortality Rate	2010-11	22	23
		2011-12	21	23
		2012-13	21	23
4	Maternal Mortality Ratio*	2010-11	310	311
		2011-12	277	279
		2012-13	227	215
		(SRS^) 2014-16	173	--
5	Sex Ratio at Birth	2010-11	904	877
		2011-12	904	879
		2012-13	905	880
		(NFHS-4) 2015-16	927	821
6	Expected number of Pregnancies for 2018-19		2247032	48057
7	ANC Registration Upto Nov.' 2018		1284450	30384
8	1st Trimester ANC Registration (%) Upto Nov.' 2018		63.3	51.6
9	OPD cases per 10,000 population Upto Nov.' 2018 (82680045)		4583	5492
10	IPD cases per 10,000 population Upto Nov.' 2018		365	335
11	Estimated number of deliveries for 2018-19		2042751	43688
12	SBA Home Deliveries (%) Upto Nov.' 2018		11.4	13.5
13	Reported Institutional Deliveries (%) Upto Nov.' 2018		94.4	97.2
14	Postnatal Care received within 48 Hrs. after delivery	2010-11	74.2	82.1
		2011-12	77.8	79.6
		2012-13	80.5	79.8
		(NFHS-4) 2015-16	55.0	45.7
15	Fully Immunized Children age 12-23 months (%)	2010-11	54.9	44.9
		2011-12	59.7	59.3
		2012-13	66.4	71.3
		(NFHS-4) 2015-16	53.6	51.0
16	Unmet Need for Family Planning (%)	2010-11	22.4	27.6
		2011-12	21.6	19.0
		2012-13	21.6	21.4
		(NFHS-4) 2015-16	12.1	13.8

**For Chambal Administrative Division comprising three districts –Bhind, Morena, Sheopur*
Source: Sr. 1-5 and 14-16: Annual Health Survey and NFHS-4, SRS; Sr.6-13:HMIS; ^ MP and CG combined, http://www.nhmmp.gov.in/HMIS_HealthBulletin.aspx

- As per NFHS-4, unmet need for family planning is 13.8 percent which has decreased considerably since 2012-13 (AHS). Nearly half of the children in age 12-23 months are not fully immunized in the district as per NFHS-4.

3. Health Infrastructure in the District

- Bhind district has 222 public health facilities. It has one DH, one SDH, six CHCs, 21 PHCs, three UPHCs and 190 SHCs. All these health facilities are functioning from government buildings. Additionally, 50 new SHCs have been sanctioned in 2016, however, none of these SHCs have own building and are functioning notionally and served by staffs from nearby SHCs. District has limited public health infrastructure in terms of secondary and tertiary care services including specialists and referral services. Majority institutions are not fully equipped for providing all the designated health services.
- Bhind district has 48 Ayurvedic and 9 Homeopathic dispensaries providing AYUSH services. DH Bhind is the only health facility where AYUSH services are co-located. However, there is no in-patient facility for AYUSH services in the DH.
- Bhind district has 666 beds in its public health facilities. Presently, DH Bhind is a 300 bedded hospital with high patient load for both OPD and IPD services. Upgradation off DH to a 400 bedded facility has been sanctioned. Construction of additional wards, required infrastructure and HR is proposed as per sanctioned beds strength in the DH.
- Data on availability of bed strength in the public health facilities on the state web portal http://www.health.mp.gov.in/institution/insti/summary.htm (as on 30.11.2018) shows 686 beds in Bhind district which is not updated.
- Five CHCs are 30 bedded whereas CHC Gohad has 60 beds. Seven PHCs providing delivery services are 6 bedded and the visited PHC Umari has additional 6 beds. Five SHCs are functional as Level 1 delivery point, have two beds each while SHC Nayagaon has 5 beds. The bed capacity in the district is insufficient according to the required norm of 500 beds per 1 lakh population.
- There are 23 designated delivery points, out of which five are L-1 (PHC-1, SHC-4), 15 are L-2 (SDH-1, CHC-6, PHC-8) and DH and CHC Gohad are the two L-3 delivery points. All of these delivery points are not actually functioning as per their designated status. CHC Gohad does not have facility for caesarean section delivery due to non availability of all the required specialists. It has a functional blood storage unit. Critical emergency cases of pregnancy and other health conditions are referred to DH.
- DH Bhind has 10 staff quarters for specialists and MOs and 10 staff quarters for other support staffs in the DH premises. Construction of 10 more staff quarters are in progress.

Majority of the existing quarters are very old and not in inhabitable condition requiring major renovation. SDH Lahar has six quarters all of them are declared condemned by the PWD. However, MOs and support staffs are still occupying them. Recently, construction of 11 new staff quarters is sanctioned for the SDH.

- CHC Gohad has very old staff quarters and occupied by support staffs. Two newly constructed staff quarters are used for store purpose and an old quarter is used as BPMU office and RNTCP lab. One quarter is being used for residential purpose by the BMO.
- PHC Umari has one MO quarter and two quarters for SNs. Many of the staff quarters at the visited facilities are not in good condition. The number of residential quarters for staffs is few compared to the actual requirements in the visited facilities. SHC Nayagaon has been renovated recently. It is observed that none of the visited health facility in the district has any information about infrastructure MIS to be reported under HMIS.

Number of Designated Delivery Points, Bhind

Block	Population (Census 2011)	Delivery Point Level		
		L-1	L-2	L-3
Ater	238557	0	3	0
Bhind	216234	2	2	1
Mehgaon	284941	1	3	0
Gohad	237740	1	2	1
Raon	121379	1	2	0
Lahar	178724	0	3	0

- In the year 2017 state government has initiated restructuring and relocation of PHCs having no allopathic doctors by co-locating available AYUSH dispensary with them in order to utilize available infrastructure of such PHCs and to provide minimum basic health services from such PHCs by providing additional training to AYUSH doctors.
- In M.P. 91 PHCs are identified for co-location with government AYUSH dispensaries (GAD) and another 130 GADs will be merged with the existing PHCs. Such PHCs have been renamed as “Integrated PHCs-cum-AYUSH dispensary”. In Bhind district five such integrated PHCs (Pipari, Macchhand, Gormi, Aentahar and Kanera) are proposed. Merger of these PHCs and respective AYUSH dispensary is yet to take place as relevant orders are still awaited.

- DH has four separate OTs for Gynaecology, General surgery, trauma and emergency, and ophthalmic surgery. There are 10 private wards / room which have daily rent of Rs. 900 for AC rooms and Rs. 500 for Non-AC rooms.
- There are 11 SHCs in the catchments areas of PHC Umari. MO informed that building of SHC Pulewali is encroached with unauthorized construction.

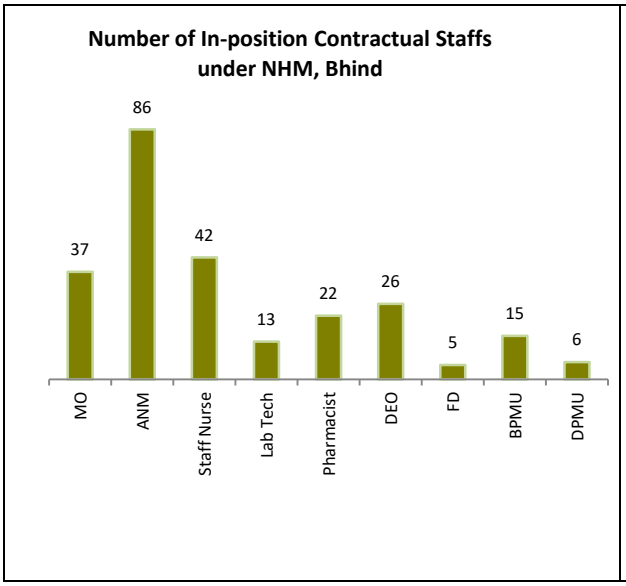
4. Human Resources

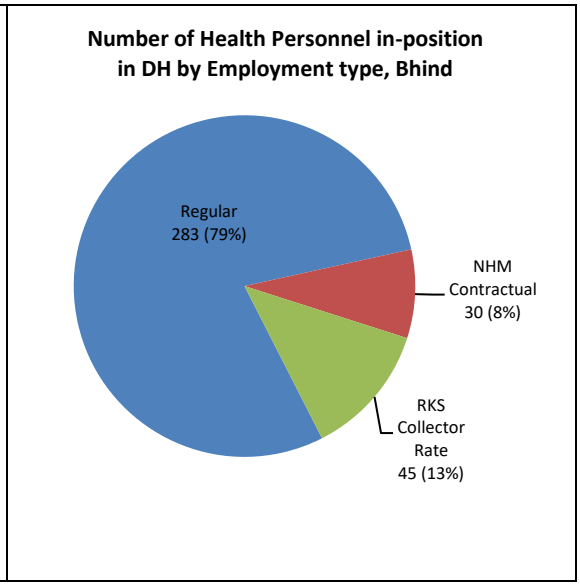
- Human Resource (HR) for health is grossly insufficient in the district, not only as per population norms but in terms of requirements for different health services and various national health programmes.
- For effective deployment of health services providers at various health care facilities the state government has initiated the process of consolidating and compiling information about each employee working in the health department in the HRMIS.
- District-wise information about availability of both regular and contractual employees has been uploaded on http://www.nhmmp.gov.in/ WebContent/md/HR/Regular-Facility-Wise.xls and http://www.nhmmp.gov.in/WebContent /md/HR/Contractual-Facility-Wise.xls (accessed on 30.11.2018) respectively. It is important to mention that listing of contractual employees is given health facility-wise, whereas that of regular employees the list is consolidated for the whole district and facility-wise deployment cannot be ascertained.
- As per the information on the HR portal, 1002 regular and 287 contractual employees are in-position in the Bhind district. As per the data provided by the DPMU, Bhind there are 647 regular and 263 NHM contractual staffs in-position in the district.
- Work appraisal of all the contractual staffs under NHM has been linked with the HRMIS and the process has been made more transparent.
- Ideally as per the requirements of mandatory disclosure under NHM, facility-wise HR information should be provided in the following format.

Mandatory Discloser under NHM, HR Line listing									
District	**Block**	**facility**	**FRU/NFRU**	**Facility Name**	**Designation**	**No. of sanctioned**	**Post in position**	**Name of staff**	**Regular/ contract**
1.									
2.									

- Recently the state government has upgraded various health institutions and accordingly sanctioned additional regular posts for these health institutions. It is observed district authorities do not have updated information about number of sanctioned posts. This issue should be addressed and information about HR should be uploaded on the portal under mandatory disclosure.
- The annual report of the health department http://www.health.mp.gov.in/iec.htm mentions only number of sanctioned and in-position specialist and medical officers in the state. Details about various specialists and medical officers including their place of posting are not available in the public domain.
- Distribution of HR in the visited health facilities against sanctioned posts is as follows:

HR Position	DH	SDH, Lahar	CHC Gohad	PHC Umari	SHC Nayagaon
Sanctioned	388	60	--	--	2
In-position (Regular)	283	37	47	9	2
In-Position (Contractual-NHM)	30	21	25	6	1
In-Position (Contractual-RKS)	45	--	--	2	1





- DH has 19 specialist / PGMOs in-position against sanctioned strength of 34 posts. Key specialists - Medicine, Gynaecology, ENT, Pathology and Ophthalmology are not in-position. There are 32 medical officers in-position against 23 sanctioned posts.
- SDH Lahar is headed by a medical officer. No specialist is available at the SDH. In CHC Gohad two specialists for paediatrics and anaesthesia, and three MOs are in-position.

- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility. Even the office of visited health facilities could not provide proper information about sanctioned and in-position health staff. DMPU has maintained complete information about the contractual staff of the district.
- At visited health facilities many staffs are holding charge of multiple tasks. This is due to non-availability of designated staffs. Contractual staffs are also engaged in many administrative and other related works. BPM at SDH Lahar and CHC Gohad are in-charge of HMIS and RCH Portal data entry for all the health facilities of their respective blocks. At PHC Umari, an MPW is in-charge of RKS and a supervisor is in-charge of HMIS reporting for all the 11 SHCs under the PHC.
- Multi-tasking for higher positions without proper training and orientation needs attention. Medical officer at SDH, CHC and PHC are also burdened with the medico-legal cases and this severely affects routine services.
- Due to inadequate HR for various support services such as housekeeping, security, kitchen and patient transport etc. these services are affected to a certain extent. Earlier housekeeping and security services were out-sourced to private agency by the state. From this financial year all such out-sourced services are governed through RKS.
- PHC Umari has total staff of 17 personnel. This also includes a sweeper and a ward boy recruited through RKS.

Training Status/skills/ Capacity Building:

- NHM focuses on capacity building and skill upgradation of the existing staff through in-service trainings at all levels. Periodic training of health personnel is essential for providing services effectively. Status of 25 different types of trainings for various categories of staffs was sought. It is found that 'Training MIS' is not maintained for the district as a whole as well as at visited health facilities for all categories of health staffs.
- As per the information provided, medical officers, staff nurses and NRC staffs are trained in various trainings. In DH Bhind, 36 personnel are trained in SBA, IUCD and PPIUCD. Two MOs and 10 SNs are trained in NSSK, and Two MOs and eight SNs are trained in F-IMNCI.
- In SDH Lahar, 15 and 11 personnel are trained in F-IMNCI and SBA respectively. At CHC Gohad, ten personnel have received FBNC and RTI/STI related training. In totality 53 personnel are trained in providing IUCD and PPIUCD services at the visited health

facilities. There are 6 health personnel at DH and one each at SDH and CHC trained in Kayakalp programme. NCD trained personnel are available at all the visited health facilities up to PHC. All the three ANMs at SHC Nayagaon are trained in surveying household for Ayushman Bharat programme for identification of beneficiaries.

- CHC Gohad, which is a designated L-3 delivery point, does not have any CEmOC trained MO thus affecting caesarean-section delivery services.

5. Other Health System Inputs

- Availability of equipments, drugs and consumables, diagnostics and availability of speciality services are essential part of health care at all levels of health institutions. Provisioning of all these essentials needs close and continuous monitoring to ensure their supplies and upkeep.
- Number of drugs in the EDL is publically displayed at all the health facilities. However, actual availability of drugs is not displayed publically. All the visited health facilities reported about shortage or non-availability of IFA and calcium tablets and rapid diagnostic kits since last 3-6 months.
- Availability of public health services is limited in Bhind district. In DH Bhind surgery, medicine, obstetrics and gynaecology (O&B), emergency, ENT, ophthalmology, family planning services are available along with ancillary services of blood bank, pathology and radiology. A six bedded ICU is functional in DH Bhind.
- Building of Trauma care centre is used for pathology, male wards, ICTC and OPD services. In the absence of necessary HR for trauma centre, full range of emergency services are not available at the DH. Mainly primary management of burns, poisoning and other emergency services are available and critical patients are referred to GRMC, Gwalior.
- SDH Lahar has been recently upgraded from CHC. SDH has very limited services due to non-availability of specialists and paramedical as per the sanctioned staffing pattern.
- CHC Gohad has functional BSU facilities but does not provide all services as per CEmOC guidelines due to non availability of gynaecologist. USG services have been temporarily discontinued and renewal of license for USG services is awaited.

- Diagnostic facilities are limited in the district. LT is not posted at all the delivery points and many tests are not done at these pathology. DH has facilities for all the pathological investigations as per norm. It is equipped with latest equipments. More LTs are required to cater to the increasing number of patients.
- At SDH Lahar, except ECG all other pathological tests are done. At CHC Gohad, LFT test is not done and at PHC Umari urine microscopy, serum urea, cholesterol, stool examination, semen analysis, x-ray, ECG etc. tests are not available.
- AYUSH services are provided in the Bhind district through 57 AYUSH dispensaries. DH Bhind has AYUSH wing providing ayurvedic and homeopathic care services. No other visited health facilities have co-located AYUSH services.
- At CHC Gohad all equipments in the lab are calibrated while servicing and periodic maintenance.

6. Maternal Health

- Separate maternity wing is functional at the DH. It is the only tertiary care hospital for maternal health services. It has separate ANC and PNC ward each having 50 beds.
- DH is the only health facility in the district which has C-section delivery facility and providing CEmOC services. On an average every month more than 700 deliveries are conducted at DH. There were 202 C-section deliveries conducted at DH during April-November 2018, out of which 64 were conducted during 8 pm to 8 am.
- It has been observed that many women coming for ANC and PNC services are not aware of MCP cards and its importance. In this situation their services are not being updated in the new RCH portal.
- At SDH 1597 deliveries have been conducted during April-November, 2018. At the CHC 504, at PHC 174 and at SHC 107 deliveries have been conducted during this period.
- At the DH kitchen is available and food is provided as per diet chart to all the patients including pregnant women and mothers. DH has made a supervisory committee for monitoring food quality. The committee takes feedback from the patients and also check the food quality by occasionally tasting food.
- Referral transport under JSSK is provided by designated 102 or JE services. However, due to high referrals many JEs are sent to Gwalior which affects the services. There is a state level call centre for availing this service.

- JSY payments are done as per JSY guidelines through DBT. E-vitta is now used to disburse JSY payment to the beneficiary. There is pendency of 1-2 months for JSY payments to the beneficiaries. It was informed that due to some technical issues, payments are getting delayed and the issues are being resolved by the state level team.
- During April-November, 2018 there were seven maternal deaths and all were reviewed. SDH has reported three maternal death and all these deaths were reviewed.
- During PIP monitoring visit, 21 JSY/JSSK/NRC beneficiaries were interviewed to know their awareness about various services received by them. Out of 21 beneficiaries, 15 beneficiaries had come for delivery and six had come for treatment of their SAM child at NRC. It is noted that 4 beneficiaries had come for the first time at the health facility for the delivery. As many as 12 beneficiaries did not know about JSY or JSSK and its benefits and only five beneficiaries did avail free transport service to come to the health facility. At NRC, mothers did not know about cause of malnutrition and its consequences on the child. All of them were referred to the NRC by the AWW. Only two mothers knew about ORS and Zinc and five mothers were aware of danger signs of pneumonia. It is noted that mothers were not aware about the types of birth vaccination given to their child and mostly it is the care-taker or relatives of the mother who took the child for birth dose vaccination. It is important that mothers should be given thorough understanding and should be encouraged to be present during child vaccination during the stay at health facility. Similarly, all mothers in the PNC ward and in the NRC should be taught about using growth chart given in the MCP card and about monitoring of growth of their child during routine AWC visits.

7. Child Health

- In SNCU Bhind 1523 admissions and 103 deaths (6.7 percent) were reported between April-November, 2018. There were 132 referrals from SNCU to higher health facility. Majority deaths in the SNCU were attributed to respiratory distress syndrome and birth asphyxia. Out of the total deaths, majority (72 percent) occurred within three days of the birth of the child.
- Four MOs 19 SNs are working in Bhind SNCU providing round the clock services along with 9 supporting staff. The SNCU is fully equipped to take care of inborn and outborn children along with separate diagnostic facilities. Three MOs and two SNs have received

training from PGI-Chandigarh. Only one MO is trained in F-IMNCI and five SNs are trained on NSSK.

- Records of sick new-born are not well maintained at any other visited health facilities. At SDH Lahar, out of 251 newborn, 22 were referred to higher health facility. Similarly for CHC Gohad, out of 188 newborns, 19 were referred to higher facility. It is observed that majority newborns were not given any benefit under JSSK, particularly free transport.
- The SNCU data is sent separately and is not reported in HMIS. Therefore, neonate and infant death reporting is incomplete in HMIS. This anomaly should be addressed and all the neonatal and infant deaths particularly reported among outborns at SNCU should be reviewed at community level.
- Five NRCs are functional in Bhind district with total 60 beds of which DH Bhind NRC has 20 beds, and four NRCs in CHCs Gohad, Mehgaon, Lahar and Ater have 10 beds each.
- Upto November 2018, 208 SAM children were admitted in the NRC at DH, 113 at SDH and 85 at CHC. All the visited NRCs have adequate staff. Orientation of Anganwadi Workers (AWW) and ASHAs for early identification of SAM children and outreach services are essential.
- Under RBSK 30 types of ailments/deformities have been identified for early detection and treatment. For children below 6 months screening is done by the Aanganwadi centres and for others screening is carried out at school. Block level screening teams have been constituted with 4 doctors per block. Two teams comprising of two doctors each visit AWCs and schools for screening. These doctors are part of the mobile health team to identify children with problems and for referrals. They are assisted by a pharmacist and ANM.
- Block-wise status of RBSK team is given below-

RBSK Staff	Mehgaon		Lahar		Gohad		Ater		Phoop		Roun	
	Teams		Teams		Teams		Teams		Teams		Teams	
	A	B	A	B	A	B	A	B	A	B	A	B
MO	1	1	1	2	1	2	1	1	1	1	1	0
Pharmacist	0	0	0	0	0	0	0	1	0	0	1	0
ANM	0	0	0	0	0	0	0	0	0	0	0	0

- RBSK programme in the district has been severely affected due to shortage of manpower. All the blocks in the district have partial RBSK teams. In all there are only 15 staffs (MO-13, Pharmacist-2) in the whole district. RBSK MO of Phoop block has been

given charge of district RBSK coordinator and this has resulted in further reduction in staffing in the RBSK teams in the district.

- RBSK teams provide services only at schools and anganwadi centres. Teams have not done screening of 0-6 months age children for 4D's - Defects of Birth, Diseases, Deficiency and Developmental Delays. Total 128233 children age 6 month to 6 years have been screened at AWCs during April-November 2018. Out of these, 12883 children were found with various health problems.
- Process of establishment of DEIC is in progress and detailed proposal has been sent to the state for approval.
- Information regarding child morbidity and mortality is separately maintained at the DH and the CHC. At the PHC and the SHC no such data is being recorded and reported.
- Immunization services are available at all the visited health facility. Birth dose of all vaccinations are provided at visited DH, CHC and PHC. It was observed that at the CHC and PHC most of the vaccination is done at out-reach sites. Vaccination provided at out-reach sites are reported to have been provided by SHC co-located at PHC. Overall performance of the PHC gets underreported.
- Outreach immunization services in the Bhind town are provided in 39 municipal wards and four UPHCs. Total 16 ANMs provided services in 189 sessions every month.

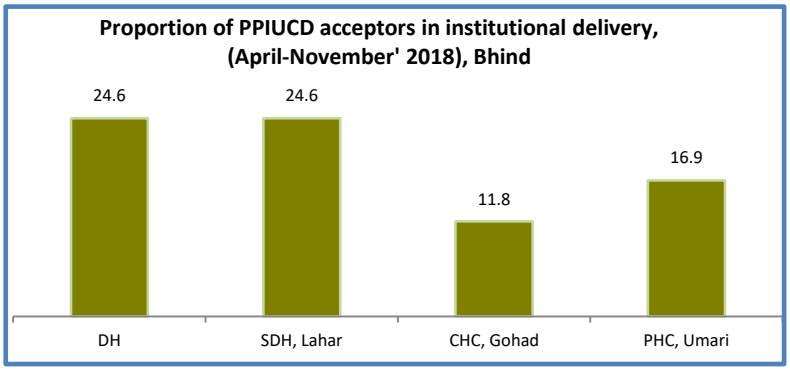
8. National Health Programmes

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

8.1 Family Planning Services:

- Bhind district provides all the family planning services for spacing as well as limiting methods. District has two LTT trained surgeons. Five NSVT surgeons are also working in the district. In DH 36 SNs have received trained in PPIUCD. In all the visited health facilities SNs are trained in PPIUCD as well as interval IUCD services.
- LTT camps are organized at visited CHC and PHC including DH during winters. DH is the only health facility where FP operations are also done on regular basis. In CHC, FP camps are organised only as per requirement.

- During April-November, 2018 there were 106 LTTs done at DH, 131 at SDH, 142 at CHC and 91 at PHC. In all 14 NSVTs have been done at DH during this period.
- During this period 1494, 394, 256 and 107 pregnant women were provided PPIUCD services at the DH, SDH, CHC and PHC respectively.



8.2 ARSH / RKSK:

- Adolescent health services are an important dimension of overall umbrella of health care services. Adolescent health is covered under two health programme; ARSH and RKSK. The two programmes supplement each other, ARSH caters to the reproductive and sexual health needs of adolescents and RKSK focuses on overall health of adolescents.
- It is observed that ARSH services have been merged with regular OPD services. All the ARSH clinics have been restructured and integrated into counselling centres named as “Swasthya Samvad Kendra (SSK)”.
- In Bhind, SSK has been established in the DH. A trained counsellor has been appointed for providing counselling services.
- Adolescents coming to the OPD need to be guided to visit SSK for further counselling.
- It is observed that sanitary napkins are in short supply at all the visited health facilities. There is no supply of sanitary napkins for SSK from the district store.
- RKSK has been launched in the state in 11 districts on pilot basis in Jhabua, Barwani, Alirajpur, Mandla, Dindori, Umaria, Shahdol, Panna, Satna, Chhatarpur and Singrauli. Under RKSK, ASHAs will be trained to provide counselling to adolescents and services will be provided in special Adolescent Friendly Health Clinic (AFC) at every VHND on

a designated day. Besides this peer educators at village level will be identified amongst adolescents to strengthen the related IEC.

8.3 Non-Communicable Diseases (NCD):

- Bhind does not have required specialist for providing all services related to NCDs. DH has designated NCD clinic. It provides services for primary management and diagnostic services for hypertension, diabetes and also primary screening for presence of breast cancer and oral cancer. Patients are referred to Gwalior for advanced diagnostic services and treatment.
- Patients visiting OPD at SDH, CHC and PHC are screened for hypertension and diabetes and provided with primary care and treatment. There is no separate NCD clinic established at these health facilities
- At present 2 staffs each at DH, SDH and PHC have received training on NCDs.

8.4 Disease Control Programme:

- Services under disease control programme are provided for Malaria, Tuberculosis and Leprosy. Required staffs are not available for all the three programmes at all levels of health institutions.
- During April-November, 2018 there are 12557, 2471, 21906, 12611 and 600 blood smears were examined for malaria at DH, SDH, CHC, PHC and SHC respectively. There were only 93, 64, 75 and 4 positive cases of malaria found at DH, SDH, CHC and PHC respectively during this period. It was observed that RD kits for malaria testing are regularly supplied and used at all the visited health facilities.
- Under RNTCP, services are available at DH, SDH, CHC and PHC. There were 1177, 1803 and 334 sputum test conducted at the visited SDH, CHC and PHC respectively. Out of these 126, 154 and 14 sputum samples were found to be positive respectively at these health institutions.
- Presently 24 leprosy patients at SDH, 22 at CHC, 4 at PHC and 3 at SHC are undergoing treatment under NLEP. Information provided by the respective health facilities show that 47 new cases (SDH: 17; CHC: 22, PHC: 5 and SHC: 3) of leprosy have been identified, out of which 16 cases were identified through ASHA.

9. Community Processes (ASHA)

- Strong network of ASHA is present in Madhya Pradesh. In Bhind presently 1393 ASHAs are working. Majority are trained upto 6-7 module. In all 91 percent of ASHAs are educated beyond primary. In Mehgaon block out of 320 ASHAs, nearly one-fourth ASHAs are literate upto primary only.
- At SHC Nayagaon and its catchments villages, three ASHAs are in place. ASHAs in the SHC villages have reported about late payments of their dues. ASHAs are not providing FP methods through social marketing.
- In Gohad block, out of 201 ASHAs, 173 have received 6th and 7th module training. Highest incentive received by ASHA in the block is Rs.10150 and lowest incentive of Rs. 675 was received by ASHA in the block.
- In Lahar block Rs.10125 and Rs.650 is the highest and lowest incentive received by any ASHA during the quarter. Out of 275 ASHAs, 237 are trained in 6th and 7th module.
- It is seen that ASHAs require more training on maintaining records of services provided by them. Since most of the community services other than maternal and child health services are also being recorded by ASHAs which in turn have to be reported in HMIS or other programme specific reporting channels, their orientation in this regard is very important.
- In all the visited health facilities it was informed that payment of ASHAs is delayed by 1-2 months because of problems in PFMS. Most of the ASHAs have their bank accounts in nationalized banks. However, due to limited banking facilities at village level, ASHAs are not updating their passbooks and are not able to track their incentives.
- ANM of SHC Nayagaon does not have any information about ASHA payments as all the payments to ASHAs are done through BPMU. Similarly for JSY payments, details of deliveries are sent to the block and payments to the beneficiaries are done. However, ANM does not keep any record of JSY payments made to the JSY beneficiaries.

10. Quality of Health Services

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

10.1 ***Kayakalp:***

- Kayakalp is an ambitious programme in line with the objectives of Swachha Bharat Campaign. It envisages maintaining high standard for cleanliness and hygiene across all the public health institutions.
- Continuous monitoring under "Kayakalp" is embedded and each health facility is given scores based on level of amenities of that particular facility and cleanliness and hygiene it maintains. Facilities scoring above 70 percent under Kayakalp are scrutinized by a peer group which finally provides score to the health facility. On the basis of "Kayakalp score achieved, enhanced fund is provided to health facility.
- In Bhind efforts have been made for infrastructure upgradation under "Kayakalp" in various health facilities. SDH Lahar, CHC Mehgaon and PHC Umari have been provided with additional infrastructure. DH Bhind has received a prize of Rs. 20 lakh under "Kayakalp" in 2015-16 and in 2016-17 the DH received continuity award incentive for maintaining the peer assessment score of above 90 percent.
- CHC Gohad needs immediate attention for infrastructure upgradation under "Kayakalp" programme. It requires additional wards, laboratory, NRC, store and residential quarters for smooth functioning and providing full range of services.

10.2 Bio-Medical Waste Management:

- There are standard protocols for disposal of bio-medical waste management in all level of health care institutions.
- It was observed that colour coded bins are available in all parts of health institutions in all the visited health facilities. However, disposal of BMW is not ensured through a standard protocol at SDH. Municipality of Lahar collects the BMW on alternate days.
- At SHC Nayagaon which is also a delivery point, a pit outside the SHC premises is being constructed for disposing BMW. However, due to encroachments on the SHC land, there is dispute regarding construction of pit. This issue need to be resolved immediately.
- At PHC Umari, proper disposal of BMW is done in the pit and also by burning of BMW. However, regular cleaning of BMW pit is to be ensured.

10.3 Information Education and Communication:

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

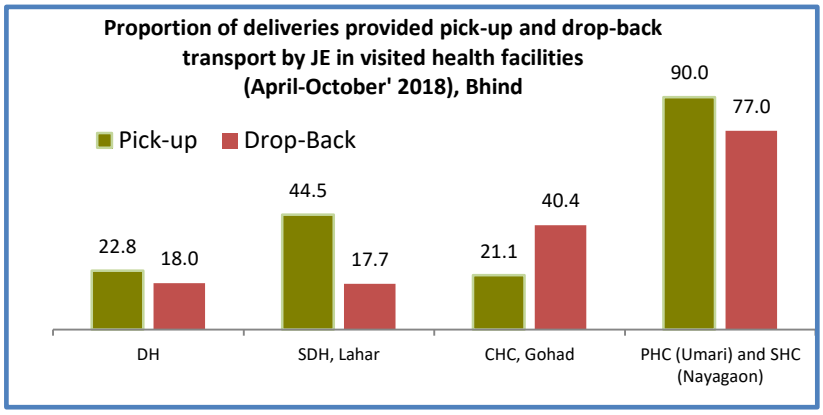
10.4 Support Services:

- Various support services such as kitchen, laundry, security services and housekeeping including cleanliness are not sufficient in any of the visited facility except DH.
- Patients are provided cooked food as per diet chart only at DH.
- Laundry services are out-sourced at all the health facilities. At DH mechanised laundry is proposed to be initiated this year for which approval is awaited.
- At SDH washing of linen is done through a washerman who is paid on daily basis through RKS funds.
- Security services are not sufficient as per the requirements of DH, SDH, CHCs and PHCs. Except DH, no other health facility have dedicated round the clock security staffs.
- It was informed that out-sourced agency for housekeeping and cleanliness does not provided Personal Protection Equipments (PPE) – Gloves, Uniform, Shoes, Cap etc. PPE is also not provided to the regular sweepers of health facilities in the periphery.

11. Referral Transport and MMU

- In Madhya Pradesh referral transport has been an integral part of health care services. This is very essential for access to critical health care, emergencies, trauma care for remote and outreach areas and in rural areas. During 2017-18, referral transport under National Ambulance Services has been out-sourced to “Zikitza Health Care”.

- In Bhind, there are 14 Janani Express and eight "108" emergency response vehicles. During April-November' 2018, there were 10885 patients transported through "108" emergency response vehicle service. Nearly half of all the emergency cases transported by "108"emergency vehicles were mothers, neonates and children.
- Out of the 14 JEs, six are placed at visited health facilities (DH:2, SDH:1, CHC:2 and PHC:1) in the district. During April-October' 2018, JEs have transported 18879 beneficiaries. Out of these 9690 beneficiaries were provided home to facility transport, 7738 were provided drop-back facility and 1451 beneficiaries were provided inter facility referral transport. At the visited health facilities total 6631 beneficiaries were provided transport services through JE.



- It was observed that not all the pregnant women and sick children are getting transport services through JE or 108. JE at PHC Umari also provide transport services at SHC Nayagaon delivery point.

12. Clinical Establishment Act

- Clinical Establishment Act 2010 has not been enacted in Madhya Pradesh. Presently all the private nursing homes and clinical establishments are required to register under Madhya Pradesh Upcharya Gruh evm Rujopchar Sambandhi Sthapanaye (Ragistrikaran tatha Anugyapan) Adhiniyam, 1973 and Rules 1996.
- Process of registration, renewal and approval for all private nursing homes and clinics has been made online through MPONLINE portal. It has been made mandatory to submit online application for registration and renewal. It is also mandatory to communicate approval / disapproval online after required scrutiny and verification of received applications. This has helped in enhancing transparency in approval process.

- In Bhind only one private nursing home is registered under MP nursing home act. This also provides data of deliveries and reported under HMIS. In all 349 deliveries have been reported from the private nursing home in HMIS.

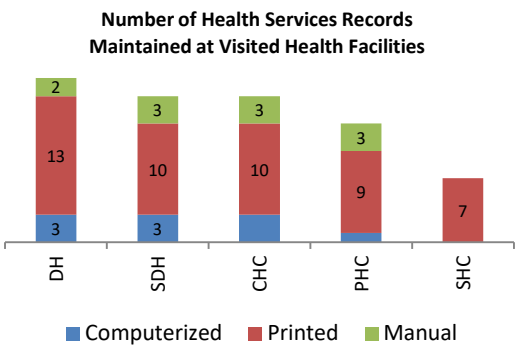
13. Data Reporting, HMIS and RCH Portal (MCTS)

Monitoring and Evaluation (M&E) of all the health care services are essential not only to review the progress of the existing services but also to augment existing services and initiate new services in the district. It also helps in supervision and planning for areas to be strengthened. Data gathering for health services has been systematised through HMIS and tracking of services at individual mothers and children is done using MCTS.

- Since 2016-17 MCTS has been restructured and it now covers more services provided to mother and children under the new RCH Portal which begins from registering of eligible couples to family planning and for child immunization services upto 18 years of children.
- New RCH service registers are designed to provide individual level information for tracking of RCH services. This also provides aggregate level data for each health facility.
- Recent changes in HMIS and MCTS (Now RCH Portal) has been conveyed to all the districts up to facility level which are required to submit their service delivery data only through new HMIS and RCH Portal.
- In order to achieve complete and accurate data reporting training at all levels is essential. For computer based data reporting system – computers, internet and data entry operators are also essential.
- In Bhind, District M&E Officer is in-position. There are only five DEOs posted in the district under NHM. Separate DEOs is not available for HMIS or RCH portal data entry in any of the visited health facilities.
- Maternity wing DEO at DH is given additional responsibility for PPIUCD, RCH Portal data entry pertaining to services provided in the DH.
- All the visited health facilities have DEOs for all the data entry related tasks. DEOs are over burdened due to online reporting of many ongoing health programmes.

13.1 Record Maintenance and Reporting:

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



- Computerized OPD / IPD registration and E-hospital at DH
- Single computer for many data entry – Maternity Wing, MDR, Roshni Clinic, PPIUCD, PMSMY and RCH Portal at DH.
- Single village-wise register for recording all RCH services at SHC. Not easy for ANM to extract HMIS data.
- HMIS bilingual printed format.
- PFMS is used at all visited health facilities except SHC

- Capturing of all health services and health events is not being done at all the health facilities. It is observed that critical care services, deaths and morbidity are not recorded in registers which subsequently does not get reported in HMIS.
- There is still practice of multiple recording and reporting and area reporting among supervisory staffs at periphery level. This report is collected for monitoring during weekly meeting of ANM at sector level. But BEE and Health supervisor are not oriented enough to check the RCH registers and HMIS reports at health facility.

13.2 Health Management Information System (HMIS):

- HMIS has been revamped in Madhya Pradesh as per GoI directives. As per the latest revision in facility level HMIS formats for monthly reporting, 67, 60, 48 and 23 new data items have been added for DH, SDH/CHC, PHC and SHC respectively.
- New reporting formats have been distributed to all the facilities. The formats are bilingual in Hindi and English which can be easily understood by all health staffs.
- It was observed that first round of orientation has been given to district M&E officers and block programme managers about the new HMIS formats and new data items added. However, subsequent training / orientation of health staffs is needed.

- It was observed that DEO at DH has not been given adequate training for HMIS reporting and not well versed with different data items and their validations. Detailed data definition guide and data source, for each data element is not yet available at any of the health facility. Only providing new formats does not ensure the completeness of data in HMIS.
- It was observed that none of the health facilities are submitting checked and verified copy of HMIS monthly report through Medical Officer (I/c). No office copy of HMIS report is retained by the reporting health facility.
- Data items related to death occurring at health facilities are reported as blank instead of zero. Death being a health event cannot be blank. Similarly health services related to critical care such as women given blood transfusion, identified with hypertension, diabetes and HIV tested are also reported blank.
- DEO at block level are burdened with data entry of all the HMIS reports of the block. There is little scope of feedback and corrective action in case of errors in reporting.
- New data items have also been added to the facility annual infrastructure format for DH. NITI Aayog has also suggested new data items on Kayakalp score and patient feedback score of the DH to be included in the annual infrastructure MIS of DH.
- It is observed that none of the health facility in the district has uploaded annual facility infrastructure data on HMIS for 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.

13.3 RCH Portal / MCTS:

- The new RCH portal has been initiated with many upgradations for replacing MCTS which was affected with duplication, non-updation and issue of under-reporting of maternal and child health services.
- Training for data capturing and data entry into new RCH Portal has been given to all ANMs and DEOs in the district.
- Block level training have been organized to provided detailed information to MOs and BMOs for checking data entry and completeness of information. Based on the completeness of information, progress of the RCH programme can be determined.

- It was informed by the DEO at CHC and PHC that updating the RCH services is taking time due to slow speed of portal. This causes long pendency.
- Presently separate record for each identified eligible couple is being maintained manually. All the services provided to a particular couple are registered manually, which is submitted for RCH portal data entry. After entry the record is returned to the concerned ANM / field staff for updation.
- In Bhind district, total 20103 eligible couples, 4375 pregnant women and 2392 infants have been registered in RCH portal during 2018-19. It is found that less than 15 percent of expected number of eligible couples, pregnant women and infants have been registered so far in the district in RCH Portal.
- Data updation of RCH services are not being done at RCH portal from the SHC. Work-plan is not generated for SHC through RCH portal.

(ANNEXURE)

1. Health Infrastructure available in Bhind 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	-	-	-	-	-
SDH	1	1	1	1	50
CHC	6	6	1#	6	180
PHC	21	21	No	8	126
UPHC	3	0	No	No	-
SCs	190	190*	No	5	10
AYUSH Ayurvedic	48	-	-	-	-
AYUSH(Homoeopathic)	9	-	-	-	-
AYUSH (Others)	-	-	-	-	-
Delivery Point(L1)	5	5	-	5	-
Delivery Point(L2)	14	14	-	14	-
Delivery Point(L3)	2	2	-	2	-

*Total 666 beds availability in the district. *18 SHCs need renovation. #CHC Gohad is proposed to CH with 50 bedded under process.*

2. Physical Infrastructure

Infrastructure (Yes / No)	DH	SDH	CHC	PHC	SHC
Health facility easily accessible from nearest road head	Yes	Yes	No	Yes	Yes
Functioning in Govt. building	Yes	Yes	Yes	Yes	Yes
Building in good condition	Yes	Yes	No	Yes	Yes
Staff Quarters for MOs	10	6*	4	1	
Staff Quarters for SNs	0		3	2	
Staff Quarters for other categories	10		13#	-	1
Electricity with power back up	Yes	Yes^	Yes	Yes	No
Running 24*7 water supply	Yes	Yes	Yes	Yes	Yes
Clean Toilets separate for Male/Female	Yes	No	No	No	No
Functional and clean labour Room	Yes	Yes	Yes	Yes	Yes
Functional and clean toilet attached to labour room	Yes	Yes	Yes	Yes	Yes
Clean wards	Yes	Yes	Yes	Yes	Yes
Separate Male and Female wards (at least by partitions)	Yes	Yes	Yes	No	
Availability of Nutritional Rehabilitation Centre	Yes	Yes	No	No	
Functional BB/BSU, specify	Yes	No	Yes		
Separate room for RKSK clinic	No	No	No		
Availability of complaint/suggestion box	Yes	No	Yes	No	No
Availability of mechanisms for Biomedical waste management (BMW)at facility	Yes	Yes@	Yes	Yes	No
BMW outsourced	Yes	Yes	No	No	No
Availability of ICTC/ PPTCT Centre	Yes	Yes	Yes		
Availability of functional Help Desk	Yes	No	No	No	No

 # CHC two quarter use for DPMU office & drug store purpose and one quarter is unauthorized occupied by Mehgaon CHC health staff. $All six quarter very old in bed condition at the CH. ^Solar panel is not in working condition at the SDH. @BMW collect by Nagar Nigam garbage collection vehicle at SDH

3. Human Resources

Health Functionary	Required (Sanctioned)					Available				
	DH	SDH	CHC	PHC	SHC	DH	SDH	CHC	PHC	SHC
Gynaecologist	4	1	-			0	0	0		
Paediatrician	7	1	-			2	1	1		
Anaesthetist	3	1	-			1	0	1		
Cardiologist	-	-	-			-	-	-		
General Surgeon	2	1	-			2	0	0		
Medicine Specialist	4	1	-			0	0	0		
ENT Specialist	2	-	-			0	-	-		
Ophthalmologist	2	-	-			0	-	-		
Ophthalmic Asst.	2	2	-	-		2	1	1	-	
Radiologist	2	-	-			1	-	-		
Radiographer	4	1	-			2	1	1		
Pathologist	2	-	-			0	-	-		
LTs	8	2	-	-		8	2	4	1	
MOs	23	6	-	-		32	6	3	1	
AYUSH MO	1	-	-	-		3	-	-	-	
LHV	-	2	-	-		-	1	3	3	
ANM	6	-	-	-	-	4	-	2	3	2
MPHW (M)	-	-	-	-	-	-	1	-	1	1
Pharmacist	11	2	-	-		9	2	2	1	
Staff nurses	149	20	-	-	-	112	7	5	1	-
RMNCHA+ Counselor	-	-	-	-		3	-	-	-	

*There are only PGMO available for this post. @Regular MO is not posted. Hence three MOs are attached from different health facility two days per MO in the week. #Both Compounder and Pharmacist post are the combined.

No. of Trained Persons

Training programmes	DH	SDH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	26	-	-		
LSAS (Life Saving Anaesthesia Skill)	2	-	1		
BEmOC (Basic Emergency Obstetric Care)	-	8	-	-	
SBA (Skill Birth Attended)	36	11	7	2	2
MTP (Medical Termination of Pregnancy)	21	2	-	-	
NSV (No Scalpel Vasectomy)	3	-	1	1	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	8	15	9	4	2
FBNC (Facility Based Newborn Care)	8	3	10	3	2
HBNC (Home Based Newborn Care)				1	2
NSSK (Navjaat Shishu Surakasha Karyakram)	12	3	9	1	3
Mini Lap-Sterilisations	3	-	-	-	
Laproscopy-Sterilisations(LTT)	2	-	-		
IUCD (Intrauterine Contraceptive Device)	36	7	7	1	2
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	36	7	9	2	1
Blood Bank / BSU	3	-	2		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	2	6	10	-	3
IMEP (Infection Management Environmental Plan)	-	1	-	-	3
Immunization and cold chain	3	2	5	-	3

Training programmes	DH	SDH	CHC	PHC	SHC
RCH Portal (Reproductive Child Health)	3	3	3	1	-
HMIS (Health Management Information System)	1	3	3	1	3
RBSK (Rashtriya Bal Swasthya Karyakram)	-	5	4		
RKSK (Rashtriya Kishore Swasthya Karyakram)	-	-	-	-	1
Kayakalp	6	1	1	-	3
NRC and Nutrition	6	3	1	-	
PPTCT (Prevention of Parent to Child Transmission of HIV)	-	-	8	-	
NCD (Non Communicable Diseases)	2	2	1	2	
Nursing Mentor for Delivery Point	4	-	1		
Ayushyaman Bharat Programme	-	-	-	-	3

4. Other health System inputs

Availability of drugs and diagnostics, Equipments	DH	SDH	CHC	PHC	SHC
Availability of EDL and Displayed	Yes	No	No	No	No
Availability of EDL drugs	Yes	Yes	Yes	Yes	Yes
No. and type of EDL drugs not available (Collect Separate list)	No	No	No	No	No
Computerised inventory management	Yes	Yes	Yes	Yes	No
IFA tablets	Yes	Yes	Yes	Yes	Yes
IFA tablets (blue)	Yes	Yes	Yes	Yes	No
IFA syrup with dispenser	Yes	No	Yes	Yes	No
Vit A syrup	No	Yes	Yes	Yes	No
ORS packets	Yes	Yes	Yes	Yes	No
Zinc tablets	Yes	Yes	No	Yes	No
Inj Magnesium Sulphate	Yes	Yes	No	Yes	Yes
Inj Oxytocin	Yes	Yes	No	No	Yes
Misoprostol tablets	Yes	Yes	Yes	Yes	Yes
Mifepristone tablets	No	No	Yes	No	No
Availability of antibiotics	Yes	Yes	Yes	Yes	Yes
Labelled emergency tray	Yes	Yes	Yes	Yes	Yes
Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Yes	Yes	Yes	Yes	Yes
Adequate Vaccine Stock *available*	Yes	Yes	Yes	Yes	Yes
Supplies (Check Expiry Date during visit to the Facility)					
Pregnancy testing kits	Yes	Yes	Yes	Yes	Yes
Urine albumin and sugar testing kit	Yes	Yes	Yes	Yes	Yes
OCPs	Yes	Yes	Yes	Yes	No
EC pills	Yes	Yes	Yes	Yes	No
IUCDs	Yes	Yes	Yes	Yes	Yes
Sanitary napkins	Yes	No	Yes	No	No
Gloves, Mckintosh, Pads, bandages, and gauze etc.	Yes	Yes	Yes	Yes	Yes
No. Ultrasound scan (Ob.) done	6153		-		
No. Ultrasound Scan (General) done			-		
No. X-ray done	13546	-	-		
ECG	Yes	No	No		
Endoscopy	No				
Essential Equipments					
Functional BP Instrument and Stethoscope	Yes	Yes	Yes	Yes	Yes
Sterilised delivery sets	Yes	Yes	Yes	Yes	Yes
Functional Neonatal, Paediatric and Adult Resuscitation kit	Yes	Yes	Yes	Yes	Yes

Availability of drugs and diagnostics, Equipments	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
Functional Weighing Machine (Adult and child)	Yes	Yes	Yes	Yes	Yes
Functional Needle Cutter	Yes	Yes	Yes	Yes	Yes
Functional Radiant Warmer	Yes	Yes	Yes	Yes	No
Functional Suction apparatus	Yes	Yes	Yes	Yes	No
Functional Facility for Oxygen Administration	Yes	Yes	Yes	Yes	No
Functional Foetal Doppler/CTG	Yes	Yes	Yes	No	-
Functional Mobile light	Yes	Yes	No	No	
Delivery Tables	6	3	2	2	1
Functional Autoclave	Yes	Yes	Yes	Yes	Yes
Functional ILR and Deep Freezer	Yes	Yes	Yes	Yes	
Emergency Tray with emergency injections	Yes	Yes	Yes	Yes	
MVA/ EVA Equipment	Yes	Yes	Yes	Yes	
Functional phototherapy unit	Yes	Yes	Yes	No	
OT Equipments					
O.T Tables	Yes	Yes	Yes	No	
Functional O.T Lights, ceiling	Yes	No	Yes	-	
Functional O.T lights, mobile	Yes	No	No	-	
Functional Anaesthesia machines	Yes	Yes	Yes	-	
Functional Ventilators	No	No	No	-	
Functional Pulse-oximeters	Yes	Yes	Yes	-	
Functional Multi-para monitors	Yes	No	Yes	-	
Functional Surgical Diathermies	Yes	No	Yes	-	
Functional Laparoscopes	Yes	No*	No*	-	
Functional C-arm units	Yes	No	No	-	
Functional Autoclaves (H or V)	Yes	Yes	Yes	-	
Blood Bank / Storage Unit					
Functional blood bag refrigerators with chart for temp. recording	Yes	No	Yes		
Sufficient no. of blood bags available	9	No	1		
Blood bags issued for Blood Transfusion	1657	-	29		
Checklist for SHC					
Haemoglobinometer					Yes
Any other method for Haemoglobin Estimation					Yes
Blood sugar testing kits					No
BP Instrument and Stethoscope					Yes
Delivery equipment					Yes
Yes Neonatal ambu bag					Yes
Yes Adult weighing machine					Yes
Infant/New born weighing machine					Yes
Needle &Hub Cutter					Yes
Color coded bins					No
RBSK pictorial tool kit					No
* Laparoscopes is brought by LTT surgeon					

Specialty Care Services Available in the District

	DH	**SDH**	**CHC**
Separate Women's Hospital	No	No	No
Surgery	Yes	No	No
Medicine	No	No	No
Ob&G	PGMO	No	No

	DH	SDH	CHC
Cardiology	No	No	No
Emergency Service	Yes	Yes	Yes
Trauma Care Centre	Yes	No	No
Ophthalmology	PGMO	No	No
ENT	PGMO	No	No
Radiology	Yes	No	No
Pathology	No	No	No

AYUSH services

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

Laboratory Tests Available (Free Services)

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

Services	DH	SDH	CHC	PHC	SHC
RTI/STI Screening	Yes	Yes	Yes	Yes	No
HIV	Yes	Yes	Yes	Yes	No
Indoor Fees	40	10	-	10	Free
OPD fees	10	10	10	10	Free
Ambulance	Yes	Yes	Yes	Yes	No
Food for Inpatients	Yes	Yes	Yes	Yes	Yes

5. Maternal Health

5.1 ANC and PNC

Services Delivered	DH	SDH	CHC	PHC	SHC
ANC registered	4436	970	504	174	107
New ANC registered in 1st Trim	1543	970	351	84	60
No. of women received 3 ANC	1545	1462	382	133	75
No. of women received 4 ANC	1056	1796	60	85	65
No. of severely anaemic pregnant women(Hb<7) listed	141	0	154	2	18
No. of Identified hypertensive pregnant women	56	210	50	4	7
No. of pregnant women tested for B-Sugar	202	970	1980	-	-
No. of U-Sugar tests conducted	56	970	10500	174	-
No. of pregnant women given TT (TT1+TT2)	5243	753	810	256	168
No. of pregnant women given IFA	4431	753	326	174	107
No. of women received 1st PNC check within 48 hours of delivery	6284	753	2011	634	212
No. of women received 1st PNC check between 48 hours and 14 days of delivery	431	742	2011	634	202
No. of ANC/PNC women referred from other institution (in-referral)	259	85	0	0	0
No. of ANC/PNC women referred to higher institution (out-referral)	415	117	298	104	32
No. of MTP up to 12 weeks of pregnancy	78	0	34	0	0
No. of MTP more than 12 weeks of pregnancy	3	-	-	-	-

5.2 Institutional deliveries/Delivery Complication

	DH	SDH	CHC	PHC	SHC
Deliveries conducted	6082	1597	2156	634	212
Deliveries conducted at home					8
C- Section deliveries conducted	202	-	16	-	-
Deliveries conducted at night (8 pm-8 am)	-	734	-	328	91
On the way delivery	-	50	-	6	7
No. of pregnant women with obstetric complications provided EmOC	1303	-	54	-	-
No. of Obstetric complications managed with blood transfusion	550	-	15	-	-
No. of Neonates initiated breastfeeding within one hour	5978	1597	2011	634	212
No. of Still Births	58	5	5	11	1

5.3 Maternal Death Review

	DH	SDH	CHC	PHC
Total maternal deaths reported	7	1	0	0
Number of maternal death reviews during the quarter	7	1	0	0
Key causes of maternal deaths found	-	-	-	-

5.4 Janani Shishu Suraksha Karyakram

JSSK	DH	SDH	CHC	PHC	SHC
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section,	Yes	Yes	Yes	Yes	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*	Yes	Yes
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	No	Yes	No	No
Free transport –					
home to hospital,	1391	716	449	758	105
inter-hospital in case of referral	175	107	68	77	32
drop back to home	1096	283	861	650	25
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes	Yes
**USG facility are not available in both CH Lahar and CHC Gohad facilities.*					

5.5 Janani Suraksha Yojana

	DH	CDH	CHC	PHC	SHC
No.of JSY payments made	4784	-	-	-	117
JSY payments are made as per the eligibility criteria indicated in JSY Guidelines	Yes	Yes	Yes	Yes	Yes
No delays in JSY payments to the beneficiaries.	Yes	No*	No*	No*	No*
Full amount of financial assistance to be given to the beneficiary before being discharged from the health facility after delivery.	No	No	No	No	No
Payments mode Cash-1, Cheque bearer-2, Cheque a/c payee-3 Direct transfer-4, Others (specify____) -5	4	4	4	4	4
Physical (at least 5%) verification of beneficiaries to be done by district level health authorities to check malpractices.	No	No	No	No	No
Grievance redressal mechanisms as stipulated under JSY guidelines to be activated in the district.	Yes	Yes	Yes	Yes	No
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	Yes	No
**JSY payments are delayed due to E- vitt software implemented delay.*					

5.6 Service delivery in post natal wards

Parameters (Ask during visit to confirm the status)	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
All mothers initiated breast feeding within one hour of normal delivery	Yes	Yes	Yes	Yes	Yes
Zero dose BCG, Hepatitis B and OPV given	Yes	Yes	Yes	Yes	Yes
Counseling on IYCF done	-	-	-	-	-
Counseling on Family Planning done	Yes	Yes	Yes	Yes	Yes
Mothers asked to stay for 48 hrs	Yes	Yes	Yes	Yes	No
JSY payment being given before discharge	No	No	No	No	No
Any expenditure incurred by Mothers on travel, drugs or diagnostics *(Please give details)*	No	No	No	No	No
Diet being provided free of charge	Yes	Yes	Yes	Yes	Yes

6. Child Health

6.1 Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU		DH	SDH	CHC	PHC	SHC
SNCU / NBSU exist		SNCU	NBSU	NBCC	NBCC	No
Necessary equipment available (Yes/No)		Yes	Yes	Yes	Yes	-
Availability of trained MOs		4	1	Yes	Yes	-
No. of trained staff nurses		18	2	5	Yes	-
No. of admissions	Inborn	724	251	188	-	-
	Out Born	799	1	0		
No. of Children	Cured	1287	229	169	-	-
	Not cured	-	-	-		
	Referred	132	22	19		
	Others (death)	103	-	-		
	LAMA	-	-	-		

6.2 Nutrition Rehabilitation Centre

NRC	DH	CH	CHC	PHC
No. of functional beds in NRC	20	10	10	No
Whether necessary equipment available	Yes	Yes	Yes	-
No. of staff posted in NRC FD/ANM and other	10	5	6	-
No. of admissions with SAM	208	113	85	-
No. of sick children referred	12	4	5	-
Average length of stay	12	11	14	-

6.3 Immunization

Immunization	DH	SDH	CHC	PHC	SHC
BCG	6474	1673	2006	605	188
Penta1	3008	298	216	104	97
Penta2	2409	234	138	83	97
Penta3	2298	368	117	75	93
Polio0	6351	1515	2006	605	155
Polio1	3009	302	216	104	97
Poli02	2419	223	138	83	97
Polio3	2544	368	117	75	93
Hep 0	6360	1490	2006	516	154
Rotavirus1	3008	261	216	104	97
Rotavirus2	2414	204	138	83	97
Rotavirus3	2292	182	117	75	93
Measles1	2668	307	179	75	109
Measles2	2460	158	101	57	92
DPT booster	2449	158	101	57	92
Polio Booster	2449	158	101	49	92
No. of fully vaccinated children	2597	207	179	75	109
ORS / Zinc	Yes	Yes	Yes	Yes	Yes
Vitamin - A	Yes	Yes	Yes	Yes	Yes
No. of immunisation sessions planned	241	64	240	56	64
No. of immunisation sessions held	241	64	240	56	64
Maintenance of cold chain. Specify problems (if any)	No	No	No	No	No
Whether micro plan prepared	Yes	Yes	Yes	Yes	Yes
Whether outreach prepared	Yes	Yes	Yes	Yes	Yes

Immunization	DH	SDH	CHC	PHC	SHC
Stock management hindrances (if any)	No	No	No	No	No
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes	Yes

6.4 Rashtriya Baal Swathya Karyakram

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

No. of Children Screened	Screened	Identified with problems	Referred higher facility	No. of RBSK team available in Block with staff
Age group				**Two RBSK Team are Available at CHC Gohad with 3 MO and 1 ANM available.**
0-6 weeks	1962	1	1	
6 weeks-6 years	11488	853	196	
6 -18 years	16772	2093	482	
Total	30222	2947	679	

6.5 Number of Child Referral and Death

Child Health	DH	SDH	CHC	PHC	SHC
No. of Sick children referred(up to age 5)	132	2	19	2	5
No. of Neonatal Deaths	101	0	6	2	1
No. of Infant Deaths	13	0	4	0	4

7. Family Planning

Family Planning	DH	SDH	CHC	PHC	SHC
Male Sterilization (VT+NSV)	14	-	1	-	-
Female Sterilization (CTT+LTT)	106	131	142	91	-
Minilap sterilization	36	-	-	-	-
IUCD	72	255	49	10	5
PPIUCD	1494	394	256	107	-
Condoms	20899	2055	707	350	84
Oral Pills	5209	136	462	315	47

8. Quality in Health Services

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

8.2 Biomedical Waste Management

BMW	DH	SDH	CHC	PHC	SHC
Bio-medical waste segregation done	Yes	Yes	Yes	Yes	No*
BMW outsourced	Yes	Yes*	No	No	No
Any alternative arrangement Pits-1 / Incineration-2 / Burned -3 /Others (specify) --4			1	1&3	
** At SHC Pit under construction. At SDH Lahar BMW collected by municipality.*					

8.3 Information Education Communication (Observed during facility visit)

	DH	SDH*	CHC	PHC	SHC
Whether NRHM logo displayed in both languages	Yes	No	No	Yes	No
Approach road have direction to health facility	Yes	No	No	Yes	No
Citizen Charter	Yes	No	Yes	No	No
Timing of health facility	Yes	No	Yes	Yes	No
List of services available	Yes	No	Yes	Yes	No
Protocol poster	Yes	Yes	Yes	Yes	No
JSSK entitlements (displayed in ANC clinic/PNC clinic/wards)	Yes	No	Yes	Yes	Yes
Immunization schedule	Yes	No	Yes	Yes	No
FP IEC	Yes	Yes	Yes	Yes	No
User charges	Yes	No	Yes	Yes	No
EDL	Yes	No	Yes	No	No
Phone number	Yes	No	Yes	Yes	No
Complaint/suggestion box	Yes	No	Yes	No	No
Awareness generation charts	Yes	Yes	Yes	Yes	Yes
RKS member list with phone no.	-	-	-	-	-
RKS income/expenditure for previous year displayed publically	-	-	-	-	-
**SDH Lahar shifted in new building in April-2018, IEC is not displayed*					

8.4 Quality Parameter of the facility

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

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

	DH	SDH	CHC	PHC
Number of ambulances				
Janani Express	2	1	2	1
108	-	-	-	-
Other	-	-	1	-
MMU	1	1	1	-

10. Community processes

10.1 Accredited Social Heath Activist

ASHA	**SDH**	**CHC**	**PHC**	**SHC**
Number of ASHA required	-	-	-	-
Number of ASHA available	275	201	-	3

ASHA	SDH	CHC	PHC	SHC
Number of ASHA left during the quarter	-	-	-	-
Number of new ASHA joined during the quarter	4	-	-	-
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	237	173	Yes	Yes
Availability of ORS and Zinc to all ASHA	275	Yes	-	Yes
Availability of FP methods (condoms and oral pills) to all ASHA	275	Yes	-	Yes
Highest incentive to an ASHA during April to 30 November, 2018	10125	10150	-	-
Lowest incentive to an ASHA during April to 30 November, 2018	650	675	-	-
Whether payments disbursed to ASHA on time	Yes	Yes	-	No
Whether drug kit replenishment provided to ASHA	45	Yes	-	Yes
ASHA social marketing spacing methods of FP	Yes	Yes	-	No

11. Disease Control Programmes

Disease Control	DH	SDH	CHC	PHC	SHC
National Malaria Control Programme					
Number of slides prepared	12557	2471	21906	12611	600
Number of positive slides	93	64	75	4	0
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	Yes	Yes	No
Availability of drugs	Yes	Yes	Yes	Yes	No
Availability of staff	Yes	Yes	Yes	Yes	No
Revised National Tuberculosis Programme (RNTCP)					
Number of sputum tests	-	1177	1803	334	-
No. of positive tests	-	126	154	14	-
Availability of DOT medicines	-	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	-	Yes	Yes	No	-
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	-	17	22	5	3
No. of new cases detected through ASHA	-	10	6	-	-
No. of patients under treatment	-	24	22	4	3

12. Non Communicable Diseases

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

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	SDH	CHC	PHC	SHC
OPD Register	1C	1C	1C	1M	3
IPD Register	1C	1C	1C	1M	

Record	DH	SDH	CHC	PHC	SHC
ANC Register	1P	1P	1P	1P	1P
PNC Register	1P	1P	1P	1P	1P
Line listing of severely anaemic pregnant women	1M*	1P*	1P*	1M*	1P
Labour room register	1P	1P	1P	1P	1P
Partographs	1P	1P	1P	1P	1P
FP-Operation Register (OT)	1P	1M	1M	3	
OT Register	1P	-	1M	3	
FP Register	1P	1P	1M	1P	3
Immunisation Register	1P	1P	1P	1P	1P
Updated Microplan	1P	1P	1P	1P	3
Blood Bank stock register	1P	3	1P		
Referral Register (In and Out)	1P	1P	1P	1P	1P
MDR Register	1M	1M	3	3	3
Infant Death Review and Neonatal Death Review	1P	1M	3	3	3
Drug Stock Register	1P	1P	1P	1P	3
Payment under JSY	PFMS	PFMS	PFMS	PFMS	3
Untied funds expenditure (Check % expenditure)	-	-	-	-	-
AMG expenditure (Check % expenditure)	-	-	-	-	-
RKS expenditure (Check % expenditure)	91.6	-	-	-	-
* Line listing of severely anaemic pregnant women data done at ANC & PNC register.					

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

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

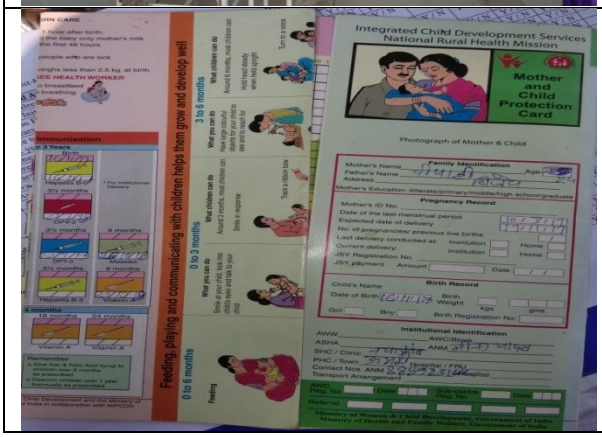
15. Additional and Support Services

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

District Hospital (DH) Bhind, District Bhind visited on 5 December, 2018

Sub-district Hospital (SDH) Lahar, District Bhind visited on 6 December, 2018

Sub Health Centre (SHC) Nayagaon, District Bhind visited on 6 December, 2018



Community Health Centre (CHC) Gohad, District Bhind visited on 7 December, 2018

Primary Health Centre (PHC) Umari, District Bhind visited on 7 December, 2018