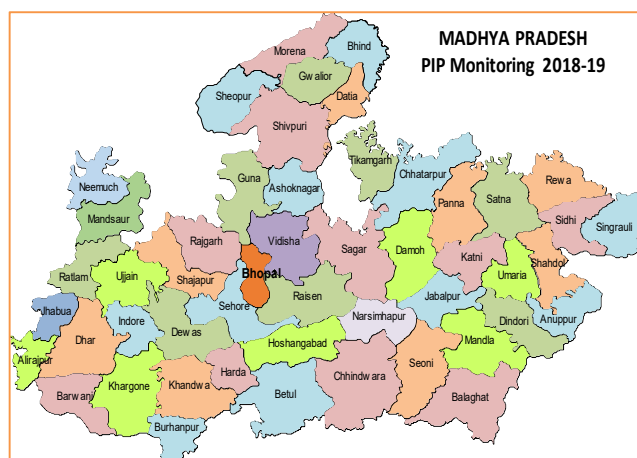


Quality Monitoring of Programme Implementation Plan 2018-19 under National Health Mission in Madhya Pradesh

District: Bhopal



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List of Acronyms

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

List of Acronyms

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

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

Executive Summary

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

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

Salient Observations

- Bhopal district provides health services in both rural and urban areas through different types of rural and urban health facilities. The district is providing health services in urban areas through District Hospital, CH Bairagarh, 8 urban UPHCs and 23 Civil Dispensaries. In rural areas, 5 CHCs 10 PHCs and 76 SHCs are mapped but presently 3 CHCs, 9 PHCs and 63 SHCs are functional providing health services. DH Bhopal, CH Bairagarh 3 CHCs, 9 PHCs and 63 SHC are functioning from government buildings.
- In total 763 beds are available in the different public health facilities of Bhopal district with a population of 23.71 lakh. The number of beds is insufficient for the government health facilities, according to the required norm of 500 beds per 1 lakh population considering that a sizeable slum population resides in urban Bhopal.
- Overall 14 delivery points four L3, five L2 and L1 facilities each are functional in Bhopal district. DH Bhopal is functional as a 450 bedded hospital with 150 beds in maternal wing. CH Bairagarh has 105 beds, and all the L3 CHCs are 30 bedded except CHC Bersia which is 60 bedded. Visited L2 facility PHC Nazeerabad is 10 bedded. There are 5 L1 facilities, (3 PHCs and two SHC)

including SHC Lalriya. Additionally, there are two designated government AYUSH L1 delivery points one in Ayurveda and the other in Unani hospital. Delivery is being presently conducted at the Ayurveda Hospital.

- There are 22 AYUSH dispensaries in the district running through state AYUSH department. Seven AYUSH doctors are providing services in different PHCs, under CHC Berasia (Unani:3; Homeopathy:1; 3: Ayurveda).
- Continuous upgradation and infrastructure augmentation by either construction of new buildings or expansion is in process in both rural and urban health facilities in Bhopal district. CHC Bersia has received funds for a CHC new building, DPM unit and DEIC have also funds for a building.
- Staff quarter is a serious concern in the district. DH Bhopal has 30 staff quarters, including 4 quarters for MO, and 26 quarters of G, H and I type. CHC Berasia has seven MO quarters and four quarters for 'other' category while PHC Nazeerabad has one quarter for MO and one quarter for other category staff. SHC Lalriya has one ANM quarter. The condition of most of these quarters is not good especially at DH. CH Bairagarh does not have residential quarters.
- All the visited health facilities have power back up in the form of generator or inverter except SHC Lalriya. CH Bairagarh has solar energy setup but battery needs to be replaced for functioning of the system. SHC Lalriya does not have power back.
- Water supply is available with overhead tanks in all the visited facility except SHC. There is 24*7 running water supply in all the health facilities except SHC Lariya. PHC Nazeerabad faces water shortage during the summers and has to purchase water.
- All the visited health facilities have clean and functional labour room with attached clean toilets. Separate toilets for males and females are available in all the visited facilities except SHC Lalriya which has a dysfunctional toilet.
- Bio-medical waste segregation was observed in all the health facilities except SHC Lalriya. Color coded bins were available in all the visited facilities except SHC Lalriya. Collection of waste is done on daily basis by Bhopal Medical Incinerator at DH Bhopal and CH Bairagarh except Sunday's and on alternate days at CHC Bersaia. Disposal of hospital waste in PHC Nazeerabad is being done in closed pits. SHC Lalriya does not have waste segregation in place and the placenta is disposed in a nearby drain.
- In DH Bhopal and CH Bairagarh most of the staff are working against their sanctioned posts, but CHC Berasia, PHC Nazeerabad and SHC Lalriya do not have the required staff in position. CHC Berasia does not have a paediatrician which is essential for a CEmOC facility. PHC Nazeerabad has a part-time MO who is not regularly available at the PHC.
- Although night time deliveries are being conducted in all the facilities PHC Nazeerabad and SHC Lalriya have limited staff. SHC Lalriya has only one ANM inspite of high delivery load.
- In the DPMU, DPM, M&E, DAM, RBSK coordinator DCM, IEC Consultant, and two DEOs are in position. In the visited Berasia block one BPM (incharge) and one BAM are available. Berasia block does not have a regular BPM and BCM.
- Trainings in CEmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.

- In DH Bhopal surgery, medicine, emergency, ophthalmology, ENT are available along with ancillary services of radiology, pathology etc. Facility of obstetrics and gynaecology, emergency and family planning services are provided in separate MCH wing in the DH.
- EDL list were displayed at the visited DH, CH and CHC. Majority of the essential drugs are available in all the visited health facilities and Calcium tablets are in short supply for pregnant women in CHC Bersia and PHC Nazeerabad. The PHC had a stock out of sugar coated multi vitamin and Vitamin D.
- There is a computerized inventory management system in the DH, CH and CHC. E-aushdhi software is being used by DH Bhopal for procurement and management is of drugs and SDMS being used at CHC Berasia.
- Among the visited CEmOC facilities DH Bhopal and CH Bairagarh have the full range of services, but the trauma centre is available only at the DH. CHC Berasia has a fully functional OT and blood storage unit, but due to non-availability of anaesthetist only c-section operations are carried out by hiring anaesthetist services.
- Pathological investigations are free for all the patients in government health care facilities. DH has 60 type of diagnostic tests for patients that are there is a computerized inventory management system in the DH, CH and CHC. provided without charging any user fees. All the listed diagnostic tests are available at the DH and CH Bairagah, except ECG testing at CHC Berasia, but very few diagnostic tests are available at PHC Nazeerabad visited for PIP monitoring.
- Under PMSMA, 4910 women received free ANC checkup by doctors at all the designated health facilities in Bhopal city. Doctors from private clinics and nursing homes private ANC services on the 9th of each month.
- Line listing of severely anaemic pregnant woman with HB level below 7 is being done and treatment of iron sucrose is being given to them in all the visited health facilities. PM
- JSSK is implemented at all levels of health facility and free entitlements are provided. Display of all JSSK benefits components were observed in the DH, CH and CHC and PHC Naziabad but not at SHC Lalriya. Due to pending of payment for past two years, food services have been discontinued. SHC Katori does not receive information from the CHC regarding JSY payments.
- PMMSY has been launched in the state under which direct conditional cash transfer of upto Rs. 6000 to mothers working in informal sector, who delivered in a public health facility. The state has launched MMSSPSY a similar scheme and Rs. 16000 in two instalments for early identification of high-risk pregnancies, safe deliveries (institutional) and early initiation of breastfeeding and 'O' dose immunization of newborn is being provided to mothers since July 2018. In all 97 mothers at DH, 35 mothers at SHC Katori have received payment under this scheme upto August, 2018.
- Roshni clinic is providing services in the district by identifying women through 'mahila swasthya shivir' at the block level and providing services at the DH on weekly basis specially organized for women for different types of services like treatment of hypertension, cervical cancer, oral cancer, breast cancer, anaemia, high risk pregnancy and infertility. There are hospitals empanelled in the state for providing specific services.
- The referral transport service in the district is running through centralised call centre. Total 7 JE and 17 '108' (16: BLS; 1: ALS) functional in the district. Five "JE" are providing services in DH

Bhopal (2), CH Bairagarh (1), CHC Berasia (1), and PHC Nazeerabad (1). Both the JE and '108' are not under the direct control of the CMHO or facility head and its movements and services cannot be tracked. '108' is also reported to transport pregnant women to the hospital.

- Roshni clinic is providing services in the district by identifying women through 'mahila swasthya shivir' at the block level and providing services at the DH on weekly basis specially organized for women for different types of services like treatment of hypertension, cervical cancer, oral cancer, breast cancer, anaemia, high risk pregnancy and infertility. There are hospitals empanelled in the state for providing specific services.
- DH Bhopal has a 20 bedded SNCU, with necessary equipment and availability of four trained MOs and 17 staff nurses. During April-August 2018, there were 480 admissions in the SNCU (In-born: 372; Out-born: 108) and 49 neonates died during April-August 2018.
- Out of 60 functional NBSU in the state, CH Bairagarh has an NBSU where 110 inborn and 5 outborn children were admitted upto August, 2018. Out of the total admissions 72 were cured and 14 were referred.
- There are six NRCs in Bhopal district. All the NRCs are 10 bedded except in AIIMS which is 20 bedded. Thus, there are 70 beds for SAM children in the district including one 10 bedded NRC in private medical college, 'Peoples'. The DH NRC is proposed to be upgraded to 20 beds.
- During the current year Dastak programme was organized between 14th June -31st July, 2018 for community screening of children for complicated SAM, severe anaemia, childhood diarrhoea and pneumonia along with preventive measures such as Vitamin A supplementation, ORS prepositioning, promotion of handwash and infant and young child feeding practices was undertaken in Bhopal district. ANMs were provide training for identifying children in AWCs in CHC Berasia.
- A lactation management centre is established in DH Bhopal which stores breast milk and for the purpose of providing lactation support to all mothers within the health facility for collection, storage and dispensing of mother's own breast milk for consumption by her baby and neonates deprived of mother's milk.
- Immunisation services are available in DH Bhopal and CH Bairagarh on daily basis and on fixed days in the periphery. VHND sessions are being held on regular basis for immunization of pregnant women and children. PHC Nazeerabad reported that immunization services are provided by field ANM in periphery and on fixed days at PHC.
- In Bhopal district total 13 MOs, 4 ANMs, one SN and one pharmacist cum data entry operator are providing RBSK services in different blocks and constant screening treatment and referral services are being given. There is a RBSK team for Bhopal urban locality. None of the RBSK teams are complete in manpower in Berasia block. A DEIC is functional in Bhopal with complete staff and services.
- Bhopal district is presently providing full range of family planning services at the visited DH, CHC, PHC and all the other health facilities in the district. An integrated 'Swasthya Samwad Kendra' counselling service for adolescents with ICTC, FP, breastfeeding and nutrition services at a single point is functional in the DH Bhopal with three counsellors.
- Bhopal district has a district program officer each in-charge of Malaria, TB and Leprosy disease programs. The FRUs and PHCs in the district have adequate laboratory facilities and technicians,

drugs and infrastructure resources for providing preventive and curative services against the three communicable diseases, staffs are effectively providing outreach services.

- NCD clinic is being held at the DH and NCD services are provided in all the CEmOC facilities through normal OPD with adequacy of medicines and essential drugs are available. Mental Health services are also available at DH Bhopal.
- Review of Kayakalp for year 2017-18 is completed, internal score of Kayakalp was 77 for DH against the target of 72, while for year 2018-19 four internal review teams in the district have been constituted for observing the resources and services available at the facility and scoring as per the prescribed norms.
- General cleanliness, practices followed by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in the visited DH, CH and CHC.
- All the toilets at DH, CH and CHC are found clean and usable. Eight toilets are available in PHC Nazeerabad but one toilet is adjacent to the kitchen at PHC which raises serious questions about hygiene and cleanliness of food being provided to patients. At SHC Lalriya the septic tank connected to the toilet was broken resulting in waste water flowing on the road and the toilet remains unusable.
- Total 289 ASHAs are currently available in Berasia block against the 435 mapped on the web portal. Thirty-five ASHAs are available in PHC Nazeerabad and 9 in SHC Lalriya. Total 273 ASHA's in Berasia block have received identity cards. ASHA incentive has increased to Rs. 1500 in July 2018 for register updating, VHSNC meetings and surveys at village and community level.
- ASHA payments are regular but pendency is reported for last two months because of implementation of e- vitta pravah. ASHAs are paid incentives for multiple services but are facing difficulties in tracking payments through e-vitta. Out of the total services for which incentives are announced only 12 services have been listed in e-vitta pravah. There is a mismatch between the vouchers submitted and actual payment made.
- Tally software has been implemented in visited DH, and CHC in the district. E- vitta pravah a new software has been introduced for direct transfer of untied funds. From the current year each facility will separately receive its financial grants. However, funds for the financial year 2018-19 had not been transferred upto September, 2018.
- HMIS has been revamped in Madhya Pradesh as well as in Bhopal recently. As per the latest revision in facility level HMIS formats for monthly reporting, 67, 60, 48 and 23 new data items are added for DH, CH/CHC, PHC and SHC respectively.
- In Bhopal, District M&E Officer is in-position. In DH Bhopal there is no regular DEO and hard copy of the data signed by CS at DH Bhopal is sent to DPMU. Two DEOs are posted in DPMU. Data reporting is relatively better in DH Bhopal and SHC Lalriya as compared to CHC Berasia.
- The RCH portal has been initiated with many upgradations and there are 227 data fields. A total of 34 ANMs in Phanda block and 19 in Bersaia and DEO's have received training for RCH portal. The ANMs are facing technical problems with ANMOL, because whatever data is being entered in the tab does not show on the RCH portal.
- There are two Whats APP group networking of CS, CMHO with DHS and NHM. The second network of NQAC is among all districts of M.P. to ensure quality in improvement of services.

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

DH Bhopal (Strengths)

- DH Bhopal is being continuously upgraded in terms of infrastructure and services. Bhopal being the state capital is catering to the catchments by districts.
- Presently, DH Bhopal has a functional Lactation Management Centre, which is proposed to be upgraded to Comprehensive Lactation Management Unit in the current financial year.
- Under CSR two ambulances, one digital x-ray machine and USG has been provided to the hospital.
- DH is continuously trying to improve its Kayakalp scores, by implementing cleanliness, sanitation and hygiene protocols.
- There are two Whats APP group which has established networking of CS, CMHO with DHS and NHM offices. The second APP of NQAC is a network among all districts of M.P. which monitors patient care quality, hospital cleanliness and maintenance of indoor patient services.
- The process of Integrated Id for Ayushman Bharat is underway to provide health insurance of Rs. five lakhs.
- DH Bhopal has not reported a single maternal death in the last three years.
- DH Bhopal receives monthly rental from a building rented to a bank which is deposited in RKS and augments the income of DH.
- '108' services have facilitated transport of pregnant mothers and critical patients to the hospital, from catchments and outreach areas.
- DH Bhopal had explicit and clear signages in all sections of the hospital, which other hospitals can emulate.

Action Points for DH

- Very high load and pressure for all types of health services was observed in all CeMOC facilities. For clinical services the staff is available as per the old population norms whereas the load has increased manifold. **Revised HR for increased population and growing health needs must be considered to reduce pressure on clinical services.**
- The national health programmes are dynamic growing incrementally expanding. **Separate trained and exclusive personnel is essential to give impetus to the national programmes.**
- All three posts of the Ophthalmologist are lying vacant. PGMOs who are currently providing all requisite specialist services, are not receiving the incentives outlined specialists. **Incentives may be considered for these doctors.**
- Posts of **hospital manager/ administrator, matron, nursing sisters need filling up immediately**, so as to strengthen monitoring and supervision of respective sections and DH as a whole.
- With emphasis on online data uploading for all the health programmes and e- hospital, e-inventory and databased MIS. **A multi- tasking IT manager trained in handling data is a pre-requisite.**

- The available DEOs at the DH are multi-tasking in different departments. **Dedicated DEOs are essential for HMIS and PMSMA.**
- Too much burden is on DH Bhopal located in the state capital to provide health services to VIPs, meetings, Dharnas, demonstrations etc. which affects the daily clinical services of the hospital already outstretched. **Separate provisions may be made for emergencies and special occasions without affecting the daily services.**
- The frequent meetings and trainings of doctors and other DH staff also hamper the smooth functioning and providing daily services at the DH. **Alternative arrangements to facilitate services may be made to during these programmes.**

CH Bairagah (Strengths)

- CH Bairagarh is saving on electricity by using solar power in OT, labour room, blood bank, emergency and other sections, reducing electricity bill to 40 percent.
- LIONS club organizes blood donation camps and therefore availability of blood is sufficient.
- Fees obtained from trainee nurses who undergo training at the CH, is deposited in RKS augmenting the income of CH.

Action Points for CH Bairagarh

- CH does not have any staff quarters. **Staff quarters are required for all category of staff to retain them in the vicinity and provide 24*7 essential services.**
- Only one anaesthetist is available for surgery and C- section operations at the CH. **Another anaesthetist is urgently required to facilitate and manage different types of operations.**
- The CH does not have a public health manager or casualty medical officer. With high case load of adjoining towns, Sehore, Vidisha, and Raisen and catchments area is very big, **a hospital manager is required.**
- OT assistants are few in number. **Availability of at least 2- 3 trained OT assistants for managing ICU equipments, ECG, etc. is a pre- requisite to strengthen OT services.**
- ANCs women coming from the catchments and periphery to the CH report without MCP cards which increases the possibility of data duplication. **ASHAs must ensure women coming from their villages come with MCP cards with duly updated cards.**

CHC Berasia (Strengths)

- BMO of Berasia is extremely efficient and has taken multiple initiatives for smooth functioning of the CHC with high case load for OPD and IPD services.
- Continuous monitoring of funds received for building upgradation and the progress made is being undertaken by the hospital administration.
- The rentals obtained from 64 shops outside the hospital premises is deposited in RKS. This income facilitates payments for cleaning and security staff in the CHC.

Action Points for CHC Berasia

- The CHC is providing round the clock drug distribution services. Therefore, **one pharmacist is urgently required.**
- CEmOC services are hampered due to non-availability of a paediatrician, **one child specialist is essential for providing services.**
- Pending payments to anaesthetist on call has hampered services. **A regular anaesthetist is urgently required.**
- With high case load there is shortage the MOs in spite of the CHC being upgraded to CH and staff sanctioned as per 50 beds. **MOs have to be managed from the periphery It is essential to post MOs as per the latest sanction.**
- Tracking of services of JE and 108 which is centralised is difficult. Complaints of user charges have been received from some beneficiaries. **The facility in-charge should have control over the movement of referral transport.**

PHC Nazeerabad (Strengths)

- PHC Nazeerabad is saving on electricity by using solar power in the PHC premises and, reducing electricity bill up to 40 percent.

Action Points for PHC Nazeerabad

- The PHC is located away from the main road and in isolation. **Proper road signs are required to facilitate patients to the PHC.**
- The PHC is an L2 delivery point but is functioning with apart-time MO. Two SNs and only one pharmacist is providing services. **An LMO, an ANM and a pharmacist is urgently required to improve quality of services and reduce pressure on the existing staff.**
- There is one toilet adjoining the kitchen in the PHC. **The toilet must be closed and converted into a store room.**
- Since the L2 facility has 24*7 delivery services one cleaning staff is insufficient. **One cleaning staff is urgently required.**
- There is acute water shortage in the PHC. During summers there is no water supply. **One borewell is urgently required in the vicinity.**
- There are no staff quarters available in the PHC premises. **Staff quarters are urgently required to retain staff in the vicinity and ensure 24 *7 services.**
- HMIS booklets were not available for manual data entry. **HMIS booklets must be made available at the PHC.**

SHC Lalriya (Strengths)

- A new SHC building is functional adjacent to the old SHC building in Lalriya.
- The only ANM is active and managing both field work and delivery load which high in the area.

Action Points for SHC Lalriya

- The new SHC building does not have adequate furniture. **Chairs for attendants, racks to keep medicines and Almirah is urgently required.**
- The toilet in the new building cannot be used because of the pipe being broken and water sewage flow on the road. **It is essential to repair the toilet urgently.**
- The payment for meals provided by an NGO has not been made by the block. **The payment needs to be made immediately to restore food services under JSSK.**
- Night time deliveries are difficult and risky without continuous electricity supply and a damaged inverter and poor power supply in the labour room. **A new inverter is urgently required in the SHC.**
- With high delivery load and pressure of national programmes it is difficult for a single ANM to carry out simultaneous activities at the SHC in the periphery. **One ANM is urgently required to provide additional services.**
- Pit for burying hospital waste and colour coded bin is not available. **For BMW segregation and maintain cleanliness and hygiene it is essential to provide colour coded bins. Deep pit for burying waste is essential.**
- HMIS booklets were not available for manual data entry. **HMIS booklets must be made available at the SHC.**
- The untied fund for SHC Lalriya is insufficient to meet out the contingency expenses due to high delivery load. **Additional funds are essential to meet out essential expenses.**

Action Points for District Bhopal

- All the SHCs are receiving the same amount of untied funds and the delivery points have to bear extra expenses. **Therefore, a distinction between those providing and those not providing needs to be made while allocating funds.**
- Bhopal district has 80 percent urban population to be served. Presently there are only 32 ANMs for 85 urban wards. **With high pressure on urban health services, appointment of more ANMs is essential to improve services in urban areas.**
- Centralising basic services like security, cleanliness and transportation are hampering smooth service delivery and tracking of these services. The outsourced workers discontinue frequently on issues of non-payment. **The monitoring and tracking of these services which is minimal must be strengthened for optimum utilization.**
- Under e- vitta pravah tracking of payments is difficult. **Necessary modifications must be ensured to ensure smooth payments.**
- None of the facilities had received untied funds till September 2018. **Timely disbursement of funds is essential for smooth functioning of programmes under NHM.**
- Due to rationalization some of the staff under NHM are getting reduced salary. **This issue needs immediate attention.**
- No health and wellness centres were observed during field visit. **The SHCs and PHCs in the district need infrastructure to become functional as health and wellness centres.**

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

1. Introduction

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

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

2. State and District Profile

Madhya Pradesh located in central India has 51 districts and 342 blocks with a total population of 7.2 crores (Census, 2011). Bhopal is the capital of Madhya Pradesh. It is located in the central part of India on Malwa plateau which is comparatively higher than the North India plains. The city has uneven elevation and has small hills within its boundaries. Bhopal district administrative division comprises of 2 Tehsils Berasia and Huzur, 2 blocks and 3 towns Bhopal Municipal Corporation, Berasia and Kolar and 519 Villages. Bhopal houses various educational and research institutions and installations of national importance, including ISRO's Master Control Facility, BHEL, and AMPRI. Bhopal is home to the largest number of Institutes of National Importance in India. Bhopal was selected as one of the first twenty Indian cities to be developed as a smart city under flagship programme Smart Cities Mission. Bhopal Municipal Corporation has 85 urban wards.

According to the 2011 census, the population of the Bhopal city (the area under Bhopal

Key Socio-Demographic Indicators					
Sr.	Indicator	MP		Bhopal	
		2001	2011	2001	2011
1	No. of Districts	45	50	-	-
2	No. of Blocks	333	342	2	2
3	No. of Villages	55393	54903	538	519
4	No. of Towns	394	476	2	3
5	Population (Million)	60.34	72.63	1.8	2.3
6	Decadal Growth Rate	24.3	20.3	36.4	28.5
7	Population Density (per Km ²)	196	236	665	855
8	Literacy Rate (%)	63.7	70.6	74.6	82.3
9	Female Literacy Rate (%)	50.3	60.6	66.4	76.6
10	Sex Ratio	919	930	918	895
11	Sex Ratio (0-6 Age)	932	918	925	920
12	Urbanization (%)	26.5	27.6	80.4	80.8
13	Percentage of SC (%)	15.2	15.6	14.0	15.1
14	Percentage of ST (%)	20.3	21.1	3.3	2.9

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

Municipal Corporation) is 17,98,218 with 9,36,168 males and 8,62,050 females. The population of the Bhopal metropolitan area (the urban agglomeration that extends beyond Bhopal city) was 18,86,100 in 2011. As per Census 2011, the total population of Bhopal is 23,71, 061 of which 52 percent are

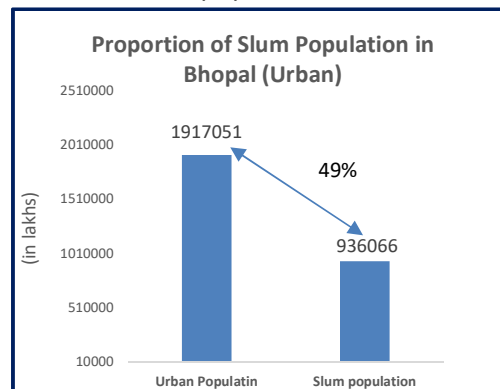
males. The percentage of urban population in the district is 80.8, whereas the state as a whole has 27.6 percent of urban population. The decadal growth rate of Bhopal has decreased from 36.4 percent to 28.5 percent during 2001-2011. The district population density is 855 as per Census 2011. The Scheduled Caste population in the district is 15.07 percent while Scheduled Tribe comprises 2.93 percent of the total population.

The slum population comprises of 49 percent of the total urban population. More than 42% of the urban population of Madhya Pradesh is designated Below Poverty Line (BPL), compared to 37% in rural areas (NSS).

The overall literacy rate of Bhopal district is 82.3 percent and Bhopal ranks third among 51 districts in the state with 7.7 percent increase in total literacy, since Census 2001. The overall literacy rate of Bhopal district is above the state average in 2011 (M.P.:70.6; Bhopal 82.3). The male-female sex ratio of Bhopal is 895

females per thousand males much lower in comparison to 930 of M.P. as a whole. The sex ratios for 0-6 years of age group in Bhopal district has decreased from 925 in 2001 to 920 in 2011. District level estimates for key health indicators such as IMR, MMR, NMR, unmet need for FP, SRB and level of immunization is not available from any of the recent surveys.

Multidimensional urban expansion i.e. population growth, industrialization, infrastructure growth etc, has put enormous stress on various resources including, health infrastructure. The key health and service indicators show that there is a high pressure for both OPD and IPD services in Bhopal district in comparison to the state as a whole.



Sr.	Key health and service delivery Indicators	MP	Bhopal
1.	Expected number of Pregnancies – 2017-18	2206825	56807
2.	ANC Registration - 2017-18	1832836	61151
3.	1 st Trimester ANC Registration (%)	61	62
4.	OPD cases per 10,000 population - 2017-18	6874	24019
5.	IPD cases per 10,000 population - 2017-18	584	1610
6.	Estimated number of deliveries - 2017-18	2006202	51643
7.	SBA Home Deliveries (%) - 2017-18	7.3	5.5
8.	Reported Institutional Deliveries (%) - 2017-18	92.7	94.5

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

3. Health Infrastructure in Bhopal District

- Bhopal district provides health services in both rural and urban areas through different type of rural and urban health facilities. The district is providing health services in urban areas through District Hospital, CH Bairagarh, 8 urban UPHCs and 23 Civil Dispensaries. In rural areas, 5 CHCs 10 PHCs and 76 SHCs are mapped but presently 3 CHCs, 9 PHCs and 63 SHCs are functional providing health services.

Existing Health Facilities and Health Facilities Visited		
Health Facility	Number	Health Facility Visited
District Hospital	1	DH Bhopal
Civil Hospital	1	CH Bairagarh
Community Health Centres	3	CHC Berasia
Primary Health Centers	9	PHC Nazeerabad
Sub Health Centres	63	SHC Lalriya

DH Bhopal, CH Bairagarh 3 CHCs, 9 PHCs and 63 SHC are functioning from government buildings.

- Both public and private medical college hospitals are mapped in HMIS which are providing tertiary care services. Besides this, there are 22 AYUSH dispensaries (under state AYUSH department) functioning in the district.
- In total 763 beds are available in the district with a population of 23.71 lakh, which are insufficient for the government health facilities, according to the required norm of 500 beds per 1 lakh population considering there is a sizeable slum population in urban Bhopal.
- Overall 14 delivery points four L3, five L2 and L1 facilities each are functional in Bhopal district. DH Bhopal is functional as a 300 bedded CH Bairagarh has 105 beds, and all the L3 CHCs are 30 bedded except CHC Berasia which is 60 bedded. Visited L2 facility PHC Nazeerabad is 10 bedded. There are 5 L1 facilities, (3 PHCs and two SHC). Additionally, there are two designated government AYUSH L1 delivery points one in Ayurveda and the other in Unani hospital. Delivery is being presently conducted at the Ayurveda Hospital.

Construction Work in District Bhopal under NHM			
Status	Cost in lakhs	Year	Progress
Construction of DPM unit of J.P. Hospital Campus	30	2017-18	Completed
Construction/extension with of DEIC building of J.P. Hospital Campus	98	2017-18	Completed
Construction of CHC building block Berasia	30	2017-18	Completed
Construction of CHC buildings Surajpura Kadri Chovar, Klara, Basai, Jammusar kalan, Bagsi (Block Berasia)	131	2018-19	Work in progress
Construction of SHC building Mindora, HarraKheda, Kalapani, (Block Phanda and Berasia)	63	2018-19	Work in progress
Construction of Postmortem building at CHC Berasia	16.71	2018-19	Work in progress

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

Status of Visited Health Facilities

- DH Bhopal, CH Bairagarh and CHC Berasia are easily accessible from the main road whereas PHC Nazeerabad, and SHC Lalriya are not accessible. DH Bhopal caters to around 18 lakhs population of Bhopal and nearby districts of Hoshangabad, Vidisha, Guna, and Raisen. CH caters to around 1 lakh 25,000 population, CHC Berasia caters to around 2.82 lakhs population. PHC Nazeerabad caters to around 51,680 population in the periphery and SHC Lalriya caters to about 8,000 populations.
- Staff quarters is a serious concern in the district; DH Bhopal has 30 staff quarters, 4 quarters for MO, and 26 quarters of G, H and I type. CHC Berasia has seven MO quarters and four quarters for 'other' category while PHC Nazeerabad has one quarter for MO and one quarter for other category staff. SHC Lalriya has one ANM quarter. The condition of most of these quarters is not good especially at the DH. CH Bairagarh does not have residential quarters.
- All the visited health facilities have power back up in the form of generator or inverter except SHC Lalriya. CH Bairagarh has solar energy setup but battery needs to be replaced for functioning of the system. SHC Lalriya does not have power back.
- Water supply is available with overhead tanks in all the visited facility except SHC. There is 24*7 running water supply in all the health facilities except SHC Lalriya. There are three borewells in the DH. PHC Nazeerabad faces water shortage during the summers and has to purchase water.
- All the visited health facilities have clean and functional labour room with attached clean toilets. Separate toilets for males and females are available in all the visited facilities except SHC Lalriya. PHC Nazeerabad has eight functional toilets of which one is adjoining the kitchen and is not hygienic.
- Separate male and female wards are available in all the visited facilities except PHC Nazeerabad. Bhopal district has five ten bedded functional NRCs and the DH NRC is proposed to be upgraded to 20 bedded NRC.
- Blood bank is functional in DH Bhopal and two BSU's are functional in CH Bairagarh and CHC Berasia respectively.
- DH Bhopal and CH have a suggestion box for suggestions and complaints but none of the other visited facilities are equipped with a suggestion box. Functional help desk was seen at DH Bhopal and CH Bairagarh.



- ICTC/ PPTCT centres are functional at DH Bhopal, CH Bairagarh and CHC Berasia with staff and medicines.
- Bio-medical waste segregation were observed in all the health facilities. Color coded bins were available in all the visited facilities except SHC Lalriya.
- The BMW service is out sourced in the district. Collection of waste is done on daily basis at the DH and the CH and at CHC Berasia on alternate days by Bhopal Medical Incinerator, except Sunday's. Disposal of hospital waste in PHC Nazeerabad is being done in closed pits. SHC Lalriya does not have waste segregation or waste management system in place and the placenta is disposed in a nearby drain.

4. Human Resources

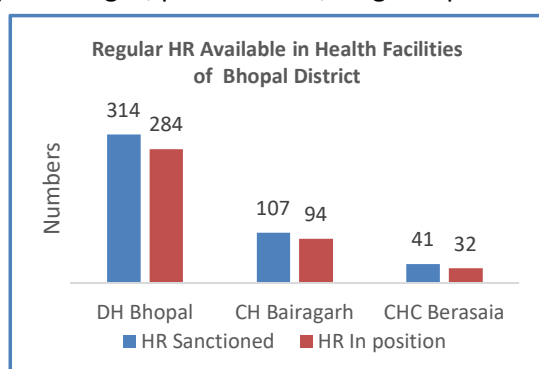
- Madhya Pradesh is facing an acute shortage of human resources for health care services. In rural areas, majority of health institutions are functioning without necessary staffs. Even contractual staffs post is vacant in many of the facilities.
- Madhya Pradesh has a deficit of 68 percent specialists and 34 percent MOs as shown in the Annual Report for the year 2017-18 of the state <http://www.health.mp.gov.in/iec.htm>
- A list of staff position of Bhopal district is available on the state HR web-site but this information is not updated <http://www.nhmmp.gov.in/WebContent/md/HR/Regular-Facility-Wise.xls>
- The portal <http://mpsdc.gov.in/nhmhrms/Home/Login> which is created to provide detailed information about all regular as well as contractual employees in the health department. However, information about facility-wise deployment of HR is not available in public domain.

Status of Human Resource in Visited Health Facilities

- DH Bhopal has 32 out of 34 specialists (94 percent) including four gynaecologists, five medicine specialists, four surgeon, two ENT specialists, two anaesthetists and eight paediatricians and one psychiatrist posted against the sanctioned specialists' post.
- Ninety percent of the posts of MOs are filled up in the DH. The paramedical staff including Matron, SNs, ANM. Majority 137 SNs (male and female) are working against the sanctioned post of 138. The post of nursing superintendent, nursing brother are lying vacant and nursing sisters are in position. Only half of the posts of matron and nursing sisters is filled up.
- In the DH, seven out of 8 lab technicians, one out of one ophthalmic assistant are working against their sanctioned posts. There are two out of three radiologists and all three radiographers are posted at DH against the sanctioned post. The x-ray and ECG services are being provided by three technicians at the DH. There are four accountants against the sanctioned posts and four contractual computer operators against their posts in DH Bhopal.

Staff Position in Different Health Facilities in Bhopal District								
	MOs		Medical Officer		Para medical staff		Technical Staff	
Bhopal District	Sanctioned	In- position	Sanctioned	In – position	Sanctioned	In- position	Sanctioned	In – position
DH	34	32	31	28	170	158	46	45
CH	13	10	9	9	35	33	14	12
CHC	6	3	3	4	12	3 ⁸	13	11
DH Bhopal, CH Bairagarh, CHC Berasia								

- The posts of hospital administrator at the DH is lying vacant. There are 14 security and 62 outsourced cleanliness staff hired through Sandhya Security Services and paid through RKS.
- CH Bairagh has 76 percent specialists working against their sanctioned posts, including gynaecologist, paediatrician, surgical specialist and anaesthetist. The post of eye specialist and



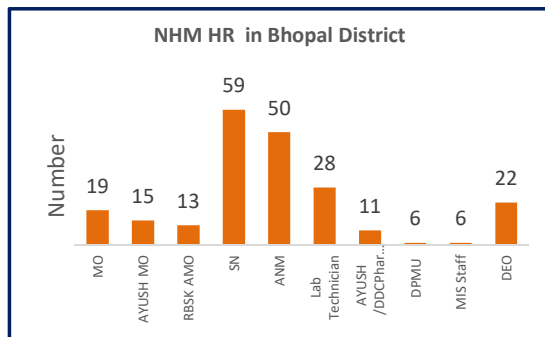
orthopaedician is lying vacant and there is paucity of anaesthetist. All the 9 posts of MOs are filled up. The CH has additional 7 contractual staff hired under NHM, like MO (1), FD (1), SN (3), ANM (1) and one drug distribution supporting staff.

- Most of the SNs posts are filled up in CH Bairagarh (25 out of 27) and four ANMs are working against their sanctioned posts. Three

pharmacists, two compounders, one ophthalmic assistant, four LTs also providing services at the facility. Posts of matron and nursing sister are lying vacant.

- CH Berasia is upgraded as 50 bedded CH by office orders of PH&FW department of the state government of 5th February, 2018. The sanctioned posts in all categories have been increased from 41 to 60. The CHC is a 60 bedded unit but with no extra regular HR. Currently, only 32 regular staff are available against the present sanctioned post of 41 including class three and four category staff.
- CHC Berasia has two gynaecologists (one under suspension), three MOs and one AYUSH MO (Ayurvedic). Three regular and four contractual SNs provide MCH services. Three pharmacists, one ophthalmic assistant, four LTs and 18 ANMs are also providing services at the facility. CHC Berasia has additional 20 contractual staff hired under NHM including 4 SNs.
- At PHC Nazeerabad, there is only one part time MO, who is posted at PHC Barkheri and visits this PHC only once a week. One AYUSH MO attached to PHC Misrod also visits this PHC once a week. Two staff nurses one ophthalmic assistant one LT, one SN, and one pharmacist are posted at the PHC.
- At SHC Lalriya, there is only one ANM and one MPW, providing all the clinical and MCH services at the delivery point.

- A total of 296 NHM staff have been reported in Bhopal district (HRMIS, Dec 2017). In the DPMU, DPM, M&E, DAM, RBSK coordinator DCM, IEC Consultant, and two DEOs are in position. In the visited Berasia block one BPM (in-charge) and one BAM are available. Berasia block does not have a regular BCM and BPM.
- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility, although details were provided by the CS at DH Bhopal, BMO at CS Bairagrh and CBMO at CHC Berasia. However, DMPU Bhopal could not provide complete information about the contractual staff of the district.



Training Status/Skills and Capacity Building

- NHM focuses on capacity building and skill up gradation of the existing staff, for which there are provisions for trainings at all levels. Under NHM, several training programmes are organized for medical and paramedical staff at district and state level. Twenty-six types of trainings were received by different category of staff in different health facilities.
- Training MIS has been initiated at the national level for training load assessment but is not yet operational in Bhopal district, inspite of one MO and one DEO having received training in TMIS in 2016.
- Trainings in CEmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, mini-lap, BSU are being continuously provided for skill up gradation of different category of health staff in the district.
- Among the visited facilities, i.e. DH Bhopal, CH Bairagarh, CHC Berasia, and PHC Nazeerabad one CEmOC trained MO is available at PHC Nazeerabad and two BEmOC MOs one at CHC Berasia and one at the visited PHC. Among the visited facilities, three LSAS trained MOs one at the visited CHC and two at PHC Nazeerabad are available.
- SBA training is taking place at the district level and 53 SBA trained MOs, SNs and ANMs are available in different visited health facilities.
- FBNC trained staff are available at all the visited health facilities. (DH:20; CH:9; CHC:2; PHC:1) except SHC Lalriya.
- Nine MTP trained MOs 5 at DH Bhopal and 4 at CHC Berasia are available, MOs and NSV trained doctors are working in all the visited CEmOC health facilities.
- There are 11 NSV trained MOs available in the visited DH, CH and CHC (DH:6; CH:4, CHC:1) Eleven trained MOs in laparoscopic sterilizations are available at the visited health facilities (DH:3; CH:5, CHC:3).

- IUCD, PPIUCD and NSSK trainings have been received by 36, 27 and 4 health personnel respectively belonging to different categories, in the visited health facilities. Six cold chain trained ANMs, SNs and MPWs are available at the CH and CHC Berasia to maintain cold chain services.
- Other trainings of different category of staff in Bhopal district are as follows: blood bank/BSU (3), RTI/STI (2), immunization and cold chain (6), RCH portal (7), HMIS (9), RBSK (7), RKSK (4), Kayakalp (10), NRC and nutrition (3), PPTCT (4), NCD (1) and nursing mentor (1).

5. Other Health Systems Input

- Availability of speciality services are essential for delivery of quality health care services at all levels of health institutions, along with availability of adequate equipments, drugs and consumables and diagnostics.
- In DH Bhopal all types of health services like surgery, medicine, obstetrics & gynaecology, cardiology, emergency, trauma care centre, ophthalmology, ENT and family planning are available along with ancillary services of blood bank, radiology and pathology. DH has one 150 bedded MCH wing for delivery services.
- Whereas all the specialty services are available at the DH, CH Bairagarh does not have cardiology services and trauma care centre. CHC Berasia does not have separate women's hospital, surgical facilities and cardiology care.
- There is fully functional Blood Bank at DH Bhopal and Blood Storage Unit at both CH Bairagarh and CHC Berasia. Overall 50 units of blood was available at the DH, and two each at CH Bairagarh and CHC Berasia on the day of visit to the respective facilities.
- Most of the essential equipments are available at the health facilities along with functional foetal Doppler/CTG and mobile light at the DH and MVA/EVA equipment at CHC.
- Surgical diathermies are available in the DH, CH and visited CHC. Functional laparoscopes are available in the DH, CH and visited CHC, c-arm units are available in DH and CH, Bairagarh. OT lights and anaesthesia machines are available at DH, CH and CHC.
- Pathological investigations are free for all the patients in government health care facilities. DH has 60 type of pathological investigations for patients that are provided without charging any user fees. All the listed diagnostic tests are available at the DH and CH Bairagarh, except ECG testing at CHC Berasia, but very few diagnostic tests are available at PHC Nazeerabad visited for PIP monitoring.

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

- At DH 14580 X-Rays at the DH and 1103 at CH and 1171 at CHC Berasia are reported during April-August, 2018. Total 7117USGs are reported at DH Bhopal, and 104 at CH Bairagarh.

- EDL list were displayed at all the health facilities Majority of the essential drugs are available in all the visited health facilities and there is a computerized inventory management system for the DH, CH and CHC. Calcium tablets are in short supply for pregnant women in CHC Bersia and PHC Nazeerabad. The PHC had a stock out of sugar coated multi vitamin and Vitamin D tablets.
- Roshni clinic is providing services in the district by identifying women through 'mahila swasthya shivir' at the block level and providing services at the DH on weekly basis or in camps specially organized for women for different types of services like treatment of hypertension, cervical cancer, oral cancer, breast cancer, anaemia, high risk pregnancy and infertility.
- ICTC clinics and counselling centre are functional in DH Bhopal, CH Bairagarh and CHC Berasia. Total 125 cases were screened in the CHC Berasia 2775 cases were tested out of which 7 were positive during April to August 2018.

AYUSH Services

- Currently, 200 PHCs do not have a single Medical Officer (MO), in place. In the year 2017-18, the state government has conducted training of PSC selected Ayurvedic Medical Officers for prescription of allopathic drugs and deployed them in PHCs.
- There are 22 AYUSH dispensaries in the district running through state AYUSH department. Seven AYUSH doctors are providing services in different PHCs, under CHC Berasia (3: Unani; 1: Homeopathy; 3 Ayurveda).
- OPDs of AYUSH are integrated with DH (Ayurvedic MO) and CHC OPD which has one Homeopathy doctor. The AYUSH doctors report to facility HMIS as well as to their parent department.
- PHC Nazeerabad has one Ayurveda MO who provides services at the PHC once a week and there is one AYUSH pharmacist.
- AYUSH OPDs reported between April- August 2018, in the visited DH, CH, CHC and PHC are 2456, 830, 3981 and 979 respectively.
- 173 BAMS MOs of Bhopal district have been provided training in allopathy for making health and wellness centres functional.
- AYUSH medicines are supplied from AYUSH drug store in Bhopal on demand from facilities.

6. Maternal Health

- Bhopal district has 14 delivery points nine in Phanda block and five in Berasia. Out of these the four functional L3 facilities (DH Bhopal, CH Bairagarh CHC Berasia and CHC Kolar), five L2 facilities (1 CHC, 4 PHCs) and 5 L1 facilities (3 PHCs & 2 SHC) are providing maternal health services in the district.

Bhopal	Population (Census 2011)	L1	L2	L3
Phanda (Huzur Bhopal Urban & Rural)	221423 <u>1917051</u> 2138474	3	3	3
Berasia	232587	2	2	1
Total	2371061	5	5	4

- Additionally, Pandit Khushilal Sharma a government Ayurvedic college is an L 1 facility in which delivery is taking place. Hakim Syed Jiaz Hussein is the government Unani college L1 facility in which delivery is not being conducted presently.
- The DH has a separate 150 bedded maternity wing with separate ANC, PNC wards with high delivery load not only of Bhopal district but the catchment districts adjoining Bhopal. On an average 500 deliveries are conducted at the DH every month. A total of 615 C- section deliveries took place during April-August, 2018 in the DH.

Bhopal District	L1	L2	L3
Phanda	PHC Ratibad, PHC Phanda, PHC, Toomda	CHC Gandhinagar, PHC Misrod,	DH Bhopal, CH Bairagarh CHC Kolar
Berasia	SHC Lalariya, SHC Sohaya	PHC Nazeerabad, PHC Gunga, PHC Runaha	CHC Berasia

- CH Bairagarh has a 30 bedded maternity wing. But the designated delivery points CHC Berasia and PHC Nazeerabad are not fully functional as per IPHS norms, due to lack of complete specialists, infrastructure and manpower. CHC Berasia does not have paediatrician in position although the post is sanctioned.
- Under PM Surakshit Matritava Abhiyan (PMSMA) during May to September 2018, 4910 pregnant women have received ANC checkup by doctors at all the designated health facilities in Bhopal city including medical college hospitals. This is a PPP model in which private doctors provide ANC services in public health facilities on the 9th of each month.
- It has been observed that some women coming for ANC and PNC services are not aware of MCP cards in the periphery and its importance. Therefore, services being provided are not being regularly updated in the new RCH portal.
- During April to August 2018 DH Bhopal has reported 2480 deliveries (monthly average: 496; per day avg: 17), among which 1095 were night time deliveries (between 8 pm to 8 am). In CHC Berasia out of 1114 deliveries, 245 have been conducted at night. In PHC Nazeerabad out of 344 deliveries, 33 were reported at night. SHC Lalriya has reported 63 deliveries during this period.
- Out of the total deliveries 25, 16 and 5 percent deliveries were conducted under C-Section at DH Bhopal, CH Bairagarh and CHC Berasia respectively.
- Four maternal deaths were reported and reviewed in the CHC Berasia during April-August 2018. The reasons for maternal deaths were PPH, severe anaemia, obstructed labour and eclampsia. No maternal death reported either at DH Bhopal, CH Bairagarh or PHC Nazeerabad during this period.
- Among the visited CemOC facilities DH Bhopal and CH Bairagarh have the full range of services given in the below table.

Maternal Health Services Available in visited CEmOC Facilities in Bhopal District

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

Janani Shishu Suraksha Karyakram (JSSK)

- JSSK is implemented at all levels of health facility and free entitlements are provided. Display of all JSSK benefits components were observed in the DH, CH and CHC and PHC Nazeerabad but not at SHC Lalriya.
- Twenty beneficiaries were interviewed through exit interviews out of which 18 delivered in the visited facilities and reported about service availability at the facilities i.e. free meals and diagnostics. Seven beneficiaries have reported of using free transport services and all 18 of them reported of reported of normal delivery and initiation of breast feeding within one hour of delivery.
- It was observed that all the visited health facilities have free dietary service under JSSK except at SHC Lalriya. All the women utilised the delivery care at the visited facilities, stay for minimum 48 hours as per norms except SHC Lalriya, where some mother go home before 48 hours. Food services at the SHC was discontinued due to pending of payment to the NGO for past two years.
- DH Bhopal and CH Bairagarh provide dietary services through the hospital kitchen and CHC Berasia too provides dietary services through its kitchen for which grocery is supplied by NGO 'Sai Kripa' tendered for this purpose.
- JSY is implemented and payments are made as per eligibility criteria. Since the payments are made through e- vitta pravah from July 2018, therefore physical verification of beneficiaries' payment by district authorities is not possible. JSY payments through e- vitta prava are received by beneficiaries of PHC Nazeerabad and SHC Lalriya through CHC Berasia, therefore tracking of payments is difficult and the updated list of JSY payments made to beneficiaries is not available with the respective facilities.
- Pendency due to deactivated or non- functional bank account of the beneficiary, was reported at the health facilities. Beneficiaries are asked to visit to the facility if money is not transferred within a month after depositing all the required documents in Bhopal district.
- Under PMMVY a registered woman working in the unorganized sector as a labourer is entitled to receive wage compensation for the period of absence from work. Under the PMMVY for early

ANC, institutional delivery in a public health facility, and first dose of child immunization would fetch an average amount of Rs. 6000, including the JSY amount.

- Chief minister in M.P. has launched a new initiative MMSSPSY from May 2018. Under MMSSPSY it is proposed direct conditional cash transfer of Rs. 16000 in two instalments for early identification of high-risk pregnancies, safe deliveries (institutional) and early initiation of breastfeeding and '0' dose immunization of newborn. This is to facilitate mothers working in informal sector.

Referral Transport

- In Madhya Pradesh referral transport has been an integral part of both Janani Surksha and emergency health care services. This is very essential for access to critical health care, emergencies, trauma care for remote and outreach areas and in rural areas.
- 'Ziqita healthcare limited' has been hired by the state for integrated ambulance services and is managing both JE and '108' in the state.
- Total 7 JE and 17 '108' (16: BLS; 1: ALS) functional in the district. Five "JE" are providing services in DH Bhopal (2), CH Bairagarh (1), CHC Berasia (1), and PHC Nazeerabad (1).
- Referral transport '108' is not under the direct control of the CMHO or facility head and its movements and services cannot be tracked.
- None of the visited facilities have any information about mothers being transported from home to hospital and from hospital to home under JSSK. This makes tracking of JE services very difficult by the facility head as reported by CBMO of Berasia. CBMO of Berasia also reported of receiving complaints from mothers about having to pay money to the drivers of JE.
- The referral transport service in the district is running through centralised call centre from state. It was observed that '108' provides services to JSSK mothers transporting them to the facility. CHC Berasia reported that the service providers of '108' refuse to transport critical patient which require referral to a higher facility.
- Due to non-availability of data at district level the services being provided to pregnant women and newborn children and other patients by '108' and JE remains unassessed.
- Bhopal district has availability of additional ambulance service in DH, CH and the visited CHC which is maintained through RKS and for referrals user fee is charged at CHC Berasia.
- The hospital in-charges also have mobility support in the respective facilities except PHC Nazeerabad and vehicles are available for call duty MOs at the DH.

7. Child Health

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

- Emergency Triage Assessment and Treatment (ETAT) units are operationalized in all 51 district hospitals. All casualty medical officers and nurses are being trained on ETAT. In total, 17 batches of ETAT training are completed till now. 8 batches of ETAT trainings are being conducted in coordination with AIIMS Bhopal. 488 participants have been trained till now.
- DH Bhopal has a 20 bedded SNCU, with necessary equipments and availability of four trained MOs and 17 staff nurses. During April-August 2018, there were 480 admissions (In-born: 372; Out-born: 108) in the SNCU and 49 neonates died during April-August 2018.
- Out of 60 functional NBSU in the state, CH Bairagarh has an NBSU where 110 inborn and 5 outborn children were admitted upto August, 2018. Out of the total admissions 72 were cured and 14 were referred.
- The number of NBSUs needed for critical care for child survival has been reduced from 105 to 60 in the health facilities, due to specialist and manpower shortage.
- There are 1515 designated delivery points in the state and Newborn Care Corners are functional in all the delivery points including CHC Berasia which has a functional NBCC. But CHC Berasia does not have a paediatrician in position for neo-natal and child care.

Nutrition Rehabilitation Centre (NRC)

- Although improvements have been made in the under-nutrition status of children under 5 years of age, with the percentage of children severely wasted (i.e. children with severe acute malnutrition (SAM) declining from 12.6% (NFHS 3) to 9.2 % (NFHS 4) it is still a challenge for M.P.
- With 315 Nutrition Rehabilitation Centers (NRCs) in all DHs and CHC/PHCs and 5 tertiary care Severe Malnutrition Treatment Units functional in the State, around 60,270 children with SAM have been managed in 2017-18. Also, there has been an improvement in the output indicators with recovery rates at 72%, defaulter rate at 11%, medical transfer of 3% and non-responder rate at 14% (State Report April'- Dec'17).
- There are six NRCs in Bhopal district. All the NRCs are 10 bedded except the NRC in AIIMS which is 20 bedded. Thus, there are 70 beds for SAM children in the district including one 10 bedded NRC in private medical college, 'Peoples' has also. The DH NRC is proposed to be upgraded to 20 beds.
- With high proportion of children 6-59 months suffering from anaemia (Bhopal urban: 78 percent; rural: 77, NFHS, 4) reported BOR is only 72 percent.

NRC, Bed Occupancy Report in Bhopal district 1 st April -31 st August, 2018	
No. of NRC	6
Total Beds	70
Previous Admission	16
Children admitted during period	542
Death during period	0
Defaulter during period	39
Medical transfer during period	99
Overall bed occupancy %	72.47
Mothers counselled for family plan	458
Children referred by AWW	101
Children referred by self	38
Children referred by Doctors	214
Children referred by others	138
Children referred by RBSK team	0
NRC MIS- Report 2018	

- The NRCs at DH Bhopal, CH Bairagarh, and CHC Berasia are observed to be fully functional with trained staff and all necessary equipments available. However, CHC Berasia does not have a feeding demonstrator. In DH 141, CH 94 and CHC Berasia 105 SAM children were admitted to the respective NRCs during April-August 2018. Average length of stay in NRCs is around 14, 26 and 14 days at DH, CH and the CHC respectively.
- NRC MIS software is being used for monitoring and supervision of NRC services. The NRCs are provided with separate computer and internet connection.
- 'Dastak Abhiyan' is a special initiative of GoMP (2016) in which door to door screening of children under five years of age is being undertaken once every 6 months to address the major determinants of U5 morbidities and mortality in collaboration with WCD department considering high SAM rates in the state.
- During the current year between 14th June -31st July, 2018 community screening of children has been done for complicated SAM, severe anaemia, childhood diarrhoea and pneumonia along with preventive measures such as Vitamin A supplementation, ORS prepositioning, promotion of handwash and infant and young child feeding practices was undertaken in Bhopal district. CHC Bersaia covered screening in 625 villages and ORS (8024), IYFC (33344) and Vitamin A (230656) were provided to children.
- AWWs, ASHAs and ANMs are coordinating visits to households to identify children with childhood deficits to ensure timely admissions and follow up. These grassroots workers have listed out such children for the MO I/C and feeding demonstrator of NRCs to provide requisite services timely.

Immunization

- M.P. is still lagging behind in complete immunization. In urban areas of Bhopal district complete immunization is 62.5 and 62 percent in the district as a whole (M.P urban: 63 percent, rural: 50; total 50.6, NFHS 4). The dropout rate has shown a decline but needs further intensification.
- CHC Berasia and PHC Nazeerabad are focal points for immunization. Micro plans have been prepared for different blocks by DIO for the year 2018-19.
- Alternate vaccine delivery system is in place in the district. MPWs and LHVs have been trained in cold chain handling in the district. The birth dose of immunisation is being ensured for all newborns delivered before getting discharged at the DH, CH and CHC.
- Immunisation services are available in DH Bhopal and CH Bairagarh on daily basis and on fixed days in the periphery.
- VHND sessions are being held on regular basis for immunization of pregnant women and children. PHC Nazeerabad reported that immunization services are provided by field ANM in periphery and on fixed days at PHC.

Rashtriya Baal Surkasha Karyakram (RBSK)

- Under PIP 2018-19, Regional Early Intervention Centers are proposed at Medical college, Rewa, Indore, Bhopal and Jabalpur. In all 25 functional DEICs are catering to special needs of children in M.P.
- Samarpan is a unique intervention Early Intervention Clinic for early identification, screening, treatment and rehabilitation of children with developmental delay or physically disability. It is a convergence model of Health, WCD and district disabled rehabilitation centre (DDRC) with the leadership of district administration.
- State Resource Centre is proposed to be set up as a model multi-disciplinary approach for detection, screening, evaluation, treatment, management and rehabilitation centre for 0-18 years of children in Madhya Pradesh (2018-19). State level training centre for RBSK staff of different DEIC is proposed.
- The Child Health Evaluation Treatment Notification Application (Chetna APP) was launched as a pilot project in four districts of M.P. in November 2016 and extended to all 51 districts in June 2017. Through this APP quality screening, tracking, and monitoring of services to children with four D's, in the age group 0-18 years, tracking of high-risk children, follow up of SNCU discharged children is being carried out.
- As per the data available from DH Bhopal a total of 89607 children have been screened, 12623 treated and 365 referred during April-August, 2018. From 0-6 week 10000, from 6 weeks-6 years 51518, from 6-18 years 28089 children were screened respectively.

- In Bhopal district there are total 13 MOs, 4 ANMs, one SN and one pharmacist cum data entry operator providing RBSK services in different blocks. There is a RBSK team for Bhopal urban locality. None of the RBSK teams are complete in manpower in Berasia block.

RBSK HR in Bhopal District					
Health Personnel	Berasia Block		Banda Block		Urban
	Team1	Team2	Team1	Team2	
MO	2	2	2	2	6
ANM	1	1	1	1	0
Pharmacist	0	0	0	1	0

- There are two RBSK teams in Berasia block. One team comprises of two AYUSH doctors, and one ANM. The second team does not have an ANM. Both the teams in the block do not have pharmacist cum data entry operator. There is manpower shortage in RBSK teams across Bhopal district specially of pharmacists. Screening of 4 D's is being carried out in schools and AWCs in Berasia block.

Screening for RBSK in Berasia Block (April-August,2018)				
Children identified with Four 'D's	6 weeks -3 years	3 years- 6 years	6 years -18 years	Total children screened
Defect at Birth	407	703	2711	3821
Deficiencies	29	28	156	213
Childhood Diseases	9	5	207	241
Delays including disabilities	1	2	77	80

- The DEIC Bhopal has a separate building, infrastructure facilities and manpower (11 staff) at the centre to provide complete range of services in Bhopal district for identifying and providing treatment to children with different types of developmental problems.
- Children found with 4Ds defects of birth, diseases, deficiency, and developmental delays are provided comprehensive treatment.

Adolescent Health (ARSH & RKSK Services)

- Adolescent health services are an important dimension of overall umbrella of health care services. Adolescent health is covered under two health programmes – ARSH and RKSK. The two programmes supplement each other - ARSH caters to the reproductive and sexual health needs of adolescents and RKSK focuses on overall health of adolescent.
- RKSK is implemented in 11 districts on pilot basis in Jhabua, Barwani, Alirajpur, Mandla, Dindori, Umaria, Shadol, Panna, Satna, Chhatarpur and Singrauli of MP. The program is implemented with the support of selected NGOs.
- In all 88 functional Adolescent Friendly Health Clinic (AFHCs) are providing services given through 88 trained counsellors in the state. Convergence with school education have been initiated to streamline counseling services in schools. Restructuring of outreach activities of counselors to offer services up to PHC level is being initiated.
- It is observed that ARSH service has been merged, restructured and integrated with 'Swasthya Samwad Kendra (SSK)'. The SSK has been established in DH Bhopal and counselling services are being provided by three counselors on FP, adolescent health and ICTC breast feeding, nutrition under one roof. In the DH, services of ARSH Counsellor, Breastfeeding Counsellor, Family planning Counsellors have been discontinued after March 2016.
- In DH 400 clients received SSK services in April-August 2018. In total 277 case have been referred from RKSK to higher facility during April- August 2018. Under RKSK, ASHAs have been trained to provide counselling to adolescents.
- RKSK services are not being provided in DH Bhopal, CHC Berasia and PHC Nazeerabad, nor have the RBSK teams reported of adolescent screening at the Block level.

Staff available in Bhopal DEIC	
Staffs	Number
Physiotherapist	1
Manager	1
Dentist	1
Speech cum Audiologist	1
Clinical Psychologist	1
Social Worker	1
Early Intervention/ special educator	1
Eye assistant	1
Staff Nurse	2
Data Entry Operator	1

8. Family Planning

- Ensuring permanent sterilization services at PHC, CHC, CH and DH on fixed days with aiming static service delivery at DHs & identified CHs has been proposed in PIP 2018-19.
- Bhopal district is presently providing full range of family planning services for spacing as well as limiting methods at all the visited health facilities in the district.

- Bhopal district has 10 Surgeons/ MOs for providing LTT services (DH: 6; CH:3; CHC:1) and 11 trained for providing NSV services (DH: 3; CH:5; CHC:3).
- LTT camps are organized at visited CHC and PHC on fixed days basis on weekly and fortnightly respectively. DH and CH are the facilities where FP operations are also done on regular basis.
- Supply of modern family planning methods, i.e. OP, condom, copper T etc. are regular in the district and none of the visited health facilities informed about any scarcity. PHC Nazeerabad reported that most of the condoms and Oral pills are provided by ANMs in the field.
- During April-August' 2018, 306 family planning operations and nine NSV have been performed at DH, 40 family planning and one NSV at CHC. At CHC & PHC these services are done on fixed day by surgeon from DH. During this period 52, 15 and 8 women were provided PPIUCD services at the DH, CHC and, PHC respectively. Insertion of IUCD to the women during April-August, 2018 is 660, 8 and 4 at the DH, CHC and, PHC respectively.
- During interaction it was found that most of the women in PNC wards were counselled for PPIUCD by doctor or SNs. In spite of counselling, women have some fear in acceptance of PPIUCD.

9. Disease Control Programmes

Communicable Diseases

- Bhopal district has a district program officer each in-charge of Malaria, TB and Leprosy disease programs. The FRUs and PHCs in the district have adequate laboratory facilities and technicians, drugs and infrastructure resources for providing preventive and curative services against the three communicable diseases, staffs are effectively providing outreach services.
- The malaria control initiatives are reported to be progressing satisfactorily in the district. Periodic surveillance is carried out by respective MOs and program officers.
- Under national malaria control programme DH Bhopal, CH Bairagarh, CHC Berasia and PHC Nazeerabad are providing services with adequate availability of rapid diagnostic kits and drugs. In April-August 2018, 1840, 18682, 204 slides in DH Bhopal, CHC Berasia, and PHC Nazeerabad respectively were prepared.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Bhopal district are functional in all the visited health facilities. A total of 273 sputum tests were reported from DH Bhopal and 49 were reported to be positive at these health facilities.
- National Leprosy Eradication Programme (NLEP) is functional and 28 and one new cases were detected and 430 and four patients are being treated respectively at DH Bhopal and CH Bairagarh.
- There are STS, STLS and TBHV staff are adequate in the blocks to provide different services.

Non-Communicable Diseases

- NCD services are being provided in DH Bhopal and CH Bairagarh through OPD services with adequacy of medicines and drugs. Diabetes, followed by hypertension, cardio-vascular diseases, ophthalmic, dental, mental illness, epilepsy stroke and cancer patients have been treated at the DH where most of the specialists are available.
- Treatment for mental illnesses is also being provided at the DH with one regular psychiatrist available for services. Mental services are not being provided at any of the other visited health facilities. Operationalization of 'Mannkaksh' in District Hospital is the prime objective of the state to provide basic Mental Health Care services to persons suffering from mental ailments.
- RBSK team during its routine visit during 2018-19 proposes to create awareness in school both public and private and colleges for children upto 18 years with regard to tobacco addiction.

NCD Services	DH	CH
Diabetes	19262	1442
Hypertension	12130	1881
Stroke	184	6
Acute Heart Diseases	11113	70
Mental illness	946	0
Epilepsy	219	0
Ophthalmic Related	9821	1719
Dental	6689	1293
Oncology	109	0
M.P. HMIS: April-August 2018		

10. Quality in Health Services

Quality in health services is multidimension phenomena that is assessed through essential skills of staff providing services, extent and type of publicity, additional support services available in the visited health facilities.

- LaQshya is a new initiative for improvement in maternity wings and making provision for and ICUs for gynae patients. LaQshya aims to improve the quality of services in labour room and maternity OTs. Labor, delivery, and recovery room (LDR) suites is proposed for Bhopal DH (2018-19). High Dependency Units (HDU) step-down, progressive and intermediate care for nursing care of gynae women is proposed for Bhopal DH.
- 'Kayakalp' is an intervention in line with the Swachha Bharat Campaign for maintaining of high standard of cleanliness and hygiene across all the public health institutions.
- Continuous monitoring of health facilities under 'Kayakalp' is underway and each health facility is given scores based on level of amenities of that particular facility and cleanliness and hygiene it maintains. A peer group assesses the health facility by scrutinizing different aspects and providing scores. On the basis of 'Kayakalp' score achieved, enhanced fund is provided to health facility.
- A review of Kayakalp for year 2017-18 is completed, internal score of Kayakalp was 77 for DH against the target of 72, while for year 2017-18 four internal review teams in the district have been constituted for observing the resources and services available at the facility and scoring as per the prescribed norms.

- DH Bhopal received the following scores in different thematic areas: 64 for hospital up keep, 63 for sanitation and hygiene, 45 support services, 84 for waste management, 85 for infection control, 44 for hygiene promotion. DH Bhopal ranked 7th among 51 districts and received an award of Rs 3.5 lakhs.
- General cleanliness, practices followed by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in all the visited health facilities. All the toilets at DH, CH and CHC are found very clean and usable.
- Eight toilets are available in PHC Nazeerabad but one toilet is adjacent to the kitchen at PHC which raises serious doubts about hygiene and cleanliness of food being provided to patients.
- At SHC Lalriya the septic tank connected to the toilet has broken resulting in waste water flowing on the road and the toilet remains unusable.
- The cleaning staffs at the health facilities are outsourced through a centralised mechanism from state and they are providing services mainly at DH and the visited CH. DH Bhopal and CH Bairagarh have 62 and 16 outsourced cleaning staff respectively. At CHC Berasia eight outsourced cleaning staffs are available and are paid through RKS. Only one cleaning staff is available at PHC Nazeerabad.
- Non-availability of sufficient cleaning staff at the PHC are affecting the overall hygiene and cleanliness with high delivery load. SHC Lalriya uses the services of a casual worker for cleaning the SHC and payments are made through untied funds.
- The buildings of DH Bhopal and CH Bairagarh are in good condition. In CHC Berasia construction of maternity wing is under way. DH Bhopal has well equipped labour room, minor OT, clean in-patient ward and kitchen. IEC about health care and available services is done at all the facilities.
- It was observed that all the cleanliness, procedural and service related protocols and charts are displayed at proper places in DH Bhopal, CHC Bairagarh CHC Berasia and PHC Nazeerabad with adequate protocol posters in labour rooms and observed that all protocols are being followed properly. Fumigation in the DH maternity OT and general OT is done on weekly basis.
- There is adequate space for medical staff and adequate waiting space for patients in all the visited health facilities except SHC Lalriya. Old building in SHC Lalriya is in a dilapidated condition and the new building does not have adequate electricity and running water.

Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Bhopal, CH Bairagarh, CHC Barasia , PHC Nazeerabad. Facilities have colour coded bins placed in OT, labour room. Only SHC Lalriya has a single red coloured bin and waste segregation is not done.

- Bhopal Medical Incinerator collects bio-medical waste on daily basis at the DH and CH Bairagrh. There is availability of pit and burning facility for waste management in the visited PHC. SHC Lalriya does not have pit for waste disposal and waste is disposed in a nearby drain.
- There are standard protocols for disposal of bio-medical waste management in all level of health care institutions. Awareness amongst staff on cleanliness and hygiene practices is satisfactory in all the visited health facilities.

Information Education Communication

- In 2017-18, the State has implemented an integrated IEC strategy wherein all IEC components sanctioned under different program components have been integrated for a unified mass media intervention.
- The key features of IEC strategy include well defined mass media activities to be conducted from state level at regular intervals and campaign mode.
- IEC budget is proposed program wise, but an integrated implementation strategy is planned program wise for the districts and blocks.
- All the visited health facilities have signages which are clearly displayed in each and every section of the hospital except SHC Lalriya. Signages in all sections of DH Bhopal are commendable.
- Display of NHM logo was observed in the visited DH, CH and CHC and PHC Nazeerabad.
- Citizen Charter, timing of the health facility and list of services available and complaint box were observed only in DH Bhopal and CH Bairagarh among all the visited health facilities.
- Display of partographs, clinical protocols EDL with information on free drug distribution is available, timings of health facility and phone numbers were displayed in all the visited facilities.
- Protocol posters, awareness generation chart, immunization schedule, FP IEC and JSSK entitlements are displayed at all the visited health facilities.
- List of RKS members and income and expenditure of RKS is not displayed publically in any of the visited health facility.

Essential Skills of Staff

- On quality parameter, the staffs (SN, ANM) of DH Bhopal, CH Bairagarh, CHC Berasia, PHC
- The SNs at PHC Nazeerabad and SHC Lalriya are skilled in management of high-risk pregnancy, providing essential newborn care (thermoregulation, breastfeeding and asepsis) etc.
- Knowledge of managing sick neonates and infants, correct use of partograph, correct insertion of IUCD, correctly administer vaccines, segregation of waste in colour coded bins.
- SNs at the trauma unit of JP hospital (DH, Bhopal) have received trainings and exhibited proper knowledge and preparedness for emergency services provided by the trauma unit.

- A comprehensive RCH portal with new software has been initiated for MCH services. Knowledge on RCH portal and ANMOL software is in use but transferring of data from ANMOL to RCH portal is having problems which was reported by DEO and ANMs at PHC Nazeerabad. Training for ANMOL is planned at the district level to mitigate problems.

Additional Support Services

- Provisions of regular fumigation of 5 OTs (gynae OT, ENT, Ortho, eye, general OT) at DH Bhopal, CH Bairagarh, and CHC Bersaia were reported by the respective facilities.
- Citi-scan services of DH is outsourced to a private centre 'Siddarth Diagnostics', USG services at CH Bairagarh is also out sourced and partially charged (more than once user charge is taken). Under PMSMA no user charges are taken from.
- Out sourced mechanized laundry services are available for DH Bhopal and CH Bairagarh. At the visited facilities CHC and for hospital laundry the local washerman's services are used and is paid through RKS.
- Centralised annual maintenance contract (AMC) for equipment maintenance bar coding, calibration and repairing is out sourced by the state for which services are being provided by AIM Healthcare, for health facilities in Bhopal as well as the whole state.
- Tally soft-ware has been implemented in DH, CHC and PHC in the district. Tally software has implemented in visited DH, and CHC in the district. E-vitta pravah a new software has been introduced for direct transfer of untied funds. From this year each facility will separately receive its financial grants. However, funds for the financial year 2018-19 had not been transferred upto September, 2018.

11. Clinical Establishment Act

- Clinical establishment act has not been ratified by the state as per latest GOI norms. MP Nursing Home Act of 1972 in which all the clinical establishment are required to register is functional. There are nursing homes registered with district health administration, but reporting of services are poor.
- Process of registration, renewal and approval for all private nursing homes and clinics has been made online through MPONLINE portal. It has been made mandatory to submit online application for registration and renewal.

12. Community Processes

Accredited Health Social Activist (ASHA)

- The online web portal of MP <http://asha.mp.gov.in/ASHADatabase.aspx> shows that overall there are total 760 ASHAs (Berasia: 435; Phanda: 325) in Berasia and Phanda blocks of Bhopal district. However, all the ASHAs do not have I-cards as observed from the portal.
- ASHA Resource Centre at the state level monitors the progress of ASHAs. All VHSNCs are functional in the district.

- Total 1045 ASHAs are presently working in Bhopal district, including 285 urban ASHAs and District Community Mobilizer (DCM) is overall in-charge of ASHA programme. Between the two blocks only Phanda block has Block Community Mobilizer (BCM).
- Skill development of ASHAs is a continuous process. Fourth round of training for 6-7th modules and RBSK have been completed for ASHAs in illness such as drown syndrome.
- Different programme officers in Bhopal district are providing orientation to ASHAs for National Health Programmes like TB, Malaria, Leprosy etc. at the block level and identifying children with 4 D's like down syndrome. Other types of training provided are HMIS, RCH, Dastak, and MMPSY.
- ASHAs are involved in survey of 'Ayushman Bharat', creating awareness for mahila swasthya shivir, identifying women for PMSMA.
- Total 289 ASHAs are currently available in Berasia block against the 435 mapped on the web portal. Thirty-five ASHAs are available in PHC Nazeerabad and 9 in SHC Lalriya. Total 273 ASHA's in Berasia block have received identity cards.
- Drug kit replenishment is done based on demand and availability of drugs. Payments to ASHAs have been regularized based on verification by the concerned ANM. It was reported by the BMO that presently all ASHA's receive a minimum amount of Rs.1000 for MCH services. ASHA incentive has increased to Rs. 1500 in July 2018 for register updation, VHSNC meetings survey.
- ASHA payments are regular but pendency is reported for last two months because of implementation of e- vitta pravah. ASHAs are paid incentives for 24 types of services but are facing difficulties to track payments through e-vitta. Out of 24 only 12 services have been listed in e- vitta pravah. There is a mismatch between the vouchers submitted and actual payment made.
- ASHAs are paid separately for attending trainings in leprosy and RBSK which pay TA/DA separately for these programmes.
- For block level meetings Rs. 200 is paid to ASHAs. CMHO Bhopal has streamlined ASHA meetings by directing them to attend only those meetings for which they receive written instructions from CMHO.

Urban Health

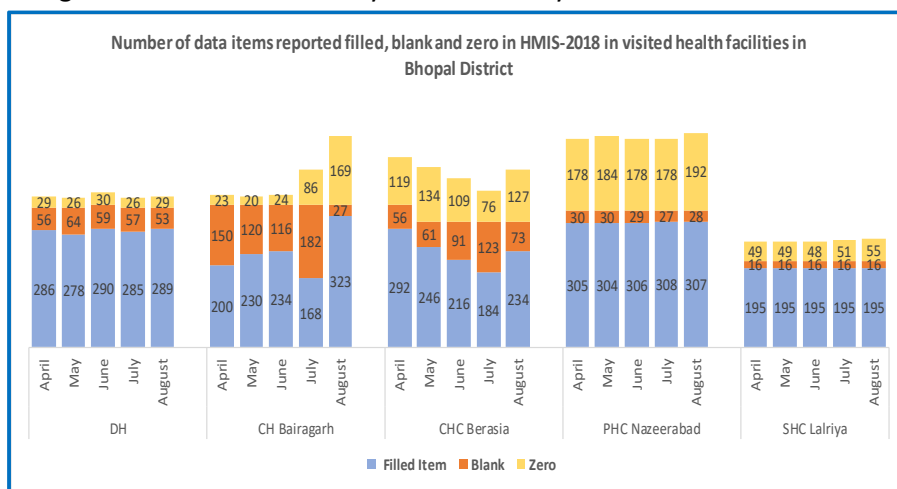
- The State has presently mapped all the Urban Health Facilities and its catchment area for outreach services as per the NUHM norms (PIP 2018-19).
- The entire process of mapping and Vulnerability assessment will be prioritized in Seven Divisional Headquarter Cities of the state.
- Total 8 UPHCs are functional in Bhopal city indifferent localities. The post of City Programme Manager has been abolished and six social mobilisers for urban ASHA facilitation are serving as DEOs in DH.

- There is paucity of laboratory services, pharmacists and MOs in the Urban UPHCs. The proposed upgradation of services in UPHCs from OPD to IPD is yet to operationalize.
- The target for selection of urban ASHAs is 600 of which 558 have been selected, and for 42 the process of selection is underway in Bhopal city.
- Orientation of newly formed MAS is proposed. ASHA home visit register and referral register for ASHA is proposed.
- Twenty-three civil dispensaries are providing primary health care services in different localities of Bhopal city.
- Berasia block has three urban primary health centres in Berasia town. Services are mainly being provided by SNs in most of the UPHCs.

13. Data Reporting, HMIS and RCH Portal

- Monitoring and Evaluation (M&E) of all the health care services are essential not only to review the progress of the existing services but also to augment existing services and initiate new services in the district. It also helps in supervision and planning for areas to be strengthened.
- Recent changes in HMIS and RCH Portal data has been conveyed to all the districts and all the facilities are required to submit their service delivery data only through new HMIS and RCH Portal. In order to achieve complete and accurate data reporting training at all levels is essential. For computer-based data reporting system – computer, internet and data entry operators are also essential.
- In Bhopal, District M&E Officer is in-position. In DH Bhopal there is no regular DEO and hard copy of the data signed by CS at DH Bhopal is sent to DPMU. Two DEOs are posted in DPMU.
- The state has 23 types of soft wares for monitoring the different types of programmes. HIMS, RCH, MDR, CDR are being reported online. Several programmes like DASTAK, MMPPSPY, ASHA, RBSK, Swasthya Shivar, Ayushman Bharat are entering. There is no dedicated DEO in the district hospital for PMMSA.
- DEO at CHC Berasia was multi-tasking doing data entry for RCH, birth and death registrations and is also involved in 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.
- HMIS has been revamped in Madhya Pradesh as well as in Bhopal recently. As per the latest revision in facility level HMIS formats for monthly reporting, 67, 60, 48 and 23 new data items are added for DH, CH/CHC, PHC and SHC respectively.
- Out of total 135 health facilities mapped in the national HMIS portal nrhm-mis.nic.in/hmisreport for Bhopal district 2018-19, currently 130 health facilities are uploading monthly HMIS data.

- 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. Printed HMIS formats



were available at PHC Nazeerabad but ANM at PHC Lalriya reported of not having received any printed formats.

- It was observed at CH Bairagarh that one MO and DEO have received orientation in HMIS and are well versed with different data items and their validations. However, detailed data definition guide and source of data from where each data to be captured is not yet available with them.
- It was observed that DH Bhopal, CHC Berasia are submitting checked and verified copy of HMIS monthly report through CS and Medical Officer (I/c) respectively. Office copy of HMIS report is retained by the reporting health facility. In the DH the ASO at DH collects the data from different sections of the hospital and provides it to the DEO for HMIS entry and uploading.
- The data element 'pregnant women tested for syphilis' is erroneously reported in CHC Berasia for April and May, 2018 (279 each), was pointed out by the PRC team during field visit. The verification of data is pending as only 28 and 36 pregnant women respectively had received 4 ANC checkups.
- Data element 'child immunisation - DPT1, DPT2 DPT3' has been erroneously reported in CHC Berasia as zero instead of blank since Pentavalent 1,2 3 have replaced - DPT1, DPT2 DPT3.
- Reporting of death infant and maternal, as well as death due to different causes is erroneous in CHC Berasia, because death is an event, and cannot be left blank.
- The data element 'pregnant women tested for syphilis' is erroneously reported in CH Bairagarh where between April- July, 2018 blanks are observed and in the month of August two cases are uploaded in CHC Berasia.
- Zero and blanks have both been used for girls and boys registered for AFHC in reporting of different months in CH Bairagarh, CHC Berasia and PHC Nazeerabad.

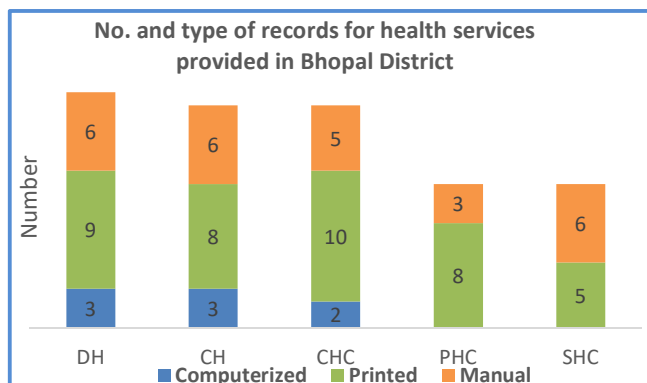
- Data reporting in DH Bhopal and SHC Lalriya is comparatively better but zero and blanks have to be taken care of.

RCH Portal

- The RCH portal has been initiated with many upgradations and there are 227 data fields.
- A total of 34 ANMs in Phanda block and 19 in Bersaia and Deo's have received training for RCH portal.
- Training for ANMs will be conducted by IPAS on ANM Online at block level in 2018.
- The ANMs are facing technical problems with ANMOL, because whatever data is being entered in the tab does not show on the RCH portal.
- Child IDs are not being generated through ANMOL, and therefore child data updation is not taking place.

Record Maintenance and Reporting by Health Facilities

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



- The e- hospital software is in its nascent stage with only OPD/IPD services being managed. Efforts are being made to gradually use as many modules as possible at DH Bhopal.
- Capturing of all health services and health events is not being done at all the health facilities. It is observed that, maternal deaths are recorded in registers, in DH Bhopal and CHC Berasia.
- There is still practice of multiple manual recording and reporting and area reporting among supervisory staffs at periphery level. This report is collected for monitoring services during weekly meeting of ANM at sector level. But the RCH registers and HMIS reports are not being monitored at health facility and direct data entry is done by DEOs who are observed to have no knowledge of data elements.
- At DH Bhopal, ITSC with six contractual staff and at CH Bairagarh 'Pinnacle' is providing technical software support for data networking.

Observations from field visit of Bhopal District, September 2018

(Annexure)

1. Health Infrastructure in district

No. of institutions	Available	Located in government buildings	No. of new facility proposed	No. of Health Facilities having inpatient facility	No of beds in each category	Infrastructure MIS uploaded for current year
District Hospital	1	1	--	1	450 [#]	Yes
Exclusive MCH hospital			--			
CH	2	2 [*]	--	Yes	125	Yes
CHC	5	5	--	3	120 ⁵	
PHC	10	10	--	--	64 [%]	Yes
SHC (under PRIs)			--			
SHCs	76 [@]	63	13	2	4	Yes
AYUSH Ayurvedic	3		--			
AYUSH(Homoeopathic)	1		--			
AYUSH (Others)	3		--			
Delivery Point(L1)	5		--		22	
Delivery Point(L2)	5		--		58	
Delivery Point(L3)	4				665	
[#] New 150 bedded maternity building in DH premises, [*] CH KN Katju hospital under renovation, ⁵ CHC Bersaia elevated to 50 bedded CH, CHC Bersaia currently has 60 beds [%] PHC Nazeerabad is 10 bedded, [@] 76 SHCs mapped in HMIS-						

1 Physical Infrastructure

Infrastructure (Yes / No)	DH	CH	CHC	PHC	SHC
Health facility easily accessible from nearest road	Yes	Yes	Yes	No	No
Functioning in Govt. building	Yes	Yes	Yes	Yes	Yes
Building in good condition	Yes	Yes	Yes	Yes	Yes
Staff Quarters for MOs	4	No	7	1	
Staff Quarters for SNs	26	No	4	1	
Staff Quarters for other categories	quarters	No	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	Yes	Yes	Yes	No
Functional and clean labour Room	Yes	Yes	Yes	Yes	Yes
Functional and clean toilet attached to labour room	Yes	Yes	Yes	Yes	Yes
Clean wards	Yes	Yes	Yes	Yes	Yes
Separate Male and Female wards (at least by partitions)	Yes	Yes	Yes	No	
Availability of Nutritional Rehabilitation Centre	Yes	Yes	Yes		
Functional BB/BSU, specify	Yes	Yes	No		
Separate room for ARSH clinic	No	No	No		
Availability of complaint/suggestion box	Yes	No	Yes	No	No
Availability of mechanisms for Biomedical waste management	Yes	Yes	Yes	Yes	No
BMW outsourced	Yes	Yes	Yes	No	No
Availability of ICTC/ PPTCT Centre	Yes	Yes	Yes		
Availability of functional Help Desk	Yes	Yes	No	No	No
[*] DH Bhopal, CH Bairagrh & CHC Bersaia, have solar panels in different sections of the hospital, OT, labour room and other sections of the hospital, generator and invertors installed, [%] PHC Nazeerabad faces water scarcity in summers, SHC Katori has a tubewell					

3. Human Resources

Health Functionary	Required (Sanctioned)					Available				
	DH	CH	CHC	PHC	SHC	DH	CH	CHC	PHC	SHC
Gynecologist	4	2	1			4	2	2		
Pediatrician	7	2	1			8	2	--		
Anesthetists	4	2	1			2	1	--		
Cardiologist	--	--	--			--	--	--		
General Surgeon	3	2	1			4	2	--		
Medicine Specialist	5	2	1			5	2	--		
ENT Specialist	3	--	--			2	1 [§]	1 [§]		
Ophthalmologist	--	1	--			1 [#]	--	1 [#]		
Ophthalmic Asst.	1	1	1	--		1	1	1	1	
Radiologist	3	--	--			2	@	-		
Radiographer	3	--	2			3	--	2		
Pathologist	--	--	--			1	--	--		
LTs	8	4	2	--		7	4	2	1	
MOs	31	8	3	--		28	8 ⁺	3	1 [^]	
AYUSH MO	1	--	1	--		1	--	2	1	
LHV	--	--	1	--		--	--	1	--	
ANM	13	--	3	--		13	+	2	--	1
MPHW (M)	--	--	--	--		--	--	--	--	1
Pharmacist	11	3	2	--		11	3	2 ⁺	1	
Staff nurses	138	25	4	--		137	27	4 ⁺	2	2
RMNCHA+ Counselor/ feeding demonstrator	--	--	--	--		4	1	--	--	

[§] PGMO Ent. ENT specialist of CHC Berasia attached to CM House, [#] PGMO Ophthalmic, @ PPP USG by private doctor on payment by CHC Berasia, [^] part-time MO at PHC Nazeerabad; ⁺ 1 MO at CH, 3 SNS at CH, 3 SNS at CHC, 1 ANM at CH, 1 pharmacist at CHC contractual NHM

No. of Trained Persons

Training programmes	DH	CH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	--	--	0	1	--
LSAS (Life Saving Anaesthesia Skill)	--	--	1	2	--
BEmOC (Basic Emergency Obstetric Care)	--	--	1	0	--
SBA (Skill Birth Attended)	18	19	13	2	1
MTP (Medical Termination of Pregnancy)	5	--	4	0	--
NSV (No Scalpel Vasectomy)	3	5	3	0	--
F-IMNCI/IMNCI (Integrated Management of Neonatal and childhood illness)	--	4	0	1	--
FBNC (Facility Based Newborn Care)	20	9	2	1	--
NSSK (Navjaat Shishu Suraksha Karyakram)	2	--	0	2	--
Mini Lap-Sterilizations	1	--	4	--	--
Laparoscopy-Sterilizations (LTT)	6	4	1	--	--
IUCD (Intrauterine Contraceptive Device)	8	12	13	2	1
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	12	--	13	2	--
Blood Bank / BSU	1	--	2	--	--
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	1	--	0	1	--
IMEP (Infection Management Environmental Plan)	--	--	0	--	--
Immunization and cold chain	--	2	4	--	--
Blood Bank / BSU	1	--	2	--	--
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	1	--	0	1	--
IMEP (Infection Management Environmental Plan)	--	--	0	--	--

Training programmes	DH	CH	CHC	PHC	SHC
RCH Portal (Reproductive Child Health)	1	1	5	--	--
HMIS (Health Management Information System)	--	3	5	1	--
RBSK (Rashtriya Bal Swasthya Karyakram)	1	--	6	0	--
RKSK (Rashtriya Kishor Swasthya Karyakram)	--	--	4	0	--
Kayakalp	1	7	2	0	
NRC and Nutrition	--	--	3	0	--
PPTCT (Prevention of Parent to Child Transmission of HIV)	--	4	0	0	--
NCD (Non-Communicable Diseases)	--	--	1	0	--
Nursing Mentor for Delivery Point	1	--	0	0	--
No. Others (specify)-----	--	--	--	--	--

4. Health System inputs

Availability of Drugs, diagnostics and equipments	DH	CH	CHC	PHC	SHC
Availability of EDL and Displayed	Yes	Yes	Yes	Yes	Yes
Availability of EDL drugs	Yes	Yes	Yes	Yes	Yes
No. and type of EDL drugs not available	1	1	1	2	1
Computerized inventory management	Yes	Yes	Yes	No	No
IFA tablets	Yes	Yes	Yes	Yes	Yes
IFA tablets (blue)	Yes	Yes	Yes	Yes	Yes
IFA syrup with dispenser	Yes	Yes	Yes	Yes	Yes
Vit A syrup	Yes	Yes	Yes	Yes	Yes
ORS packets	Yes	Yes	Yes	Yes	Yes
Zinc tablets	Yes	Yes	Yes	Yes	Yes
Inj Magnesium Sulphate	Yes	Yes	Yes	Yes	No
Inj Oxytocin	Yes	Yes	Yes	Yes	Yes
Misoprostol tablets	Yes	Yes	Yes	Yes	Yes
Mifepristone tablets	Yes	Yes	Yes	Yes	No
Availability of antibiotics	Yes	Yes	Yes	Yes	Yes
Labelled emergency tray	Yes	Yes	Yes	Yes	Yes
Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Yes	Yes	Yes	Yes	Yes
Adequate Vaccine Stock available	Yes	Yes	Yes	Yes	Yes
Supplies (Checked Expiry Date during visit to the Facility)					
Pregnancy testing kits	Yes	Yes	Yes	Yes	Yes
Urine albumin and sugar testing kit	Yes	Yes	Yes	Yes	Yes
OCPs	Yes	Yes	Yes	Yes	Yes
EC pills	Yes	Yes	Yes	Yes	Yes
IUCDs	Yes	Yes	Yes	Yes	Yes
Sanitary napkins	Yes	Yes	Yes	Yes	Yes
Gloves, Mckintosh, Pads, bandages, and gauze etc.	Yes	Yes	Yes	Yes	Yes
Haemoglobin	Yes	Yes	Yes	Yes	Yes
CBC	Yes	Yes	Yes	No	
Urine albumin and sugar	Yes	Yes	Yes	Yes	
Blood sugar	Yes	Yes	Yes	Yes	
RPR	Yes	Yes	Yes	No	
Malaria	Yes	Yes	Yes	Yes	Yes
T.B	Yes	Yes	Yes	Yes	
HIV	Yes	Yes	Yes	Yes	
Liver function tests (LFT)	Yes	Yes	Yes		

Availability of Drugs, diagnostics and equipments	DH	CH	CHC	PHC	SHC
No. Ultrasound scan (Ob.) done	2480	104	--		
No. Ultrasound Scan (General) done	4637	--	--		
No. X-ray done	14580	1103	1171		
ECG	Yes	Yes	Yes		
Endoscopy	Yes				
Others, pls specify					
Functional BP Instrument and Stethoscope	Yes	Yes	Yes	Yes	Yes
Sterilised delivery sets	Yes	Yes	Yes	Yes	Yes
Functional Neonatal, Paediatric and Adult Resuscitation kit	Yes	Yes	Yes	Yes	Yes
Functional Weighing Machine (Adult and child)	Yes	Yes	Yes	Yes	Yes
Functional Needle Cutter	Yes	Yes	Yes	Yes	Yes
Functional Radiant Warmer	Yes	Yes	Yes	Yes	Yes
Functional Suction apparatus	Yes	Yes	Yes	Yes	Yes
Functional Facility for Oxygen Administration	Yes	Yes	Yes		
Functional Foetal Doppler/CTG	Yes	Yes	Yes	Yes	Yes
Functional Mobile light	Yes	Yes	No	No	
Delivery Tables	Yes	Yes	Yes	Yes	
Functional Autoclave	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	No	
Functional phototherapy unit	Yes	Yes	No	No	
O.T Tables	Yes	Yes	Yes	No	
Functional O.T Lights, ceiling	Yes	Yes	Yes	No	
Functional O.T lights, mobile	Yes	Yes	Yes	No	
Functional Anesthesia machine	Yes	Yes	Yes	No	
Functional Ventilators	Yes	No	No	No	
Functional Pulse-oximeters	Yes	Yes	Yes	No	
Functional Multi-para monitors	Yes	Yes	Yes	No	
Functional Surgical Diathermies	Yes	Yes	Yes	No	
Functional Laparoscopes	Yes	Yes	Yes	No	
Functional C-arm units	No	No	No	No	
Functional Autoclaves (H or V)	Yes	Yes	Yes	Yes	
Blood Bank / Storage Unit					
Functional blood bag refrigerators with chart for temp. recording	Yes	Yes	Yes		
Sufficient no. of blood bags available	50	5	2		
number of blood bags issued for BT in 2017-18 (date of visit)	NA	NA	NA		
Haemoglobinometer					Yes
Any other method for Hemoglobin Estimation					Yes
Blood sugar testing kits					Yes
BP Instrument and Stethoscope					Yes
Delivery equipment					Yes
Neonatal ambu bag					Yes
Adult weighing machine					Yes
Infant/New born weighing machine					Yes
Needle & Hub Cutter					Yes
Color coded bins					No
RBSK pictorial tool kit					No

Specialty Care Services Available in the District

Specialty Care Services	DH	CH	CHC
Separate Women's Hospital	No [§]	No [§]	No
Surgery	Yes	Yes	No
Medicine	Yes	Yes	Yes
Ob&G	Yes	Yes	Yes
Cardiology	Yes	No	No
Emergency Service	Yes	Yes	Yes
Trauma Care Centre	Yes	No	No
Ophthalmology	Yes	Yes	No
ENT	Yes	Yes	No
Radiology	Yes	Yes	No
Pathology	Yes	Yes	No
[§] 150 bedded MCH wing in DH Bhopal, [§] 30 bedded MCH wing in CH Bairagarh			

AYUSH services

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

Lab test available and free of cost

Services	DH	CH	CHC	PHC	SHC
Haemoglobin Hb test	Yes	Yes	Yes	Yes	Yes
Urine Pregnancy Test	Yes	Yes	Yes	Yes	Yes
Malaria PF/PV testing	Yes	Yes	Yes	Yes	Yes
Urine (Microscopy, Acetone)	Yes	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	No	No
Typhoid Card Test	Yes	Yes	Yes	Yes	No
Blood Typing	Yes	Yes	Yes	Yes	No
Stool Examination	Yes	Yes	Yes	No	No
ESR	Yes	Yes	Yes	No	No
Complete Blood Picture	Yes	Yes	Yes	No	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	Yes	Yes	Yes	No	No
Serum Creatine / Protein	Yes	Yes	Yes	No	No

Services	DH	CH	CHC	PHC	SHC
RA factor (Blood Grouping)	Yes	Yes	Yes	Yes	No
HBsAG	Yes	Yes	Yes	No	No
VDRL	Yes	Yes	Yes	No	No
Semen Analysis	Yes	Yes	Yes	No	No
X-ray	Yes	Yes	Yes	No	No
ECG	Yes	Yes	No	No	No
Liver Function Test	Yes	Yes	Yes	No	No
RPR for syphilis	Yes	Yes	Yes	No	No
RTI/STI Screening	Yes	Yes	Yes	No	No
HIV	Yes	Yes	Yes	No	No
Indoor Fees	25	40	10	No	No
OPD fees	10	10	5	5	No
Ambulance	Yes	Yes	Yes	Yes	Yes
Food for Inpatients	Yes	Yes	Yes	No	No
Others	--	--	--	--	--

5. Maternal Health (From 1 April- 31 August'2018)

5.1 ANC and PNC Services Delivered (Numbers)	DH	CH	CHC	PHC	SHC
ANC registered	296	2002	218	183	69
New ANC registered in 1st Trim	236	648	68	209	48
No. of women received 3 ANC	--	1143	155	83	--
No. of women received 4 ANC	595	1032	181	27	39
No. of severely anaemic pregnant women (Hb<7) listed	2	29	26	27	0
No. of Identified hypertensive pregnant women	4	37	47	4	--
No. of pregnant women tested for B-Sugar	3447	1404	334	--	--
No. of U-Sugar tests conducted	3562	2000	334	--	--
No. of pregnant women given TT (TT1+TT2)	373	359	334	--	--
No. of pregnant women given IFA	1658	3597	--	183	47
No. of women received 1 st PNC check within 48 hours of delivery	9	2	0	0	50
No. of women received 1 st PNC check between 48 hours and 14 days of delivery	3	0	0	0	27
No. of ANC/PNC women referred from other institution (in-referral)	374	--	--	45	--
No. of ANC/PNC women referred to higher institution (out-referral)	123	24	--	--	--
No. of MTP up to 12 weeks of pregnancy	60	24	102	No	--
No. of MTP more than 12 weeks of pregnancy	5	--	6	No	--

5.2 Institutional Deliveries/Delivery Complication

(Numbers from 1 April- 31 August '2018)	DH	CH	CHC	PHC	SHC
Deliveries conducted	2480	807	1114	344	63
C- Section deliveries conducted	615	130	54	--	--
Deliveries conducted at night (8PM-8AM)	102	388	245	341	33
On the way deliveries	--	11	--	--	--
No. of pregnant women with obstetric complications provided EmOC	147	2	--	3	--
No. of Obstetric complications managed with blood transfusion	103	64	--	--	--
No. of Neonates initiated breastfeeding within one hour	2262	811	786	--	63
No. of Still Births	42	5	12	8	--

5.3 Maternal Death Review (Register verified by visiting team)

(Numbers from 1 st April- 31August' 2018)	DH	CH	CHC	PHC	SHC
Total maternal deaths reported	--	--	4	--	--
Number of maternal deaths reviewed	--	--	4	--	--
Key causes of maternal deaths found	--	--	--	--	--

5.4 Janani Sishu Suraksha Karyakram

JSSK	DH	CH	CHC	PHC	SHC
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section,	Yes	Yes	Yes	Yes	Yes
Intra Natal Care and Post Natal care	Yes	Yes	Yes	Yes	Yes
Free provision of blood, however relatives to be encouraged for blood donation for replacement	Yes	No	No	No	No

5.5 Janani Surksha Yojana

JSY	DH	CH	CHC	PHC	SHC
No. of JSY payments made	2397	785	993	-- ⁵	-- ⁵
JSY payments are made as per the eligibility criteria indicated in JSY Guidelines	Yes	Yes	Yes	Yes	Yes
No delays in JSY payments to the beneficiaries	Yes	Yes	Yes	Yes	Yes
Full amount of financial assistance to the beneficiary before being discharged from the health facility after delivery	Yes*	Yes*	Yes*	Yes*	Yes*
Payment mode 1. Direct transfer (DT) #	DT	DT	DT	DT	DT
Verification of beneficiaries 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	No	No
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	Yes	--
* Within a fortnight or month. Lowest pendency at DH. #E- vitta pravah for direct transfer, ⁵ difficulty in tracking payments done at CHC					

5.6 Service Delivery in Post-natal Wards

Parameters (Ask during visit to confirm the status)	DH	CH	CHC	PHC	SHC
All mothers initiated breast feeding within 1 hour of normal delivery	Yes	Yes	Yes	Yes	Yes
Zero dose BCG, Hepatitis B and OPV given	Yes	Yes	Yes	Yes	Yes
Counseling on IYCF done	Yes	Yes	Yes	Yes	Yes
Counseling on Family Planning done	Yes	Yes	Yes	Yes	Yes
Mothers asked to stay for 48 hrs	Yes	Yes	Yes	Yes	Yes
JSY payment being given before discharge	No	No	No	No	No
Expenditure incurred by mothers on travel, drugs or diagnostics*	No	No	Yes	Yes	Yes
Diet being provided free of charge	Yes	Yes	Yes	Yes	No
*Travel expenses borne by mothers					

6. Child Health**6.1 SNCU /NBSU (Numbers from 1st April- 31st August'2018)**

SNCU / NBSU	DH	CH	CHC	PHC
SNCU / NBSU exist. (Yes/No)	SNCU	NBSU	NBCC	NBCC
Necessary equipment available (Yes/No)	Yes	Yes	Yes	Yes
Number of trained MOs	4	2	Yes	No
No. of trained staff nurses	17	3	Yes	Yes
No. of admissions				
Inborn	372	110	--	--
Out Born	108	5	--	--
No. of Children				
Cured	405	72	--	--
Not cured	49	14	--	--

SNCU / NBSU	DH	CH	CHC	PHC
Referred	11	8	--	--
Others (specify)	6	--	--	--

6.2 Nutritional Rehabilitation Centress

NRC (Numbers from 1 April- 31 August '2018)	DH	CH
No. of functional beds in NRC	10	10
Whether necessary equipment available	Yes	Yes
No. of staff posted in NRC	5	6
No. of SAM children admitted	141	94
No. of sick children referred	24	2
Average length of stay	14 day	26.0

6.3 Child Immunization (Numbers from April 'to August 2018)

Immunization	DH	CH	CHC	PHC	SHC
No. of children given birth dose (Polio/Hap-B)	3706	1500	1698	457	36
BCG	1866	819	867	255	50
DPT1/Penta1	648	223	144	0	69
DPT2/Penta2	623	172	120	0	47
DPT3/Penta3	685	145	109	53	51
Polio0	1866	807	867	202	31
Polio1	648	223	144	0	69
Polio2	623	182	120	0	47
Polio3	685	145	109	0	51
Hep 0	1740	693	831	255	5
Hep 1	0	0	0	0	0
Hep 2	0	0	0	0	0
Hep 3	0	0	0	0	0
Measles1	592	162	89	0	53
Measles2	545	148	66	0	57
DPT booster	545	148	66	0	57
Polio Booster	545	148	66	0	57
No. of fully vaccinated children	592	162	89	0	52
ORS / Zinc	Yes	Yes	Yes	Yes	Yes
Vitamin - A	Yes	Yes	Yes	Yes	Yes
No. of immunisation sessions planned	107	73	24	0	36
No. of immunisation sessions held	107	73	24	0	36
Maintenance of cold chain 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
Stock management hindrances (if any)	No	No	No	No	No
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes	Yes

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

No. of Children Screened (Numbers from 1 April- 31 August '2018)	Screened	Identified with problems	Referred to higher facility
Age group			
0-6 weeks	10,000	105	105
6 weeks-6 years	51518	4343	162
6 -18 years	28089	8175	98
Total	89607	12623	365
No. of RBSK teams available in 2 Blocks with staff No. of teams – 4 MO—13 SN -1, ANM- 4 Pharmacist – 1			

6.5 Number of Child Referral and Death

(Numbers from 1 April- 31 August '2018)	DH	CH	CHC	SHC
No. of Sick children referred (up to age 5)	31	--	--	5
No. of Neonatal Deaths	49	--	--	--
No. of Infant Deaths	4	--	--	--

7. Family Planning

FP (Numbers from 1 April- 31 August '2018)	DH	CH	CHC
Male Sterilization (VT+NSV)*	9	1	1
Female Sterilization (CTT+LTT)*	306	69	34
Minilap sterilization*	0	64	6
IUCD*	660	4	4
PPIUCD*	52	675	0
Condoms%	24780	1055	521
Oral Pills%	1221	1744	271
*Number of persons % Number of packets			

8.Disease Control Programmes

(Numbers from 1 April- 31 August '2018)	DH	CH	CHC	PHC
National Malaria Control Programme				
Number of slides prepared	1840	1958	10062	204
Number of positive slides	23	1	40	13
Availability of Rapid Diagnostic kits (RDK)	Yes	257	4400	600
Availability of drugs	Yes	Yes	Yes	Yes
Availability of staff	Yes	1	Yes	Yes
Revised National Tuberculosis Programme (RNTCP)				
Number of sputum tests	273	434	405	--
No. of positive tests	49	38	41	188
Availability of DOT medicines	46 boxes	Yes	130	13
All key RNTCP contractual staff positions filled up	04	Yes	--	1
Timely payment of salaries to RNTCP staff	Yes	Yes	--	1
Timely payment to DOT providers	No	Yes	--	Yes
National Leprosy Eradication Programme (NLEP)				
Number of new cases detected	28	1	--	No
No. of new cases detected through ASHA		Nil	--	--
No. of patients under treatment	430	4	--	--

9. Non-Communicable Diseases (Yes / No)

NCD	DH	CH	CHC	PHC
Availability of NCD services	Yes	Yes	Yes	No
Establishment of NCD clinics	Fixed day	No	No	
Type of special clinics (specify)	Hypertension Cancer, diabetes, MH	No	No	
Availability of drugs	Yes	Yes	No	No
IEC material available for prevention of NCDs	posters	posters	No	No
No. of staff trained in NCD:				
MO	--	--	--	--
SN	--	--	--	--
Other	--	2	--	--

10. Community Processes**Accredited Social Health Activist**

ASHA	CHC	PHC	SHC
Number of ASHAs required	No	No	No
Number of ASHAs available	289	35	9
Number of ASHAs left during the quarter	7	1	No
Number of new ASHAs joined during the quarter	6	1	No
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	Yes	Yes	Yes
Availability of ORS and Zinc to all ASHAs	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHAs	Yes	Yes	Yes
Highest incentive to an ASHA during the quarter	38000	10000	5000
Lowest incentive to an ASHA during the quarter	10000	1500	2000
Whether payments disbursed to ASHAs on time	Yes	Yes	Yes
Whether drug kit replenishment provided to ASHAs	Yes	Yes	Yes
ASHAs social marketing spacing methods of FP	No	No	No

11. Quality in health services**Infection Control**

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

12. Biomedical Waste Management

BMW	DH	CH	CHC	PHC	SHC
Whether bio-medical waste segregation done	Yes	Yes	Yes	Yes	No
Whether outsource	Yes	Yes	Yes	No	No
If not, alternative arrangement				Pit	Disposed in Drain

13. Information Education Communication (Observed during facility visit)

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

14. Quality Parameter of the Facility (assessed through questions and demonstration)

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

15. Referral Transport/MMU

(Numbers from 1 April- 31 August '2018)	DH	CH	CHC	PHC
No. of patient transport vehicle				
JE	2	1	1	1
108	1	1	3	--
Other	3+2%	1%	2%	--
No. of Mobile Medical Unit (MMU)	No	No	No	No

% ambulances and mobility support available

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

Record	DH	CH	CHC	PHC	SHC
OPD Register	1M&C	1M&C	1M&C	1M	1M
IPD Register	1P&C	1P&C	1P	1M	1P
ANC Register	1P	1P	1P	1 P	1P
PNC Register	1P	1P	1P	3	1P
Indoor bed head ticket	1P	1P	1P	1P	1P
Line listing of severely anaemic pregnant women	P	P	M	M	M
Labour room register	1P	1P	1P	1P	1P
Partographs	1P	1P	1P	1P	1P
FP-Operation Register (OT)	1M	1M	1M	3	
OT Register	1P	1P	1P	3	
FP Register	1P	1P	1P	1P	1M
Immunisation Register	1M	1M	1P	1P	1P
Updated Micro-plan	M	M	M	M	M
Blood Bank stock register	P	P	P		
Referral Register (In and Out)	P	P	P	P	P
MDR Register	M	M	M	3	3
Infant Death Review and Neonatal Death Review	M	M	M	M	M
Drug Stock Register	1P	1P	1P	1P	1M
Payment under JSY	M	M	P	P	M
Untied funds expenditure (% expenditure)	104% 70,094,912 (Expd) (2017-18)	93 %	106% 19,436,44 (Expd) 2017-18		100% 20,000 (2017-18)
AMG expenditure (% expenditure)					
RKS expenditure (% expenditure)		62 %			

17. HMIS and RCH (Verified during facility visit)

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

18. Additional / Support Services

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

District Hospital Bhopal visited on 13th & 14th September, 2018



Civil Hospital (CH), Bairagarh , District Bhopal visited on 14th September, 2018



Community Health Centre (CHC) Berasia District Bhopal visited on 12th September , 2018



Primary Health Centre (PHC) Nazeerabad, District Bhopal visited on 12th September, 2018

Sub-Health Centre (SHC) Lalriya, District Bhopal visited on 12th September, 2018

