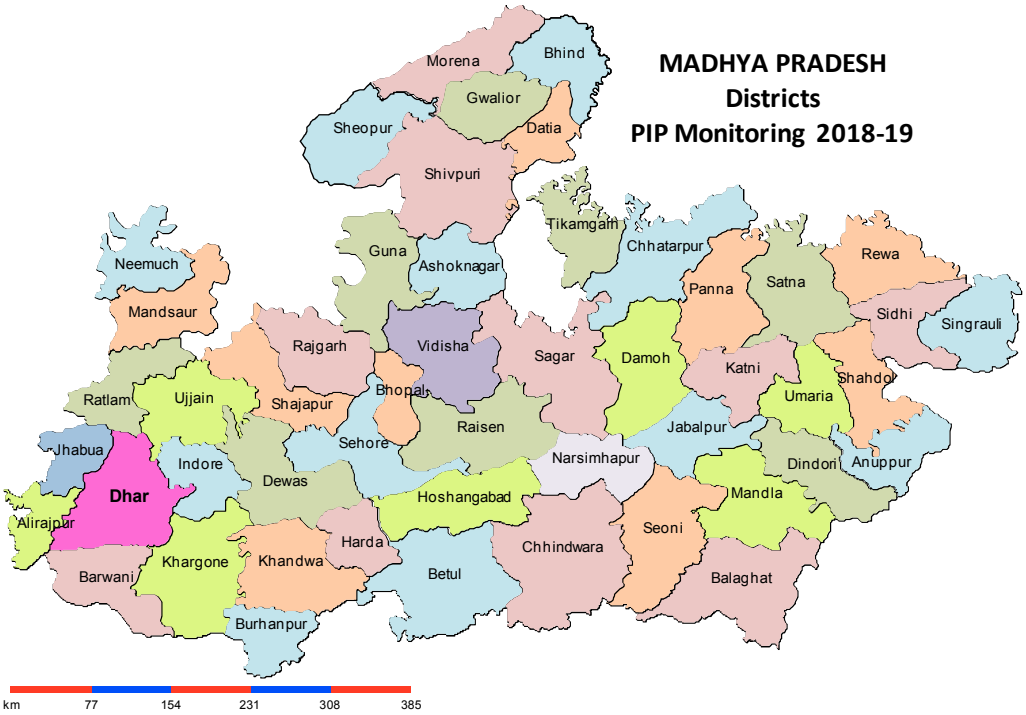
Report on Monitoring of Programme Implementation Plan (PIP) 2018-19 under National Health Mission in Madhya Pradesh

District: Dhar



PRC Team

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Dr. Niklesh Kumar, Field Investigator

Dr. Kumar Raghubansh Mani Singh, Field Investigator

Population Research Centre

(Ministry of Health and Family Welfare, Government of India)

Dept. of General and Applied Geography

Dr. Harisingh Gour Vishwavidyalaya

Sagar (M.P.)

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List of Acronyms

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

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

Executive Summary

This report presents the status of implementation of key health programme under NHM in Dhar district. Population Research Centre (PRC), Sagar (M.P.) has been entrusted by the Ministry of Health and Family Welfare (MoHFW), Government of India, New Delhi to undertake quality monitoring of implementation of important components of PIP 2018-19 under National Health Mission (NHM). PRC team visited District Hospital (DH), Civil Hospital (CH) Kukshi, Community Health Centre (CHC) Dhamnod, 24x7 Primary Health Centre (PHC) Gujri and L-1 Delivery Point Sub-Health Centre (SHC) Agar in Dhar district during August, 2018.

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

This report provides status of implementation of different health programme with the help of available secondary data from HMIS and other sources like state PIP submitted to the Government of India and web portal of state health mission and directorate of health services and first hand information collected by observing the health care services at visited health facilities. The reference point for assessing and monitoring services was April-July, 2018 for all selected facilities.

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

Salient Observations

- There are 45 designated delivery points, out of which 17 are L-1 (PHC-12; SHC-5), 23 are L-2 (CHC-11; PHC-12) and 5 are L-3 (DH, CH-Kukshi, CHC-Sardarpur, CHC-Manaver and CHC-Dhamnod) delivery point.
- In Dhar district, one DH, one CH, 15 CHCs, 46 PHCs and 399 SHCs are functioning from government building. There are 3 UPHC also functioning in rented building in the district.
- There are 49 AYUSH dispensaries in the district (Ayurvedic: 42; Homeopathy: 07) running through state AYUSH department which is 39 AYUSH dispensaries and six homeopathy centre are functioning in government buildings.
- DH is under trial for E-hospital and sooner all needed software gets updated and DH will register as E-hospital.
- The building of CH Kukshi and SHC Agar are not in good condition. Buildings of DH Dhar, CHC Dhamnod and PHC Gujri are in good condition with continues up keep and renovation. Seepage and drainage problem was observed in visited DH and CH. Three UPHCs are functional in rented building.
- It is informed that rupees 40 lakhs has been sanctioned by state for construction of new drug store at DH.
- New multi storied building is under construction with 100 bedded for civil hospital while at present CH Kukshi is functional in old building and new building has been completed and shifted to old CHC to new CHC building as on 18 June' 2018.
- Residential facilities for medical and paramedical staffs are not sufficient in the district as well as at the visited facilities. DH Dhar has only 15 quarter available for Medical Officers, which are four quarter very old in bed condition. CH Kukshi has 16 staffs quarters (4 for MOs, 10 for SNs and 2 for other staffs) and some quarters are under renovation at the CH. PHC Gujri has two quarters for other categories staff and CHC Dhamnod has no quarter available for MOs, SNs and other health staff.
- DH Dhar has one medicine specialists, one radiologist, three orthopaedic specialists and one pathologist posted against the sanctioned 33 specialists post. Apart from these four PGMOs (two Gynaecologists, one Anaesthetist and one Ophthalmologist) are also posted

at the DH. Twenty MOs are in position against 28 sanctioned posts. There are no specialists posted of general surgeon, paediatrician and ENT at the DH.

- CH Kukshi has total thirteen sanctioned posts of specialist but only three specialists for two Paediatricians and one Gynaecologist is in position.
- None of the specialist posts at the CHC Dhamnod are in-position except Gynaecologist. Only three MOs are presently posted at CHC.
- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility. DMPU has maintained complete information about the contractual staff of the district.
- Trainings in CEmOC, LSAS, 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.
- Digital x-ray facilities is available but there is shortage of x-ray film as per the requirement all the time, so managing this issue, x-ray staff took screen shot of general x-ray and send to 'Whatsapp' group of radiologist. Although all MLC cases and the film required by radiologist is given in print as well.
- Now for counselling purposes an integrated 'Swasthya Samwad Kendra' has been established in the district, where two persons are posted and providing counselling on FP, adolescent health and ICTC. There are reported 1813 counselling done at SSK and 1882 counselling done at PNC, ANC and other ward at the DH.
- During April-July' 2018 two maternal deaths were reported and two death was reviewed at the DH. CH Kukshi, CHC Dhamnod, PHC Gujri and SHC Agar have no maternal deaths reported during this period.
- The civil surgeon of DH Dhar has taken good practices for SNCU. Whole hospital including SNCU is connected with CCTV. This CCTV is lively connected with RMO and DHO mobile. CCTV recording is monitored by civil surgeon for patient observation and security purpose.

- A 20 bedded SNCU is functional at DH Dhar with three medical officers and 18 staff nurse are posted at SNCU. NBSU is functional at CH Kukshi with one MO and two staff nurse are posted at NBSU. It has four radiant warmers and other essential equipments.
- NBSU is functional in a small room at CHC Dhamnod with trained staff. It has three radiant warmers and other essential equipments. One medical officer and one staff nurse are trained for NBSU services.
- DH has 20 bedded NRC with nine staff, CH Kukshi has 20 bedded NRC with seven staff and CHC Dhrampuri (Dhamnod) has 20 bedded NRC with sufficient staff. During April-July' 2018, 101, 166 and 119 SAM children were admitted in NRCs at DH, CH and CHC respectively.
- At the time of PRC team visit, NRC along with kitchen was under repair. RO and water cooler system was not functional. The bed of NRC is not as per prescribed norm.
- There is dialysis unit functional in the DH and as reported, around 93 dialyses done per month at the centre. Dialysis unit has one MO, three SNs and one technician. MO I/c of dialysis unit, informed that, this unit required shifting in new building with new dialysis machine, as present building has seepage problem.
- Out of 26 teams required, only 16 RBSK teams are operational in the district. None of the RBSK team is complete in all aspects. Twenty four AMOs posted against 52 sectioned posts, nine ANMs are in-position against 26 sectioned posts and eight pharmacists are in-position against 52 sectioned posts in the district. There is manpower shortage in RBSK teams across all the blocks in Dhar District.
- LTT camps are organized at visited CH Kukshi and CHC Dhamnod on fixed days basis on weekly and fortnightly respectively. DH is the only health facility where FP operations are also done on regular basis.
- General cleanliness, practices followed by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in all the visited health facilities except SHC Agar as per the respective available services at the facilities. Non availability of sufficient cleaning at CH and SHCs are affecting the overall hygiene and cleanliness of the health facilities in the district.

- IEC about health care and available services is available at all the visited facilities except CHC Dhamnod as CHC is being shifted to new building recently
- There is availability of pit and burning facility for waste management in the visited PHC, however no such facility was at SHC Agar and addressing this and other delivery care protocol issues, the district administration now stopped delivery services at SHC Agar.
- Citizen charter and NHM Logo in both languages are not displayed at any of the visited health facility in Dhar district.
- The referral transport service in the district is running through centralised call centre from state. Apart from this centralised '108' service, there are three Janani ambulance and three general ambulance at DH among the visited health facility, while one general ambulance used for mortuary vehicle.
- JSSK free transport is available for beneficiaries in all visited health facilities except PHC Gujri and SHC Agar. There are three Janani Express at DH Dhar, one at CH Kukshi and two at CHC Dhamnod.
- In total there are 1785 ASHAs in the district, These ASHAs are working in 1625 villages, but there is a need of 1860 ASHAs in Dhar district for the year of 2018-19. Out of these, 1722 ASHAs are working in rural areas and 63 in urban areas in the district. Majority are trained upto 6-7 module.
- There are availability of 31 designated microscopic centre (DMC) and 13 treatment unit (TU) functional with staff of one DTO, 6 STS, 7 STLS, 52 DMC lab technician and 4 TB HV in the Dhar district.
- Dhar have separate NCD clinic established in the DH. At present one MO and two SNs who have received training on NCDs are working in the DH. But due to limited staff, NCD services are not provided on regular basis. NCD services are being provided with one MO in general OPD at CH Kukshi.
- "Kayakalp" assessment will be done in Dhar district for the year 2018-19. DH Dhar was "Kayakalp" scored below 60 percent in the last year.
- It was observed that none of the health facilities are submitting checked and verified copy of HMIS monthly report through Medical Officer (I/c). No office copy of HMIS

report is retained by the reporting health facility. Some designated person collect data from different service register and provide it to the DEO for HMIS entry and updating.

- New data items have also been added to the facility annual infrastructure format for DH. NITI Aayog has also suggested new data items on Kayakalp score and patient feedback score of the DH to be included in the annual infrastructure MIS of DH.
- It is observed that some of the health facility in the district has not uploaded annual facility infrastructure data on HMIS for 2018. District M&E officer informed that state has directed to upload all the infrastructure data first on the state RHS data portal. After verification the data will be uploaded on HMIS portal. It was observed that data capturing at DH, CH, CHC and PHC is grossly incomplete and erroneous.
- More training and regular orientation is required for newly introduce HMIS and RCH portal for block level programme managers, supervisory staff and health workers. None of the visited facilities have adequately trained person for HMIS reporting which is equally essential for accuracy and completeness of data in HMIS and RCH Portal.
- Fourteen security guards are available at DH Dhar. Out of fourteen, five are female security guards at the DH. Security services are not sufficient as per the requirements in district Dhar. Security services are urgently required in periphery health institutions specifically at CH Kukshi CHC Dhamnod and PHC Gujri.
- Upkeep and periodic maintenance of essential and expensive equipments has been out-sourced to "AIM Health Care, Bhopal" for annual maintenance of equipments in SNCU, OT, Lab and X-ray and USG available at DH.

Action Points

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

- Many L2 delivery points are facing shortage of trained manpower which is affecting provision of BEmOC and other essential services. District should ensure filling-up all the sanctioned posts, at least at all the identified delivery points, in order to provide full range of health services.

- Looking to the tertiary care needs of the district, adequate infrastructure need to be provided for the DH. DH Dhar is a 300 bedded hospital; however it is always overloaded with 350-400 bedded, so it is observed that more bed capacity wards needs to be constructed and also need to increase the man power as per the present work load. This DH is around 105 years old, so it is highly recommended to have a new bigger DH construction as per the present IPHS norm.
- In order to achieve complete and accurate data reporting, training at all levels is essential. For computer based data reporting system – computer, internet and data entry operators are also essential.
- Detailed data definition guide and source of data from where each data is to be captured under HMIS need to be provided to all the health facilities. Merely providing new formats will not ensure completeness of data in HMIS.

Action Points for DH, Dhar

- There is 24x7 water supply facility available at DH. It has its own underground water supply as well as municipal water supply in the hospital, ***however in summer, around 15-20 days; it has gone with water shortage too.***
- There is only 11 quarters at the DH and that is also for MOs. ***So construction of quarters for paramedical and other category staffs is urgently needed at the DH.***
- There is almost zero operation at DH due to non availability of surgeon. Mostly caesarean delivery done and that is also by PGMOs. Since the orthopaedic surgeon took charge of civil surgeon the number of orthopaedic OT has also been reduced, this might be due to his administrative involvement as CS.
- Several pathological test, i.e. cytology, culture etc. not done at DH. Although X-ray and sonography service is available, but there is no Eco, colour Doppler done. ***CT scan also not done due to non availability of CT scan machine,*** however there are trained technical staffs for CT scan are posted at DH.
- ***As per civil surgeon Betul one more mortuary vehicle is urgently needed at DH.***
- Digital X-ray facility is available but there is shortage of x-ray film as per the requirement all the time. ***X-ray film is urgently needed at the DH.***

- MO I/c of dialysis unit, informed that, ***this unit required shifting in new building with new dialysis machine, as present building has seepage problem.***
- The DH labour room is running in newly constructed Trauma Centre, which doesn't have AC, curtain, attached toilet etc. required for labour room. ***So it is urgently needed all these things at labour room. Along with these things, there is urgent need of class IV staffs for labour room too.***
- There is requirement of one examination table at PNC ward, as this is on first floor and labour room is at ground floor. ***Requirement of at least 10 more beds at PNC caesarean ward is needed as per the case load.***
- ***There is need of MTP table in the OT & all type of MVA equipments at the DH.***
- At SNCU, AVG machine (blood analyser) was not functional since 2014, ***which needs to replace urgently, there is also requirement of equipments and consumables at SNCU.***
- NRC bed doesn't have mosquito net, which needs to be available on immediate basis. There is no ladder constructed for going to roof in NRC building***, cleaning of roof and water tank is needed urgently at NRC.***
- ***Full functional DEIC is needed to be stared earliest at the DH.***

Action Points for CH, Kukshi

- CH Kukshi is a designated L-3 CEmOC institution. ***Arrangements for BSU services and posting of LSCS and LSAS trained MOs are required for providing C-section and obstetric emergency services.***
- ***At least one lady doctor needs to be posted at CH for sonography facility, especially for ANC service needs to be started urgently.***
- Pathological service is affected at CH. The centrifugal machine was under repair at the time of PRC team visit. Complete blood picture test is not done since last three months. ***Bio-chemistry analyser machine is required at the CH.***
- Staff quarter is a major issue at CH, there is only two good staff quarters, all other quarters are very old and almost non usable. ***So quarters as per the sanctioned post of CH should be built in urgently.***

- ***Beds of NRC is urgent needed as per prescribed norms at the CH.***

Action Points for CHC Dhamnod

- CHC Dhamnod is functioning from a very new building since 8th June 2018. ***This building was not constructed as per IPHS norm and quality is also not up to the mark.***
- Biomedical waste management is outsourced and they collect it from CHC once in three days, during this period all the wastes are dump in one side of the CHC ground openly. ***Its need to be addressed urgently.***
- ***In OT, there is requirement of ACs, fogging machine, ceiling light etc. urgently.***
- ***Shifting of BSU in new building is immediately required for full functional BSU as well as continuation of operative service at CHC Dhamnod.***
- ***This CHC has a bigger area and there is lots of scope of expansion for staff quarters, additional building for some more services, i.e. NRC etc. and it may develop as a model CHC. It is recommended to have NRC at CHC Dhamnod on urgent basis.***

Action Points for PHC Gujri

- PHC Gujri was found as a good model PHC. It was very well maintain with very good facility building, complete boundary wall, greenery & plantation and most importantly very clean and hygienic condition everywhere.
- Despite having a very good infrastructure of PHC, it is found that, there is no permanent MO posted at PHC, three doctors from different facilities are being attached to visit the PHC for two days each. ***A full time MO for PHC is needs to be posted urgently for smooth functioning.***
- It is found that, many new paramedical staffs are posted here and ***they need urgent training for skill development.***

Action Points for SHC Agar

- ***SHC Agar is functioning from a very old building and its condition is very poor and unhygienic.*** Due to this reason, district administration has stopped delivery care services at SHC since 28th July, 2018 till further order and home delivery cases rises in the area.

- It is observed by the PRC team that SHC Agar is situated at middle places of the covering villages and adjacent to highway, which leads to large delivery cases, ***so administration has to address the building cleanliness and hygiene issue with some immediate renovation in present building and assure availability of water too.***
- ***Short supply of sanitary napkins and some other consumables need to be addressed.***
- ***UPS and inverter are required in labour room for continuous power supply at the time of delivery. Some other equipment such as suction machine, autoclave are immediately required at the SHC.***

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

1. Introduction:

Ministry of Health and Family Welfare, Government of India has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) under National Health Mission (NHM) since 2012-13, in different states to cover all the districts of India in a phased manner. During the year 2018-19, PRC Sagar has been entrusted with the task to carry out PIP monitoring in selected districts of Madhya Pradesh. In this context a field visit was made to Dhar district in August, 2018. PRC team visited District Hospital (DH), Civil Hospital (CH) Kukshi, Community Health Centre (CHC) Dhamnod, 24*7 Primary Health Centre (PHC) Gujri and Sub-Health Centre (SHC) Agar which are functioning as delivery points, to assess services being provided in these health facilities.

This report provides a review of health and service delivery indicators of the state and Dhar district. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management and status of HMIS & RCH Portal data. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district.

The reference period for examination of issues and status was April-July, 2018 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. To ascertain opinion about the quality of services received 13 exit interviews of recently delivered women and patients were carried out at visited health facility that have come for delivery care, ANC, child immunization and general health services. Secondary information was collected from the state web portal and district HMIS data available at the District Programme Management Unit (DPMU) in the district.

2. State and District Profile:

- Madhya Pradesh located in central India with 50 districts and 342 blocks has a total population of 7.2 crores (Census, 2011).
- The district is bounded by seven districts of Madhya Pradesh namely Ratlam to the north, Ujjain to the north-east, Indore to the east, Khargone to the south-east, Barwani to the

south, Jhabua and Alirajpur to the west. It is part of the Indore Division of Madhya Pradesh. Pithampur is a large industrial area comes under Dhar District. Kukshi is the largest tehsil of the district.

- The total area of district is 8153 sq. km. with a population of 2185793 (Census, 2011). The percentage of scheduled caste and scheduled tribes population is 6.7 and 55.9 percent respectively in the district.
- The district is divided into thirteen sub divisions and eight tehsils. There are 13 Census Towns in the District. As per Census 2011 Dhar has 1535 villages, out of which 1477 are inhabited and 58 are uninhabited villages. Dhar district has total 762 Gram Panchayats and 13 Janpad Panchayats. Population wise largest village is Ringnod of Sardarpur tehsil.

Key socio-demographic indicators

Sr.	Indicator	MP		Dhar	
		2001	2011	2001	2011
1	No. of Districts	45	50	-	-
2	No. of Blocks	333	342	-	13
3	No. of Villages	55393	54903	1552	1535
4	No. of Towns	394	476	11	13
5	Population (Million)	60.34	72.63	1.7	2.2
6	Decadal Growth Rate	24.3	20.3	27.3	25.5
7	Population Density (per ($Km^{2)}$	196	236	213	268
8	Literacy Rate (%)	63.7	70.6	52.5	60.6
9	Female Literacy Rate (%)	50.3	60.0	38.6	49.7
10	Sex Ratio	919	930	955	961
11	Sex Ratio (0-6 Age)	932	918	943	913
12	Urbanization (%)	26.5	27.6	16.6	18.9
13	Percentage of SC (%)	15.2	15.6	6.5	6.7
14	Percentage of ST (%)	20.3	21.1	54.5	55.9
Source: Census of India 2001, 2011 various publications, RGI.					

- Literacy rate of Dhar district is 60.6 percent and it occupies 46th position in the state. The female literacy rate of the district is 49.7 percent. Female literacy rate has increased by 11.1 points in Dhar district from 38.6 percent in 2001 to 49.7 in 2011 which is lower than the state average (MP: 60.6 percent).
- The sex ratio of Dhar district is 961 females per thousand males as compared to 930 per 1000 males for MP. The child sex ratio has decreased by 30 points from 943 in 2001 to 913 in 2011, which is little less than the child sex ratio of MP (918/1000).

- The latest round of Annual Health Survey (AHS) 2012-13 for MP reveals that Dhar district has IMR of 54 which is lower than the state average (MP: 62). Neonatal mortality rate is 33 in the district which is lower than state average (MP: 42). Indore health division has maternal mortality ratio (MMR) of 164 per 100,000 live births as compared to the state average of 227 per 100,000 live births.

Sr.	Indicator		MP	Dhar
1.	Infant Mortality Rate (per 1000 live birth)	2010-11	67	57
		2011-12	65	54
		2012-13	62	54
2.	Neonatal Mortality Rate(per 1000 live birth)	2010-11	44	34
		2011-12	43	33
		2012-13	42	33
3.	Post Neonatal Mortality Rate (per 1000 live birth)	2010-11	22	22
		2011-12	21	21
		2012-13	21	21
4.	Maternal Mortality Ratio (per 100,000 live birth)	2010-11	310	278
		2011-12	277	215
		2012-13	227	164
5.	Sex Ratio at Birth	2010-11	904	939
		2011-12	904	944
		2012-13	905	943
6.	Postnatal Care received within 48 Hrs. after delivery	2010-11	74.2	78.7
		2011-12	77.8	85.5
		2012-13	80.5	86.3
7.	Fully Immunized Children age 12-23 months (%)	2010-11	54.9	45.6
		2011-12	59.7	57.9
		2012-13	66.4	69.8
8.	Unmet Need for Family Planning (%)	2010-11	22.4	16.3
		2011-12	21.6	15.2
		2012-13	21.6	16.8
Source: AHS Reports				

Temporal Variation in some service delivery indicators for Dhar district

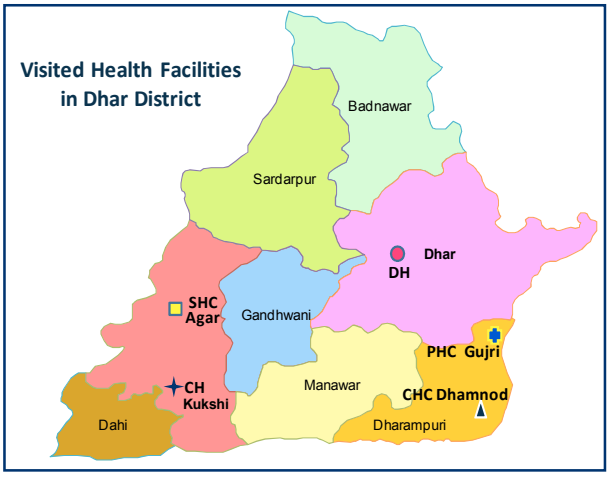
Sr.	Indicators	MP		Dhar	
		HMIS/AHS Census	NFHS-4	HMIS/AHS Census	NFHS-4
1	Sex Ratio	930#	948	961#	988
2	Sex Ratio at Birth	905$	927	943$	992
3	Female Literacy Rate (%)	60.6#	59.4	49.7#	51.3
4	Infant Mortality Rate (per 1000 live births)	62$	51	54$	-
5	Unmet Need for Family Planning (%)	21.6$	12.1	16.8$	10.7
6	Postnatal Care received within 48 Hrs. after delivery	80.5$	55.0	86.3$	70.0
7	Fully Immunized Children age 12-23 months (%)	66.4$	53.6	69.8$	65.6
8	1st Trimester ANC Registration (%)	73.3$	53.1	76.7$	61.7
9	Reported Institutional Deliveries (%)	82.6$	80.8	85.7$	78.0
10	SBA Home Deliveries (%)	38.3$	2.3	42.6$	1.3

Source: #Census 2011, $AHS 2012-13

3. Health Infrastructure in the District:

- Dhar district provides health services in both rural and urban areas through rural and urban health facilities. District is providing health services in urban areas through District Hospital and three urban PHCs. In rural areas 15 CHCs, 46 PHCs and 399 SHCs are providing health services.
- Dhar has limited public health infrastructure in terms of specialist and referral services. Majority institutions are not fully equipped for providing all the designated secondary and tertiary care health services.
- There are 45 designated delivery points, out of which 17 are L-1 (PHC-12; SHC-5), 23 are L-2 (CHC-11; PHC-12) and DH Dhar, CH Kukshi, CHC Sardarpur, CHC Manaver and CHC Dhamnod are L-3 delivery point. CH Kukshi (L3) and CHC Dhamnod (L3) are not actually functioning as per its designated status. CH Kukshi and CHC Dhamnod does not have facility for C-section delivery due to non availability of specialists and non-functional blood storage unit. Critical emergency cases of pregnancy are referred to DH.

Number of Designated Delivery Points, Dhar				
Tehsil Name	Population Census 2011	Delivery Point Level		
		L-1	L-2	L-3
Badnawar	226440	4	1	1
Sardarpur	296513	3	4	1
Dhar	578423	1	7	1
Gandhwani	156046	1	1	-
Kukshi	322282	3	4	1
Dahi	114242	1	1	-
Manawar	308188	3	3	-
Dharampuri	183659	1	2	1
Total	**2185793**	**17**	**23**	**5**



- Total bed strength in the public health institutions is 1260. This includes 400 functional beds in the DH, 100 beds functional in the Civil Hospital, 30 beds each at 15 CHCs, six beds each at 46 PHCs and 1-2 beds at each SHC L-1 delivery points.
- Details of health institution and beds strength in Dhar district available at http://www.health.mp.gov.in/institution/insti/summary.htm (as on 18.10.2018) show DH with 300 beds, Urban Civil Hospital with 100 beds, 14 CHCs with 420 beds, 47 PHCs with 282 beds, 498 SHCs and three dispensaries. There are total 1102 beds available in 564 public health institutions in Dhar district.

- The building of CH Kukshi and SHC Agar are not in good condition. Buildings of DH Dhar, CHC Dhamnod and PHC Gujri are in good condition with continues up keep and renovation. Seepage and drainage problem was observed in visited DH and CH. Three UPHCs are functional in rented building.

Existing Health Facilities and Health Facilities Visited		
Health Facility	**Number**	**Health Facility Visited**
District Hospital	01	DH Dhar(L-3)
Civil Hospital	01	CH Kukshi (L-3)
Community Health Centres	15	CHC Dhamnod (L-3)
Primary Health Centres	46	PHC Gujri (L-2)
Sub Health Centres	399	SHC Agar (L-1)

- New multi storied building is under construction with 100 bedded for civil hospital while at present CH Kukshi is functional in old building and new building has been completed and shifted to old CHC to new CHC building as on 18 June' 2018.
- Residential facilities for medical and paramedical staffs are not sufficient in the district as well as at the visited facilities. DH Dhar has only 15 quarter available for Medical Officers, which are four quarter very old in bed condition. CH Kukshi has 16 staffs quarters (4 for MOs, 10 for SNs and 2 for other staffs) and some quarters are under renovation at the CH. PHC Gujri has two quarters for other categories staff and CHC Dhamnod has no quarter available for MOs, SNs and other health staff.
- All the visited health facilities have power back up in the form of generator or inverter except SHC Agar. Water supply is available with overhead tanks in all the visited facility except SHC Agar. SHC Agar is facing problem of continues running water supply and electricity throughout the year where ANM, herself bring water from hand pump and tube well.
- All the visited health facilities have clean and functional labour room except SHC Agar. At DH Dhar, CHC Dhamnod and SHC Agar, there are no attached clean toilets with labour room. However CH Kukshi and PHC Gujri has attached functional toilet with labour room.
- MO I/c ask for provision of colour Doppler sonography machine at CHC Dhamnod, which will address all the ANC, delivery care and PNC at one point of service.
- At CH Kukshi BSU is not functional and not available adequate space for laboratory. CHC Dhamnod has BSU in old building but presently is not functional due to non availability of continued electricity supply since April, 2018.

- Facilities for bio-medical waste segregation were observed in all the health facilities except SHC. SHC Agar ANM is informed that placenta came with her beneficiary in village and after in to the pit in agriculture land. The BMW service is out sourced in the district. Collection of waste by Hauswin Inclinator Private Limited Environmental, Indore is done on alternate day basis at DH and twice in a week at CH and CHC. Disposal of hospital waste in PHC Gujri and SHC Agar is being done in closed pits.
- Functional help desk was observed only at DH Dhar and CH Kukshi.

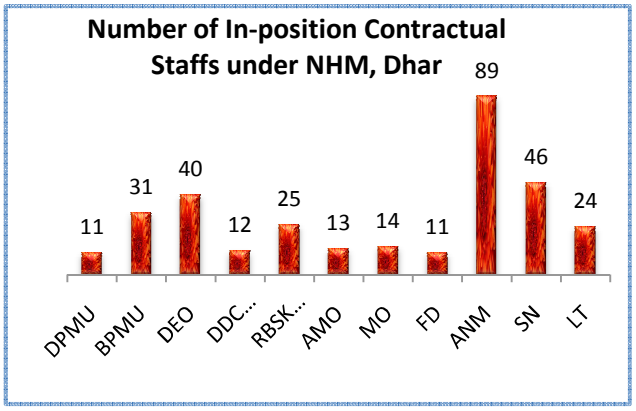
4. Human Resources:

- 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 are vacant in most of the facilities.
- The annual report (2017-18) of the health department http://www.health.mp.gov.in mentions number of sanctioned and in-position specialist, medical officers and paramedical and supporting staffs in the state. Details about various specialists and medical officers including their place of posting are not available in the public domain.
- In Madhya Pradesh as per annual report (2017-18), Specialist and PGMO are 63 in position against 345 sanctioned posts and 495 MOs in position against 1050 sanctioned posts. Human Resource (HR) for health is grossly insufficient in the district, not only as per population norms but in terms of requirements for different health services and various national health programmes.
- DH Dhar has one medicine specialists, one radiologist, three orthopaedic specialists and one pathologist posted against the sanctioned 33 specialists post. Apart from these four PGMOs (two Gynaecologists, one Anaesthetist and one Ophthalmologist) are also posted at the DH. Twenty MOs are in position against 28 sanctioned posts. There are no specialists posted of general surgeon, paediatrician and ENT at the DH.
- CH Kukshi has total thirteen sanctioned posts of specialist but only three specialists for two Paediatricians and one Gynaecologist is in position.
- None of the specialist posts at the CHC Dhamnod are in-position except Gynaecologist. Only three MOs are presently posted at CHC.

- Regular MOs is not posted at PHC Gujri. However three medical officers of different facilities have been attached on every alternate day in a week. There is three MO, three LTs, two SN, and one pharmacist is posted for running the 24x7 PHC services.
- At SHC Agar, there is only one ANM, providing all the clinical services at the delivery point.

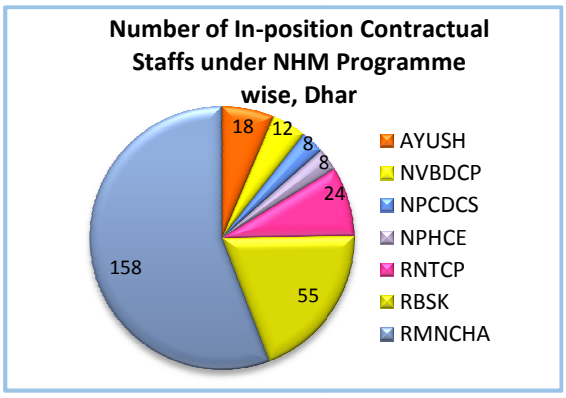
The staffs position in district and block level PMUs under NHM shows that there are 370 contractual staffs in position in the district. The PMUs have one district program manager (DPM), one district monitoring and evaluation officer (M&E), one district community mobilizer (DCM), one RBSK coordinators, one district account manager (DAM), one district account assistant (DAA), one sub engineer, one routine immunization data manager, 12 DDC pharmacists, and 40 data entry operator (DEO), seven block programme manager (BPM), thirteen block community mobilizer (BCM) and ten block accounts manager (BAM) are working.

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



Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility. DMPU has maintained complete information about the contractual staff of the district.

At visited health facilities many staffs are holding charge of multiple tasks. This is due to non-availability of designated staffs. Contractual staffs are also engaged in many administrative and other related works.



Training Status/Skills and Capacity Building

- NHM focuses on capacity building and skill upgradation of the existing staff, for which there are provisions for trainings at all levels. Under NHM, several training programmes are organized for medical and paramedical staff at district and state level.

- Trainings in CEmOC, LSAS, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- Among the visited facilities, i.e. DH Dhar and CH Kukshi, three MOs in DH and 32 MOs in CH and their periphery are CEmOC trained MO. two LSAS trained staffs are at DH and two at CH Kukshi.
- SBA training is taking place at the district level and SBA trained MOs, SNs and ANMs are available in different visited health facilities. Three NSV trained doctors are available in the DH Dhar. No RKSK trained doctors are available any of the visited health facility while 15 MTP trained doctors are available at the DH, CH and CHC among the visited health facilities.
- IUCD, PPIUCD and NSSK trainings have been received by LMOs, SNs and ANMs at all the visited facilities. Cold chain trained ANMs, SNs and MPWs are available in the visited health facilities (except SHC Agar) to maintain cold chain services.
- Kayakalp training has been received in all visited health facilities except SHC Agar. NCD training has been done eight is DH, two is CH Kukshi and two is CHC Dhamnod.

5. Other Health System Inputs:

- Availability of equipments, drugs and consumables, diagnostics and availability of speciality services are essential part of health care at all levels of health institutions. Provisioning of all these essentials need close and continuous monitoring to ensure their supplies and upkeep.
- Number of drugs in the EDL is publically displayed only at DH Dhar and CH Kukshi health facilities. However, actual availability of drugs is not displayed publically. All the visited health facilities reported availability of IFA (blue) except CH Kukshi, also zinc tablets is not available at the CH.
- At DH Dhar, CH Kukshi and CHC Dhamnod, 7329, 1700 and 820 X-ray have been done respectively of which 659 and 126 were done for MLC cases at DH and CH Kukshi during April to July, 2018.
- Now for counselling purposes an integrated 'Swasthya Samwad Kendra' has been established in the district, where two persons are posted and providing counselling on FP, adolescent health and ICTC. There are reported 1813 counselling done at SSK and 1882 counselling done at PNC, ANC and other ward at the DH.

- SN at DH informed about the shortage of sanitary napkins and essential consumables for delivery. Also shortage of mifepristone tablets in the DH.
- Most of the diagnostic tests are available in the DH except for CT scan and endoscopy. USG facility is available only at DH and CHC Dhamnod health facility.
- At CH Kukshi and CHC Dhamnod ECG, Complete Blood Picture test are not available. PHC Gujri has only limited tests like Hb, Malaria, ESR, Sputum AFB, Typhoid, Blood Typing, and Urine pregnancy test etc. At SHC Agar only limited tests available.
- 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 is available all the visited health facilities except SHC Agar. PHC Gujri has no Foetal Doppler and radiant warmer is not available at SHC Agar.
- NBSU and NBCC corner facility is available in all visited health facilities except SHC. Weighing scale (Baby and Adult), BP instrument, resuscitation kit, needle cutter, delivery table and emergency tray with medicine, injections are available in all the visited health facilities.
- Although DH Dhar has functional OT but many types of equipment like, ventilators and OT mobile lights are either not available or not functional. Other required OT equipments like OT ceiling lights, surgical diathermies, anaesthesia machines, multi-para monitors, laparoscopes etc. are available in DH.
- Equipments such as OT light ceiling, ventilator, laparoscopes, surgical diathermies and C-arm units are not available at CHC Dhamnod.
- The pathological, diagnostic and OT services can be performed very well at CHC, if some smaller issues can be addressed properly and urgently. The centrifugal machine of path lab was under repair. X-ray radiation batch for radiographer was unavailable. In OT, there is requirement of ACs, fogging machine, ceiling light etc. urgently.
- At DH 276 units of blood was available at the time of visit and 1705 blood units were issued in last four months, of which 306 units out replace of blood collect from patient attended. There are free provision of blood for TB, SNCU, ANC and PNC patients. However, blood transfusion per unit is Rs.1050 it has been fixed by NACO for PAN India.

- BSUs are not functional in CH Kukshi and CHC Dhamnod. However blood bags are procured from mother blood bank from DH Dhar as per requirement at CHC Dhamnod. It is not working properly due to irregular electricity supply in old building since April 2018. So shifting of BSU in new building is immediately required for full functional BSU as well as continuation of operative service at CHC Dhamnod.
- DH has speciality care services for gynaecology, surgery, medicine and paediatrics. Although surgery facility is not functional at the time of visit due to surgeon going to on long leave. Speciality care for cardiology is not available in all visited health facilities of the district Dhar. There are two PGMO available for services of gynaecology and ophthalmology.
- Trauma care centre facility is available but not functional at DH Dhar due to non availability of equipments and essential trained human resource. Trauma Care building is being used for Roshni clinic, labour room, PNC ward, labour OT services and other departments of the DH.
- Except emergency care no other specialty care services are available at CH and CHC.
- There are three UPHCs in the district, two in Dhar city (Ganji Khana and Bhramha Kundi) and one in Pithampur area. All three UPHCs are functioning in rented building.

AYUSH Services

- There are 49 AYUSH dispensaries in the district (Ayurvedic: 42; Homeopathy: 07) running through state AYUSH department which is 39 AYUSH dispensaries and six homeopathy centre are functioning in government buildings.
- OPDs of AYUSH are integrated with Panchkarma facilities at the DH. The AYUSH doctors report to facility HMIS as well as to their parent department office, District AYUSH Officer (DAO).
- Among the visited health facilities AYUSH services are not available at CH, CHC & PHC. AYUSH medical officer is not a member of RKS at any of the visited health institutions. There is lack of AYUSH medicines at visited health facility.
- Pathological investigations are free for all the patients in government health care facilities. There are 48 diagnostic tests at DH, 32 at CH, 28 at CHC, 19 at PHC and 3 at SHCs that are to be provided without charging any user fees. Majority of the diagnostic tests are available at respective health facilities visited for PIP monitoring.

6. Maternal Health:

- There is no separate maternity hospital or maternity wing attached to DH Dhar.
- DH is the only health facility in the district which has C-section delivery facility and providing CEmOC services. Although CH Kukshi and CHC Dhamnod are provide also C-section delivery facilities but critical cases refer to higher facility due to non availability of functional BSU. On an average every month 400-450 deliveries are conducted at DH. There are 268, 13 and 47 C-section deliveries conducted at DH, CH Kukshi and CHC Dhamnod during April-July' 2018 and 471 women with obstetric complication were managed by providing blood transfusion at the DH.
- During April-July' 2018 two maternal deaths were reported and two death was reviewed at the DH. CH Kukshi, CHC Dhamnod, PHC Gujri and SHC Agar have no maternal deaths reported during this period.
- At CH, Kukshi 1044 deliveries have been conducted during April-July'2018. At CHC 799, At PHC 101 and at SHC 74 deliveries have been conducted during this period.
- At DH Dhar 880, CHC 408, PHC 21 and SHC 22 deliveries were conducted at night (8pm-8am). Number of on the way deliveries reported by DH, CH Kukshi, CHC Dhamnod and SHC Agar were 24, 55, 12 and three respectively.
- Display of all JSSK benefits components was observed in all the visited health facilities, but JSSK was not mentioned.
- It was observed that all the visited health facilities have free dietary service under JSSK except at SHC, Agar and all the women utilise the delivery care at these facilities, stay for minimum 48 hours as per norms except SHC Agar, where some mother go home before 48 hours due to none availability of water and dietary service.
- Beneficiaries in the exit interviews have reported to have received free JSSK services including free drugs and consumables, free diet, free diagnostics etc. in all the health facilities. Thirteen beneficiaries interviewed through exit (in-patient) in the visited facilities and they had reported about service availability at the facilities i.e. free meals and diagnostics. Referral transport under JSSK is the most affected service. None of the facility

has any information about mothers transported from home to hospital and from hospital to home under JSSK.

- Janani Express services which were operational through state level call centre have been reorganized. A centrally monitored state level referral transport service out sourced to "Ziqitza Health Care Limited" has been initiated for mothers and new born children. Apart from this '108' emergency response vehicle also provide transportation under JSSK.
- It was observed that three JE vehicles, two '108' emergency response vehicles and three other ambulance are providing services at the DH. CH Kukshi have one JE, one ambulance and one '108' emergency vehicle. CHC Dhamnod have only two JE but PHC Gujri has no JE or '108' vehicle.
- In case of inter facility referral under JSSK general ambulances available at visited facilities are also used for JSSK beneficiaries.
- JSY payments are done as per JSY guidelines through DBT. PFMS is being used to disburse JSY payment to the beneficiary which is usually credited to beneficiary account within seven days of discharge from the hospital after delivery.
- JSY payments were made to 637 beneficiaries only at CHC Dhamnod. It was observed that DH Dhar, CH Kukshi and PHC Gujri have more pendency of JSY payment due to delays in implemented of (e-vitt) software functioning processing by respective district officials.

7. Child Health:

- A 20 bedded SNCU is functional at DH Dhar with three medical officers and 18 staff nurse are posted at SNCU. There are paediatric ward functional with 38 bedded at the DH, while sanctioned is 40 bedded.
- During April-July 2018, a total 827 children (inborn-383; outborn-444) have been admitted and as per the records, 633 children were cured after treatment and 39 children were referred to a higher facility and 109 death reported.
- NBSU is functional at CH Kukshi with one MO and two staff nurse are posted at NBSU. It has four radiant warmers and other essential equipments. One medical officer and one staff nurse are trained for NBSU services. During April-July, 2018 there were 155 admissions

(Inborn: 100; Outborn: 55). In this period 89 children are reported cured, 59 referred, three deaths and four LAMA at CH Kukshi.

- NBSU is functional in a small room at CHC Dhamnod with trained staff. It has three radiant warmers and other essential equipments. One medical officer and one staff nurse are trained for NBSU services. During April-July, 2018 there were 127 admissions (Inborn: 120; Outborn: 7). in this period 71 children are reported cured, 55 referred and one LAMA at CHC Dhamnod.
- Despite having a good bigger building, the NBSU is running in a very small room and that is not as per the IPHS norm. So its need to be shifted in some other good spacious room of CHC. However due to lack of space expansion of NBSU is suggested by PRC team that planned in near OT and maternity ward. NBCC is also functional in PHC Gujri.
- The civil surgeon of DH Dhar has taken good practices for SNCU. There is CCTV camera available at SNCU, which are photos also connected with RMO and DHO mobiles, civil surgeon also monitoring to SNCU camera photos for patient observation and security purpose.
- The AVG machine (blood analysis) is not working since 2014. It is also facing problem of irregular supply of crying pump connector, baby diaper, cotton banded and CRP kit which urgently requires to essential equipment for smooth functioning services provided of SNCU.

Nutrition Rehabilitation Centre (NRC)

- There are eleven NRCs in Dhar district. In all 160 beds are available in NRCs. Overall bed occupancy rate reported in the district is 74.64 percent. Total 1051 children are admitted during the period in eleven NRC of the district (http://www.nrcmis.mp.gov.in). DH has 20 bedded NRC with nine staff, CH Kukshi has 20 bedded NRC with seven staff and CHC Dhrampuri (Dhamnod) has 20 bedded NRC with sufficient staff. During April-July' 2018, 101, 166 and 119 SAM children were admitted in NRCs at DH, CH and CHC respectively.
- The feeding demonstrator informs that mosquito net is urgently needed for SAM children in NRC at district hospital. There are facing problem regarding cleaning of water tank and cleaning of NRC roof surface. There are needed stairs for roof at NRC, purpose of cleaning both water tank and roof surface time to time.

- The NRC at CH Kukshi is facing problem of seepage and lack of maintenance is observed. NRC kitchen and all part of NRC are under repair as on visit date. Water cooler and RO system is not functional at NRC. The NRC staffs have reported that an NRC bed as per SAM children is not suitable. There are urgently required NRC beds for SAM children. NRC Kukshi was shifted in new CH building after completion of building as soon as.
- CHC Dhamnod is under Dhamtari block and there is CHC at Dhamtari as well. There is functional NRC at CHC Dhamtari, but no NRC is constructed at visited CHC Dhamnod. So it is recommended to have NRC at CHC Dhamnod on urgent basis.

Immunization

- Government of India has selected 201 districts of the country for Mission Indradhanush including 15 top priority districts of MP. The first programme was launched in April 2015 to save lives of children through vaccination in these districts which have 50 to 55 percent complete immunization.
- CH Kukshi, CHC Dhamnod and PHC Gujri are focal points for immunization. Micro plans have been prepared for different blocks by DIO for the year 2018-19.
- SHC Agar is covering four villages, three Arogya Kendra, 10 Anganwadi of around 6000 population with support of five ASHAs.
- Alternate vaccine delivery system is in place in the district. MPWs and LHVs have been trained in cold chain handling in the district. The birth dose of immunisation is being ensured for all newborns delivered before getting discharged at DH, CH, CHC and PHC.
- Immunisation services are available in DH Dhar, CH Kukshi and CHC Dhamnod on daily basis and on fixed days in the periphery.

Rashtriya Bal Swasthya Karyakram (RBSK)

- RBSK programme in the district is being implemented as per guidelines. A district RBSK coordinator has been appointed for monitoring and supervision of RBSK programme.
- Out of 26 teams required, only 16 RBSK teams are operational in the district. None of the RBSK team is complete in all aspects. Twenty four AMOs posted against 52 sectioned posts, nine ANMs are in-position against 26 sectioned posts and eight pharmacists are in-position against 52 sectioned posts in the district. There is manpower shortage in RBSK teams across

- all the blocks in Dhar District. All the required staffs need to be posted to provide complete range of RBSK services. There are no any RBSK team available in Bagh and Gandhwani blocks of Dhar district.
- As per the available data numbers of children screened for any illness were 4406 at CH Kukshi and 5753 at CHC Dhamnod. A total of 333 and 72 children in different age groups were identified with various health problems and 10 and 57 children have been referred to higher facility for treatment from CH Kukshi and CHC Dhamnod respectively.
- District Early Intervention Centre (DEIC) is not functional in the district; neither staff nor any infrastructure is available for the same. Patient referred from field by RBSK team has been examined in OPD of DH. Dhar district has sent a proposal for new DEIC building to the state.

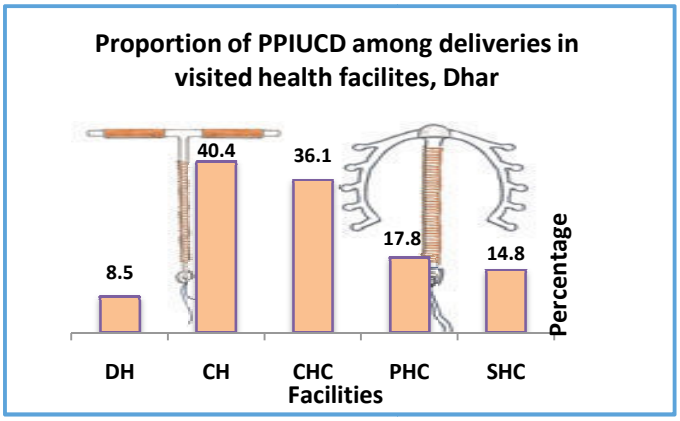
Block-wise status of RBSK team in Dhar district

Blocks	Teams	AMO	ANM	Pharmacist
Badnawar	Team 1	1	0	1
	Team 2	0	0	0
Bagh	Team 1	0	0	0
	Team 2	0	0	0
Bakaner	Team 1	2	1	0
	Team 2	0	0	0
Dahi	Team 1	1	0	0
	Team 2	0	0	0
Dhamnod	Team 1	2	1	1
	Team 2	2	1	1
Gandhwani	Team 1	0	0	0
	Team 2	0	0	0
Manawar	Team 1	1	0	0
	Team 2	2	1	0
Nalcha	Team 1	2	0	1
	Team 2	2	1	1
Nisarpur	Team 1	1	1	1
	Team 2	0	1	0
Sardarpur	Team 1	2	0	0
	Team 2	1	0	1
Teesgaon	Team 1	1	1	1
	Team 2	2	0	0
Tirla	Team 1	0	0	0
	Team 2	1	0	0
Kukshi	Team 1	1	1	0
	Team 2	0	0	0
Total		**24**	**9**	**8**

8. Family Planning Services:

- Dhar district provides services under various national health programmes as per the government guidelines though services are constrained due to limited human resources and infrastructure.
- Access to family planning helps in protection from unwanted pregnancies, along with decrease in infant and child mortality.
- Dhar district has facility of providing full range of family planning services at most of the health institutions. All family planning services are available at the visited DH CH and CHC Dhamnod.

- LTT camps are organized at visited CH Kukshi and CHC Dhamnod on fixed days basis on weekly and fortnightly respectively. DH is the only health facility where FP operations are also done on regular basis.



- Supply of modern family planning methods, i.e. OP, condom, Antara injectable dose, copper-T etc. are regular in the district and none of the visited health facilities informed about any scarcity. SHC Agar and PHC Gujri reported that most of the condoms and Oral pills are provided by ANMs in the field.

- During April-July' 2018, 523 family planning operations and one NSV have been performed at DH, 79 family planning and zero NSV at CH Kukshi and 243 family planning and two NSV at CHC Dhamnod. At CH & CHC these services are done on fixed day by surgeon from DH. During this period 147, 422, 289, 18 and 11 women were provided PPIUCD services at the DH, CH, CHC, PHC and SHC respectively. Insertion of IUCD to the women during April-July, 2018 is 26, 70, 34, 9 and 12 at the DH, CH, CHC, PHC and SHC respectively.

9. Quality in Health Services:

- General cleanliness, practices followed by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in all the visited health facilities except SHC Agar as per the respective available services at the facilities. Non availability of sufficient cleaning at CH and SHCs are affecting the overall hygiene and cleanliness of the health facilities in the district. The buildings of the visited health facilities are in good condition except CH and SHC Agar. CH is running in old building and new CH building is under construction and may be getting ready till January 2019 as per official information.

- IEC about health care and available services is available at all the visited facilities except CHC Dhamnod as CHC is being shifted to new building recently.

- There is adequate space for medical staff and adequate waiting space for patients in all the visited health facilities except SHC Agar.

Biomedical Waste Management (BMW)

- Segregation of bio-medical waste is being done at DH Dhar, CH Kukshi, CHC Dhamnod, and PHC Gujri. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility.
- Bio medical waste management is outsourced to a private agency "House Win Incinator Private Limited, Indore". Bio-medical waste is getting collected twice a week from the health facilities except SHC Agar.
- There is availability of pit and burning facility for waste management in the visited PHC, however no such facility was at SHC Agar and addressing this and other delivery care protocol issues, the district administration now stopped delivery services at SHC Agar.
- 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 (IEC)

- Citizen charter and NHM Logo in both languages are not displayed at any of the visited health facility in Dhar district.
- It was observed approach road direction to health facilities and family planning IEC in all visited health facilities except SHC Agar. Although Immunization Schedule 333and JSSK entitlements are displayed at all the visited health facilities.
- Display of timing of health facility, EDL and user charges at DH Dhar and CH Kukshi.
- It was observed that complaint/suggestion box is available only DH and CH Kukshi among 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.
- Most of the IEC is not observed at CHC Dhamnod due to CHC has shifted in new building.

Quality Parameter of the Facility

- On quality parameter, the staffs (SN, ANM) of DH Dhar, CH Kukshi, CHC Dhamnod, PHC Gujri except SHC Agar 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.
- Maternal Death Review has taken in all visited health facilities, but no MDR cases till date.

10. Referral Transport and MMU:

- In Madhya Pradesh referral transport has been an integral part of health care services. This is very essential for access to critical health care, emergencies, trauma care for remote and outreach areas and in rural areas.
- During 2017-18, referral transport services have been centralised at state level and out-sourced to a new agency and services under 'National Ambulance Services' has been implemented.
- The referral transport service in the district is running through centralised call centre from state. There are three general ambulances available at DH while only one driver is posted at DH. Among these three ambulances, one is used as mortuary vehicle. As per civil surgeon Betul one more mortuary vehicle is urgently needed at DH.
- JSSK free transport is available for beneficiaries in all visited health facilities except PHC Gujri and SHC Agar. There are three Janani Express at DH Dhar, one at CH Kukshi and two at CHC Dhamnod.
- It was observed that not all the pregnant women are getting transport services with "108" or ambulances. Due to non-availability of data at district level no assessment could be done for the services provided to pregnant women and newborn children and other patients.

- Emergency "108" free transport service has provided of patients 794 at Dhar, 705 at Kukshi and 510 at Dhamnod blocks, out of which is 173, 195 and 95 referral services provided in respective blocks during from April-July 2018.

11. Community Process (ASHA):

- In total there are 1785 ASHAs in the district, These ASHAs are working in 1625 villages, but there is a need of 1860 ASHAs in Dhar district for the year of 2018-19. Out of these, 1722 ASHAs are working in rural areas and 63 in urban areas in the district. Majority are trained upto 6-7 module.

Number of ASHAs in Dhar district							
Blocks	**Gram Arogya Kendra**	**ASHA (Selection and Target)**			**ASHA Sahyogis (Selection & Target)**		
		Target	**Appointed**	**Target (18-19)**	**Target**	**Appointed**	**Target (18-19)**
Sardarpur	178	260	254	260	18	18	22
Dharmpuri	100	166	164	172	12	11	14
Teesgaon	89	115	115	120	9	9	10
Badnawar	156	171	169	173	14	7	15
Tirla	138	148	149	152	10	10	12
Kukshi	46	99	98	105	8	8	8
Gandhwani	139	150	148	152	12	11	13
Bakaner	103	140	138	147	11	11	11
Dahi	62	94	94	105	6	6	8
Manawar	95	118	111	118	10	10	10
Nisarpur	56	77	77	78	8	8	8
Nalcha	145	163	155	163	12	11	13
Bagh	91	115	113	115	11	10	11
Total	**1398**	**1816**	**1785**	**1860**	**141**	**130**	**155**

- There are 130 ASHA sahyogis, but there is a need of 155 ASHA sahyogis in Dhar district. 1398 Anganwadi Kendra with 3300 Anganwadi worker and 1398 Arogya Kendras available in the district.
- Different programme officers in Dhar district are providing orientation to ASHAs for National Health Programmes like TB, Malaria, Leprosy etc. at the block level. ASHA Resource Centre at the state level monitors the progress of ASHAs. Mentoring Group for Community Action provides supportive services.
- Drug kit replenishment is done based on demand and availability of drugs. Payments to ASHAs have been regularized based on verification by the concerned ANM. Interaction with ASHAs at visited health facilities revelled that ASHAs are not getting their payment

regularly and this has created dissent among ASHAs for continuing their services in the community.

12. Disease Control Programme:

- Services under disease control programme are provided for Malaria, Tuberculosis and Leprosy. Required staffs are not available for all the three programmes at all levels of health institutions.
- During April-July' 2018, 697, 10173, 1648, 722 and 110 slides were examined for malaria at DH, CH, CHC, PHC and for SHC respectively. There were only 2, 3, 1, and 11 positive cases of malaria reported during this period in the DH, CH Kukshi, CHC Dhamnod and PHC Gujri health facilities. It was observed that RD kits for malaria testing are regularly supplied and used at all the visited health facilities.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Dhar are functional in all the visited health facilities. There were 116, 367, 256 and 450 sputum test conducted at the visited DH CH, CHC and PHC respectively. Out of these 14 sputum samples were found to be positive at DH, 23 at CH Kukshi, 31 at CHC Dhamnod, and 20 at PHC Gujri.
- Under National Leprosy Eradication Programme (NLEP) 118, 12, 9 and 2 new cases have been detected in DH, CH Kukshi, CHC Dhamnod and SHC Agar since April-July 2018, and in total 314, 18, 16 and 2 patients are under treatment at respectively facilities. There are fifteen, four and two new cases detected through ASHA at the DH, CHC Dhamnod and SHC Agar.
- There are availability of 31 designated microscopic centre (DMC) and 13 treatment unit (TU) functional with staff of one DTO, 6 STS, 7 STLS, 52 DMC lab technician and 4 TB HV in the Dhar district.
- Swasthya Samwad Kendra (SSK) is well functional at DH Dhar. During April to July 2018 total 1813 persons (ANC-740, Male-21 & Female-1052) were counselled by SSK counsellor in OPD. Total 1882 women were counselled for SSK at different wards of DH for ANC-65, PNC-1703, FP-87 and other-27 related issues. There are seven ICTCs and 25 FICTCs centre functional in the district.

- RTI/STI clinic (*Yugal Mangal Kendra*) is functional in DH Dhar. There are 3056 tests (561 male & 2495 female) done at the centre during April to July 2018. There is also 3043 RTI/STI test done among ANC women, among these women one case was found as VDRL reactive during this period.

Physiotherapy Services done at DH Dhar during April to July 2018			
	Male	**Female**	**Total**
Heat, Cold	414	460	874
Massage	89	137	226
Traction Therapy	403	459	862
Tens	493	493	986
Plaster Cast Therapy	89	118	207
NPHCE	545	529	1074

13. Non-Communicable Diseases (NCD):

- NCD services are being provided in all the visited health facilities through OPD service with adequacy of medicines and drugs.
- Dhar have separate NCD clinic established in the DH. At present one MO and two SNs who have received training on NCDs are working in the DH. But due to limited staff, NCD services are not provided on regular basis.

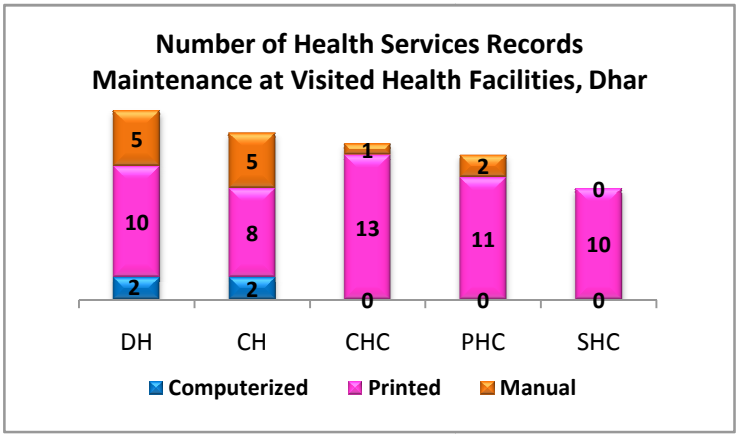
Number of Cases provided OPD services under NCD programme April to July' 2018			
Type of Reported Diseases	**Male**	**Female**	**Total**
Communicable Diseases	917	643	**1560**
Non Communicable Diseases	2196	2191	**4387**
Degenerative Diseases	1041	596	**1637**
Terminal Diseases	241	163	**404**
Other Diseases	617	444	**1061**
Total	**5012**	**4037**	**9049**

- Total 9049 OPD patient (Male-5012, Female-4037) has been visited for the NCD services at DH during April to July 2018.
- IEC material available for prevention of NCDs through charts at DH Dhar and CH Kukshi.
- NCD services are being provided with one MO in general OPD at CH Kukshi.

14. Record Maintenance and Reporting:

- During PIP visit status of data reporting registers and system of record maintenance at each of the visited health facilities has been ascertained. Information about 16 types of registers and records has been collected.

- Computerization of health records and reporting has been observed only at DH and CH Kukshi for OPD and IPD. For rest of the health services, record registers are maintained printed & manually.



- Computerized OPD / IPD registration at DH & CH Kukshi.
- Computerized data entry – Maternity Wing, SNCU, NCD clinic and HMIS.
- MDR, IDR and NDR register is available only at DH. Other visited health facilities have not maintained these register.
- Line listing of severely anaemic pregnant women data done at ANC register.
- Telly implemented for account at DH, CH Kukshi and CHC Dhamnod

Kayakalp

- Kayakalp is an ambitious programme in line with the Swachha Bharat Campaign. It envisages maintaining of high standard for cleanliness and hygiene across all the public health institutions.
- "Kayakalp" assessment will be done in Dhar district for the year 2018-19. DH Dhar was "Kayakalp" scored below 60 percent in the last year.
- Under clinical establishment act (MP Nursing Home Act) fifteen private facilities are registered in the district Dhar.

15. Health Management Information System (HMIS):

- HMIS has been revamped in Madhya Pradesh as well as in Dhar recently. As per the latest revision in facility level HMIS formats for monthly reporting, 67, 60, 48 and 23 new data items are added for DH, SDH/CHC, PHC and SHC respectively.
- New reporting formats have been distributed to all the facilities. The formats are bilingual in Hindi and English which is can be easily understood by all health staffs.

- It was observed that orientation has been given to district M&E officers and block programme managers about the new HMIS formats and new data items added. Training for health facility personnel on new HMIS format has not been done properly.
- It was observed that none of the health facilities are submitting checked and verified copy of HMIS monthly report through Medical Officer (I/c). No office copy of HMIS report is retained by the reporting health facility. Some designated person collect data from different service register and provide it to the DEO for HMIS entry and updating.
- New data items have also been added to the facility annual infrastructure format for DH. NITI Ayog has also suggested new data items on Kayakalp score and patient feedback score of the DH to be included in the annual infrastructure MIS of DH.
- It is observed that some of the health facility in the district has not uploaded annual facility infrastructure data on HMIS for 2018. District M&E officer informed that state has directed to upload all the infrastructure data first on the state RHS data portal. After verification the data will be uploaded on HMIS portal.
- It was observed that data capturing at DH, CH, CHC and PHC is grossly incomplete and erroneous. In all visited health facilities number of pregnant women give 180 iron folic acid tablet (IFA) and 360 calcium tablets both are the same quantity distributed in month wise that is incomplete data.
- Number of abortion through spontaneous service is not functional at the DH Dhar but data are reported in HMIS format monthly basis. Blood transfusion issued and MTP up to 12 week data are not matched from actual register data to HMIS at the DH Dhar.
- Number of X-ray performed at CH Kukshi was 1700 during April to July, 2018 where is in HMIS it was reported only two. CHC Dhamnod has no reported number of X-ray in HMIS monthly basis in year of 2018.
- Number of mini-lap operations performed at CH Kukshi was four during April to July, 2018, as reported to PRC team while HMIS data shows 23 cases in April month.

RCH Portal / MCTS

- The new RCH portal has been initiated with many upgradation for replacing MCTS which was affected with duplication, non-updation and issue of under-reporting of maternal and

child health services. There were 118 data fields in MCTS and newly developed RCH portal have 227 data fields.

- Training for data capturing and data entry into new RCH Portal has been given to all concerned staffs and available DEOs of different programs under NHM.
- Block level training have been organized to provided detailed information to MOs and BMOs for checking data entry and completeness of information. Based on the completeness of information, progress of the RCH programme can be determined.
- As informed by the DPMU staff that RCH data reporting is not fully functional and all the concerns are getting resolved day-by-day. Soon the RCH portal data updating will be done smoothly.

16. Additional and Support Services:

- Various support services such as kitchen, laundry, drug storage, grievance redressal mechanism and maintenance repair are available in all the visited facilities.
- For periodic maintenance and repair of faculty equipments AIM Bhopal has been contracted at state level. The facility in-charge informed that engineers and technician of AIM Bhopal are could not provide repair services for all the equipments in various facilities. This has hampered smooth functioning of diagnostic and clinical services to some extent and causing delays in repair of equipment.
- Provisions of fogging were reported only by DH Dhar among all visited health facilities. Laundry service is being done through RKS fund at the DH.
- Tally software has not been in use at the visited facilities. Public Financial Monitoring System (PFMS) is in place for online payments of JSY incentives, ASHA incentives etc.
- Fourteen security guards are available at DH Dhar. Out of fourteen, five are female security guards at the DH. They are recruited through outsourcing from New Bundelkhand Security Services, Indore.
- Security services are not sufficient as per the requirements in district Dhar. Security services are urgently required in periphery health institutions specifically at CH Kukshi CHC Dhamnod and PHC Gujri.

Observations from Dhar District visited during August, 2018 **(ANNEXURE)**

1. Health Infrastructure available in Dhar District

No. of institutions	Available	Located in government buildings	No. of new facility proposed	No. of health facilities having inpatient facility	No. of beds in each category
District Hospital	1	1	No	1	400
Exclusive MCH hospital	-	-	-	-	-
CH	1[#]	1	No	1	100
CHC	15	15	No	15	450
PHC	46	46	No	46	276
UPHC	3*	0	No	No	-
SCs	399	399	No	17	34
AYUSH Ayurvedic	42	39	No	1	-
AYUSH(Homoeopathic)	7	6	No	-	-
AYUSH (Others)	-	-	-	-	-
Delivery Point(L1)	17	17	-	17	-
Delivery Point(L2)	23	23	-	23	-
Delivery Point(L3)	5	5	-	5	-

*Total 1260 beds availability in the district. *UPHCs are functional in rented buildings. [#]New multistoried building under construction with 100 bedded for Civil Hospital while at present CH is functional in old building.*

2. Physical Infrastructure

Infrastructure (Yes / No)	DH	CH	CHC	PHC	SHC
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes	Yes
Functioning in Govt. building	Yes	Yes	Yes	Yes	Yes
Building in good condition	Yes	Yes	Yes*	Yes	No
Staff Quarters for MOs	15[$]	4	0	0	
Staff Quarters for SNs	0	10	0	0	
Staff Quarters for other categories	0	2	0	2	1
Electricity with power back up	Yes	Yes	Yes	Yes	No
Running 24*7 water supply	Yes	Yes	Yes	Yes	No
Clean Toilets separate for Male/Female	Yes	No	Yes	No	No
Functional and clean labour Room	Yes	Yes	Yes	Yes	No
Functional and clean toilet attached to labour room	No	Yes	No	Yes	No
Clean wards	Yes	Yes	Yes	Yes	No
Separate Male and Female wards (at least by partitions)	Yes	Yes	Yes	No	
Availability of Nutritional Rehabilitation Centre	Yes	Yes	No	No	
Functional BB/BSU, specify	Yes	No	No[#]		
Separate room for RKSK clinic	No	No	No		
Availability of complaint/suggestion box	Yes	Yes	Yes	No	No
Availability of mechanisms for Biomedical waste management (BMW)at facility	Yes	Yes	Yes	Yes	No[@]
BMW outsourced	Yes	Yes	Yes	Yes	No
Availability of ICTC/ PPTCT Centre	Yes	Yes	Yes		
Availability of functional Help Desk	Yes	Yes	No	No	No

**New building has completed and shifted to old CHC to new CHC building. [$]Four quarter very old in bed condition. [#]At presently BSU is available in old building of CHC but not functional since April, 2018. [@]Placenta came with her beneficiary in village and after in to the pit in agriculture land.*

3. Human Resources

Health Functionary	Required (Sanctioned)					Available				
	DH	CH	CHC	PHC	SHC	DH	CH	CHC	PHC	SHC
Gynecologist	4	2	1			2*	1	1		
Pediatrician	7	2	1			0	2	0		
Anesthetists	3	2	1			1*	0	0		
Cardiologist	-	-	-			-	-	-		
General Surgeon	2	2	1			0	0	0		
Orthopedic	3	1	-			3	0	-		
Medicine Specialist	4	2	1			1	0	0		
ENT Specialist	2	-	-			0	-	-		
Ophthalmologist	2	1	1			1*	0	0		
Ophthalmic Asst.	2	2	1			1	2	1		
Radiologist	3	-	-			1	-	-		
Radiographer	4	3	2			3	3	2		
Pathologist	3	1	-			1	0	-		
LTs	8	3	4	-		8	2	4	3	
MOs	28	5	6	-		20	5	3	3[@]	
AYUSH MO	1	-	-	-		0	-	-	-	
LHV	2	-	-	-		2	-	-	-	
ANM	13	-	-	-	-	14	-	-	-	1
MPHW (M)	-	-	-	-	-	-	-	-	-	0
Pharmacist	11[#]	5	1	-		10[#]	0	1	1	
Staff nurses	124	30	17	-	-	93	9	7	2	0
RMNCHA+ Counselor	-	-	-	-		-	-	-	-	

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

No. of Trained Persons

Training programmes	DH	CH*	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	3	32	-		
LSAS (Life Saving Anaesthesia Skill)	2	2	-		
BEmOC (Basic Emergency Obstetric Care)	-	1	-	-	
SBA (Skill Birth Attended)	29	10	-	1	1
MTP (Medical Termination of Pregnancy)	8	2	5	-	
NSV (No Scalpel Vasectomy)	3	-	-	-	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	12	3	-	-	1
FBNC (Facility Based Newborn Care)	33	5	3	-	1
HBNC (Home Based Newborn Care)				-	1
NSSK (Navjaat Shishu Surakasha Karyakram)	56	17	-	-	-
Mini Lap-Sterilisations	1	-	3	-	
Laproscopy-Sterilisations(LTT)	3	2	2		
IUCD (Intrauterine Contraceptive Device)	8	15	8	2	1
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	17	15	9	2	1
Blood Bank / BSU	7	2	2		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	10	32	-	-	1
IMEP (Infection Management Environmental Plan)	-	25	7	-	-
Immunization and cold chain	35	1	2	1	1
RCH Portal (Reproductive Child Health)	-	9	7	1	1

HMIS (Health Management Information System)	1	13	6	-	1
RBSK (Rashtriya Bal Swasthya Karyakram)	-	-	8		
RKSK (Rashtriya Bal Swasthya Karyakram)	-	-	-	-	-
Kayakalp	108	3	3	1	-
NRC and Nutrition	4	2	1	-	
PPTCT (Prevention of Parent to Child Transmission of HIV)	-	-	2	-	
NCD (Non Communicable Diseases)	8	2	2	-	
Nursing Mentor for Delivery Point	5	1	-		
No. Others (specify)--------Skill Lab/Dialisis	45	-	-	2	-
**All trained staff are included of PHC which under the CH Kukshi.*					

4. Other health System inputs

Availability of drugs and diagnostics, Equipments	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Availability of EDL and Displayed	Yes	No	No	No	Yes
Availability of EDL drugs	Yes	Yes	Yes	Yes	Yes
No. and type of EDL drugs not available (Collect Separate List)	No	No	No	No	No
Computerised inventory management	Yes	Yes	Yes	No	No
IFA tablets	Yes	Yes	Yes	Yes	Yes
IFA tablets (blue)	Yes	No	Yes	Yes	Yes
IFA syrup with dispenser	Yes	No	Yes	Yes	Yes
Vit A syrup	Yes	Yes	Yes	Yes	Yes
ORS packets	Yes	Yes	Yes	Yes	Yes
Zinc tablets	Yes	No	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	No	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, PCM, metronidazole, anti-allergic drugs etc.	Yes	Yes	Yes	Yes	No
Adequate Vaccine Stock *available*	Yes	Yes	Yes	Yes	No
Supplies (Check Expiry Date during visit to the Facility)					
Pregnancy testing kits	Yes	Yes	Yes	Yes	Yes
Urine albumin and sugar testing kit	Yes	Yes	Yes	Yes	Yes
OCPs	Yes	Yes	Yes	Yes	Yes
EC pills	Yes	Yes	Yes	Yes	No
IUCDs	Yes	Yes	Yes	Yes	Yes
Sanitary napkins	No	Yes	Yes	Yes	Yes
Gloves, Mckintosh, Pads, bandages, and gauze etc.	Yes	Yes	Yes	Yes	Yes
Laboratory and Other Diagnostic tests					
Haemoglobin	Yes	Yes	Yes	Yes	Yes
CBC	Yes	No	No	Yes	
Urine albumin and sugar	Yes	Yes	Yes	Yes	Yes
Blood sugar	Yes	Yes	Yes	Yes	
RPR	Yes	Yes	Yes	Yes	
Malaria	Yes	Yes	Yes	Yes	Yes
T.B	Yes	Yes	Yes	Yes	
HIV	Yes	Yes	Yes	Yes	

Availability of drugs and diagnostics, Equipments	**DH**	**CH**	**CHC**	**PHC**	**SHC**
Liver function tests (LFT)	Yes	No	No		
No. Ultrasound scan (Ob.) done	-		1208		
No. Ultrasound Scan (General) done	-		No		
No. X-ray done	7329	1700	820		
ECG	Yes	Yes	No		
Endoscopy	No				
Others , pls specify	-	-	-	-	-
Essential Equipments					
Functional BP Instrument and Stethoscope	Yes	Yes	Yes	Yes	Yes
Sterilised delivery sets	Yes	Yes	Yes	Yes	Yes
Functional Neonatal, Paediatric and Adult Resuscitation kit	Yes	Yes	Yes	Yes	Yes
Functional Weighing Machine (Adult and child)	Yes	Yes	Yes	Yes	Yes
Functional Needle Cutter	Yes	Yes	Yes	Yes	Yes
Functional Radiant Warmer	Yes	Yes	Yes	Yes	No
Functional Suction apparatus	Yes	Yes	Yes	Yes	Yes
Functional Facility for Oxygen Administration	Yes	Yes	Yes	Yes	Yes
Functional Foetal Doppler/CTG	Yes	Yes	Yes	No	Yes
Functional Mobile light	Yes	No	Yes	Yes	
Delivery Tables	4	3	2	2	1
Functional Autoclave	Yes	Yes	Yes	Yes	No
Functional ILR and Deep Freezer	Yes	Yes	Yes	Yes	
Emergency Tray with emergency injections	Yes	Yes	Yes	Yes	
MVA/ EVA Equipment	Yes	Yes	Yes	Yes	
Functional phototherapy unit	Yes	Yes	Yes	Yes	
OT Equipments					
O.T Tables	Yes	Yes	Yes	No	
Functional O.T Lights, ceiling	Yes	Yes	No	-	
Functional O.T lights, mobile	No	No	Yes	-	
Functional Anesthesia machines	Yes	Yes	Yes	-	
Functional Ventilators	No	No	No	-	
Functional Pulse-oximeters	Yes	Yes	Yes	-	
Functional Multi-para monitors	Yes	Yes	Yes	-	
Functional Surgical Diathermies	Yes	Yes	No	-	
Functional Laparoscopes	No*	No*	No	-	
Functional C-arm units	Yes	No	No	-	
Functional Autoclaves (H or V)	Yes	Yes	Yes	-	
Blood Bank / Storage Unit					
Functional blood bag refrigerators with chart for temp. recording	Yes	No	No		
Sufficient no. of blood bags available	276	No	-		
Check register for number of blood bags issued for BT in **April-July' 2018-19**	1705	-	-		
Checklist for SHC					
Haemoglobinometer					Yes
Any other method for Hemoglobin Estimation					Yes
Blood sugar testing kits					Yes
BP Instrument and Stethoscope					Yes
Delivery equipment					Yes
Yes Neonatal ambu bag					Yes

Availability of drugs and diagnostics, Equipments	DH	CH	CHC	PHC	SHC
Yes Adult weighing machine					Yes
Infant/New born weighing machine					Yes
Needle &Hub Cutter					Yes
Color coded bins					Yes
RBSK pictorial tool kit					No
*Laparoscopes is brought by LTT surgeon.					

Specialty Care Services Available in the District

	DH	CH	CHC
Separate Women's Hospital	No	No	No
Surgery	Yes*	Yes	No
Medicine	Yes	No	No
Ob&G	PGMO	No	No
Cardiology	No	No	No
Emergency Service	Yes	Yes	Yes
Trauma Care Centre	Yes	No	No
Ophthalmology	PGMO	No	No
ENT	No	No	No
Radiology	Yes	No	No
Pathology	Yes	No	No
*Surgery facility is not functional at the time of visit due to Surgeon going to on long leave.			

AYUSH services

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

Laboratory Tests Available (Free Services)

Services	DH	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	Yes	No
Slide Collection for PBF & Sputum AFB	Yes	Yes	Yes	Yes	Yes
Blood Sugar	Yes	Yes	No	Yes	Yes
Serum Urea	Yes	Yes	No	No	No
Serum Cholesterol	Yes	Yes	No	No	No
Serum Bilirubin	Yes	Yes	No	No	No
Typhoid Card Test/Widal	Yes	Yes	Yes	Yes	No
Blood Typing	Yes	Yes	Yes	Yes	No
Stool Examination	Yes	Yes	No	No	No
ESR	Yes	Yes	Yes	Yes	No

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

5. Maternal Health (Give Numbers from 1 April- 31 July'2018)

5.1 ANC and PNC

Services Delivered	DH	CH	CHC	PHC	SHC
ANC registered	4405	226	354	34	62
New ANC registered in 1st Trim	493	169	233	22	29
No. of women received 3 ANC	1399	-	204	98	45
No. of women received 4 ANC	325	181	165	105	39
No. of severely anaemic pregnant women(Hb<7) listed	25	8	42	11	9
No. of Identified hypertensive pregnant women	29	3	24	8	-
No. of pregnant women tested for B-Sugar	3905	-	996	343	62
No. of U-Sugar tests conducted	3867	-	1005	343	62
No. of pregnant women given TT (TT1+TT2)	1761	270	360	44	55
No. of pregnant women given IFA	4405	171	200	200	33
No. of women received 1st PNC check within 48 hours of delivery	1700	320	791	95	18
No. of women received 1st PNC check between 48 hours and 14 days of delivery	-	109	369	98	18
No. of ANC/PNC women referred from other institution (in-referral)	233	181	48	-	-
No. of ANC/PNC women referred to higher institution (out-referral)	25	141	81	11	16
No. of MTP up to 12 weeks of pregnancy	61	23	149	11	-
No. of MTP more than 12 weeks of pregnancy	-	-	-	-	-

5.2 Institutional deliveries/Delivery Complication

(Give Numbers from 1 April- 31 July'2018)	DH	CH	CHC	PHC	SHC
Deliveries conducted	1720	1044	799	101	74
Deliveries conducted at home					-
C- Section deliveries conducted	268	13	47	-	-

Deliveries conducted at night (8 pm-8 am)	880	-	408	21	22
On the way delivery	24	55	12	-	3
No. of pregnant women with obstetric complications provided EmOC	471	-	18	13	-
No. of Obstetric complications managed with blood transfusion	476	17	-	-	-
No. of Neonates initiated breastfeeding within one hour	1610	993	142	95	-
No. of Still Births	49	14	19	5	2

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

(Give Numbers from 1 April- 31 July'2018)	**DH**	**CH**	**CHC**	**PHC**
Total maternal deaths reported	2	0	0	0
Number of maternal death reviews during the quarter	2	0	0	0
Key causes of maternal deaths found	Brought H	-	-	-

5.4 Janani Shishu Suraksha Karyakram (JSSK)

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

**USG facility is not available at the CH, but CHC has provided only for ANC. # SHC deliveries has closed since August, 2018.*

5.5 Janani Suraksha Yojana (JSY)

JSY	**DH**	**CH**	**CHC**	**PHC**	**SHC**
No. of JSY payments made	-	-	637	-	No
JSY payments are made as per the eligibility criteria indicated in JSY Guidelines	Yes	Yes	Yes	Yes	No
No delays in JSY payments to the beneficiaries.	No*	No*	No*	No*	No*
Full amount of financial assistance to be given to the beneficiary before being discharged from the health facility after delivery.	No	No	No	No	No
Payments mode: Cash-1, Cheque bearer-2, Cheque a/c payee-3, Direct transfer-4, Others (specify____) -5	4	4	4	4	-
Physical (at least 5%) verification of beneficiaries to be done by district level health authorities to check malpractices.	No	No	No	No	No
Grievance redressal mechanisms as stipulated under JSY guidelines to be activated in the district.	Yes	Yes	Yes	Yes	No
Proper record maintained for beneficiaries receiving the benefit	Yes	No	No	No	No

**JSY payments are delayed due to E- vitt software implemented delay.*

5.6 Service delivery in post natal wards

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

6. Child Health (April to July 2018)

6.1 Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU		DH	CH	CHC	PHC	SHC
Whether SNCU / NBSU exist. (Yes/No)		SNCU	NBSU	NBSU	NBCC	No
Necessary equipment available (Yes/No)		Yes	Yes	Yes	Yes	-
Availability of trained MOs		3	1	Yes	Yes	-
No. of trained staff nurses		18	2	Yes	Yes	-
No. of admissions	Inborn	383	100	120	-	-
	Out Born	444	55	7		
No. of Children	Cured	633	89	71	-	-
	Not cured	109	-	-		
	Referred	39	59	55		
	Others (death)	-	3	-		
	LAMA	-	4	1		

6.2 Nutrition Rehabilitation Centre (NRC)

NRC	DH	CH	CHC*	PHC
No. of functional beds in NRC	20	20	20	No
Whether necessary equipment available	Yes	Yes	Yes	-
No. of staff posted in NRC FD/ANM and other	9	7	Yes	-
No. of admissions with SAM	101	166	119	-
No. of sick children referred	0	0	0	-
Average length of stay	11	16	7.22	-
**This data is available on CHC Dhrampuri because Dhamnod CHC is NRC not available.*				

6.3 Immunization (As per HMIS record from April to July' 2018)

Immunization	DH	CH	CHC	PHC	SHC
BCG	1427	967	944	95	71
Penta1	495	220	181	37	47
Penta2	447	213	143	35	47
Penta3	444	216	127	46	48
Polio0	1427	682	767	95	71
Polio1	495	220	181	37	47
Poli02	447	213	143	35	47
Polio3	444	216	127	46	48
Hep 0	1427	815	767	80	71
Rotavirus1	495	188	181	37	47

Immunization	DH	CH	CHC	PHC	SHC
Rotavirus2	447	203	143	35	47
Rotavirus3	444	212	127	46	48
Measles1	472	260	152	26	41
Measles2	472	246	151	27	43
DPT booster	472	246	151	27	43
Polio Booster	472	246	151	27	43
No. of fully vaccinated children	472	260	152	26	41
ORS / Zinc	Yes	Yes	Yes	Yes	Yes
Vitamin - A	Yes	Yes	Yes	Yes	Yes
No. of immunisation sessions planned	231	32	104	25	32
No. of immunisation sessions held	231	32	100	22	32
Maintenance of cold chain. Specify problems (if any)	No	No	No	No	No
Whether micro plan prepared	Yes	Yes	Yes	Yes	Yes
Whether outreach prepared	Yes	Yes	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	No	No	No
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes	Yes

6.4 Rashtriya Bal Swasthya Karyakram Dhar district (RBSK)
(No. of children referred by RBSK team for treatment) CHC Dhamnod

No. of Children Screened (Give Number)	Screened	Identified with problems	Referred higher facility	No. of RBSK team available in Block with staff
Age group				**Two RBSK Team are Available at CHC Dhamnod with 4 MO, 2 Pharmacist and 2 ANM available.**
0-6 weeks	890	25	16	
6 weeks-6 years	463	19	15	
6 -18 years	4400	28	26	
Total	5753	72	57	

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

Child Health	DH	CH	CHC	PHC	SHC
No. of Sick children referred(up to age 5)	23	0	3	4	16
No. of Neonatal Deaths	77	0	0	5	0
No. of Infant Deaths	5	0	3	0	0

7. Family Planning

Family Planning (Give Numbers from 1 April- 31 July'2018)	DH	CH	CHC	PHC	SHC
Male Sterilization (VT+NSV)	1	0	2	0	-
Female Sterilization (CTT+LTT)	523	79	243	0	-
Minilap sterilization	-	4	-	0	-
IUCD	26	70	34	9	12
PPIUCD	147	422	289	18	11
Condoms	2980	43146	368	20	13
Oral Pills	474	3718	293	25	11

8. Quality in Health Services

8.1 Infection Control

	DH	CH*	CHC	PHC	SHC
General cleanliness	Good	Fair	Good	Good	Poor
Condition of toilets	Good	Fair	Good	Good	Poor
Building condition	Good	Fair	Good	Good	Poor
Adequate space for medical staff	Yes	Yes	Yes	Yes	No
Adequate waiting space for patients	Yes	Yes	Yes	Yes	No
Practices followed					
Protocols followed	Yes	Yes	Yes	Yes	No
Last fumigation done	Yes	Yes	Yes	Yes	No
Use of disinfectants	Yes	Yes	Yes	Yes	No
Autoclave functioning	Yes	Yes	Yes	Yes	Yes
**Painting work is going on in whole CH old building although new building under construction.*					

8.2 Biomedical Waste Management (BMW)

BMW	DH	CH	CHC	PHC	SHC
Whether bio-medical waste segregation done	Yes	Yes	Yes	Yes	No
Whether outsource	Yes	Yes	Yes	Yes	No
If not, alternative arrangement Pits-1 Incineration-2 Burned -3 Others (specify) --4	-	-	-	-	4
**Placenta at SHC is given back to attendants.*					

8.3 Information Education Communication (IEC)

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

8.4 Quality Parameter of the facility

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

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

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

	DH	CH	CHC	PHC
Number of ambulances				
102 Mahtari Express/JE#	3	1	2	No
108	-	1	-	-
Other*	3	1	-	-
MMU	-	-	-	-
**Three general ambulances are available at the DH. Out of one ambulance used for Mortuary Vehicle. #Referral transport service is centralized at state level.*				

10. Community processes (Accredited Social Heath Activist)

ASHA	CH	CHC	PHC	SHC
Number of ASHA required	1	-	1	6
Number of ASHA available	22	18	2	5
Number of ASHA left during the quarter	-	-	-	-
Number of new ASHA joined during the quarter	-	-	-	-
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	Yes	Yes	Yes	Yes
Availability of ORS and Zinc to all ASHA	Yes	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHA	Yes	Yes	Yes	Yes
Highest incentive to an ASHA during April to July, 2018	-	27525	-	10000
Lowest incentive to an ASHA during April to July, 2018	-	6850	-	6000
Whether payments disbursed to ASHA on time	Yes	Yes	Yes	No
Whether drug kit replenishment provided to ASHA	Yes	Yes	Yes	Yes
ASHA social marketing spacing methods of FP	No	Yes	No	Yes

11. Disease Control Programmes

Disease Control	DH	CH	CHC	PHC	SHC
National Malaria Control Programme					
Number of slides prepared	697	10173	1648	722	110
Number of positive slides	2	3	1	11	-
Availability of Rapid Diagnostic kits (RDK)	-	Yes	Yes	No	Yes
Availability of drugs	-	Yes	Yes	Yes	Yes
Availability of staff	Yes	Yes	Yes	Yes	-
Revised National Tuberculosis Programme (RNTCP)					
Number of sputum tests	116	367	256	450	-
No. of positive tests	14	23	31	20	-
Availability of DOT medicines	Yes	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	No	Yes	Yes	Yes	-
Timely payment of salaries to RNTCP staff	No*	Yes	Yes	Yes	-
Timely payment to DOT providers	No	Yes	Yes	Yes	-
National Leprosy Eradication Programme (NLEP)					
Number of new cases detected	118	12	9	0	2
No. of new cases detected through ASHA	15	0	4	0	2
No. of patients under treatment	314	18	16	0	2
**RNTCP payment is delayed from last 3 month at the DH.*					

12. Non Communicable Diseases (NCD)

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

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

Record	DH	CH	CHC	PHC	SHC
OPD Register	1C	1C	1P	1P	1P
IPD Register	1C	1C	1P	1P	1P
ANC Register	1P	1P	1P	1P	1P
PNC Register	1P	1P	1P	1P	1P
Line listing of severely anaemic pregnant women	1P*	1P*	1P*	1P*	3
Labour room register	1P	1P	1P	1P	1P
Partographs	1P	1P	1P	1P	1P
FP-Operation Register (OT)	1M	1M	1M	1M	
OT Register	1M	1M	1P	3	
FP Register	1M	1M	1P	1M	1P
Immunisation Register	1P	1P	1P	1P	1P
Updated Microplan	1P	1P	1P	1P	1P#
Blood Bank stock register	1M	1M	3		
Referral Register (In and Out)	1P	1M	1P	1P	1P

Record	DH	CH	CHC	PHC	SHC
MDR Register	1M	3	3	3	3
Infant Death Review and Neonatal Death Review	1P	3	3	3	3
Drug Stock Register	1P	1P	1P	1P	3
Payment under JSY	PFMS	PFMS	PFMS	3	3
Untied funds expenditure (Check % expenditure)	-	-	-	-	-
AMG expenditure (Check % expenditure)	-	-	-	-	-
RKS expenditure (Check % expenditure)	-	-	-	-	-
** Line listing of severely anemic pregnant women data done at ANC register. # Updated Micro plan is paste & painted on SHC wall.*					

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

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

15. Additional and Support Services

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

District Hospital (DH) Dhar, District Dhar visited on 8 August, 2018

Civil Hospital (CH) Kukshi, District Dhar visited on 9 August, 2018

Sub Health Centre (SHC) Agar, District Dhar visited on 9 August, 2018

Community Health Centre (CHC) Dhamnod, District Dhar visited on 10 August, 2018

Primary Health Centre (PHC) Gujri, District Dhar visited on 10 August, 2018