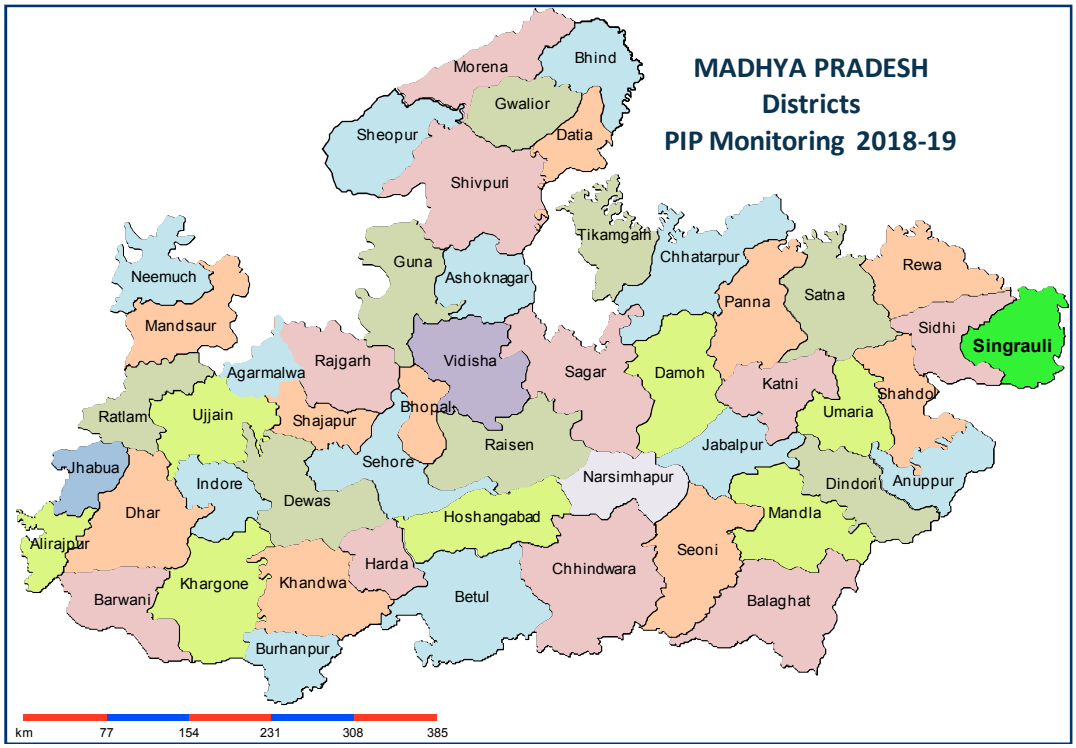
Report on Monitoring of Programme Implementation Plan (PIP) 2018-19 under National Health Mission in Madhya Pradesh

District: Singrauli



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February, 2019

Contents

List of Acronyms

AFHC	Adolescent Friendly Health Clinic
AHS	Annual Health Survey
ANC	Anti Natal Care
ANM	Auxiliary Nurse Midwife
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
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
GDM	Glutamic Acid Decarboxylase
GOI	Government of India
HIV	Human Immuno Deficiency Virus
HMIS	Health Management Information System
HWC	Health & Wellness Centre
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
NCL	Northern Coalfield Limited
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
NTPC	National Thermal Power Corporation
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
UPHC	Urban Primary Health Centre
UPS	Uninterrupted Power Supply
USG	Ultra Sonography

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

Executive Summary

This report presents the status of implementation of key health programme under NHM in Singrauli 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) Baidhan (Singrauli), Community Health Centre (CHC) Deosar (Itar), 24x7 Primary Health Centre (PHC) Bargawan and L-1 Delivery Point Sub-Health Centre (SHC) Karami in Singrauli district during December, 2018. Apart from this team also visited UPHC Navjeevan Vihar (Baidhan) in the district.

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-November, 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, mothers came for child immunization and mothers of children admitted in NRC 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 34 designated delivery points, out of which 20 are L-1 (PHC-3; SHC-17), 12 are L-2 (CHC-6; PHC-6) and DH Baidhan and CHC Chitrangi are L-3 delivery point.
- In Singrauli district, one DH, seven CHCs, 15 PHCs and 227 SHCs are functioning from government building.
- Fourteen AYUSH dispensaries are functional in the district. Eleven dispensaries have their own building. Remaining three dispensaries at Gopala, Sargonda and Lamsarai are functioning in Panchayat Bhavan, Forest Chouki and in a rented building respectively.
- The building of DH Baidhan (Singrauli), CHC Deosar (Itar) and SHC Karami are not in good condition. Building of PHC Bargawan is in good condition with continues up keep and renovation.
- The construction of new building of CHC Chitrangi will be completed soon. Two residential quarters at PHC Langhadol are under construction. District has proposed new building for 25 SHCs during this year.
- DH Baidhan (Singrauli) is a designated 200 bedded hospital but only 137 beds are actually functional at the DH. Out of 15 PHCs, two PHCs Piprai Nayatola and Gannai have buildings but non functional due to non availability of human resource.
- Residential facilities for medical and paramedical staffs are not sufficient in the district as well as at the visited facilities. DH Baidhan has only seven quarter available for Medical Officers and paramedical staffs. CHC Deosar has 12 staff quarters (3 for MOs, 2 for SNs and 7 for other staffs) and some quarters are under renovation at the CHC. PHC Bargawan has three quarters, (1 for MO, 2 for other staffs). One quarter is very old and not suitable for residential purpose. SHC Karami has two quarter available for ANM.
- DH Baidhan has two paediatricians, one ophthalmologist, one dentist and one pathologis posted against the sanctioned strength of 17 specialist posts. Apart from these three PGMOs (Gynaecology, Medicine and ENT) are also posted at the DH. Seventeen MOs are in position against 20 sanctioned posts. There are no specialists posted for radiology, medicine, general surgery and ENT at the DH.

- None of the specialist posts at the CHC Deosar are in-position. Only two MOs are presently posted at the CHC.
- PHC Bargawan is a designated Health and wellness Centre (HWC). It has six staffs which includes one MO, one LT, one SN, one Pharmacist and two ANMs. One staff nurse has been attached to DH. All the PHC services are being provided by field ANMs the medical officer informed about paucity of staff to the CMHO.
- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facilities. DMPU has maintained complete information about the contractual staff of the district.
- Trainings in LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD, PPIUCD and BSU are being continuously provided for skill upgradation of different category of staff in the district. At DH Baidhan data about training received by staffs is not maintained.
- District hospital Baidhan has functional OT but important equipment like ventilators, c-arm units, OT ceiling lights are either not available or not functional.
- Blood bank at DH is not functional since required license is not available. Only BSU is functional at the DH which is linked with the Red Cross Blood Bank. All the blood requirement is fulfilled through Red Cross Blood Bank. DH has required staff posted for blood bank but it requires building and necessary license.
- UPHC Navjeevan Vihar in Baidhan city is functioning from a new building donated by NTPC. UPHC has total six staffs (MO-1, SN-3, supporting staff-1 and sweeper-1). UPHC requires a pharmacist and security guard.
- The staff nurse at the UPHC is well trained and maintaining all the HMIS data reporting. The staff nurse informed that except delivery related services medicines for all the service are available and 72 types of medicines are supplied as per EDL.
- Under Ayushman Bharat Programme district hospital is providing support services for registration of inpatient visiting in the DH. An outsourced agency has started beneficiary registration under Ayushman Bharat since 23 September' 2018 at DH Baidhan. As on December 2018, 540 beneficiaries have been register.

- In Madhya Pradesh total 66 private health facilities are empanelled for providing health care services under Ayushman Bharat. Many private hospitals have covered onl few diseases or illness conditions under Ayushman Bharat package. In Singrauli district no private hospital is empanelled under Ayushman Bharat.
- A 12 bedded SNCU is functional at DH Baidhan (Singrauli). It has two medical officers, two ANMs and 18 staff nurses and nine supporting staffs posted.
- Madical officer i/c informed that present bed capacity of SNCU is not sufficient. Due to high case load of neonates present beds capacity need to be increased up to 20 beds. There is no separate inborn and out born units in SNCU which is mandatory as per SNCU guidelines. Nearly 60 percent admissions in SNCU are out-born which requires critical care.
- Follow up of newborn discharged from SNCU is ensured through referral transport services. Every month SNCU provide list of children due for followup to the state call centre of referral transport along with details of parents of child and their contact number and address. On due date of follow up call centre informs the vehicle driver and then child is brought to the SNCU and again drop back to home after followup.
- Most of the critical patient, complicated pregnancies are referred to Rewa medical college. Few referred cases go to Nehru Shatabdi Hospital (NCL Hospital) at their own against the referral advice.
- In Singrauli district presently four NRCs are functional of which one is located at DH Baidhan (Singrauli), one each in three CHCs Chitrangi, Deosar and Sarai. NRC in DH is 20 bedded and other three are 10 bedded each. During April-November' 2018, 207 and 145 SAM children were admitted in NRCs at DH Baidhan and CHC Deosar (Itar) respectively.
- None of the RBSK team is complete in all aspects. Out of required 6 teams, only 2 RBSK teams are operational in the district. Two AMOs posted against six sectioned posts, 2 ANMs are in-position and 2 pharmacists are in-position against six sectioned posts in the district. There is manpower shortage in RBSK teams across all the blocks in Singrauli district. Chitrangi block have no any of the RBSK team at all.
- RKSK has started from 29 April, 2015 in Singrauli district. Presently seven CHCs, 13 PHCs, 166 SHCs, 602 villages and 1416 Peer Educator's (PE) are providing services under RKSK

programme in the district. In the year 2019-20, RKSK program will be extended in three PHCs, 61 SHCs, 136 villages and include 562 Peer Educator's (PE).

- DH is the only health facility where FP operations are done on regular basis. LTT camps are organized at CHC Deosar on fixed days basis as per the case load. CHC does not have proper OT and makeshift arrangement has to be made for LTT camp. In the absence of OT, LTT camps were not held at PHC Bargawan in last one year.
- General cleanliness and clean toilets was not observed in the DH, CHC Deosar, PHC Bargawan and SHC Karami. There is adequate space for medical staff and adequate waiting space for patients in all the visited health facilities.
- Security services are not sufficient as per the requirements in district Singrauli. Security services are urgently required in periphery health institutions specifically at CHC Deosar and PHC Bargawan.
- Segregation of bio-medical waste is being done at DH Baidhan, CHC Deosar and PHC Bargawan except SHC Karami. Since last two month there is no arrangement for BMW collection from the PHC. This has resulted in unhygienic condition and stinking garbage and bio medical waste in the PHC premises, which needs urgent attention.
- During 2017-18, referral transport services have been centralised at state level. Presently district has nine '108' emergency ambulance and eight Janani express. One MMU is providing services in Chitrangi block. DH Baidhan has two "108" emergency and two Janani Express. CHC Deosar has one "108" emergency, one Janani Express and one general ambulance.
- Total 983 ASHAs (944-Rural & 39-Urban) are presently working in Singrauli district. These ASHAs are working in 738 villages, but there is a need of 1020 ASHAs in Singrauli district. There are 43 ASHA sahyogis in place but 81 ASHA sahyogis are required in the district.
- The district has five Treatment Units (TU), Singrauli, Khutar, Sarai, Deosar and Chitrangi and 15 Designated Microscopic Centres (DMC). The staffs at these facilities include STLS-2, STS-2, LT-6, TBHV-2, DEO-1 and a PMDT coordinator.

- NCD clinic is not available at the DH and CHC Deosar. Although NCD services in all the CEmOC facilities are provided in routine OPD. Adequacy supply of medicines and drugs was observed at all visited health facilities.
- During PIP visit status of data reporting registers and system of record maintenance at each of the visited health facilities has been ascertained. Information about 17 types of registers and records has been collected.
- Computerization of health records and reporting has been observed only at DH Baidhan for OPD and IPD services. For rest of the health services, record registers are maintained.
- 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. The staff nurse at UPHC Navjeevan Vihar at Baidhan is well versed with the HMIS reporting.
- 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, CHC, PHC and SHC is grossly incomplete and erroneous.
- DPMU informed that reporting under RCH portal is not fully functional due to software problems. Issues related to RCH portal are being conveyed to the concerned state officials and it is expected to be resolved at the earliest.

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 CM&HO and DPMU. Following action points suggested to the district.

- The building of trauma centre is under construction since 2008. The plan of the trauma centre has been modified and it is now being converted into three storied new DH building. The new building being constructed is about 2 K.M. away from the present DH. The construction of the new building should be completed at the earliest. This will solve many infrastructure related problems of the existing DH building.

- Bargawan and Mada PHCs have been upgraded with status of Health and Wellness Centre (HWC). However, many services are not available at the designated HWC Bargawan. HWC Bargawan has only one medical officer and none of the staffs are trained in providing HWC services and only providing routine OPD, delivery and MCH services.
- New ANM training centre and residential quarters are available in the district, however, ANM training course is not started till now. The training centre is being used for skill lab training. The skill lab training is properly monitored as per guideline. ANM training course should be started in the district.
- Paucity of Janani express need to be addressed urgently. Looking to the spread of district and remoteness of the villages up to neighbouring state boundary number of referral transport vehicles should be increased.
- 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.

Action Points for DH, Baidhan

- *The problem in sewerage system needs immediate action as it creates unhygienic condition and contamination of critical care areas of the DH.*
- *Rusted and poor quality instrument need to be replaced and periodic inspection of OT for maintaining quality of surgical instruments and replacing them is necessary. A new ceiling light in replacement of old shadowless lamp is urgently required for OT.*
- *The installation of C-arm unit is to be done urgently for orthopedic surgery.*
- *Good quality consumable such as surgical gloves, mackintosh should be supplied.*
- *The new X-ray machine available at the DH requires a room of minimum 22'x17' dimension for installation.*
- *To cater high case load SNCU requires more beds and separate in-born and out-born units as per SNCU guidelines.*

- *The process of licensing for blood bank should be expedited for effective utilization of available trained manpower and augmentation of critical care services.*
- *Functional toilet facility and water supply in wards need to be ensured for convenience of patients. Looking to the patient load number of ward boys and Ayas need to be increased in male ward.*

Action Points for CHC Deosar

- *Consumable such as X-ray film and other required supplies need to be increased to cater high patient load. Digital X-ray machine is also required at CHC Deosar.*
- *In Labour room arrangement of supply of hot and cold water is necessary. Shortage of consumable like gloves, blankets for patients, quality mattress, mackintosh sheets and bed sheets need to be addressed on priority basis.*
- *To cater increasing patient load one more lab technician need to be posted at the CHC.*
- *CCTV camera should be installed to prevent incidence of theft and ensuring secure premises. CHC also requires intercom facility for proper communication among staff in different section of CHC.*

Action Points for PHC Bargawan

- *PHC requires new residential quarters with improved amenities in place of old and dilapidated quarters.*
- *Districts should ensure posting of all the staffs as per guidelines to designated HWC to provide full range of services.*
- *To prevent unhygienic condition due to stinking garbage and bio medical waste in the PHC premises BMW collection should be ensured on top priority.*
- *The Janani express stationed at PHC in not functional now due to its accident in August, 2018. There is no vehicle for referral transport at PHC. A new vehicle should be provided to the PHC.*
- *All the faulty and non functional equipment should be replaced immediately. PHC requires new child weighing machine for labour room and case sheets for recording*

particulars of patients in the labour room. Labour room should be equipped and furnished as per IPHS norms.

Action Points for SHC Karami

- *The new building of SHC Karami should be connected with the old building adjacent to it for smooth services. A boundary wall should be constructed for securing SHC. The construction of toilet at the SHC is urgently required.*
- *Provision of continues running water supply and electricity is urgently requires for this high performing delivery point. A sweeper for cleanliness should also be posted.*
- *For newborn care, NBCC and its equipment including radiant warmer is required.*
- *For collection of bio medical waste colour coded bins are required.*

Report on Monitoring of Programme Implementation Plan (PIP) 2018-19 under National Health Mission in Singrauli 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 Singrauli district in December, 2018. PRC team visited District Hospital (DH) Baidhan (Singrauli), Community Health Centre (CHC) Deosar (Itar), 24*7 Primary Health Centre (PHC) Bargawan and Sub-Health Centre (SHC) Karami which are functioning as delivery points, to assess services being provided in these health facilities. Apart from this team also visited UPHC Navjeevan Vihar (Baidhan) in the district.

This report provides a review of health and service delivery indicators of the state and Singrauli 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-November, 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 interaction with patients were carried out at visited health facilities who have come for delivery care, ANC, child immunization and general health services. During monitoring, exit interviews of recently delivered women, mothers came for child immunization and mothers of children admitted in NRC were also carried out. 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).
- Singrauli district came into existence on 24 May' 2008, with its headquarters at Baidhan. It has been formed after dividing it from Sidhi district. The district is bounded in the north by Rewa and west by Sidhi district in the east by Uttar Pradesh, in the south by Sarguja district (Chhattisgarh) state. The total area of district is 5672 sq. km. with a population of 1178273 (Census, 2011). The percentage of scheduled caste and scheduled tribes population is 12.8 and 32.6 percent respectively in the district.
- The district is divided into 3 Tehsil – Deosar, Chitrangi and Singrauli. There are 3 development blocks Deosar, Chitrangi and Baidhan. There is one municipal corporation and one statutory town and one census town in the district. As per Census 2011, Singrauli has 744 villages, out of which 727 are inhabited and 17 are uninhabited villages. Singrauli district has 733 Revenue Villages.

Key socio-demographic indicators

Sr.	Indicator	MP		Singrauli	
		2001	2011	2001	2011
1	No. of Districts	45	50	-	-
2	No. of Blocks	333	342	-	3
3	No. of Villages	55393	54903	744	744
4	No. of Towns	394	476	2	2
5	Population (Million)	60.34	72.63	0.22	1.17
6	Decadal Growth Rate	24.3	20.3	38.60	28.05
7	Population Density (per ($Km^{2)}$	196	236	162	208
8	Literacy Rate (%)	63.7	70.6	49.2	62.4
9	Female Literacy Rate (%)	50.3	60.6	31.5	49.9
10	Sex Ratio	919	930	922	916
11	Sex Ratio (0-6 Age)	932	918	955	921
12	Urbanization (%)	26.5	27.6	20.9	19.3
13	Percentage of SC (%)	15.2	15.6	-	12.8
14	Percentage of ST (%)	20.3	21.1	-	32.6
Source: Census of India 2001, 2011 various publications, RGI.					

- Literacy rate of Singrauli district is 62.4 percent and it occupies 45th position in the state. The female literacy rate of the district is 49.9 percent (Census 2011). Female literacy rate has

increased by 18.4 points in Singrauli district from 31.5 percent in 2001 to 49.9 in 2011 which is lower than the state average (MP: 60.6 percent).

- The sex ratio of Singrauli district is 916 females per thousand males as compared to 930 per 1000 males for MP. The child sex ratio has decreased by 34 points from 955 in 2001 to 921 in 2011, which is little more than the child sex ratio of MP (918/1000).
- The latest HMIS report up to September' 2018 for MP reveals that Singrauli district has 84 percent institutional delivery which is lower than the state average (MP: 94 percent). SBA home delivery is 3.47 percent reported in HMIS while NFHS-4 has reported 5 percent in Singrauli district.

Temporal Variation in some service delivery indicators for Singrauli district

Sr.	Indicators	MP		Singrauli	
		HMIS/AHS Census	NFHS-4	HMIS/ Census	NFHS-4
1	Sex Ratio	930#	948	916#	984
2	Sex Ratio at Birth	929*	927	957*	958
3	Female Literacy Rate (%)	60.6#	59.4	49.9#	53.2
4	Unmet Need for Family Planning (%)	21.6$	12.1	-	16.0
5	Postnatal Care received within 48 Hrs. after delivery	80.5$	55.0	-	32.4
6	Fully Immunized Children age 12-23 months (%)	39.5*	53.6	50.3*	42.2
7	1st Trimester ANC Registration (%)	63*	53.1	57*	29.9
8	Reported Institutional Deliveries (%)	94*	80.8	84*	43.5
9	SBA Home Deliveries (%)	11.46*	2.3	3.47*	5.0

Source: #Census 2011, $ AHS 2012-13. *HMIS report up to September' 2018

3. Health Infrastructure in the District

- Singrauli has 226 public health facilities and 221 facilities are reporting data under HMIS. Singrauli 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 34 designated delivery points, out of which 20 are L-1 (PHC-3; SHC-17), 12 are L-2 (CHC-6; PHC-6) and DH Baidhan and CHC Chitrangi are L-3 delivery point. CHC Deosar 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 the DH.

- Total sanctioned bed strength in the public health institutions is 528. This includes 200 beds in the DH, 30 beds each at 7 CHCs, 6 beds each at 13 PHCs and 2 beds at each SHC L-1 delivery points. Also 25 SHCs building are proposed in Singrauli district.

Number of Designated Delivery Points, Singrauli

Block Name	Population Census 2011	Delivery Point Level		
		L-1	L-2	L-3
Singrauli	517197	5	4	1
Chitrangi	336713	9	3	1
Deosar	324363	6	5	-
Total	**1178273**	**20**	**12**	**2**

- Details of health institution and beds strength in Singrauli district available at http://www.health.mp.gov.in/institution/insti/summary.htm (as on 31.03.2017) show DH with 200 beds, 6 CHCs with 180 beds, 15 PHCs with 90 beds and 227 SHCs. There are total 470 beds available in 249 public health institutions in Singrauli district.

Existing Health Facilities and Health Facilities Visited		
Health Facility	**Number**	**Health facility Visited**
DH	1	DH Baidhan (Singrauli) Level-3
Community Health Centers	7	CHC Deosar (Itar) Level-2
Primary Health Centers	15	PHC Bargawan (Level-2)
Sub Health Centers	227	SHC Karami (Level-1)

- The building of DH (Baidhan) Singrauli, CHC Deosar (Itar) and SHC Karami are not in good condition. Buildings of PHC Bargawan is in good condition with continues up keep and renovation. Seepage and drainage problem was observed in visited DH and CHC.
- DH Baidhan (Singrauli) has 137 functional beds against 200 sanctioned beds. The PHCs Piprai Nayatola and Gannai are not functional due to non availability of human resource however they have own building.
- SHC Karami has two separate buildings. The new one is used for labour room and PNC ward and old building is used for ANM quarters. ANM informed that the toilets are being constructed near SHC has no proper design and the concerned agency has stopped its

construction without any information. There is no space for constructing boundary wall of the SHC since area of SHC is not properly marked.

- Residential facilities for medical and paramedical staffs are not sufficient in the district as well as at the visited facilities. DH Baidhan has only seven quarters available for Medical Officers and paramedical staffs. CHC Deosar has 12 staff quarters (3 for MOs, 2 for SNs and 7 for other staffs) and some quarters are under renovation at the CHC. PHC Bargawan has three quarters all of them are in poor condition and not suitable for residence purpose.
- All the visited health facilities have power back up in the form of generator or inverter except SHC Karami. Water supply is available with overhead tanks in all the visited facility except SHC Karami. SHC Karami is facing problem of continues running water supply and electricity throughout the year where ANM, herself bring water from hand pump and tube well. Cleanness was not observed at SHC Karami.
- Blood Bank or Blood Storage Unit (BSU) is found to be non-existent in visited health institutions except DH Baidhan. Blood bank is not functional due to non availability of licence. At present BSU is functional at the DH and it is linked to Red Cross blood bank.
- The BMW collection is out sourced at DH Baidhan and CHC Deosar. Collection of waste by Satna Private Limited collects BMW on alternate day basis at the DH and twice in a week at CHC Deosar. Disposal of hospital waste in PHC Bargawan and SHC Karami is being done in closed pits.

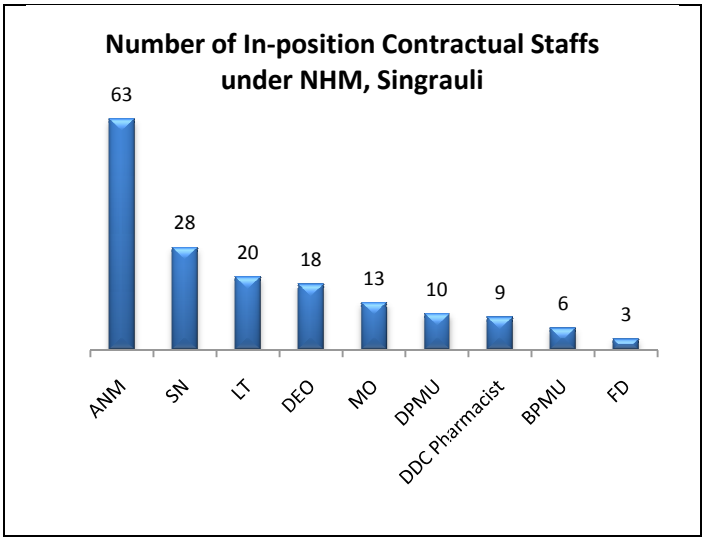
4. Human Resources

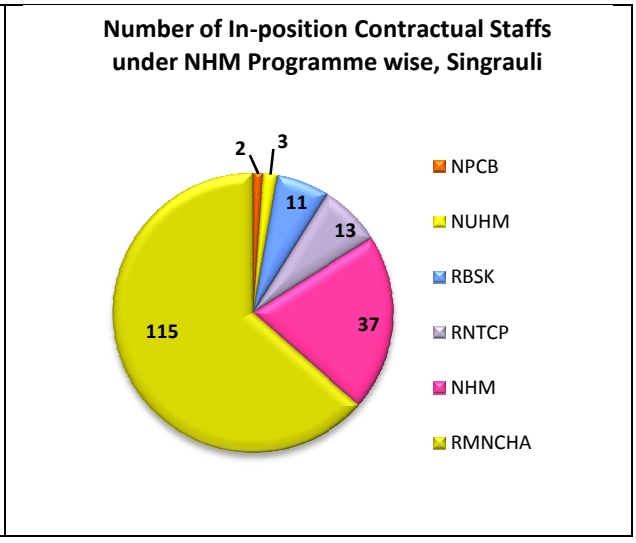
- Madhya Pradesh is facing an acute shortage of human resources for health care services. In rural areas, majority of health institutions are functioning without necessary staffs. Even contractual staffs post are vacant in most of the facilities.
- The annual report (2017-18) of the health department 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 Baidhan has two paediatricians, one ophthalmologist, one dentist and one pathologist specialists posted against the sanctioned 17 specialists post. Apart from these three PGMOs (Gynaecologists, Medicine and ENT) are also posted at the DH. Seventeen MOs are in position against 20 sanctioned posts. There are no specialists for radiology, medicine, general surgery and ENT at the DH.
- In the DH there are 92 SNs working against 124 sanctioned posts. One lab technician, one ophthalmic assistant, one radiographer and three pharmacists are in position at the DH.
- None of the specialist are posted at CHC Deosar. Only two MOs are presently posted at CHC.
- At SHC Karami, there are two ANMs, providing all the clinical services at the delivery point. Also both ANMs swipe their duty every month from field and head quarter at SHC.
- There are 189 contractual staffs in position in the district under NHM. The PMUs have one district monitoring and evaluation officer (M&E), one district community Mobilizer (DCM), one district account assistant, one sub engineer, one RI data manager, one RBSK coordinators, one district IEC consultant and nine DDC pharmacists, 18 data entry operator (DEO), one block programme manager (BPM), three block community mobilizer (BCM) and two block accounts manager (BAM) are working in the Singrauli district.

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





- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility. DMPU has maintained complete information about the contractual staff of the district.
- 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.
- 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. The staffs trained in various skills need to be posted optimally at rural and remote health facilities.

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 LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, BSU are being continuously provided for skill up gradation of different category of staffs in the district.
- DH Baidhan has not maintained and provided training data. Although DH has only one LSAS MO and one pathologist trained for blood bank services.
- Among the visited facilities, i.e. CHC Deosar and PHC Bargawan, two MOs in CHC and one MO in PHC are BEmOC trained.
- SBA training is taking place at the district level and SBA trained MOs, SNs and ANMs are available in different visited health facilities. No NSV trained doctors are available in any of the visited health facility while MTP trained doctors are available only at PHC Bargawan.
- IUCD, PPIUCD and NSSK trainings have been received by MOs, SNs and ANMs at all the visited facilities. Cold chain trained ANMs, SNs and MPWs are available in the visited health facilities to maintain cold chain services.

5. Other Health System Inputs

- Availability of equipments, drugs and consumables, diagnostics and availability of speciality services are essential part of health care at all levels of health institutions. Provisioning of all these essentials need close and continuous monitoring to ensure their supplies and upkeep.
- Number of drugs in the EDL is publically displayed at all the health facilities. However, actual availability of drugs is not displayed publically. All the visited health facilities reported about shortage or non-availability of mifepristone tablets except DH Baidhan.
- ICTC and RTI/STI services including counselling are being provided in the DH.
- Most of the diagnostic tests are available in the DH except CT scan and endoscopy. USG facility is not available at any of the visited health facilities.
- At DH Baidhan and CHC Deosar, 2309 and 1066 X-ray have been done during April to November, 2018.
- DH has digital X-ray machine but its installation is awaited. The radiographer informed that required space for installation is not available. The new machine would require at least 22'x17' feet room. The DH also has 60 MA and 30 MA portable X-ray machines, however, only one machine is used which is kept in a very small room.
- Digital X-ray machine is required at CHC Deosar. The radiographer informed about high patient load and limited supplies of X-ray films. PHC has an X-ray machine but since its installation in 1998 no technician was appointed and therefore X-ray services are not available at the PHC.
- Although DH Baidhan has functional OT but many types of equipment like, ventilators, c-arm units, OT ceiling lights are either not available or not functional. Other required OT equipments like surgical diathermies, anaesthesia machines, OT mobile lights, multi-para monitors, laparoscopes etc. are available in the DH.
- Blood bank at DH is not functional since required license is not available. Only BSU is functional at the DH which is linked with the Red Cross Blood Bank. All the blood requirement is fulfilled through Red Cross Blood Bank. Up to November 2018, total 510 blood begs are issued out of which nearly 70 percent where issued for labour room and PNC

ward. Patients are charged Rs. 650 per unit of blood. DH has required staff posted for blood bank but it required building and necessary license for blood bank.

- In DH Baidhan surgery, medicine, obstetrics & gynaecology, emergency, ophthalmology and ENT, specialty care services are available and functional. Trauma care centre facility is not available at DH Baidhan due to non availability of building, equipments and essential trained human resource. Specialty care services are not available at CHC Deosar.

Urban Health:

- UPHC Navjeevan Vihar in Baidhan city is functioning from a new building donated by NTPC. The UPHC shifted from an old building near district AYUSH office to this new building on 27 November 2018. UPHC has total six staffs (MO-1, SN-3, supporting staff-1 and sweeper-1). The MO is working under post graduate bond which is due to complete in March' 2019. UPHC function from 12 noon to 8 pm daily and around 50 OPDs and few day care IPDs take services. Services at UPHC are free of any user charges. Presently OPD services for common ailments are being provided. Immunization services were discontinued in the UPHC since it has been shifted to the new building. UPHC requires a pharmacist and a security guard. The MO and a staff nurse are trained in NCD services. Preliminarily investigation for NCDs and counseling is provided at the UPHC for diabetes and hypertension and patient are referred to DH for further treatment. The staff nurse at the UPHC is well trained and maintaining all the HMIS data reporting. The staff nurse informed that 72 types of medicines are supplied as per EDL except medicines related to delivery services.

Ayushman Bharat Programme:

- Under Ayushman Bharat Programme district hospital is providing support services for registration of inpatient visiting DH. An outsourced agency has started beneficiaries registration under Ayushman Bharat since 23 September' 2018 at DH Baidhan. As on December 2018, 540 beneficiaries have been registered.
- In Madhya Pradesh total 66 private health facilities are empanelled for providing health care services under Ayushman Bharat. In all 207 cases have been processes for claim settlements under Ayushman Bharat, out of these 101 claims worth Rs. 461300 have been settled.

- The data entry operator at the Ayushman Bharat registration centre informed that many persons do not have adequate information about registration process and type of identification document required for registration. However the agency provides necessary help for beneficiary registration based on Aadhaar, Samagra ID of patient. It is inform that many patients purchase medicines from their own pocket which is not reimbursed under Ayushman Bharat. To cover out of pocket expenditure on medicine certain medical stores should also be empanelled under Ayushman Bharat.
- Many private hospitals have covered few diseases or illness condition under Ayushman Bharat packages. No private hospital is empanelled under Ayushman Bharat in Singrauli district.

AYUSH Services:

- Fourteen AYUSH dispensaries are functional in the district. Eleven dispensaries have their own building. Remaining three dispensaries at Gopala, Sargonda and Lamsarai are functioning in Panchayat Bhavan, Forest Chouki and in a rented building respectively. In all there are six medical officers, three pharmacists, ten female health workers and twelve paramedical staffs posted in these AYUSH dispensaries in Singrauli district. Any of the visited health facilities AYUSH services are not available.

6. Maternal Health

- There is no separate maternity hospital or maternity wing attached to DH Baidhan.
- All designated delivery points are not fully functional as per IPHS, either due to lack of manpower, diagnostic facilities or specialists and infrastructure.
- Line listing of severely anaemic pregnant woman with haemoglobin below 7 (Hb<7) is being done and treatment of iron sucrose is given at all the visited health facilities. DH Biadhan, CHC Deosar and PHC Bargawan are maintaining separate data of pregnant women with anaemia.
- DH Baidhan has reported 2313 deliveries among which 1136 were between 8 pm to 8 am. In CHC Deosar out of 1428 deliveries, 892 have been done at night (8pm-8am). In PHC Bargawan out of 1098 deliveries, 698 took place between 8 pm to 8 am and in SHC Karami out of 834 deliveries 114 have been done at night (8pm-8am) in April-November' 2018.

- DH is the only health facility in the district which has C-section delivery facility and providing CEmOC services. On an average every month 250-300 deliveries are conducted at the DH. There were 60 C-section deliveries conducted at DH during April-November' 2018.
- Number of on the way deliveries reported by CHC Deosar, PHC Bargawan and SHC Karami were 77, 400 and 5 respectively during April to November'2018.
- All the visited health facilities are maintaining maternal death registers and line listing of maternal deaths. During April-November' 2018 fourteen maternal deaths were reported and fourteen deaths were reviewed at the DH. The reasons for maternal deaths were anemia, eclampsia, PPH and Jaundice. CHC Deosar has reported one maternal death and it was reviewed. PHC Bargawan and SHC Karami have no maternal death reported.

Janani Shishu Suraksha Karyakram (JSSK):

- JSSK is implemented at all levels of health facility and free entitlements are provided. Display of all JSSK benefits components was observed in all the visited health facilities.
- It was observed that all the visited health facilities have free dietary service under JSSK except at SHC, Karami and all the women utilise the delivery care at these facilities, stay for minimum 48 hours as per norms except SHC Karami, where some mother go home before 48 hours due to none availability of water, electricity and dietary service at the SHC.
- Twelve beneficiaries were interviewed in the visited health facilities. Beneficiaries have reported to have received free JSSK services including free drugs and consumables, free diet, free diagnostics etc. in all the health facilities.
- 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.
- Under JSSK free transport from home to hospital was provided to 1291, 873, 157 and 330 and drop back to 581, 212, 126 and 58 at DH Baidhan, CHC Deosar, PHC Bargawan and SHC Karami respectively. Inter hospital transport was provided to 69, 60, five and nine at DH, CHC, PHC and SHC respectively.

Janani Suraksha Yojana (JSY):

- 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.
- Full amount of financial assistance is not paid to the beneficiary before being discharged from all the visited health facility after delivery.
- JSY is implemented and payments are made as per eligibility criteria, since the payment done through PFMS no physical verification of beneficiaries' upto 5% is done by district authorities.

7. Child Health

- A 12 bedded SNCU is functional at DH Baidhan (Singrauli). It has two medical officer, two ANMs and 18 staff nurse and nine supporting staff posted at SNCU.
- During April-November 2018, a total 780 children (inborn-303; outborn-477) have been admitted and as per the records, 574 children were cured after treatment and 50 children were referred to a higher facility and 129 death reported. In DH Baidhan it was reported that 18 children left without informing or left against medical advice (LAMA).
- Madical officer i/c informed that present bed capacity of SNCU is not sufficient. Due to high case load of neonates present beds capacity need to be increased up to 20 beds. There is no separate inborn and out born units in SNCU which is mandatory as per SNCU guidelines. Nearly 60 percent admissions in SNCU are out born which requires critical management.
- NBCC are functional at CHC Deosar and PHC Bargawan with trained staffs. CHC has two radiant warmers and other essential equipments and PHC has one radiant warmer.
- Child health services, particularly sick newborn care are severely affected in SHC Karami due to non-availability of NBCC and necessary equipment. The radiant warmer is not working since 6 months in the SHC. It is also facing problem of manage sick neonates which requires essential equipment and radiant warmer.

Nutrition Rehabilitation Centre (NRC):

- In Singrauli district presently 4 NRCs are functional of which one is located at DH Baidhan (Singrauli), one each in three CHCs Chitrangi, Deosar and Sarai. NRC in DH is 20 bedded and 10 beds each are available in three CHCs. In all 50 beds are available in NRCs. Total 543 SAM children are admitted in four NRCs in the district from April to November' 2018. Overall bed occupancy rate reported in the district is 64.85 percent. All the visited facilities have NRCs with total 13 staffs in-position. During April-November' 2018, 207 and 145 SAM children were admitted in NRCs at DH Baidhan and CHC Deosar-Itar respectively.
- The NRC at DH Baidhan, is found to be fully functional with trained staffs. It has eight staffs in-position. On the day of visit only five children were admitted in the NRC Baidhan. NRC at CHC is functioning in old building.

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 of complete immunization.
- Immunisation services are available in DH Baidhan, CHC Deosar and PHC Bargawan on daily basis and on fixed days in the periphery.
- CHC Deosar, PHC Bargawan and SHC Karami are focal points for immunization. Micro plans have been prepared for different blocks by DIO for the year 2018-19.
- CHC Deosar is focal point for vaccine storage and distribution. It has two ILR and two deep freezers. The vaccines are distributed to 30 villages and 26 SHCs. Two AVDs is available for this purpose.
- PHC Bargawan is focal point for vaccine storage and distribution. The vaccines are distributed to 22 villages, 10 arogya kendras and 10 SHCs. One AVD is available for this purpose.
- Karami is focal point for vaccine storage and distribution. It has one ILR and one deep freezer. The vaccines are distributed to 20 villages and six SHCs. one AVD is available for this purpose

- Alternate vaccine delivery system is in place in the district. MPWs and LHVs have been trained in cold chain handling in the district. The birth dose of immunisation is being ensured for all newborns delivered before getting discharged at DH, CHC, PHC and SHC.

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 6 teams required, only 2 RBSK teams are operational in the district. None of the RBSK team is complete in all aspects. Two AMOs are posted against six sectioned posts. There are 2 ANMs and 2 pharmacists in-position against six sectioned posts. Chitrangi block has no RBSK team at all. Required staffs are to be posted to provide complete range of RBSK services.

Block-wise status of RBSK team in Singrauli district

Blocks	Teams	AMO	ANM	Pharmacist
Singrauli	Team 1	1	1	1
	Team 2	0	0	0
Deosar	Team 1	1	1	1
	Team 2	0	0	0
Chitrangi	Team 1	0	0	0
	Team 2	0	0	0
Total		**2**	**2**	**2**

- As per the available data numbers of children screened for any illness were 8968 in Deosar block. A total of 910 children in different age groups were identified with various health problems and 145 children have been referred to higher facility for treatment from CHC Deosar-Itar.

- State has sanctioned establishment of District Early Intervention Centre (DEIC) however it is yet to be operationalized in DH Baidhan (Singrauli).

Rashtriya Kishor Swasthya Karyakram (RKSK):

- Ministry of Health and Family Welfare has launched the Rashtriya Kishor Swasthya Karyakram (RKSK) on 7th January 2014.

- RKSK has started from 29 April, 2015 in Singrauli district. RKSK is a health promotion and community based approach for providing counselling services to adolescents about nutrition, sexual & reproductive health, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse.

- The new adolescent health (AH) strategy focuses on age groups 10-19 years with universal coverage, i.e. males and females; urban and rural; in school and out of school; married and unmarried; and vulnerable and under-served.

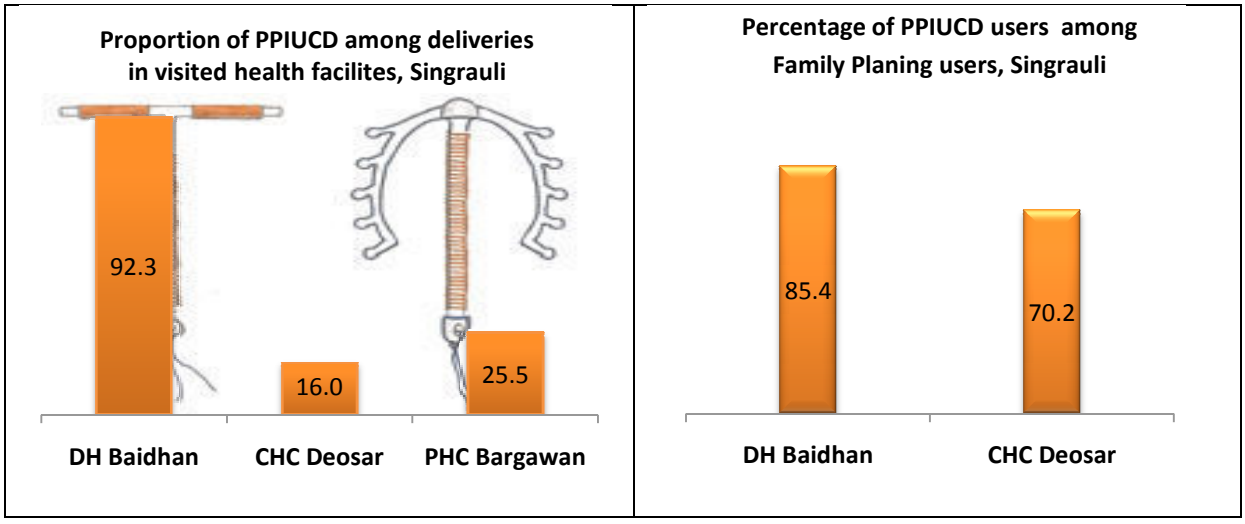
RKSK services provide area in Singrauli district 2018-19			
Total	**Present RKSK area**	**Plan for 2019-20**	**Total area of District**
Blocks	3	3	3
CHCs	7	7	7
PHCs	13	3	16
SHCs	166	61	227
Villages	602	136	738
ASHAs	715	246	961
AF	43	38	81
No. of trained PE in RKSK	1416	562	1622
No. of trained ASHAs in RKSK	715	229	715
No. of trained M.T. in RKSK	24	14	38
Adolescent given services in AFHC provided	23040	34560	25920

- Seven CHCs, 13 PHCs, 166 SHCs, 602 villages and 1416 Peer Educator's (PE) are covered under RKSK programme in Singrauli district in the year of 2018-19. RKSK program will be expanded to three PHCs, 61 SHCs, 136 villages and 562 Peer Educator's (PE) during 2019-20.
- Presently one RKSK counsellor is appointed at the DH. RKSK counselor provides services in government schools on Monday and Thursday. In other week days counseling in done to patients admitted in ANC, PNC and NRC at DH Baidhan**.**
- District RKSK coordinator is over all in-charge of RKSK programme for monitoring and supporting super vision of field visit in the district.

8. Family Planning

- Singrauli 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.
- DH is the only health facility where FP operations are also done on regular basis. All family planning services are available at the visited DH and CHC Deosar. LTT camps are organized at visited CHC Deosar on fixed days basis on weekly and fortnightly respectively.

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



- During April-November' 2018, 20 LTT and three NSV have been performed at DH Baidhan. During this period 2135, 229 and 280 women were provided PPIUCD services at the DH, CHC and PHC respectively. Among the visited health facilities only DH Baidhan has reported 127, IUCD insertion during April-November, 2018.
- CHC Deosar has not reported NSV, Minilap and IUCD services under family planning during April to November' 2018. During this period 335 LTT have been done.
- CHC does not have proper OT and makeshift arrangement has to be made for LTT camp. In the absence of OT, LTT camps were not held at PHC in last one year.

9. Quality in Health Services

- Quality parameters for health services are multidimensional. It not only cover environmental norms in the health institutions but also involves dissemination of information related to health care service, preventive measures for ailments and promotion of healthy behaviour through IEC for patients as well as general public.
- General cleanliness and clean toilets was not observed in the DH, CHC Deosar, PHC Bargawan and SHC Karami. The buildings of the visited health facilities are in good condition

except DH Baidhan and SHC Karami. There is adequate space for medical staff and adequate waiting space for patients in all the visited health facilities.

- Practices of health staff, protocols, fumigation, functional autoclave was observed in DH and other visited health facilities.
- Fumigation in OT is done every week and also immediately before treating any infected patient in OT as per requirement. Eco-shield solution is not shown in fumigation and it is being done through formulation.
- Security, housekeeping and cleanliness services are out sourced to Bharat Security Agency, Ganiyari Baidhan. There are 10 security guards (male-7 and female-3) and 19 (male-8 and female-11) cleaning staff working under two supervisors. Some of these staffs reported about irregular payment and other management problems.
- Security services are not sufficient as per the requirements in district Singrauli. Security services are urgently required in periphery health institutions specifically at CHC Deosar and PHC Bargawan.
- Under Kayakalp programme DH has got 63 percent marks in internal assessment and peer assessment was due in the month of December 2018.

Biomedical Waste Management (BMW):

- Segregation of bio-medical waste is being done at DH Baidhan, CHC Deosar and PHC Bargawan except SHC Karami. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility except SHC Karami. There are availability of pit and burning facility for waste management in the visited PHC Bargawan and SHC Karami.
- BMW management is outsourced to an agency from Satna. However, the agency collects only placenta from DH. No other BMW is collected by the agency and all the remaining BMW is disposed in a pit.
- Since last two month no arrangement for collecting BMW from the PHC. Urgent attention is required towards unhygienic condition and stinking garbage and bio medical waste in the PHC premises.

- 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):

- Display of NHM logo was not observed in any of the visited health facilities except PHC Bargawan.
- Citizen charter and complaint/suggestion box are not displayed at any of the visited health facilities except DH Baidhan. DH Baidhan has signage which is clearly displayed in each and every section of the hospital.
- Protocol posters, awareness generation chart, immunization schedule, FP IEC, phone number and JSSK entitlements are displayed at all the visited health facilities.
- Timing of the health facility, user charges and EDL were displayed in all the visited facilities except SHC Karami.
- List of RKS members, income and expenditure of RKS is not displayed publically in any of the visited health facilities.

Quality Parameter of the facility:

- On quality parameter, the staffs (SN, ANM) of DH Baidhan, CHC Deosar and PHC Bargawan except SHC Karami 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.
- Comprehensive RCH portal has been initiated for tracking of services to eligible couple, pregnant women and children. Knowledge on RCH portal and ANMOL software is in preliminary stage and require continuous training. Its simplification will help grass root level staffs in updating the data.

10. Referral Transport and MMUs

- 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.
- Paucity of Janani express need to be addressed urgently. Presently district has nine '108' emergency ambulance and eight Janani express. One MMU is providing services in Chitrangi block. DH Baidhan has two "108" emergency and two Janani Express. CHC Deosar has one "108" emergency, one Janani Express and one general ambulance. It also provides services to pregnant women for home to hospital transport and drop back.
- The Janani express stationed at PHC in not functional now due to its accident in August, 2018. There is no vehicle for referral transport at PHC. A new vehicle should be provided to the PHC.

11. Community Process (ASHA)

- Total 983 ASHAs (944-Rural & 39-Urban) are presently working in Singrauli district and District Community Mobilizer (DCM) is overall in-charge of ASHA programme.
- These ASHAs are working in 738 villages, but there is a need of 1020 ASHAs in Singrauli district. There are 43 ASHA sahyogis in-position and 81 ASHA sahyogis are needed in the Singrauli district.

Number of ASHAs in Singrauli district		
Blocks	**Total ASHA**	
	Target	**Appointed**
Urban	59	39
Baidhan	372	371
Deosar	292	286
Chitrangi	297	287
Total	**1020**	**983**

- Skill development of ASHAs is a continuous process. Fourth round of training for 6-7th modules have been completed for all ASHAs but many ASHA's have not received ID cards and uniforms. Drug kit replenishment is done based on demand and availability of drugs. ASHAs are encouraged to sell FP methods through social marketing. Payments to ASHAs have been regularized based on verification by the concerned ANM.

- In Deosar block, 292 ASHAs are working and four more ASHAs are required. At SHC Karami and its catchments villages, six ASHAs are available.
- Highest incentive of Rs. 39450 and 53500 and lowest incentive of Rs. 2750 and 12600 were paid to ASHAs at CHC Deosar and PHC Bargawan respectively during April to November' 2018.

12. Disease Control Programme

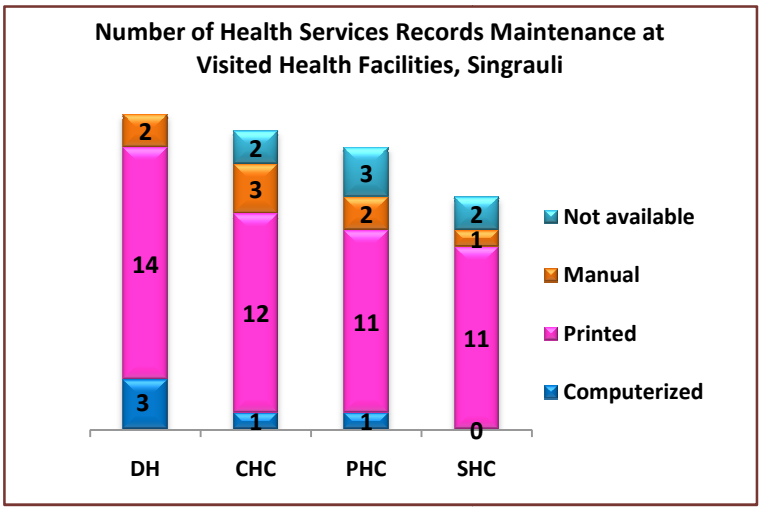
- Services under disease control programme are provided for Malaria, Tuberculosis and Leprosy. Required staffs are not available for all the three programmes at all levels of health institutions.
- During April-November' 2018, 4311, 2234, 7518 and 630 slides were examined for malaria at DH, CHC Deosar, PHC Bargawan and SHC Karami respectively. There were only 81, 7, 63 and zero positive cases of malaria reported during this period in respective facilities. It was observed that RD kits for malaria testing are regularly supplied and used at all the visited health facilities.
- The district has five Treatment Units (TU), Singrauli, Khutar, Sarai, Deosar and Chitrangi and 15 DMC. It has STLS-2, STS-2, LT-6, TBHV-2, DEO-1 and a PMDT coordinator. It has total five STS post sanctioned but only two are in position. RNTCP programme in the district is facing shortage of manpower. STLS post is vacant at the DH.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Singrauli district are functional in all the visited health facilities. There were 868, 367 and 192 sputum test conducted at the visited DH, CHC and PHC respectively. Out of these 81 sputum samples were found to be positive at DH, 72 at CHC Deosar and 13 at PHC Bargawan.
- Under National Leprosy Eradication Programme (NLEP) 45 and two new cases have been detected in DH Baidhan and CHC Deosar respectively. In all 56 and 10 patients are under treatment at DH Baidhan and CHC Deosar respectively. Five new cases have been detected through ASHA at the DH.
- Under NLEP, services data are not provided by PHC Bargawan and SHC Karami.

13. Non-Communicable Diseases (NCD)

- Establishment of NCD clinic is not available at the DH and CHC Deosar. Although NCD services in all the CEmOC facilities are done through normal OPD with adequacy of medicines and drugs.
- At present two MOs each at DH and CHC Deosar are trained on NCDs. But due to limited staff, NCD services are not provided on regular basis. IEC material is on display showing prevention of NCDs.

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



- Computerized records are maintained for Maternity wing, SNCU, NRC and HMIS.
- Line listing of severely anaemic pregnant women data recording in ANC, PNC printed register at DH, CHC Deosar and PHC Bargawan.
- MDR, IDR and NDR register are available at DH Baidhan, CHC Deosar and PHC Bargawan. Other visited health facilities have not maintained these register.
- Tally software has not been used at the visited health facilities. Public Financial Management System (PFMS) is in place for online payments of JSY incentives, ASHA incentives etc.

15. Health Management Information System (HMIS)

- 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 except UPHC Navjeevan Vihar at Baidhan.
- New reporting formats have been distributed to all the facilities. The formats are bilingual in Hindi and English which can be easily understood by all health staffs.
- It was observed that 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 uploading.
- 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.
- MTP services are available at DH Baidhan but data is not reported in HMIS monthly format. Number of X-ray done at DH Baidhan and CHC Deosar was 2309 and 1066 during April to November, 2018 respectively but in HMIS only 2157 and 920 X-ray were reported.

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 and data updation in RCH portal will be streamlined.

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.
- Provisions of fogging were not reported any of the visited health facilities. DH has no regular arrangement for washing and services are outsourced to a washer man. The linen is washed fortnightly causing inconvenience in providing clean bed sheet for patient and other linen materials for labour room, OT etc.
- For periodic maintenance and repair of faulty 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.
- DH requires a medium size autoclave which can be move easily in OT and labour room. Presently it has a big size vertical autoclave. This autoclave is non functional since it has not supplied with indicator tap. Engineer from AIM consultancy has advised that this autoclave is beyond repair.

Observations from Singrauli District visited during December, 2018 **(ANNEXURE)**

1. Health Infrastructure available in Singrauli 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	200^
Exclusive MCH hospital	-	-	-	-	-
SDH	No	-	-	-	-
CHC	7	7	No	7	210
PHC	15	15	No	9[#]	78
UPHC	1	1[@]	No	1	6
SCs	227	227	No	17	34
AYUSH Ayurvedic	14	11	-	-	-
AYUSH(Homoeopathic)	-	-	-	-	-
AYUSH (Others)	-	-	-	-	-
Delivery Point(L1)	20	20	-	20	-
Delivery Point(L2)	12	12	-	12	-
Delivery Point(L3)	2	2	-	2	-

Total 528 beds availability in the district. [@]UPHC Navjeevan vihar building is donate by NTPC. [#]Two PHCs Piprai Nayatola & Gannai are not functional due to non availability of human resources and also new building has been completed. ^DH Baidhan is 200 beds functional on paper but actual 137 beds are functional at the DH.

2. Physical Infrastructure

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

**PHC Bargawan one staff quarter is very bed condition. [#]BMW outsource only for placenta collected from labour room at the DH and other disposal are not collect in different section of the DH.*

3. Human Resources

Health Functionary	Required (Sanctioned)				Available			
	DH	CHC	PHC	SHC	DH	CHC	PHC	SHC
Gynecologist	3	1			0	0		
Pediatrician	2	1			2	0		
Anesthetists	2	-			0	0		
Cardiologist	-	-			-	-		
General Surgeon	2	-			0	0		
Medicine Specialist	3	1			0	0		
ENT Specialist	1	-			0	0		
Ophthalmologist	1	-			1	0		
Ophthalmic Asst.	1	1	-		1	1	-	
Radiologist	1	-			0	0		
Radiographer	3	1			1	1		
Pathologist	2	-			1	0		
LTs	6	1	-		1	2	1	
MOs	20	3	-		17	2	1	
AYUSH MO	1	-	-		0	0	0	
LHV	-	1	-		0	0	0	
ANM	-	2	-	-	6	3	2*	2#
MPHW (M)	-	1	-	-	-	1	0	0
Pharmacist	5	2	-		3	2	1	
Staff nurses	124	6	-		92	4	1^	0
RMNCHA+ Counselor	-	1	-		-	1	-	

*#Both ANMs swipe their duty every month from field & head quarter. ^SN is attached from PHC to DH since two month. *Two ANM attached to PHC from other health facilities.*

No. of Trained Persons

Training programmes	DH#	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	-	-		
LSAS (Life Saving Anaesthesia Skill)	1	-		
BEmOC (Basic Emergency Obstetric Care)	-	2	1	
SBA (Skill Birth Attended)	-	10	2	2
MTP (Medical Termination of Pregnancy)	-	-	1	
NSV (No Scalpel Vasectomy)	-	-	-	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	-	2	1	0
FBNC (Facility Based Newborn Care)	-	10	0	0
HBNC (Home Based Newborn Care)			-	2
NSSK (Navjaat Shishu Surakasha Karyakram)	-	10	-	0
Mini Lap-Sterilisations	-	-	-	
Laproscopy-Sterilisations(LTT)	-	-		
IUCD (Intrauterine Contraceptive Device)	-	8	2	2
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	-	10	3	1
Blood Bank / BSU	1	-		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	-	14	1	0
IMEP (Infection Management Environmental Plan)	-	-	-	-
Immunization and cold chain	-	13	1	1
RCH Portal (Reproductive Child Health)	-	4	-	2
HMIS (Health Management Information System)	-	5	-	2

RBSK (Rashtriya Bal Swasthya Karyakram)	-	5		
RKSK (Rashtriya Kishor Swasthya Karyakram)	-	4	-	-
Kayakalp	-	11	-	-
NRC and Nutrition	-	13	-	
PPTCT (Prevention of Parent to Child Transmission of HIV)	-	-	-	
NCD (Non Communicable Diseases)	-	14	-	
Nursing Mentor for Delivery Point	-	-		
Ayushyaman Bharat Programme	-	-	-	-
No. Others (specify)--------Skill Lab/Dialisis	-	-	2*	1
**Two ANMs are trained in Skill lab & IYCF. #DH Baidhan training data does not maintained and provided.*				

4. Other health System inputs

Availability of drugs and diagnostics, Equipments	**DH**	**CHC**	**PHC**	**SHC**
Availability of EDL and Displayed	361	108	171	24
Availability of EDL drugs	202	Yes	153	24
No. and type of EDL drugs not available (Collect Separate list)	159	No	18	No
Computerised inventory management	Yes	Yes	No	No
IFA tablets	Yes	Yes	Yes	Yes
IFA tablets (blue)	Yes	Yes	Yes	Yes
IFA syrup with dispenser	Yes	Yes	Yes	Yes
Vit A syrup	Yes	Yes	Yes	Yes
ORS packets	Yes	Yes	Yes	Yes
Zinc tablets	Yes	Yes	Yes	Yes
Inj Magnesium Sulphate	Yes	Yes	Yes	Yes
Inj Oxytocin	Yes	Yes	Yes	Yes
Misoprostol tablets	Yes	Yes	Yes	Yes
Mifepristone tablets	Yes	No	No	No
Availability of antibiotics	Yes	Yes	Yes	Yes
Labelled emergency tray	Yes	Yes	Yes	Yes
Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Yes	Yes	Yes	Yes
Adequate Vaccine Stock *available*	Yes	Yes	Yes	Yes
Supplies (Check Expiry Date during visit to the Facility)				
Pregnancy testing kits	Yes	Yes	Yes	Yes
Urine albumin and sugar testing kit	Yes	Yes	Yes	Yes
OCPs	Yes	Yes	Yes	Yes
EC pills	Yes	Yes	No	Yes
IUCDs	Yes	Yes	Yes	Yes
Sanitary napkins	Yes	Yes	Yes	Yes
Gloves, Mckintosh, Pads, bandages, and gauze etc.	Yes	Yes	Yes	Yes
No. Ultrasound scan (Ob.) done	No	No		
No. Ultrasound Scan (General) done	No	No		
No. X-ray done	2309	1066		
ECG	Yes	No		
Endoscopy	No			
Others , pls specify	-	-	-	-
Essential Equipments				
Functional BP Instrument and Stethoscope	Yes	Yes	Yes	Yes
Sterilised delivery sets	Yes	Yes	Yes	Yes
Functional Neonatal, Paediatric and Adult Resuscitation kit	Yes	Yes	Yes	Yes

Availability of drugs and diagnostics, Equipments	**DH**	**CHC**	**PHC**	**SHC**
Functional Weighing Machine (Adult and child)	Yes	Yes	Yes*	Yes
Functional Needle Cutter	Yes	Yes	Yes	Yes
Functional Radiant Warmer	Yes	Yes	Yes	No
Functional Suction apparatus	Yes	Yes	Yes	Yes
Functional Facility for Oxygen Administration	Yes	Yes	Yes	Yes
Functional Foetal Doppler/CTG	Yes	Yes	Yes	Yes
Functional Mobile light	No	No	No	
Delivery Tables	3	3	2	3
Functional Autoclave	Yes	Yes	Yes	Yes
Functional ILR and Deep Freezer	Yes	Yes	Yes	
Emergency Tray with emergency injections	Yes	Yes	Yes	
MVA/ EVA Equipment	Yes	Yes	No	
Functional phototherapy unit	Yes	No	No	
OT Equipments				
O.T Tables	Yes	Yes[#]	No	
Functional O.T Lights, ceiling	No	No	-	
Functional O.T lights, mobile	Yes	No	-	
Functional Anesthesia machines	Yes	No	-	
Functional Ventilators	No	No	-	
Functional Pulse-oximeters	Yes	Yes	-	
Functional Multi-para monitors	Yes	No	-	
Functional Surgical Diathermies	Yes	No	-	
Functional Laparoscopes	Yes^	No	-	
Functional C-arm units	Yes[@]	No	-	
Functional Autoclaves (H or V)	Yes	Yes	-	
Blood Bank / Storage Unit				
Functional blood bag refrigerators with chart for temp. recording	BSU	No		
Sufficient no. of blood bags available	1	-		
Check register for number of blood bags issued for BT in **April-November 2018-19**	510	-		
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
Yes Adult weighing machine				Yes
Infant/New born weighing machine				Yes
Needle &Hub Cutter				Yes
Color coded bins				Yes
RBSK pictorial tool kit				No

**Child weighing machine is not functional at PHC. [#]CHC OT is not available one room is used for OT during LTT camp. ^Laparoscopes is brought by LTT surgeon. [@]C-arm unit is available but not installed till date.*

Specialty Care Services Available in the District

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

AYUSH services

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

Laboratory Tests Available (Free Services)

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

Services	DH	CHC	PHC	SHC
Semen Analysis	Yes	No	Yes	No
X-ray	Yes	Yes	No	No
ECG	Yes	No	No	No
Liver Function Test	Yes	No	No	No
RPR for syphilis	Yes	Yes	Yes	No
RTI/STI Screening	Yes	Yes	Yes	No
HIV	Yes	Yes	Yes	No
Indoor Fees	50	Free	Free	Free
OPD fees	10	5	5	Free
Ambulance	Yes	Yes	No	No
Food for Inpatients	Yes	Yes	Yes	No

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

5.1 ANC and PNC

Services Delivered	DH	CHC	PHC	SHC
ANC registered	739	136	1463	174
New ANC registered in 1st Trim	437	87	715	70
No. of women received 3 ANC	-	107	243	78
No. of women received 4 ANC	439	545	342	74
No. of severely anaemic pregnant women(Hb<7) listed	127	47	29	2
No. of Identified hypertensive pregnant women	28	2	5	0
No. of pregnant women tested for B-Sugar	-	295	-	-
No. of U-Sugar tests conducted	-	165	-	-
No. of pregnant women given TT (TT1+TT2)	1039	28	-	175
No. of pregnant women given IFA	768	136	-	170
No. of women received 1st PNC check within 48 hours of delivery	-	1192	1098	834
No. of women received 1st PNC check between 48 hours and 14 days of delivery	-	236	1000	432
No. of ANC/PNC women referred from other institution (in-referral)	352	17	-	-
No. of ANC/PNC women referred to higher institution (out-referral)	387	31	-	7
No. of MTP up to 12 weeks of pregnancy	146	0	-	-
No. of MTP more than 12 weeks of pregnancy	15	0	-	-

5.2 Institutional deliveries/Delivery Complication

(Give Numbers from 1 April- 30 November'2018)	DH	CHC	PHC	SHC
Deliveries conducted	2313	1428	1098	834
Deliveries conducted at home				0
C- Section deliveries conducted	60	-	-	-
Deliveries conducted at night (8 pm-8 am)	1136	892	698	114
On the way delivery	-	77	400	5
No. of pregnant women with obstetric complications provided EmOC	-	-	4	-
No. of Obstetric complications managed with blood transfusion	265	-	-	-
No. of Neonates initiated breastfeeding within one hour	1928	1389	1046	802
No. of Still Births	104	41	23	32

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

(Give Numbers from 1 April- 30 November'2018)	DH	CHC	PHC	SHC
Total maternal deaths reported	14	1	0	0
Number of maternal death reviews during the quarter	14	1	0	0
Key causes of maternal deaths found	*	Anemia		
*Anemia, Eclampsia PPH and Jaundice				

5.4 Janani Shishu Suraksha Karyakram (JSSK)

JSSK	DH	CHC	PHC	SHC
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section.	Yes	Yes	Yes	Yes
Free essential and desirable diagnostics (Blood & urine tests, USG, etc) during Ante Natal Care, Intra Natal Care and Post Natal care	Yes*	Yes*	Yes*	No
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	No	No	No
Free transport –				
home to hospital,	1291	873	157	330
inter-hospital in case of referral	69	60	5	9
drop back to home	581	212	126	58
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes
**USG facility is not available in all visited health facilities.*				

5.5 Janani Suraksha Yojana (JSY)

	DH	CHC	PHC	SHC
No.of JSY payments made	-	-	-	-
JSY payments are made as per the eligibility criteria indicated in JSY Guidelines	Yes	Yes	Yes	Yes
Timely JSY payments to the beneficiaries.	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
Payments mode Cash-1, Cheque bearer-2, Cheque a/c payee-3 Direct transfer-4, Others (specify____) -5	4	4	4	4
Physical (at least 5%) verification of beneficiaries to be done by district level health authorities to check malpractices.	No	No	No	No
Grievance redressal mechanisms as stipulated under JSY guidelines to be activated in the district.	Yes	Yes	Yes	Yes
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	Yes

5.6 Service delivery in post natal wards

Parameters (Ask during visit to confirm the status)	DH	CHC	PHC	SHC
All mothers initiated breast feeding within one hour of normal delivery	Yes	Yes	Yes	Yes
Zero dose BCG, Hepatitis B and OPV given	Yes	Yes	Yes	Yes
Counseling on IYCF done	No	No	Yes	Yes
Counseling on Family Planning done	Yes	Yes	Yes	Yes
Mothers asked to stay for 48 hrs	Yes	Yes	Yes	No
JSY payment being given before discharge	No	No	No	No

Any expenditure incurred by Mothers on travel, drugs or diagnostics *(Please give details)*	No	No	No	No
Diet being provided free of charge	Yes	Yes	Yes	No

6. Child Health (April to 30 November 2018)

6.1 Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU		**DH**	**CHC**	**PHC**	**SHC**
Whether SNCU / NBSU exist. (Yes/No)		Yes	NBCC	NBCC	No
Necessary equipment available (Yes/No)		Yes	Yes	Yes	-
Availability of trained MOs		2	Yes	Yes	-
No. of trained staff nurses		18	No	No	-
No. of admissions	Inborn	303	-	-	-
	Out Born	477			
No. of Children	Cured	574	-	-	-
	Not cured	-			
	Referred	50			
	Others (death)	129			
	LAMA	18			

6.2 Nutrition Rehabilitation Centre (NRC)

NRC	**DH**	**CHC**
No. of functional beds in NRC	20	10
Whether necessary equipment available	Yes	Yes
No. of staff posted in NRC FD/ANM and other	8	5
No. of admissions with SAM	207	145
No. of sick children referred	1	2
Average length of stay	11	14

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

Immunization	**DH**	**CHC**	**PHC**	**SHC**
BCG	2368	1357	993	815
Penta1	767	84	0	131
Penta2	642	54	0	139
Penta3	649	61	0	135
Polio0	2348	1351	1005	804
Polio1	767	84	0	131
Poli02	642	54	0	139
Polio3	649	61	0	218
Hep 0	2054	1351	1005	712
Rotavirus1	767	60	0	92
Rotavirus2	642	21	0	71
Rotavirus3	649	19	0	75
Measles1	652	56	0	150
Measles2	498	28	0	110
DPT booster	498	28	0	110
Polio Booster	498	21	0	110
No. of fully vaccinated children	652	56	0	150
ORS / Zinc	Yes	Yes	Yes	Yes
Vitamin - A	Yes	Yes	Yes	Yes
No. of immunisation sessions planned	-	195	-	64

Immunization	DH	CHC	PHC	SHC
No. of immunisation sessions held	-	195	-	78
Maintenance of cold chain. Specify problems (if any)	No	No	No	No
Whether micro plan prepared	Yes	Yes	Yes	Yes
Whether outreach prepared	Yes	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	No	No
Is there an alternate vaccine delivery system	No	Yes	Yes	Yes

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

No. of Children Screened (Give Number)	Screened	Identified with problems	Referred higher facility	No. of RBSK team available in Block with staff
Age group				One RBSK Team is Available at CHC Deosar with 1 MO, 1 Pharmacist and 1 ANM available.
0-6 weeks	536	0	0	
6 weeks-6 years	4512	545	83	
6 -18 years	3920	365	62	
Total	8968	910	145	

6.5 Rashtriya Kishor Swasthya Karyakram (RKSK)

(Give Numbers from 1 April- 30 November'2018) and Yes/No	DH	CHC	PHC	SHC
Whether RKSK counseling done				Yes
No. of adolescents provided counselling by ANM				15
Whether RKSK clinic functioning	Yes	Yes	No	No
Type of trained manpower available for RKSK clinic	1	Yes	-	-
No. of adolescents attending RKSK clinic	734	40	-	-
No. of Referral from RKSK to Higher Facility	0	-	-	-
No. of Referral to RKSK from other health facility	109	-	-	-
No. of outreach camp conducted by RKSK clinic	33	-	-	-
No. of adolescents received RKSK services in outreach camp	1366	-	-	-

6.6 Number of Child Referral and Death 1 April-30 November' 2018

Child Health	DH	CHC	PHC	SHC
No. of Sick children referred(up to age 5)	26	29	0	7
No. of Neonatal Deaths	129	4	0	0
No. of Infant Deaths	17	6	0	0

7. Family Planning

(Give Numbers from 1 April- 30 November'2018)	DH	CHC	PHC	SHC
Male Sterilization (VT+NSV)	3	-	-	-
Female Sterilization (CTT+LTT)	20	335	-	-
Minilap sterilization	-	-	-	-
IUCD	127	-	-	-
PPIUCD	2135	229	280	-
Condoms	3829	2010	432	43
Oral Pills	475	1508	226	37

8. Quality in Health Services

8.1 Infection Control

	DH	CHC	PHC	SHC
General cleanliness	Poor	Fair	Fair	Poor
Condition of toilets	Poor	Fair	Fair	Poor
Building condition	Partial	Good	Good	Poor
Adequate space for medical staff	Yes	Yes	Yes	Yes
Adequate waiting space for patients	Yes	Yes	Yes	Yes
Practices followed				
Protocols followed	Yes	Yes	Yes	Yes
Last fumigation done	Yes*	No	No	No
Use of disinfectants	Yes	Yes	Yes	Yes
Autoclave functioning	Yes	Yes	Yes	Yes
** Fumigation done weekly and also before treating any infected patient in OT.*				

8.2 Biomedical Waste Management (BMW)

BMW	DH	CHC	PHC	SHC
Whether bio-medical waste segregation done	Yes	Yes	Yes	No
Whether outsource	Yes*	Yes	No	No
If not, alternative arrangement Pits-1 / Incineration-2 / Burned -3 / Others (specify) --4			1	1
**Outsource agency does not collect all BMW except placenta.*				

8.3 Information Education Communication (IEC):Observed during facility visit

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

8.4 Quality Parameter of the facility

Essential Skill Set (Yes / No)	DH	CHC	PHC	SHC
Manage high risk pregnancy	Yes	Yes	Yes	No
Provide essential newborn care (thermoregulation, breastfeeding and asepsis)	Yes	Yes	Yes	No
Manage sick neonates and infants	Yes	No	Yes	No
Correctly uses partograph	Yes	Yes	Yes	Yes
Correctly insert IUCD	Yes	Yes	Yes	Yes

Correctly administer vaccines	Yes	Yes	Yes	Yes
Segregation of waste in colour coded bins	Yes	Yes	Yes	Yes
Bio medical waste management	Yes	Yes	Yes	Yes
Updated Entry in the MCP Cards	Yes	Yes	Yes	Yes
Entry in MCTS/RCH Portal	No	Yes	No	Yes
Action taken on MDR	Yes	Yes	No	No

9. Referral Transport and MMUs

JSSK and Regular Ambulance	**DH**	**CHC**	**PHC**
Number of ambulances			
Janani Express	2	1	No
108	2	1	-
Other	-	1	-
MMU*	-	-	-
**One MMU functional at CHC Chitrangi in the district*			

10. Community processes (Accredited Social Heath Activist)

ASHA	**CHC**	**PHC**	**SHC**
Number of ASHA required	4	0	0
Number of ASHA available	292	32	6
Number of ASHA left during the quarter	2	0	0
Number of new ASHA joined during the quarter	0	0	0
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	40	Yes	Yes
Availability of ORS and Zinc to all ASHA	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHA	Yes	Yes	Yes
Highest incentive to an ASHA during April to 30 November, 2018	39450	53500	-
Lowest incentive to an ASHA during April to 30 November, 2018	2750	12600	-
Whether payments disbursed to ASHA on time	Yes	Yes	Yes
Whether drug kit replenishment provided to ASHA	Yes	Yes	Yes
ASHA social marketing spacing methods of FP	Yes	Yes	Yes

11. Disease Control Programmes

	DH	**CHC**	**PHC**	**SHC**
National Malaria Control Programme				
Number of slides prepared	4311	2234	7518	630
Number of positive slides	81	7	63	0
Availability of Rapid Diagnostic kits (RDK)	Yes	2803	Yes	67
Availability of drugs	Yes	Yes	Yes	Yes
Availability of staff	Yes	Yes	Yes	No
Revised National Tuberculosis Programme (RNTCP)				
Number of sputum tests	868	367	192	-
No. of positive tests	81	72	13	-
Availability of DOT medicines	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	Yes	Yes	No	-
Timely payment of salaries to RNTCP staff	No	Yes	Yes	-
Timely payment to DOT providers	Yes	Yes	Yes	-
National Leprosy Eradication Programme (NLEP)				
Number of new cases detected	45	2	-	-

	DH	CHC	PHC	SHC
No. of new cases detected through ASHA	5	-	-	-
No. of patients under treatment	56	10	-	-

12. Non Communicable Diseases (NCD)

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

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

Record	DH	CHC	PHC	SHC
OPD Register	1C	1P	1P	1P
IPD Register	1C	1P	1P	1P
ANC Register	1P	1P	1P	1P
PNC Register	1P	1P	1P	1P
Line listing of severely anaemic pregnant women	1P	1P	1P	-
Labour room register	1P	1P	1P	1P
Partographs	1P	1P	1P	1P
FP-Operation Register (OT)	1M	1M	3	
OT Register	1P	3	3	
FP Register	1M	1M	1M	1M
Immunisation Register	1P	1P	1P	1P
Updated Microplan	1P	1P	1P	1P
Blood Bank stock register	1P	3		
Referral Register (In and Out)	1P	1P	1P	1P
MDR Register	1P	1P	3	2
Infant Death Review and Neonatal Death Review	1P	1M	1M	2
Drug Stock Register	1P	1P	1P	1P
Payment under JSY	PFMS	PFMS	PFMS	PFMS
Untied funds expenditure (Check % expenditure)	-	-	-	-
AMG expenditure (Check % expenditure)	-	-	-	-
RKS expenditure (Check % expenditure)	-	-	-	-

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

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

15. Additional and Support Services

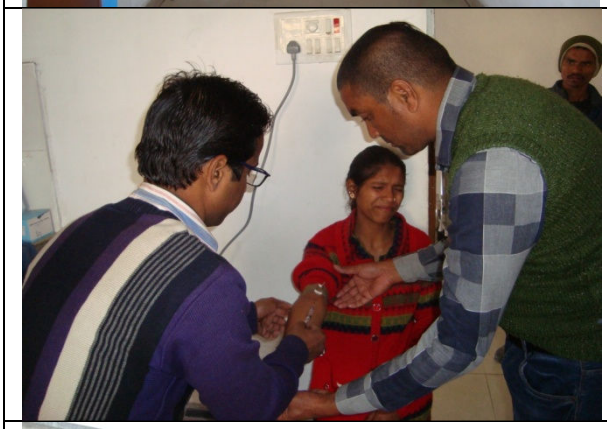
Services	DH	CHC	PHC
Regular Fogging (Check Records)	No	No	No
Functional Laundry/washing services	Yes*	Yes*	Yes*
Availability of dietary services	Yes	Yes	Yes
Appropriate drug storage facilities	Yes	Yes	Yes
Equipment maintenance and repair mechanism	Yes#	Yes#	Yes#
Grievance Redressal mechanisms	Yes	Yes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

**Laundry service is outsourced at all visited health facilities. DH and CHC have no regular arrangement for washing and linen is washed fortnightly causing inconvenience in providing clean bed sheet for the patient. #Contract to AIM health care Bhopal for equipment maintenance.*

District Hospital (DH) Baidhan, District Singrauli visited on 18 December, 2019

Community Health Centre (CHC) Deosar- Itar, District Singrauli visited on 19 December, 2018

Primary Health Centre (PHC) Bargawan, District Singrauli visited on 19 December, 2018



Sub Health Centre (SHC) Karami, District Singrauli visited on 20 December, 2018