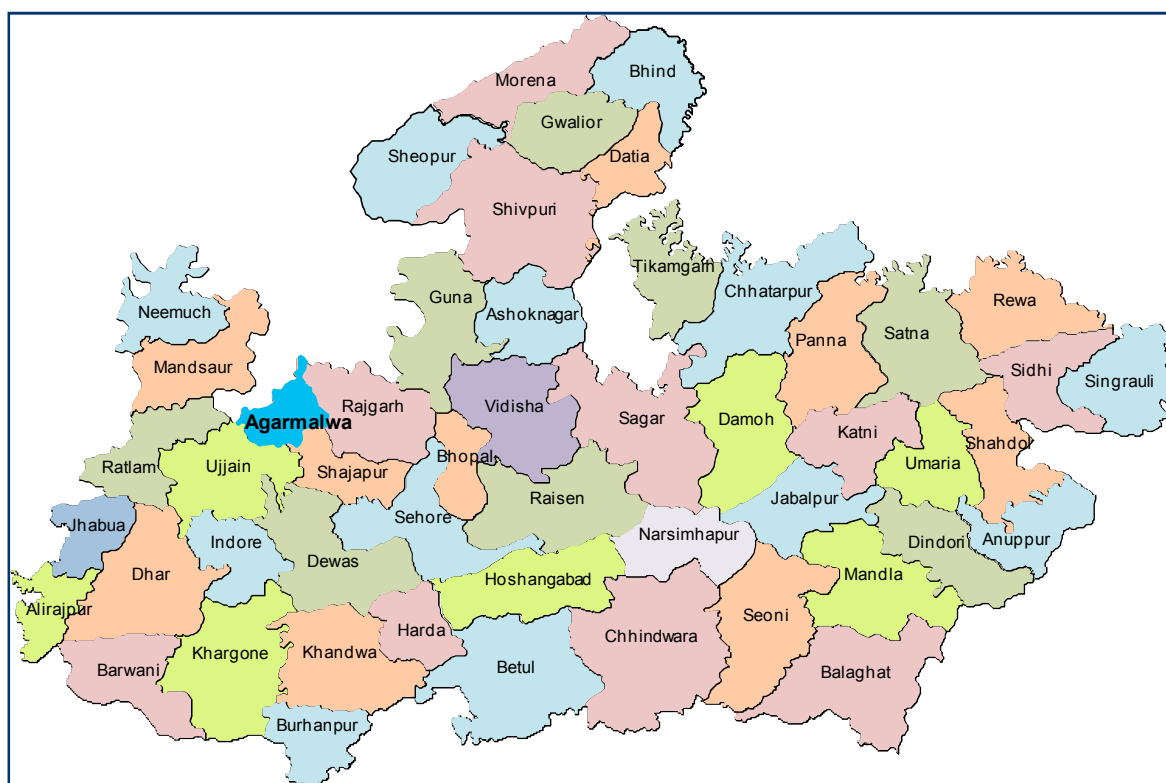


Quality Monitoring of Programme Implementation Plan 2019-20 in Madhya Pradesh

District: Agarmalwa



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List of Acronyms

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

Quality Monitoring of PIP 2019-20 in Madhya Pradesh (District Agarmalwa)

Executive Summary

The Ministry of Health and Family Welfare, Government of India, has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2019-20, PRC Sagar is engaged in carrying out PIP monitoring in several districts of Madhya Pradesh. In this context a field visit was made to Agarmalwa district in MP in second week of November, 2019. PRC team visited District Hospital (DH) Agarmalwa, Community Health Centre (CHC) Nalkheda, 24*7 Primary Health Centre (PHC) Kanad and SHC Manasa, which are functioning as delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Agarmalwa District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS and RCH portal data. Also evaluated new programme implemented like LaQshya, Kayakalp, Ayushman Bharat and Health and Wellness Centre (HWC) in the district. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the month of October, 2019 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Agarmalwa, CHC Nalkheda, 24*7 PHC Kanad and SHC Manasa for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received. Secondary information was collected from the state web portal and district HMIS data available at the Programme Management Unit in the district.

Key Observations, Recommendations and Action Points of visited facilities

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

District Hospital, Agarmalwa

✓ Agarmalwa district provides health services through rural and urban health facilities both in rural and urban areas of Agarmalwa. In total 1 DH, 3 CHCs, 6 PHCs and 83 SHCs are providing health services in Agarmalwa district. Among all SHCs, 11 are newly sanctioned and functional but don't have any buildings for physically functioning.

- ✓ Total functional bed capacity reported in rural health facilities i.e. CHCs, PHCs and SHCs in Agarmalwa district is 316 which is less and insufficient according to the desired norm of 500 beds per 1 lakh population.
- ✓ Total functional bed capacity in different government health facilities in urban area i.e. DH is 200 which is grossly insufficient to cater the urban population in the district.
- ✓ Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- ✓ DH Agarmalwa is running in a newly constructed 200 bedded hospital. Presently 165 beds are functional with having huge shortage of staffs required for DH.
- ✓ Staff quarters are under construction and as informed it will be completed by July 2020.
- ✓ In DH Agarmalwa surgery, medicine, emergency, ophthalmology, ENT are available along with ancillary services of radiology, pathology etc. Facility of obstetrics and gynaecology, emergency and family planning services are also available.
- ✓ DH has only one lab centre where the entire test done. A separate pathological testing facility for ANC and MCH beneficiaries is needed at DH.
- ✓ LaQshya is only implemented at DH in the district. Under LaQshya program labour room and labour OT has been upgraded as per norms. Delivery practice is now done as per LaQshya norms. All the LaQshya registers (LR+OT) are being filled by SNs.
- ✓ There is no SNCU and blood bank at DH. NBSU and BSU are functional at DH.
- ✓ Eye care service is very good at DH Agarmalwa. There are ophthalmic specialist surgeon and ophthalmic assistants posted at DH. It has fully functional eye OT as well.
- ✓ DH has advanced dental procedure equipments and two dentists posted, excluding major dental surgery, all other dental service is available at DH.
- ✓ There are 10 bedded NRC functional at DH, with unavailability of some staffs like cook and sweeper. NRC bed capacity needs to increase and also all vacant posts needs to be filled in urgently.
- ✓ As informed by civil surgeon, there is huge shortage of staffs especially doctors and paramedics. Requirement of one hospital manager is must for DH. Staffs issue needs to be address on most priority.
- ✓ Staff quarters are a serious concern in the district; for DH new staff quarters are under construction.
- ✓ Dialysis service is available at DH with having two dialysis machines and high patient load. There are one doctor, two SNs and one technician available for dialysis service at DH.
- ✓ There is shortage of staffs for x-ray service at DH; at least one radiographer needs to be posted urgently. Radiation protection equipments are not available at DH.
- ✓ Majority of the essential drugs are available in all the health facilities and there was computerized inventory management system in place upto PHC level among all the visited health facilities.

- ✓ 'Pradhanmantri Matritwa Suraksha Yojna' is running all over in the district and gynaecologists of private hospital; nursing homes are providing services to pregnant women on 9th of every month in the district.
- ✓ HMIS data reporting has mismatch issues with register data and Government of India HMIS portal data among all the visited facilities including DH.

CHC Nalkheda

- ✓ There are huge shortages of medical and para-medical staffs at the CHC. Even one SN (mentor) trained for LaQshya in the district (DH) is attached from this CHC only.
- ✓ LaQshya is not implemented in CHC Nalkheda and labour room is also very small. There is no NBSU at CHC, however NBCC is available.
- ✓ As reported by Labour room in-charge, there is need of labour table, emergency tray table and also more space for labour room. One SN is posted one month back but she is not trained for labour service.
- ✓ It is informed that, procedure table, bed side bench and table sent directly from state is of very poor quality.
- ✓ All essential medicines are available at CHC. It is also found that many drugs are over supplied at CHC and most of them are near expiry.
- ✓ There is lack of cleaning and security staffs at CHC Nalkheda.
- ✓ CHC Nalkheda is focal point for cold chain of Nalkheda block. There are 2 AVDs, 30 wards and 96 villages get covered under this CHC.
- ✓ Pathological service is done as per CHC norms. There are requirement of cell counter, analyser, micro pipet, and centrifugal machine. Present lab technician is getting retired in June 2020.
- ✓ NRC is functional at CHC with 10 beds and majority of required staffs available.
- ✓ CHC staff informed that equipment maintenance outsourced company (AIM Pvt. Ltd.) technician took much time to done the repairing work.

PHC Kanad

- ✓ There is lack of staffs, especially SNs and ANM at PHC Kanad. Two ANMs presently attached to PHC from periphery.
- ✓ There are no security staffs posted at PHC, this needs to be address urgently.
- ✓ Although PHC building is renovated periodically but building condition is not so good and found water leakage issue in the building. It is suggested to have new multi storied PHC building, considering the less land area.
- ✓ Due to lack of land space, PHC does not have designated pharmacy, mortuary, PM room etc. Even there is no ward for IPD male and female for admission.
- ✓ Labour room is also very small; even there is no new born care inside labour room.

✓ As informed by the MO I/c for better functioning of PHC, proper HR and proper drainage, as we have water logging issue at the facility in rainy season.

SHC Manasa

✓ At SHC, only one ANM are posted, there is urgent need of one sweeper at SHC, as per delivery load and maintaining cleanliness and hygiene at the facility.

✓ As informed by the SHC staff, Community Based Assessment Checklist (CBAC) Form for Early Detection of NCDs and Tuberculosis (TB) has to be filled for all people of more than 30 years of age. In a family all the member of age above 30 years will needs to fill in the details; however they will come under one family folder. It is also informed that if in this CBAC form total score is more than 4, then individual will be considered as serious.

✓ There are requirement of some labour room tray, RO with water cooler, cooler and some furniture i.e. chair, table etc. at the facility.

✓ ANM informed that, now on the NCD days almost no people comes to the SHC, so now we send them to CHC.

✓ Some visiting ASHAs has been interviewed by PRC team at SHC Manasa, as informed by ASHAs, they are getting their minimum pay and incentives on time.

Quality Monitoring of PIP 2019-20 in Madhya Pradesh (District Agarmalwa)

1. Introduction

The Ministry of Health and Family Welfare, Government of India, has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2019-20, PRC Sagar is engaged in carrying out PIP monitoring in several districts of Madhya Pradesh. In this context a field visit was made to Agarmalwa district in MP in second week of November, 2019. PRC team visited District Hospital (DH) Agarmalwa, Community Health Centre (CHC) Nalkheda, 24*7 Primary Health Centre (PHC) Kanad and SHC Manasa, which are functioning as Health and Wellness Centre and delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Agarmalwa District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, MCTS & RCH portal data. Also evaluated new programme implemented like LaQshya, Kayakalp, Ayushman Bharat and Health and Wellness Centre (HWC) in the district. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the month of November, 2019 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Agarmalwa, CHC Nalkheda, 24*7 PHC Kanad and SHC Manasa for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received. Secondary information was collected from the state web portal and district HMIS data available at the Programme Management Unit in the district.

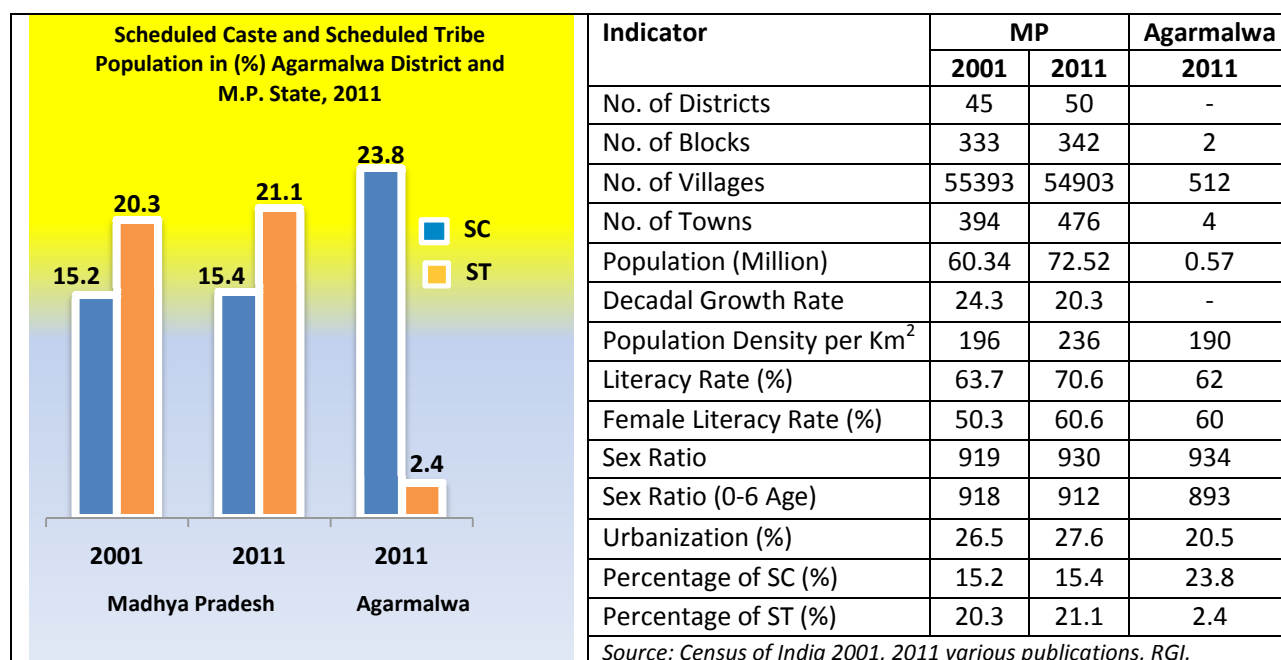
2. State and District Profile

- Madhya Pradesh located in central India with 50 districts and 342 blocks has a total population of 7.2 crores (Census, 2011). Agarmalwa district is a district of Madhya Pradesh state in central India. The town of Agar is administrative headquarters of the district.
- The district has an area 2,785 km² and is part of the Ujjain Division. Agarmalwa district became the 51st district of Madhya Pradesh on 16 August 2013. It was carved out of the existing Shajapur District. Its administrative headquarters are situated in the town of Agar. It is bounded on the south and south-west by Ujjain district, on the south-east by Shajapur district,

on the east and north-east by Rajgarh district, on the west by Ratlam district, in the north and north-west by Jhalawar district (Rajasthan) state.

- The Agarmalwa district lies in the extreme north of the Ujjain division. The district comprises of four tehsils and two community development blocks, which are Agarmalwa, Badod, Susner and Nalkheda, with population of 571278 (Male: 293052, Female: 278226) and population density 190 persons per sq. km as compared to 236 persons of M.P.
- There are four Municipalities and seven Nagar Parishad which are Agar, Badagaon, Badod, Kanad, Nalkheda, Soyat and Susner in the District. As per Census 2011 Agarmalwa district has total 227 Gram Panchayats and 513 villages.

Key socio-demographic indicators



- Literacy rate of Agarmalwa district is 62.0 percent and Female literacy rate in the district is 60 percent in 2011 which is close to the average female literacy rate of the state (60.6 percent).
- The male-female ratio of Agarmalwa is 934 females per thousand males in comparison to 930 per 1000 males for M.P. state, but the child sex ratio to 893 in 2011, lower than the child sex ratio of the state (912/1000).

3. Health Infrastructure in the District

- Agarmalwa district provides health services in both rural and urban areas through rural and urban health facilities. District is providing health services in urban areas through District Hospital and one UPHC. In rural areas 3 CHCs, 6 PHCs and 83 SHCs are providing health

services. DH Agarmalwa and 3 CHCs, 5 PHCs and 71 SHCs are functioning from government buildings. DH Agarmalwa is sanctioned as a 200 bedded hospital and presently it is functional as 165 bedded. DH Agarmalwa is functional in new multi-storage building with well managed.

- All the two L3 facilities with one DH are 200 bedded, and CHC Nalkheda is 30 bedded. Four L2 facilities with two CHCs and two PHCs are 30 and 10 bedded respectively.

Health Facility	Number	Visited Health Facility
District Hospital	1	DH Agarmalwa
Community Health Centre	3	CHC Nalkheda
Primary Health Centre	6	PHC Kanad
Sub Health Centre	94	SHC Manasa

There is one SHC Dongargaon L1 facility available in the Agarmalwa district.

- In total 316 beds are available in the district with a population of 0.57 million, which are insufficient for the government health facilities, according to the required norm of 500 beds per 1 lakh population.

AYUSH Services

- There are 12 AYUSH dispensaries in the district (Ayurvedic: 11; Unani: 01) running through state AYUSH department.
- OPDs of AYUSH are integrated with DH OPDs. Total 1099 OPDs patient reported in HMIS of October'2019. The AYUSH doctors report to facility HMIS as well as to their parent department office, District AYUSH Officer (DAO).
- Among the visited health facilities AYUSH services are not available except DH.
- AYUSH medical officer is not a member of RKS at any of the visited health institutions.

Information Education Communication

- Display of NHM logo was not observed in any of the visited facilities.
- All the visited health facilities have signage which is clearly displayed in each and every section of the hospital.
- Timing of the health facility, phone numbers, list of services available and complaint box were observed only in DH Agarmalwa and CHC Nalkheda among the visited health facilities. While none of the visited facilities have any signage on Citizen Charter.
- LaQshya protocol posters and related IEC has been seen in MCH wing and LR and OT.
- Display of partograph, clinical protocols EDL with information on free drug distribution is available, were displayed in all the visited facilities.
- Protocol posters, awareness generation chart, immunization schedule, FP IEC and JSSK entitlements (except SHC) are displayed at all the visited health facilities.

- List of RKS members and income and expenditure of RKS is not displayed publically in any of the visited health facility.

Referral Transport

- In Madhya Pradesh referral transport has been an integral part of health care services. This is very essential for access to critical health care, emergencies, trauma care for remote and outreach areas and in rural areas.
- In Agarmalwa, there are 10 Janani Express and six “108” emergency response vehicles and one Medical Mobile Unit (MMU) functional in the district. Out of the 10 JEs, five are placed at visited health facilities (DH:2, CHC:1 and PHC:2) in the district. In month of October’ 2019, JEs have transported 1457 beneficiaries. Out of these 639 beneficiaries were provided home to facility transport and 818 were provided drop-back facility.

Number of Beneficiary facilitate through ‘Janani 108’ of Agarmalwa District as on October,2019							
		DH Agar	CHC Nalkheda	CHC Badod	CHC Susner	PHC Kanad	PHC Soyat
Pickup (Home to Facility)	Pregnant Women	90	124	152	93	85	35
	Infant Sick Child	8	10	17	15	10	8
	Total	98	134	169	108	95	43
Drop Back (Facility to Home)	Pregnant Women	118	191	183	83	155	38
	Infant Sick Child	17	10	3	7	11	2
	Total	135	201	186	90	166	40

- Under JSSK free transport data of October 2019 month at the visited facilities shows, 98 and 135 for home to hospital and hospital to home in DH, 134 and 201 at CHC Nalkheda and 95 and 166 at PHC Kanad.
- The referral transport service in the district is running through centralised call centre from state. Apart from this centralised ‘108’ service, there are availability of two ambulances at DH, one at CHC Nalkheda and two ambulances at PHC Kanad among the visited health facility.

4. Status of Visited Health Facilities:

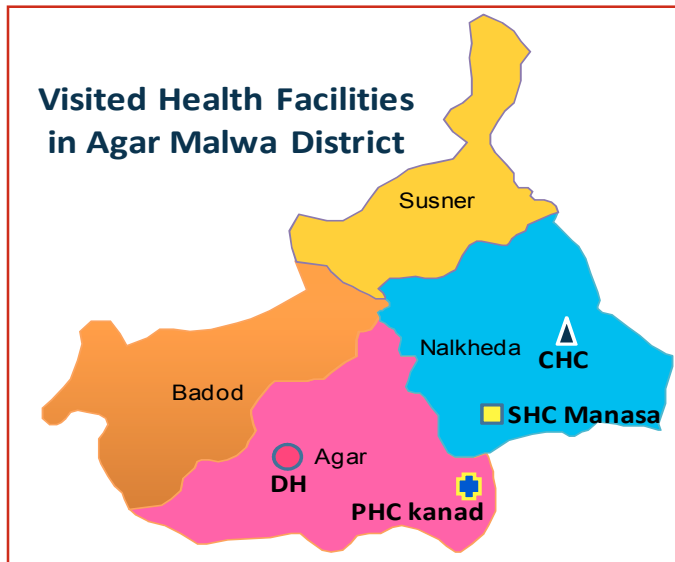
- DH Agarmalwa is easily accessible from the main road. DH Agarmalwa caters to around 4.80 lakhs population of Agarmalwa. CHC Nalkheda and PHC Kanad cater to around 1.30 lakhs and 25 thousands population. SHC Manasa caters to about 4746 populations (data as per HMIS infrastructure, 2019).
- CHC Nalkheda and PHC Kanad are located at a distance of 40 and 25 kilometres respectively from the district head quarters and SHC Manasa functional as a HWC is located at a distance of 35 kilometres from the district head quarters.

- Staffs quarter is a serious concern in the district; presently residence quarter for MO and other health staff are not available. Hence 36 staff quarter are under construction for health staffs of DH Agarmalwa. It will be completed by July, 2020. CHC Nalkheda has one MO quarters, one SNs quarters and one quarter for other category while PHC Kanad has two MO quarter.

ANM is not stay at SHC due to separate quarter is not available at SHC Manasa. The condition of most of these quarters is not good especially at CHC Nalkheda and PHC Kanad.

- All the visited health facilities have appropriate drug storage facilities and Water supply is available with overhead tanks in all the visited facilities. All the visited health facilities have no record

available of regular fogging except DH and PHC. Rainwater harvesting facility are not available any of the visited health facilities. Solar electricity is available only at CHC Nalkheda.





5. Status of Human Resources in the District

- 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.

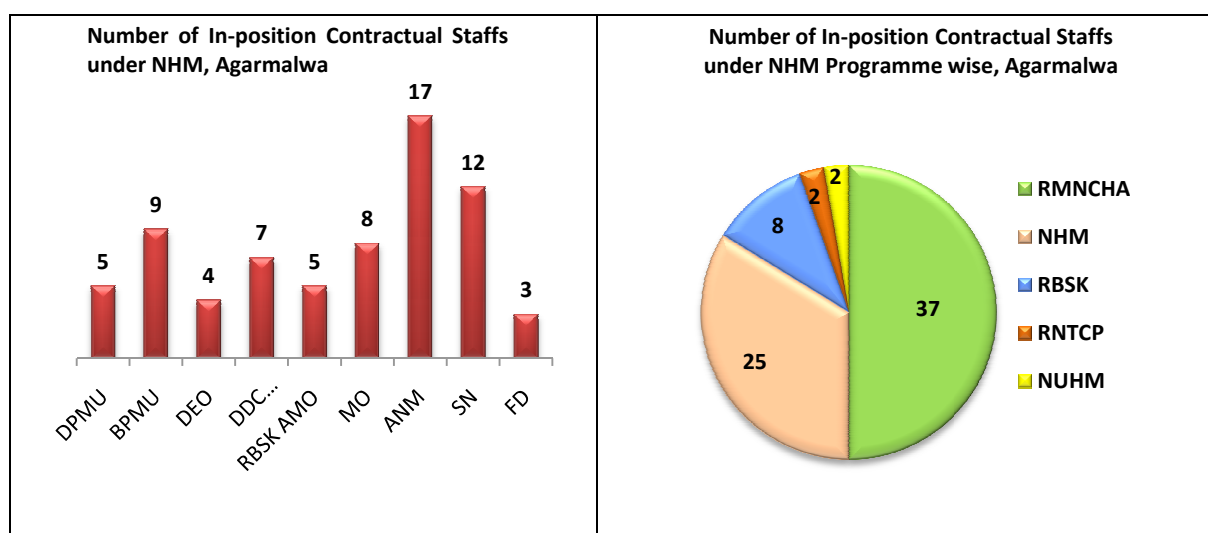
Human Resources	Required (Sanctioned)				Available			
	DH	CHC	PHC	SHC	DH	CHC	PHC	SHC
Gynaecologist	3	1			0	0		
Paediatrician	6	-			2*	-		
Anaesthetists	2	-			0	-		
Cardiologist	-	-			-	-		
General Surgeon	2	1			1	0		
Medicine Specialist	2	1			1	0		
ENT Specialist	1	-			0	-		
Orthopaedic	1	-			0	-		
Dentist	2	-			2	-		
TB Specialist	1	-			1	-		
Ophthalmologist	1	-			0	-		
Ophthalmic Asst.	1	1	-		1	1	0	
Radiologist	1	-			0	-		
Radiographer	2	1			1	0		
Pathologist	2	-			0	-		
LTs	3	1	-		3	1	1	
MOs	17	2	-		11	2	2	
AYUSH MO	-	-	-		-	-	0	
LHV	-	1	-		-	0	0	
ANM	-	2	-	-	5	2	3	1
MPHW (M)	-	-	-	-	-	-	0	1
Pharmacist	-	1	-		1	2	1	
Staff nurses	93	6	-	-	64	5	3	-
DEO	0	1	-		1	1	1	
Ward boy	-	3	-		5	2	1	

*child specialist one is PGMO.

Human Resources in the Visited Health Facilities

- DH Agarmalwa has one TB Specialist, one General Surgeon, one medical specialist, two dentists and two paediatricians posted against the sanctioned 24 specialist post. Eleven MOs are in position against 17 sanctioned posts.
- In the DH there are 64 SNs working against its sanctioned post of 93. Three out of 3 lab technicians and two out of one radiographers are working against their sanctioned posts.
- There is paucity of Gynaecologist, Anaesthetists, Ophthalmologist, and Radiologist in DH Agarmalwa and CHC Nalkheda does not have any specialist.
- At PHC Kanad, there is two MO, one LT, three SNs, three ANMs, one Pharmacist and one ward boy are posted for running the 24x7 PHC services.
- At SHC Manasa, there is one MPW (M), one ANM and providing all the clinical services at the delivery point. CHO post recruitment has completed also posting under process at district level for HWC PHCs and SHCs.
- Although there are updated in HRMIS in the state portal for regular and NHM staff under process at the time of visit PRC team in the Agarmalwa district.
- The staffs position in district and block level PMUs under NHM shows that there are 78 contractual staffs in position in the district. The PMUs have one District Program Manager (DPM), one district monitoring and evaluation officer (M&E), one district community Mobilizer (DCM), one sub engineer, 7 DDC pharmacists and 4 data entry operator (DEO), three block programme manager (BPM), three block community mobilizer (BCM) and six block accounts manager (BAM) are working. One STLS and STS posted at CMHO Agarmalwa.

All contractual staff under different health programme of NHM shown below:-



- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility. DMPU has maintained complete information about the contractual staff of the district.
- At visited health facilities many staffs are holding charge of multiple tasks. This is due to non-availability of designated staffs. Contractual staffs are also engaged in many administrative and other related works.

Training Status/Skills and Capacity Building

- NHM focuses on capacity building and skill upgradation of the existing staff, for which there are provisions for trainings at all levels. Under NHM, several training programmes are organized for medical and paramedical staff at district and state level.
- Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- SBA training is taking place at the district level and SBA trained MOs, SNs and ANMs are available in different visited health facilities.
- IUCD, PPIUCD and NSSK trainings have been received by LMOs, SNs and ANMs at all the visited facilities. Cold chain trained ANMs, SNs and MPWs are available in the visited health facilities (except SHC) to maintain cold chain services.

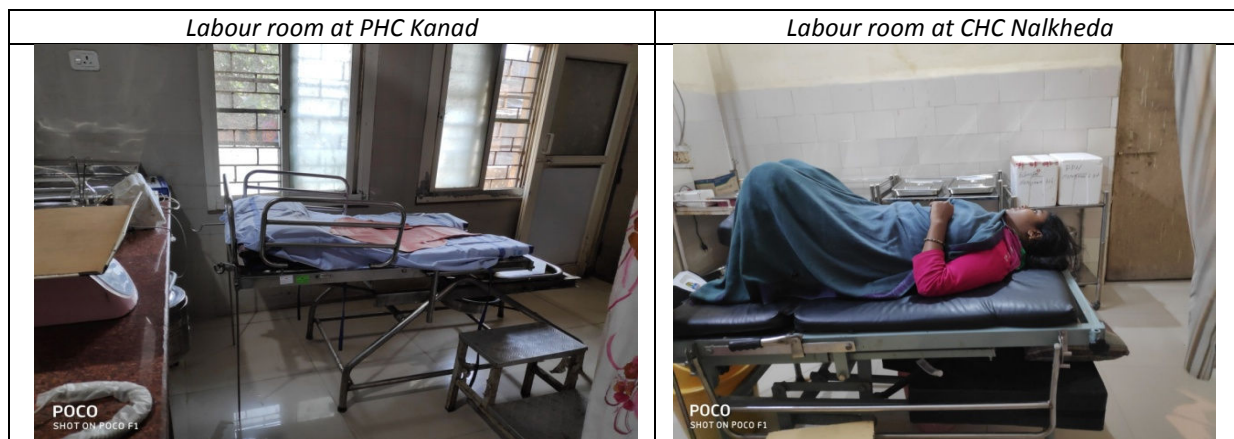
6. Maternal and Child Health (ANC, Delivery and PNC Care)

- Agarmalwa district has two functional L3 facilities (DH Agarmalwa & one CHC), four L2 facilities (2 CHCs, 2 PHCs) and only one L1 facilities (SHC Dongargaon) providing maternal health services in the district.
- All designated delivery points are not fully functional as per IPHS, either due to lack of manpower, diagnostic facilities or specialists and infrastructure. Among the visited facilities only DH has USG testing facility.

Block wise Line Listing of Pregnant Women as per Registration in Agarmalwa District up to October' 2019-20					
	Agar	Badod	Nalkheda	Susner	Total District
Estimated Pregnant Women	5336	4172	3651	4427	17586
Total PW Registered	1535	1191	818	967	4511
PW Registered in 1st Trimester	757	499	594	612	2462
Total High Risk PW Registered	8	15	15	7	45
Total Severe Anaemic PW Registered	0	1	4	1	6

- DH Agarmalwa has reported 1559 deliveries among which 715 were between (8pm to 8am) at night deliveries. In CHC Nalkheda out of 151 deliveries, 72 have been done at night (8pm-8am). In PHC Kanad out of 72 deliveries, 40 took place between 8 pm to 8 am in month of October' 2019 and SHC Manasa is not a delivery point only it is Health and Wellness Centre.

- Line listing of severely anaemic pregnant woman with haemoglobin below 7 (Hb<7) is being done and treatment of iron sucrose is given at all the health facilities. DH Agarmalwa and PHC Kanad have a separate register for anaemic women. DH Agarmalwa, CHC Nalkheda and PHC Kanad are maintaining separate data of pregnant women with anaemia.



6.1 Janani Shishu Suraksha Karyakram (JSSK)

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

6.2 Janani Suraksha Yojana(JSY)

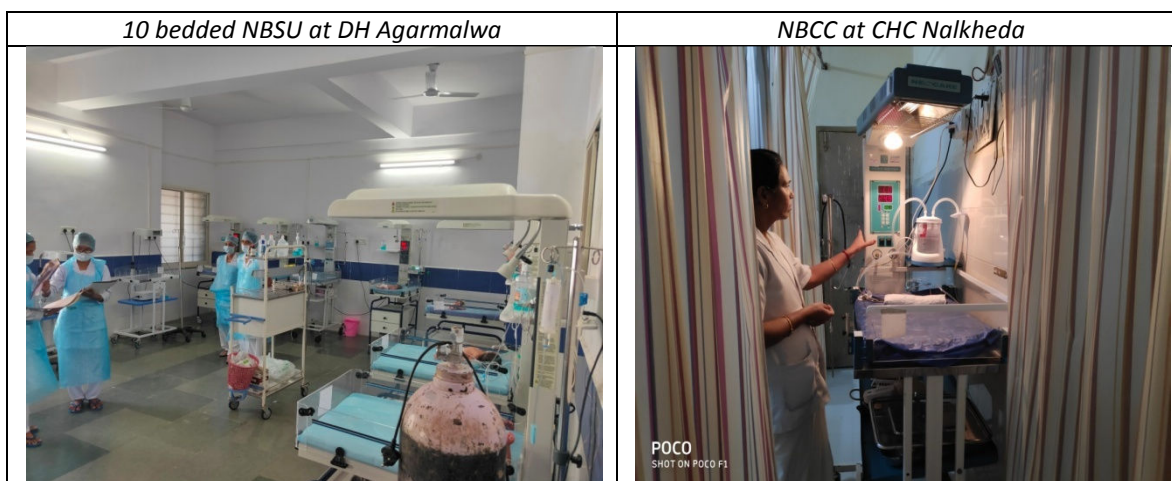
- JSY is implemented and payments are made as per eligibility criteria, since the payment done through PFMS no physical verification of beneficiaries' upto 5% is done by district authorities.
- Among the visited facilities, there are 313 registered JSY beneficiaries at DH Agarmalwa, 149 at CHC Nalkheda and 284, 102 are the beneficiaries who received JSY benefits at DH, and CHC

respectively. The PHC Kanad and SHC Manasa beneficiary's payment done through its block CHC, so no data available for the same.

- No proper grievance redressal mechanism for JSY has been initiated in the visited health facilities, but beneficiaries may visit to the facility office if money not transferred within a month after depositing all the required documents in Agarmalwa district.
- When asked the officials about late credit of JSY benefits to the beneficiaries account, they told that mostly it is happening due to non deposit of correct documents and bank details of the beneficiaries at the concerned centre. Sometimes it might due to non availability of the fund from the state too.

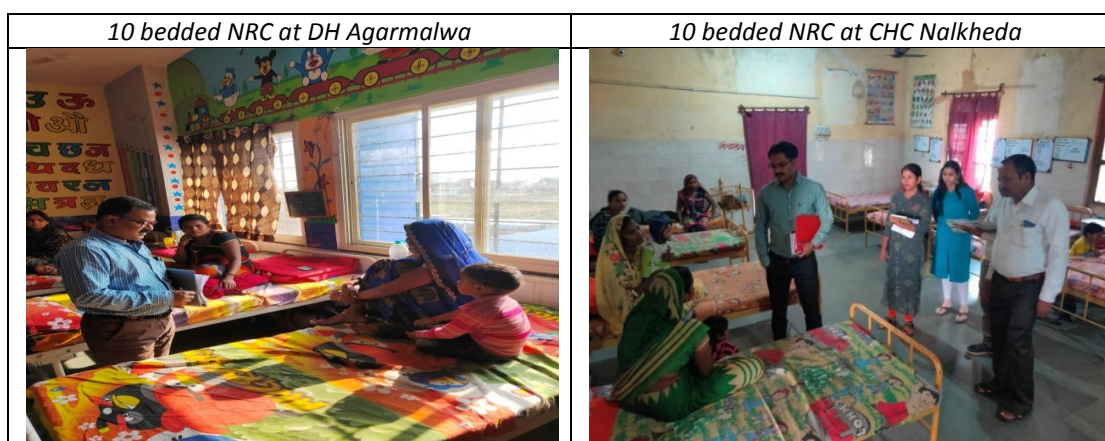
6.3 New Born Care Unit (NBSU)

- In every district SNCU has been established in Madhya Pradesh. These SNCUs are established with an objective to reduce neo-natal mortality from preventable causes.
- In all delivery points in M.P., NBCC have been made functional to prevent infection, to regulate the body temperature of neonates and resuscitation.
- DH Agarmalwa does not have SNCU. There are 10 bedded NBSU, with necessary equipments and availability of three trained MOs and six staff nurses. As informed, there is shortage of Staff nurse for round the clock neonatal care at DH NBSU. There is urgent need of upgradation of NBSU to SNCU at DH Agar. There is neither NBSU nor paediatrician is available at CHC Nalkheda.
- During October month 2019, a total 279 children (inborn-103; outborn-176) have been admitted as per the records, 126 children were cured after treatment and 45 children were referred to a higher facility. In DH Agarmalwa it was reported that seven children left earlier without informing or left against medical advice (LAMA).
- Among the available 11 radiant warmer and four phototherapy machines only eight and four are functional respectively. Only two infusion pump and suction machine are in working condition.
- There is no any NBSU at visited CHC Nalkheda and PHC Kanad. Child health services, particularly sick newborn care are severely affected in CHC Nalkheda and periphery level health institutions due to non-availability of NBSU. NBCC is functional in CHC Nalkheda, PHC Kanad and SHC Manasa.



6.4 Nutrition Rehabilitation Centre (NRC)

- M.P. has 10.8 million children of 0-6 years (Census, 2011) out of which an estimated 1.3 million children are Severe Acute Malnourished (SAM) as per the SAM rate of the state.
- There are three NRCs in Agarmalwa district. Total 22 SAM children are admitted in three NRCs in the district in October' 2019 (<http://www.nrcmis.mp.gov.in>). Overall bed occupancy rate reported in the district is 66.6 percent.
- In Agarmalwa district presently 3 NRCs are functional of which one is located at DH Agarmalwa two is located at CHC Susner and CHC Nalkheda. Ten bedded NRC each are available in one DH and two CHCs. Total 30 beds are available in these three NRCs. All the visited facilities have NRCs with total 12 staffs in-position out of seven staff at NRC DH and five staff at NRC Nalkheda. During October month 2019, five and eight SAM children were admitted in NRCs at DH and CHC respectively.



6.5 Rashtriya Baal Surksha 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 8 teams required, only 4 RBSK teams are operational in the district. None of the RBSK team is complete in all aspects. Five AMOs posted against 16 sectioned posts, No ANMs are in position against 8 sectioned posts and 2 pharmacists are in-position against 8 sectioned posts in the district. There is manpower shortage in RBSK teams across all the blocks in Agarmalwa District. All the required staffs need to be posted to provide complete range of RBSK services.

Block-wise status of RBSK team in Agarmalwa district				
Blocks	Teams	AMO	ANM	Pharmacist
Susner	Team 1	1	0	0
	Team 2	1	0	1
Nalkheda	Team 1	2	0	0
	Team 2	0	0	0
Kanad	Team 1	1	0	1
	Team 2	0	0	0
Badod	Team 1	0	0	0
	Team 2	0	0	0
Total		5	0	2

- As per the available data numbers of children screened for any illness were 2375 at CHC Nalkheda. A total of 213 children in different age groups were identified with various health problems and 2 children have been referred to higher facility for treatment from CHC.
- District Early Intervention Centre (DEIC) is operational in DH Agarmalwa with only DEIC Manager. Seven rooms have been allocated for DEIC in the DH building but due to non availability of any staffs, DIEC is not functional in the district. Presently only referred children from periphery are registered in DIEC. All the cases from DH are referred to DIEC Ujjain. DEO is required for record maintenance and follow-up of the children at DEIC.

PRC team visited to Secondary School Kohadiya and Higher Secondary School, Pilwas to know and observe the RBSK team work and awareness among school.



6.6 Family Planning

- Access to family planning helps in protection from unwanted pregnancies, along with decrease in infant and child mortality.
- Agarmalwa district has facility of providing full range of family planning services at most of the health institutions. All family planning services are available at the visited DH and CHC Nalkheda.

- LTT camps are organized at visited CHC and PHC on fixed days basis on weekly and fortnightly respectively. DH is the only health facility where FP operations are also done on regular basis.
- Supply of modern family planning methods, i.e. OP, condom, antra dose, PPIUCD and IUCD etc. are regular in the district and none of the visited health facilities informed about any scarcity. PHC Kanad reported that most of the condoms and Oral pills are provided by ANMs in the field.
- Month of October' 2019 nine family planning LTT operations and one IUCD. At CHC & PHC these services are done on fixed day by surgeon from DH. Month of October' 2019 12, 25 and 9 women were provided PPIUCD services at the DH, CHC and PHC respectively.
- During interaction it was found that most of the women in PNC wards were counselled for PPIUCD by doctor or SNs. In spite of counselling, women have some fear in acceptance of PPIUCD.

7. Disease Control Programmes:

- Agarmalwa district has a district program officer each in-charge of Malaria and TB and disease programs. The FRUs and PHCs in the district have adequate laboratory facilities and technicians, drugs and infrastructure resources for providing preventive and curative services against the three communicable diseases, staffs are effectively providing outreach services.
- The malaria control initiatives are reported to be progressing satisfactorily in the district. Periodic surveillance is carried out by respective MOs and program officers. Under national malaria control programme DH Agarmalwa, CHC Nalkheda and PHC Kanad which are providing services with adequate availability of rapid diagnostic kits and drugs. In month of October 2019, 475,243 and 85 slides in DH Agarmalwa, CHC Nalkheda and PHC Kanad respectively were prepared.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Agarmalwa district are functional in all the visited health facilities.
- A total of 110 and 38 sputum tests were reported respectively from CHC Nalkheda and PHC Kanad and five and four were reported to be positive at these health facilities.
- NCD services are being provided in all the CEmOC facilities through OPD service with adequacy of medicines and drugs. Three MOs and two SNs are trained at DH for NCD clinic.

- One SN at CHC Nalkheda and three SNs at PHC Kanad are trained for NCD service.

Disease Control (Data of October month 2019 only)	DH	CHC	PHC	SHC
National Malaria Control Programme				
Number of slides prepared	475	243	85	-
Number of positive slides	-	1	0	-
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	Yes	Yes
Availability of drugs	Yes	Yes	Yes	Yes
Availability of staff	Yes	Yes	Yes	Yes
Revised National Tuberculosis Programme (RNTCP)				
Number of sputum tests	-	110	38	-
No. of positive tests	-	5	4	-
Availability of DOT medicines	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	Yes	No	Yes	-
Timely payment of salaries to RNTCP staff	Yes	Yes	Yes	-
Timely payment to DOT providers	Yes	No	Yes	-
National Leprosy Eradication Programme (NLEP)				
Number of new cases detected	-	-	-	-
No. of new cases detected through ASHA	-	-	-	-
No. of patients under treatment	-	-	-	-

8. Community Interface and Accredited Social Health Activist (ASHA)

- Team interacted with women who had come to the visited facility for ANC, delivery, and immunization services and few of them were also contacted at NRC at DH and CHC Nalkheda.
- Majority respondents had MCP card with basic information about the women, name and mobile number of ANM and ASHA mentioned on it.
- Women were aware about incentives under JSY and availing free transport service under JSSK. It was found that women had not been oriented properly about information contained in the MCP card. Majority women had no idea about the HWCs in their village or in nearby village.
- Interaction with ASHAs revealed that monthly salary incentives of rupees 2000 are now regularly paid to them. However, their monthly incentives take 2-3 months for clearing pendency. Most of the ASHAs do not keep any records about the amount they received and amount due to be paid.
- Total 528 ASHAs (515-Rural & 13-Urban) are presently working in Agarmalwa district and District Community Mobilizer (DCM) is overall in-charge of ASHA programme. There are 482 villages in the district and there are requirement of 25 ASHAs in the district.
- There are total 28 ASHA Sahayogi in the district. ASHA Sahayogi keeps record of services provided by the ASHAs in her catchments area. Based on this record ASHAs made their payment voucher which is then submitted to ASHA Sahayogi for payment.

- ANMs and ASHAs have not prompted women about monitoring growth of their children using growth chart in the MCP card. ASHAs have also done household surveys for screening of person age 30 years and above for presence of NCDs through CBAC form.
- It is observed that most of the ASHAs need periodic training on record keeping of services they provide. Skill development of ASHAs is a continuous process. Fourth round of training for 6-7th modules have been completed for almost all the ASHAs but many ASHA have not received ID cards and uniforms.

Status of ASHA in Agarmalwa District 2019-20						
Blocks	ASHA Target	Active ASHA	Vacant	ASHA Sahyogi	Village	GAK
Urban	21	13	8	-	-	-
Badod	142	132	10	4	140	121
Agar	144	146	0	8	140	131
Susner	134	134	0	9	109	95
Nalkheda	111	103	7	7	93	88
Total ASHA	552	528	25	28	482	435

- ASHA Resource Centre at the state level monitors the progress of ASHAs. Mentoring Group for Community Action provides supportive services.

9. Ayushman Bharat (PMJAY)

- The state has branded the Ayushman Bharat as “Niramayam”.
- As per the Ayushman Bharat web portal there are 338 (https://www.pmjay.gov.in/madhya_pradesh_profile) public and 94 private hospitals empanelled in the state and 13.57 million e-cards are generated for families under the scheme.
- Under Ayushman Bharat district has taken all round efforts to initiate the beneficiary registration. Ayushman Bharat help-desk has been functional at the district hospital. All the inpatients are enquired about the registration under Ayushman Bharat.
- On the day of PRC team visit, as per PMJAY database, on bed patients was 33, 35 patients on waiting for treatment and 355 claims to be settled at DH Agarmalwa under Ayushman Bharat Yojna. All payment credit to RKS account of DH but incentive are not distributed to all Doctor, SN, ANM and supporting staff as on visit date.
- In all 1189 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 104 were OPD patients and 1085 were IPD patients. Around Rs.29.08 lakhs have been submitted for pre- authorization and claims amounting Rs.25.48 lakhs have



been submitted. The district could not provide any information about the beneficiaries registered through Ayushman Mitra.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in Agarmalwa District	
Beneficiary Identification Number and Transaction Management System	DH Agarmalwa/ Overall
Total Patients Registered	1189
Out Patients	104
In Patients	1085
Death Cases	0
Surgeries/Therapies Done	971
Surgeries/Therapies Done Amount (Rs.)	2459700
Preauthorization Initiated	1087
Claims Submitted	969
Amount Preauthorized in (Rs.)	2908200
Amount of Claims Submitted in (Rs.)	2548600

- District should monitor the services provided under Ayushman Bharat scheme particularly at the public health facilities. Since services under the scheme are incentivised for the service providers, proper implementation of the scheme will be helpful in mitigating shortage of service providers. It will also provide much needed support for sustaining infrastructure created under Kayakalp and LaQshya initiative.
- In Agarmalwa, except DH, there is no other public or private health facility empanelled under Ayushman Bharat in the district.

Ayushman Bharat Programme Centre functional at DH Agarmalwa



10. Health and Wellness Centres (HWC)

- HWC are envisaged to deliver expanded range services that go beyond Maternal and child health care services to include care for non-communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma, including free essential drugs and diagnostic services.

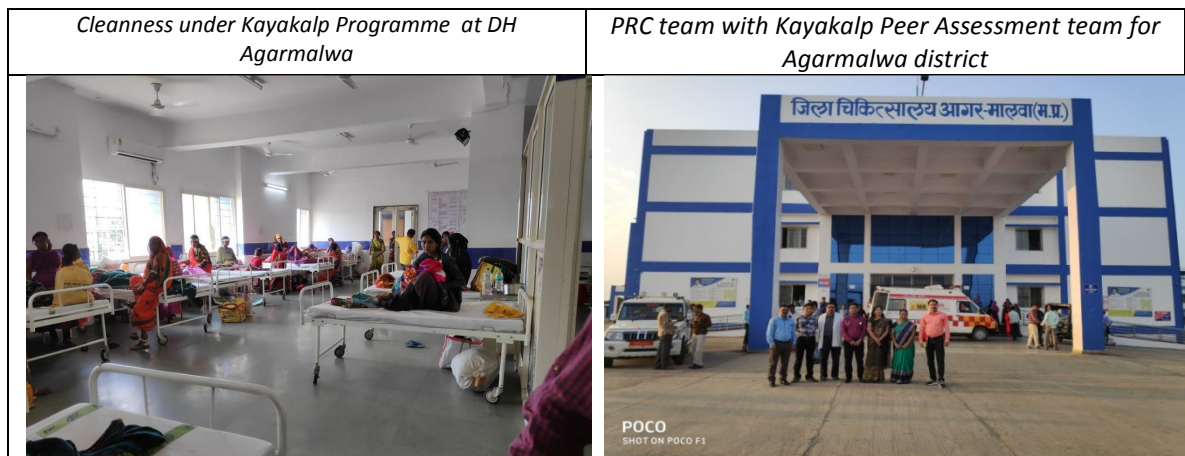
- In state of Madhya Pradesh total 2458 HWCs has been created till December 2019 among which 1142 are PHCs, 1184 are SHCs and 132 are UPHCs.
- The district has prioritized the setting-up of health and wellness centres in the periphery health institutions. Presently there are 18 (6 PHCs, 12 SHCs) HWCs set-up in the district. Branding and necessary infrastructure is being augmented at various health facilities.
- Team visited PHC-HWC Kanad and SHC Manasa. These HWC have been upgraded as per the guidelines of Health and Wellness centres. The required staffs are recruited and are being trained. However, as per the extended list of services, only NCD services are initiated at the PHC-HWCs.
- PHC Kanad and SHC Manasa have initiated wellness activities such as Yoga sessions and awareness activities. PHC premises is being developed which will include open area for Yoga sessions, however SHC Manasa has to develop some construction work at the centre as required for HWC services.

11. Kayakalp Programme

- “Kayakalp” is an initiative to promote cleanliness, sanitation, hygiene and infection control practices in public health care institutions. Facilities which outshine and excel against the predefined criteria are awarded.
- Every year each health facility is required to assess their “Kayakalp” score based on status of maintaining cleanliness, sanitation and hygiene.
- Review of Kayakalp for year 2019-20, internal review teams in the district have been constituted and they are very minutely observing the resources and services available at the facility and scoring as per the prescribed norms.
- Internal assessment at all the visited health facilities has been completed for the year 2019-20. As per the internal assessment the scoring of the visited facilities are as follows:

Kayakalp Internal Assessment Score (2019-20) of Visited Facilities in Agarmalwa District			
The Cleanliness Score Card	DH Agarmalwa	CHC Nalkheda	PHC Kanad
A. Hospital Upkeep Score (%)	88	69	51
B. Sanitation & Hygiene	80	69	34
C. Bio-Medical Waste Management	67	42	31
D. Infection Control	77	73	28
E. Support Service	33	76	16
F. Hygiene Promotion	45	19	19
G. Beyond Hospital	-	72	32
Internal assessment score 2019-20 in (%)	78	70	58.6

- It is observed that all the staffs need to be oriented repeatedly for all the SOPs and protocols to be followed for maintaining Kayakalp standards. State should provide enough funds for maintaining overall cleanliness of the health facilities.



Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Agarmalwa, CHC Nalkheda, PHC Kanad and SHC Manasa. Facilities have colour coded bins placed in labour room, OT and in laboratory at all the visited facility.
- Outsourcing of waste management to private agency has been done and bio-medical waste is collected on alternate day at DH and CHC. There are availability of pit and burning facility for waste management in the visited PHC and SHC.
- There are standard protocols for disposal of bio-medical waste management in all level of health care institutions. Awareness amongst staff on cleanliness and hygiene practices is satisfactory in all the visited health facilities.
- Centralised annual maintenance contract is done at state level and one company namely; AIM Healthcare Co. Ltd. is given tender for this financial year.



12. LaQshya Programme

- “LaQshya program” is aimed at improving quality of care in labour room and Maternity OTs in public health facilities. It also entails respectful care, particularly during the intra-partum and postpartum periods, which are the most vulnerable periods for a woman and contribute to a significant proportion of maternal deaths.
- Its implementation involves improving Infrastructure upgradation, ensuring availability of essential equipment, providing adequate human resources, capacity building of health care workers, and adherence to clinical guidelines and improving quality processes in labour room and maternity OT. One of the key interventions in LaQshya program is six focused Quality Improvement cycles of two month each in all LaQshya facilities.
- Presently, the LaQshya programme is implemented at labour room of DH Agarmalwa only. Labour OT of DH is under construction. Internal assessment of both LR and OT has been completed for 2019-20.

Assessment score of LaQshya, DH Agarmalwa			
Area of Concern wise Score		Labour Room	
		Internal	External
A	Service Provision	95	95
B	Patient Rights	85	100
C	Inputs	81	95
D	Support Services	79	100
E	Clinical Services	87	99
F	Infection Control	91	100
G	Quality Management	53	100
H	Outcome	95	100
Overall Score		82	99
<i>Labour OT under construction, so assessment not done</i>			

- An assessment of LaQshya initiatives indicate that Dakshata training has been received by only few staff nurses. Records regarding various SOPs were maintained and updated.
- Birth companion programme is also implemented. The health staffs asks pregnant women who are willing to have their relatives present during labour, and advised relatives to follow all the protocols.

Facility level indicators for LaQshya Agarmalwa District	DH
Baseline assessment completed	No
Quality Circle in Labour Room constituted (check documentation)	Yes
Quality Circle in Maternity OT constituted (check documentation)	Yes
Whether SOPs made for LR? (<i>Standard Operating Procedure/Protocol</i>)	Yes
Whether SOPs made for OT?	Yes
Non rotation of nurses followed	No
Has QI cycles initiated at the facility? (<i>Quality Improvement</i>)	Yes

Using partograph for all cases	Yes
Case sheets including Safe Child birth Checklist/Safe Surgical Checklist orientation done and are brought in use	Yes
Birth companion in all deliveries	Yes
Visual privacy in LR	Yes
Patient satisfaction/feedback system (paper based/online/telephonic) in place	Yes
Signage in local language	Yes
IEC material displayed	Yes
Triage system in place	Yes
Dakshta Training completed	Yes
Functional HDU/ICU (High Dependency Unit/Intensive Care Unit)	No
Functional New born care corner (functional radiant warmer with neo-natal ambubag)	Yes
KMC being done at facility (Kangaroo Mother Care)	Yes
Biomedical waste management (BMW) at facility	Yes
Is the LR and OT staff trained on infection prevention	Yes
Prevalence of outdated practices	
1. Shaving of perineum before delivery	No
2. Enema given to Labouring Women	No
3. Routine episiotomy done	No
4. Induction of labour	No
5. Augmentation of labour	No



13. Data Reporting, HMIS and RCH Portal

- Monitoring and Evaluation (M&E) of all the health care services are essential not only to review the progress of the existing services but also to augment existing services and initiate new services. It also helps in supervision and planning for areas to be strengthened.
- Data gathering for health services has been systematized through HMIS and tracking of services provided to individual mother and children is done through RCH Portal. Data capturing for these online services is done through service registers, which are designed to provide

individual level information for tracking of service delivery. This also provides aggregate level data for each health facility.

- In order to achieve complete and accurate data reporting training at all levels is essential. For computer based data reporting system – computer, internet and data entry operators are also essential.
- In Agarmalwa, NHM shows that there are 78 contractual staffs in position in the district along with DPM, DCM and District M&E Officer. There is one sub engineer, 7 DDC pharmacists and 4 data entry operator (DEO), three block programme manager (BPM), three block community mobilizer (BCM) and six block accounts manager (BAM) are working. One STLS and STS posted at CMHO Agarmalwa office.
- In all the blocks DEOs are posted under NHM. All the block headquarters have necessary infrastructure for data uploading on HMIS and RCH Portal. In periphery, it is found that, HMIS data reporting done through contractual computer operator in many facilities.
- The status of data reporting under HMIS for annual infrastructure and monthly HMIS report shows lot of inconsistencies among all the visited facilities including DH. Authenticated signed copies of HMIS monthly reports and annual infrastructure reports are not kept at any of the visited facilities. However second copy of filled in HMIS format was available at visited CHC, PHC and SHC.

HMIS and RCH Portal	DH	CHC	PHC	SHC
Dedicated Staff available for HMIS and RCH Portal	Yes	Yes	Yes	No
Quality of data	Poor	Poor	Partial	Poor
Timeliness	No	Yes	Yes	Yes
Completeness	No	No	No	No
Consistent	No	No	No	No
Data validation checks (if applied)	Yes	Yes	Yes	Yes
Computer available for Data entry	Yes	Yes	Yes	No
ANMs have tablets for RCH Portal	Yes	Yes	Yes	Yes
ASHAs have smart phones for data entry	No	No	No	No

Reference is,

DH= District Hospital, Agarmalwa

CHC= Nalkheda

PHC= Kanad-HWC (Agar Block)

SHC= Manasa-HWC (Nalkheda Block)

1. Status of public health facility in the district

Public Health Institutions	Number Functional	Located in government buildings	No. of new facility proposed for 2019-20	No. having in-patient facility	Total No. of beds
District Hospital	1	1	0	1	200
Exclusive MCH hospital	No	-	-	-	-
Sub District Hospital / CH	No	-	-	-	-
Community Health Centre	3	3	0	3	90
Primary Health Centre	6	5	0	2	20
Sub Health Centre	83	71	11	4	6
Delivery Point(L1)					
PHC	-	-	-	-	-
SHC	1	1	0	1	6
Delivery Point(L2)					
CHC	2	2	0	2	60
PHC	2	2	0	2	20
Delivery Point(L3)					
DH	1	1	0	1	200
CHC	1	1	0	1	30
HWC-Primary Health Centre	6	5	-	2	20
HWC-Sub Health Centre	12	12	-	1	6
NRC					
DH	2	2	-	2	20
CHC	1	1	-	1	10
DEIC	1	0	1	0	0

*L1-1, L2-4 and L3-2. One UPHC functional in private red-cross building for OPD services.

11 new SHC proposed and functional but do not have own building.

2. Physical Infrastructure

Infrastructure	DH	CHC	PHC	SHC
Area of Building (Sq Mt. / Sq. Ft.)	480000	130695	25000	4746
Staff Quarters for MOs	Yes	1	2	
Staff Quarters for SNs	Yes	1	0	
Staff Quarters for other categories	Yes	1	0	1
Functional BB/BSU, specify	BSU	No		
Separate room for RKSK	No	No		
Availability of ICTC/ PPTCT Centre	Yes	No		
Regular Fogging (Check Records)	Yes	No	Yes	No
Functional Laundry/washing services	No	Yes	Yes	No
Availability of dietary services	Yes	Yes	Yes	No
Appropriate drug storage facilities	Yes	Yes	Yes	Yes
Solar electricity	No	Yes	No	No
Rainwater Harvesting	No	No	No	No

Equipment maintenance and repair mechanism (AIM Healthcare)	Yes	Yes	Yes	No
Grievance Redressal mechanisms 1-Mera Aspatal , 2-Feedback form, 3-Jan Sunwai (Public hearing), 4-Complaint box, 5-Online complaint	5	4,5	4,5	No

3. Availability of Trained Persons

Training programmes	DH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	Yes	No		
LSAS (Life Saving Anaesthesia Skill)	No	No		
BEmOC (Basic Emergency Obstetric Care)	Yes	Yes	Yes	
SBA (Skill Birth Attended)	Yes	Yes	Yes	No
MTP (Medical Termination of Pregnancy)	Yes	Yes	No	
NSV (No Scalpel Vasectomy)	Yes	Yes	No	
F-IMNCI (Integrated Management of Neonatal and Childhood illness)	Yes	Yes	No	No
FBNC (Facility Based Newborn Care)	Yes	No	Yes	No
HBNC (Home Based Newborn Care)			Yes	No
NSSK (Navjaat Shishu Surakasha Karyakram)	Yes	Yes	Yes	No
Mini Lap-Sterilisations	Yes	No	No	
Laparoscopy-Sterilisations(LTT)	Yes	No		
IUCD (Intrauterine Contraceptive Device)	Yes	Yes	Yes	No
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	Yes	Yes	Yes	No
Blood Bank / BSU	Yes	No		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	Yes	Yes	Yes	No
IMEP (Infection Management Environmental Plan)	No	No	No	No
Immunization and cold chain	Yes	Yes	Yes	Yes
RCH Portal (Reproductive Child Health)	Yes	Yes	Yes	Yes
HMIS (Health Management Information System)	Yes	Yes	Yes	Yes
RBSK (Rashtriya Bal Swasthya Karyakram)	Yes	Yes		
RKSK (Rashtriya Kishor Swasthya Karyakram)	No	Yes	Yes	No
Kayakalp	Yes	Yes	Yes	No
NRC and Nutrition	Yes	Yes	No	
PPTCT (Prevention of Parent to Child Transmission of HIV)	Yes	Yes	No	
NCD (Non Communicable Diseases)	Yes	Yes	Yes	Yes
Nursing Mentor for Delivery Point	No	Yes		
Skill Lab	Yes	Yes	Yes	No
LaQshya	Yes	Yes	No	No
NQAC	Yes	Yes	No	No
NVHCP	Yes	No	No	No
Equipment Calibration	Yes	No	No	No
PFMS / E-Vitta	Yes	Yes	Yes	No
Equipment handling	Yes	No	Yes	No

4. ANC, DC and PNC

Services Delivered (Data of October month 2019 only)	DH	CHC	PHC	SHC
No. of severely anaemic pregnant women(Hb<7) listed	19	0	0	0
No. of Identified hypertensive pregnant women	116	1	2	0
No. of ANC/PNC women referred from other institution (in-referral)	370	2	0	0
No. of ANC/PNC women referred to higher institution (out-referral)	302	1	31	0
No. of MTP up to 12 weeks of pregnancy	49	1	-	-
No. of MTP more than 12 weeks of pregnancy	3	0	-	-

Deliveries conducted	1559	151	72	-
Deliveries conducted at home			-	0
C- Section deliveries conducted	1	0		
Deliveries conducted at night (8 pm-8 am)	715	72	40	0
No. of pregnant women with obstetric complications provided EmOC	-	-	-	-
No. of Obstetric complications managed with blood transfusion	19	-	-	-
No. of Neonates initiated breastfeeding within one hour	1520	151	68	0
No. of Still Births	7	1	1	0

5. JSSK (Data of October month 2019 only)

JSSK	DH	CHC	PHC	SHC
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section	Yes	Yes	Yes	No
Free essential and desirable diagnostics (Blood & urine tests, SG, 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	98	134	95	-
inter-hospital in case of referral	-	-	-	-
drop back to home	135	201	166	-
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes

6. Janani Suraksha Yojana (JSY)

Data of October month 2019 only	DH	CHC	PHC	SHC
No. of JSY payments made	313	149	-	-
Pendency of JSY payments to the beneficiaries.	29	47	-	-
Reasons for pendency	Yes	Yes	-	-
Proper record maintained for beneficiaries receiving the benefit	7	4	-	-

7. Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU / NBCC (Data of October month 2019 only)	DH	CHC	PHC	SHC
Whether SNCU / NBSU / NBCC exist.	NBSU	NBCC	NBCC	NBCC
Necessary equipment available	Yes	Yes	Yes	No
Availability of trained MOs	3	1	1	-
No. of trained staff nurses	6	1	1	-
No. of admissions				
Inborn	103	-	-	-
Out Born	176			
No. of Children				
Discharge	126	-	-	-
Referral	45			
LAMA	7			
Death	0			

8. Nutrition Rehabilitation Centre

NRC (Data of October month 2019 only)	DH	CHC	PHC
No. of functional beds in NRC	10	10	No
Whether necessary equipment available	Yes	Yes	-
No. of staff posted in NRC FD/ANM and other	7	5	-

No. of admissions with SAM	5	8	-
No. of sick children referred	0	0	-
Average length of stay	10	11.21	-

9. Immunization as per RCH Portal of visited health centre

Immunization (Data of October month 2019 only)	DH	CHC	PHC	SHC
BCG	225	140	75	0
Penta1	28	29	27	1
Penta2	23	18	16	6
Penta3	17	16	7	3
Polio0	225	140	71	0
Polio1	28	29	27	1
Polio2	23	18	16	6
Polio3	17	16	7	3
Hep 0	193	140	71	0
Rotavirus1	12	15	2	0
Rotavirus2	1	9	1	0
Rotavirus3	0	8	1	1
Measles1	13	20	13	7
Measles2	9	8	7	7
DPT booster	9	8	7	6
Polio Booster	9	8	7	6
No. of fully vaccinated children	819	20	13	7
ORS / Zinc	Yes	Yes	Yes	Yes
Vitamin – A	18	20	11	Yes
Maintenance of cold chain. Specify problems (if any)	No	No	No	-
Whether micro plan prepared	Yes	Yes	Yes	Yes
Whether outreach prepared	No	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	No	-
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes

10. RBSK Team Nalkheda Block

No. of Children Screened with 4D (Data of October month 2019)	Screened	Identified with problems	Referred higher facility	No. of RBSK team available
Age group				One team work at Nalkheda block with insufficient staff
0-6 weeks	145	0	0	
6 weeks-6 years	550	44	2	
6 -18 years	1680	169	0	
Total	2375	213	2	

11. Number of Child Referral and Death

Child Health (Data of October month 2019 only)	DH	CHC	PHC	SHC
No. of Sick children referred(up to age 5)	23	0	0	0
No. of Neonatal Deaths	0	0	0	0
No. of Infant Deaths	6	0	0	0

12. Family Planning

Family Planning (Data of October month 2019 only)	DH	CHC	PHC	SHC
Male Sterilization (VT+NSV)	0	0	-	-
Female Sterilization (CTT+LTT)	9	0	-	-

Minilap sterilization	0	0	-	-
IUCD	1	0	0	1
PPIUCD	12	25	9	0
Condoms	1500	-	4	8
Oral Pills	30	-	1	2
Antara	1	3	4	-
No. of Camps	-	-	-	-
FP Cases in camps	-	-	-	-

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

Total ambulance Facility wise	DH	CHC	PHC
Number of ambulances			
108 Janani Express/JE	2	1	2
108	2	1	-
Other	-	-	-
MMU	-	-	-

14. Community processes

ASHA (Data of October month 2019 only)	CHC	PHC	SHC
Number of ASHA required	111	-	0
Number of ASHA available	103	148	4
Number of ASHA left during the quarter	0	0	0
Number of new ASHA joined during the quarter	4	6	0
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	98	142	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	10800	-	-
Lowest incentive to an ASHA	2350	-	-
Whether payments disbursed to ASHA on time	Yes	Yes	Yes
Whether drug kit replenishment provided to ASHA	Yes	Yes	Yes
ASHA social marketing spacing methods of FP	No	No	No

15. Disease Control Programmes

Disease Control (Data of October month 2019 only)	DH	CHC	PHC	SHC
National Malaria Control Programme				
Number of slides prepared	475	243	85	-
Number of positive slides	-	1	0	-
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	Yes	Yes
Availability of drugs	Yes	Yes	Yes	Yes
Availability of staff	Yes	Yes	Yes	Yes
Revised National Tuberculosis Programme (RNTCP)				
Number of sputum tests	-	110	38	-
No. of positive tests	-	5	4	-
Availability of DOT medicines	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	Yes	No	Yes	-
Timely payment of salaries to RNTCP staff	Yes	Yes	Yes	-
Timely payment to DOT providers	Yes	No	Yes	-
National Leprosy Eradication Programme (NLEP)				
Number of new cases detected	-	-	-	-

No. of new cases detected through ASHA	-	-	-	-
No. of patients under treatment	-	-	-	-

16. Non Communicable Diseases

NCD	DH	CHC	PHC
Establishment of NCD clinics	Yes	No	No
Type of NCD Services			
Hypertension	Yes	Yes	Yes
Diabetes	Yes	Yes	Yes
Cancer	Yes	No	-
Chronic Obstructive Pulmonary diseases (COPD)	Yes	No	-
Chronic Kidney diseases (COD)	Yes	No	-
Mental Health	Yes	Yes	-
Availability of drugs	Yes	Yes	Yes
Type of IEC material available for prevention of NCDs			
Poster Audio-Visual	Yes	Yes	No
Flipbook Special Awareness and screening session at facility	Yes	No	No
	-	-	-
No. of staff trained in NCD			
MO	3	-	-
SN	2	1	3
Other	-	-	-

17. Record maintenance (Verify during facility visit)

Register Record	DH	CHC	PHC	SHC
E-Hospital Module functioning	Yes	No	No	No
Mera Aspatal registration for patient feedback	-	No	No	No
ANC Register	Yes	Yes	Yes	Yes
PNC Register	Yes	Yes	Yes	Yes
Line listing of severely anaemic pregnant women	Yes	Yes	Yes	Yes
Labour room register	Yes	Yes	Yes	No
Partograph	Yes	Yes	Yes	No
FP-Operation Register (OT)	Yes	Yes	-	
OT Register	Yes	Yes	-	
FP Register	Yes	Yes	No	Yes
Immunisation Register	Yes	Yes	Yes	Yes
Updated Microplan	-	Yes	Yes	Yes
Blood Bank stock register	Yes	No		
Referral Register (In and Out)	Yes	Yes	Yes	No
MDR Register	Yes	Yes	No	No
Infant Death Review and Neonatal Death Review	Yes	Yes	Yes	No
Drug Stock Register	Yes	Yes	Yes	Yes
Payment under JSY	Yes	Yes	No	-
Untied funds expenditure (Check % expenditure)	Yes	-	-	-
AMG expenditure (Check % expenditure)	Yes	-	-	-
RKS expenditure (Check % expenditure)	Yes	Yes	-	-
Death Register	Yes	Yes	No	Yes

18. HMIS and RCH Portal

HMIS and RCH Portal	DH	CHC	PHC	SHC
Dedicated Staff available for HMIS and RCH Portal	Yes	Yes	Yes	No
Quality of data	Poor	Poor	Partial	Poor
Timeliness	No	Yes	Yes	Yes
Completeness	No	No	No	No
Consistent	No	No	No	No
Data validation checks (if applied)	Yes	Yes	Yes	Yes
Computer available for Data entry	Yes	Yes	Yes	No
ANMs have tablets for RCH Portal	Yes	Yes	Yes	Yes
ASHAs have smart phones for data entry	No	No	No	No
Monthly HMIS Reported(Previous month)	Yes	Yes	Yes	Yes
All the HMIS reports duly signed by facility in-charge	No	Yes	Yes	Yes
A copy of monthly HMIS is kept and signed by facility in-charge	No	Yes	Yes	Yes
Any new construction initiated / completed in the visited facility	Yes	No	No	No
Grants received for new construction / Upgradation / renovation at facility	Yes	No	Yes	No
Outsourced HR working in the facility	Yes	Yes	No	No
E-Aushadhi Functioning	Yes	Yes	Yes	No
Calibration of equipment is done	Yes	Yes	Yes	No
When last Calibration was done	-	-	-	-
Any local tie-up for equipment maintenance at facility	No	No	No	No
Satisfaction with outsourced equipment maintenance services (AIM Healthcare Pvt. Ltd.)	Yes	Yes	Yes	No
Maternal Death Review done in last one year / current year	Yes	Yes	No	Yes
JSSK report of the facility is prepared (collect copy – if available)	Yes	Yes	Yes	No
Records and registers for each JSSK services prepared	Yes	Yes	Yes	No
Availability of dedicated staff for LR and OT at visited health facility	No	Yes	No	No
Drugs and Equipments available as per facility level	Yes	No	Yes	Yes
Distance of higher referral facility	75	40	18	15
Blood Transfusion facility available	Yes	No	No	No
District coaching team visited for LaQshya implementation? (check documentation)	No	-	-	-
Baseline assessment conducted for LaQshya	No	-	-	-
Training on LaQshya given to any staffs	Yes	-	-	-
LaQshya manual available in Hindi language at (visited facility)	No	-	-	-
Uninterrupted supply of partograph	Yes	Yes	Yes	No
All printed registers and reporting formats available	Yes	Yes	No*	Yes
health facility level quality assurance committee formed (Collect list and meeting details)	Yes	No	No	No
RBSK team is complete in all aspects	No	No	-	-
HR	Yes	Yes	-	-
Separate Mobility support	Yes	Yes	-	-
Route chart available and being followed	Yes	Yes	-	-
Sufficient medicine and consumables supplied	Yes	Yes	-	-
RBSK team linkages with referral facilities, schools, AWC for services	Yes	Yes	Yes	-
ASHA received HBNC /HBYC training	Yes	Yes	Yes	Yes

ASHA filling forms for HBCN/HBYC visit	Yes	Yes	Yes	Yes
ASHA reporting SAM and 4Ds to ANM	Yes	Yes	Yes	Yes
ASHA has sufficient reporting and visit formats	Yes	Yes	Yes	Yes
Annual Infrastructure MIS 2019-20 reported	Yes	Yes	Yes	Yes
Verification of beneficiary mobile number is done for RCH Portal	Yes	No	No	No
Data display initiated at Facility level – key indicators	Yes	No	No	No
Whether Kayakalp assessment has been done for visiting facility*	Yes	Yes	Yes	-
Areas-wise score or overall score obtained by health facility (Collect a copy of Kayakalp assessment)	Yes	Yes	Yes	-
GUNAK app is used / known to facility in-charge	Yes	No	No	No
*Kayakalp internal assessment done.				

19. ASHAs interviewed

ASHA Services (Yes/No)	1	2	3	4	5	6	7	8
ASHAs have complete kit?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Printed registers	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Updated and filled-up registers?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ASHA has sufficient reporting and visit formats	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry about SAM children in ASHA register*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry of LBW children	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry of SNCU discharged children	No	No	No	No	No	No	No	No
Received HBNC /HBYC training	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Filling forms for HBCN/ HBYC visit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Reporting SAM and 4Ds to ANM [#]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry of severely anaemic pregnant women	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry on eligible couple	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry about NCD screening	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
How many beneficiaries have revised MCP cards in locality	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Revised MCP cards are available with ANM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Toilets are constructed in community / village	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
People using toilets*	Partially	Partially	Partially	Partially	Partially	Partially	Partially	Partially
#SAM children report to ASHA register but Child refers to NRC through Aanganwadi Karyakarta.								
*some people use and not use the toilet due to water problem.								

20. Key Performance Indicators (KPI) of District Hospital Agarmalwa (October, 2019)

KPI	Unit	October 2019
Bed Occupancy Rate (BOR)	Percent	71.96
Percentage of cases of high risk pregnancy/obstetric complication managed out of total registered pregnancy at the DH	Percent	7.95
Percentage of surgeries done during day out of total surgeries	Percent	100
Percentage of out referral out of total admission	Percent	17.18
Major Surgeries per surgeon	Ratio	2
OPD consultation per doctor	Ratio	637.6

Average length of stay (ALOS)	Days	4.46
Partograph Recording rate	Percent	95.87
Antibiotic use rate	Percent	19.59
LAMA Rate	Percent	13.20
Registration to drug time for general OPD	Minutes	30
Percentage of women provided drop back after delivery	Percent	94.98