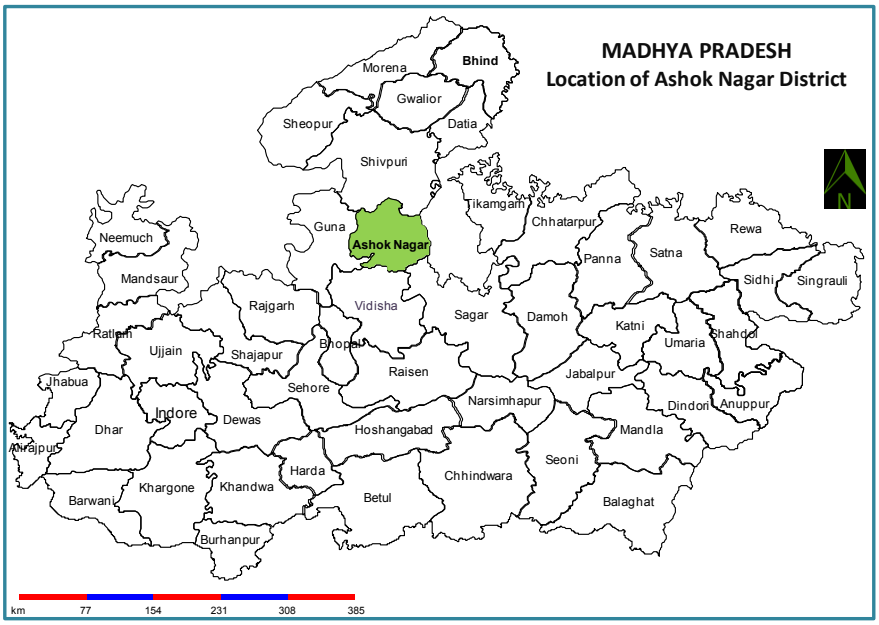
Report on Monitoring of Programme Implementation Plan (PIP) 2018-19 under National Health Mission in Madhya Pradesh

District: Ashok Nagar



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Contents

List of Acronyms

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

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

Executive Summary

For quality monitoring of Programme Implementation Plan (PIP) of NHM, the Ministry of Health and Family Welfare, Government of India, has assigned its 18 Population Research Centres (PRC) since 2012-13 in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2018-19, PRC Sagar is engaged in carrying out PIP monitoring in several districts of Madhya Pradesh. In this context a field visit was made to Ashok Nagar district in MP in second week of June, 2019.The PRC team visited District Hospital (DH) Ashok Nagar, Community Health Centre (CHC) Chanderi, 24*7 Primary Health Centre (PHC) Naisarai and SHC Kadwaya, 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 Ashok Nagar District.

Monitoring included critical areas like maternal and child health, immunization, family Planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, MCTS & RCH portal data. The report provides insight based on observations and information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the period April-March 2018-19 for all selected facilities. Checklists for different health facilities were used to ascertain the range of services available. During monitoring, exit interviews of recently delivered women were carried out at DH Ashok Nagar, CHC Chanderi, 24*7 PHC Naisarai and SHC Kadwaya 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 district Programme Management Unit.

Salient Observations

- Ashok Nagar district has DH, 4 CHCs, 10 PHCs and 97 SHCs for providing health care services. An urban PHC has also been setup in January 2015 under urban health mission in Ashok Nagar town. Except 27 SHCs all health facilities are functioning from government building.

- It was observed that there is uneven distribution of health facilities in the district. Chanderi block does not have any PHC. Three SHCs – Thobone, Badera and Vikarampur have been proposed for upgradation to PHC in Chanderi block.
- All the visited health facilities do not have adequate space for patients and residential quarters and condition of some of the existing quarters is not good.
- During PIP monitoring in 2015 dine by PRC, Sagar it was informed that new building for the DH had been proposed in outer area of Ashok Nagar town. It was informed by the present CMHO that due to resistance from citizens and public demand the existing DH could not be shifted to new location. In the same old DH premised near the railway track, a Trauma Care unit has also been constructed. In DH premises there is no space for construction of residential quarters and hence these have been constructed 3-4 kms. away from the DH near CMHO office. There are 27 staff quarters for DH staffs.
- DH premises has boundary wall all around. A railway over bridge has been erected just in front of the main entrance of the DH. This has blocked the free movement of ambulance near district hospital.
- CHC Chanderi is functioning from an old building. This building is fragmented and all the areas of the CHC are not inter-connected. CHC does not have all around boundary wall and has small rooms for OPD, pathology, labour room and in-patient wards. There is no adequate waiting area for patients. Existing building has problem of water seepage in the rainy season. It has no or improper natural light and ventilation.
- BMO Chanderi informed that a new building was proposed for CHC. Later it was decided that the other government offices adjoining to the CHCs will be shifted to other place. Thus adjoining land has been handed-over to the health department for expansion of CHC building. The proposal for expansion and renovation will now be expedited.
- CHC Chanderi has seven quarters for MOs while PHC Naisarai has one quarter for MO. ANM of SHC Kadwaya does not reside at the SHC. The SHC Kadwaya is located in the Gram Pachayat premises. A portion of the SHC has been constructed with the purpose of ANM quarter. However, there is no separate entrance to the quarter and two rooms of the quarter are not connected internally. There is no overhead water storage tank in the SHC. SHC Kadwaya requires proper arrangement of staff quarter and water supply.
- The maternity wing is established in the newly constructed trauma center building in the DH premises.
- DH Ashok Nagar has high patient load for both OPD and IPD. It is necessary to increase the bed capacity in DH. PHC Naisarai has only four beds and requires more beds to cater high delivery patients.
- Overall 17 delivery points two L3, eight L2 and seven L1 facilities each are functional in Ashok Nagar district. DH Ashok Nagar is functional as a 100 bedded hospital. CHC

Chenderi has 30 bedded hospital. Visited L1 SHC Kadwaya is 7 bedded. There are 7 L1 facilities (7 Sub Center) including SHC Kadwaya.

- There are 14 Ayurvedic dispensaries, 4 PHCs have AYUSH wing. Although AYUSH services are physically co-located with the health facilities they report to the District AYUSH Officer (DAO). It is reported that their OPDs are fully integrated with the health facility. Only 6 AYUSH health facilities are located in government building.
- All the visited health facilities have power back up in the form of generator or inverter except SHC Kadvaya. CHC Chanderi has solar energy setup but battery needs to be replaced for functioning of the system. SHC Kadwaya does not have power back.
- Water supply is available with overhead tanks in all the visited facility except SHC. There is 24*7 running water supply in all the health facilities except Kadwaya. PHC Naisarai faces water shortage during the summers.
- All the visited health facilities have clean and functional labour room with attached clean toilets. Separate toilets for males and females are available in all the visited facilities except SHC Kadwaya.
- Bio-medical waste segregation was observed in all the health facilities. Colour coded bins were available in all the visited facilities except Kadwaya. Collection of waste is done on daily basis by plant at DH Ashok Nagar and on alternate days CHC Chanderi .Disposal of hospital waste in PHC Naisarai and SHC Kadwaya is being done in closed pits. The pit of the SHC is filled up, putting waste on the same.
- In DH Ashok Nagar most of the staff are working against their sanctioned post but CHC Chanderi, PHC Naisarai and SHC Kadwaya do not have the required staff in position.CHC Chanderi does not have paediatrician which is essential for a CEmOC facility.
- Although night time deliveries are being conducted in all the facilities, PHC Naisarai and SHC Kadwaya have limited staff. SHC Kadwaya has two ANM inspite of high delivery load.
- In the DPMU, DPM, M&E, DAM, DCM, Data Entry Operator are in position. Chanderi block does not have a regular BPM.
- Trainings in LSAS, SBA, MTP, NSV, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- In DH Ashok Nagar surgery, medicine, emergency, ophthalmology, ENT are available along with ancillary services of radiology, pathology etc. Facility of obstetrics and gynaecology, emergency and family planning services are provided in separate wing in the DH.
- EDL list were displayed at the visited DH, CHC and PHC. Majority of the essential drugs are available in all the visited health facilities and Calcium tablets are in short supply for pregnant women in CHC Chanderi and PHC Naisarai.

- There is a computerized inventory management system in DH and CHC.
- Among the CEmOC visited facilities DH Ashok Nagar have the full range of services but the trauma centre is available only at the DH. CHC Chanderi has a fully functional OT but there is no blood storage unit at CHC.
- Pathological investigations are free for all the patients in government health care facilities .All the listed diagnostic tests are available at the DH except ECG testing. Pathology lab is not at PHC Naisarai visited for PIP monitoring.
- Line listing of severely anaemic pregnant woman with HB level 7 is being done and treatment of iron sucrose is being given them in all the visited health facilities.
- JSSK is implemented at all levels of health facility and free entitlements are provided. Display of all JSSK benefit components were observed in the DH, CHC and PHC but not at SHC Kadwaya .
- JSY incentives are paid through direct cash transfer into beneficiary account.JSY payments were not being made to beneficiaries at the time of discharge in Ashok Nagar district. The payment is usually delayed by 1-2 weeks due to bank procedures. Some of the beneficiaries did not receive JSY incentive due to non-availability of their bank account.
- SNCU is fully functional in Ashok Nagar DH and NBSU in CHC Chanderi. Three doctors and 17 SNs are working in Ashok Nagar. SNCU providing 24*7 services along with other supporting staffs as per SNCU norms. Three MOs and six SNs have received training in FBNC and 2 doctors are trained in NSSK and F-IMNCI. Paucity of staff is reported in NBSU at CHC Chanderi which is essential for smooth functioning and providing 24*7 services for child survival.
- There are 4 NRCs functional in Ashok Nagar district. DH and CHC Chanderi are 20 bedded NRC .The numbers of SAM children admitted in the NRCs are fewer than the estimated number of AWWs and ASHAs for early identification of such children, especially among poor population with low nutritional status is essential.
- Roshni clinic is providing services in the district by identifying women through ‘mahila swasthya shivir’ at the block level and providing services at the DH on weekly basis specially organized for women for different types of services like treatment of hypertension, cervical cancer, oral cancer, breast cancer, anaemia, high risk pregnancy and infertility.
- A district level committee is formed for maternal death review. Except DH Ashok Nagar and CHC Chanderi no other health facility has reported any maternal deaths, indicating under reporting of maternal deaths. Presently, no committee is functional for infant death review.
- M&D post is not permanent.

- RBSK has been made functional in the district with training and placement of AYUSH MO, ANMs and pharmacists at block head quarters. Establishment of early intervention centre is being initiated at the district level.
- Immunisation services are available in DH Ashok Nagar and CHC Chanderi on daily basis and on fixed days in the periphery. VHND sessions are being held on regular basis for immunization of pregnant women and children.PHC Naisarai reported that immunization services are provided by field ANM in periphery and fixed days at PHC.
- Ashok Nagar district is presently providing full range of family planning services at visited DH, CHC, PHC and all the other health facilities in the district. An integrated 'Swasthya Samwad Kendra' counselling service for adolescents with ICTC, FP, breastfeeding and nutrition services at a single point is functional in the DH Ashok Nagar with three counsellors.
- NCD clinic being held at the DH and NCD services are provided in all the CEmOC facilities through normal OPD with adequacy of medicines and essential drugs are available.
- General cleanliness, practices of health staff, protocols on disinfection, autoclave functioning are being maintained at the visited facilities. Protocol posters and awareness of protocols among staff in periphery is satisfactory. Toilet cleanliness was observed at visited health facilities. All the toilets at DH, CHC and PHC are found clean and usable.
- Bio-medical waste management is outsourced at DH and CHC Chanderi but not at PHC Naisarai and SHC Kadwaya. In PHC and SHC bio-medical waste is in pit.
- CHC Chanderi designated Civil Hospital, written as civil hospital, No matching infrastructure upgraded since Janauary'2014.In last four years additional post not filled up.
- There were only one Dr. in CHC in 2014 and now only one Dr. in 2019.
- CHC is functioning in the same old building, with insufficient space for doctors, no waiting space outside OPD, lot of old furniture and equipments.
- New building to proposed, land adjoining CHC had been handed over to health dept. Chanderi has a become a big hospital.
- Kayakalp initiation grant for Rs. 10 Lakh was sanction but due to MCC election the process was stopped, but all relevant proposal formalities have been completed and tender will be floated for work.
- Transfer policy for specialist cadre need to be implemented properly.
- There are no PHC in the Chanderi block, Three SHC proposed for upgradation – Thobone/Badera/Vikrampur.
- ANMOL tab 28 SHCs has started, tablets purchased by ANM cost reimbursed.
- All SHC except Thoben have single ANM. At Kadwaya one ANM does not reside at SHC.

- For HWC Mohanpur SHC has been proposed, it has building, but staff as per HWC guidelines is required to be posted first.
- Discussed about GUNAK App, asked BMO to start internal assessment.
- PHC Naisarai is a designated HWC. New four rooms are constructed adjoining PHC and boundary wall is also constructed with this new room.
- Only two quarters available the old SHC building near PHCs also used as quarter.
- No additional staffs are posted as per HWC norms.
- Two ANMs were transferred to PHC but did not stay and got themselves attached to other facilities.
- Display of IEC material for MCH, FP, different services available, hospital timings, phone numbers observed in the visited health facilities including display of partographs, clinical protocol and EDL with free drug distribution caption.
- Referral transport service are being provided in Ashok Nagar district through eight 108 ambulances service with functional central call centre system for transporting pregnant mothers and sick children. One MMU functional in Ashok Nagar district.
- Majority ASHA in Ashok Nagar district have undergone training on module 6&7.Recently the state government has enhanced amount of incentive to ASHA on various services so that each ASHA should get a minimum of Rs. 2000 per month .Gram Aarogya Kendras have been made functional and availability of medicines is ensured.
- MCTS data indicates gaps in tracking of child immunization services and ANC services for pregnant women.
- The RCH portal has been initiated with many upgradations and there are 227 data fields. The ANM are facing technical problems with ANMOL, because whatever data is being entered in the tab does not show on the RCH portal.
- In order to help service providers such as ANMs and ASHAs to gain quality in their services. Whatsapp group “Team Health Ashok Nagar” is created for connecting all the service providers and to interact about any health emergencies in remote areas.

Action Point

- Ashok Nagar district facing shortage of specialists in DH as well as in periphery. CHC Chanderi which is a designated CEmONC facility does not have any specialists.
- Specialists, MO,SNs and pharmacists vacancies need to be filled up to improve quality of services in FRU and 24*7 PHCs which remain non functional due to lack of skilled manpower.HR and placement policy need to be clearly defined and implemented by the state.

- Very high load and pressure for all types of health services was observed in all CEmOC facilities. For clinical services the staffs is available as per the old population norms whereas the load has increased manifold. Revised HR for increased population and growing health needs must be considered to reduce pressure on clinical services.
- The national health programmes are dynamic growing incrementally expanding. Separate trained and exclusive personnel are essential to give impetus to the national programmes.
- All vacancies at district and block PMU must to be filled up immediately.PMU at district and block level need orientation to ensure that processes of planning, organizing and monitoring are carried out efficiently in the district.
- Vacancy and training need assessment to be addressed by the state and district.
- The new SHC building does not have adequate furniture. Chairs for attendants, racks to keep medicine and Almirah is urgently required.
- It is essential to increase bed capacity of DH Ashok Nagar from existing 100 beds, considering the high case load.
- Blood bank facility is not available in CHC Chanderi , However essential infrastructure has been created at the health facilities.
- DH premises have no space for residential and parking purpose. There is lot of crowding in the vicinity of DH and there is lack of cleanliness. There are adequate residential quarters for medical officers and staff in the periphery institutions.
- Training of AWW and ASHA for early identification of SAM children is essential.
- Records of in services training under different programmes for different category of staff must be maintained at facility level.
- District and block level officials need to monitor the training activities of the health functionaries.
- Recording reporting and reviewing of maternal and infant death is poor. Separate MDR /IDR registers are not available at facilities.MDR/IDR need stringent monitoring at all levels. Training in MDR and IDR essential at levels.
- Placement and training of DEOs for HMIS and HMTS data is essential. Dedicated staff for HIMS and MCTS needs to be placed at all levels.
- ASHA performance requires monitoring by BCMs to improve information and access to services at village level to encourage community participation.
- Sub centre ASHAs requires SBA training. ASHA has a printed register but needs training now.

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1. Introduction

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2. State and District Profile

Madhya Pradesh located in central India with 50 districts and 342 blocks has a total population of 72.52 millions (Census, 2011). The number of districts in Madhya Pradesh has since been increased to 51 after creation of Agar-Malwa district. Ashok Nagar district is

located in the north-central part of Madhya Pradesh. The district came into being in 2003 after bifurcating Guna district. Ashok Nagar is bounded by Uttar Pradesh on the East, Guna on the West, Shivpuri in the North and Vidisha and Sagar in the South.

The district is a part of Gwalior division. It is approximately at a distance of 240kms from the state capital Bhopal and 235 kms from divisional head office, Gwalior.The district occupies 38th rank in the state in terms of area having 4674 sq.km. which is 1.51 percent of the total area of state. District is divided into 5 Tahsils (Ashok Nagar, Shadhora, Chanderi, Isagarh and Mungaoli), 4 CD Blocks, 4 Towns and 899 villages as per Census 2011. There are 335 Gram Panchayats under the revenue administration in the district.

Key Socio-Demographic Indicators

Sr.	Indicator	MP		Ashok Nagar	
		2001	**2011**	**2001**	**2011**
1	No. of Districts	45	50	-	-
2	No. of Blocks	333	342	4	4
3	No. of Villages	55393	54903	897	899
4	No. of Towns	394	476	4	4
5	Population (Million)	60.34	72.63	0.69	0.85
6	Decadal Growth Rate	24.3	20.3	23.2	22.7
7	Population Density (per ($Km^{2)}$	196	236	147	181
8	Literacy Rate (%)	63.7	70.6	62.3	66.4
9	Female Literacy Rate (%)	50.3	60.6		53.4
10	Sex Ratio	919	930	879	904
11	Sex Ratio (0-6 Age)	932	918	932	921
12	Urbanization (%)	26.5	27.6	--	18.2
13	Percentage of SC (%)	15.2	15.6	20.3	20.8
14	Percentage of ST (%)	20.3	21.1	8.8	9.7

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

The district has a population of 0.85 millions of which 1.53 lakh (18.2 percent).comprise of urban population. It has a population density of 181 persons per sq. km as compared to 236 persons of M.P. The decal growth rate of population in the district has slightly decreased from 23.2 percent in 2001 to 22.7 percent in 2011 (Census, 2011).

Female literacy rate in the district is 53.4 percent according to census, 2011 which is lower than the average female literacy rate of the state (64 percent). The overall male-female ratio of Ashok Nagar is 904 females per thousand males in comparison to 930 per 1000 males for M.P. state, whereas child sex ratio (age 0-6 years) is 921 which is higher than the child sex ratio of the state (912/1000).

The latest round of Annual Health Survey (AHS) 2012-13, for M.P. reveals that MP has IMR of 62 per 1000 live births and neonatal mortality rate is 42 per 1000 live births. Maternal mortality ratio is 227 per one lakh live births which has reduced from 310 in 2010-11. There is an improvement in women receiving post natal care services within 48 hours of delivery and proportion of fully immunized children age 12-23 months in the state.

Key Health Indicators for Madhya Pradesh

	Indicator	**2010-11**	**2011-12**	**2012-13**
1	Infant Mortality Rate (per 1000 Live Births)	67	65	62
2	Neonatal Mortality Rate (Per 1000 Live Births)	44	43	42
3	Post Neonatal Mortality Rate (Per 1000 Live Births)	22	21	21
4	Maternal Mortality Ratio (Per 100,000 Live Births)	310	277	227
5	Sex Ratio at Birth	904	904	905
5	Postnatal Care received within 48 Hrs. after delivery	74.2	77.8	80.5
6	Fully Immunized Children age 12-23 months (%)	54.9	59.7	66.4
7	Unmet Need for Family Planning (%)	22.4	21.6	21.6
Source: Annual Health Survey Factsheet (M.P.), RGI				

Sr.	**Key health and service delivery Indicators**	**MP**	**Ashok Nagar**
1.	Expected number of Pregnancies – 2018-19	2247032	30253
2.	ANC Registration – 2018-19	1875321	27958
3.	1st Trimester ANC Registration (%)	66	65
4.	OPD cases per 10,000 population – 2018-19	7913	8236
5.	IPD cases per 10,000 population 2018-19	618	668
6.	Estimated number of deliveries – 2018-19	2042751	27503
7.	SBA Home Deliveries (%) 2018-19	10.4	0.7
8.	Reported Institutional Deliveries (%) – 2018-19	95	97

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

Service delivery data shows there are estimated 30253 pregnancies during the year 2018-19 and 27503 estimated deliveries in the Ashok Nagar district. As against 65 percent 1st trimester ANC registration in the state during first quarter of 2018-19, Ashok Nagar registered 65 percent ANC in the 1st trimester. SBA assisted home deliveries are negligible however, there were 413 home deliveries attended by untrained and non-SBA care provider. Ninety seven percent of reported deliveries are institutional in the district.

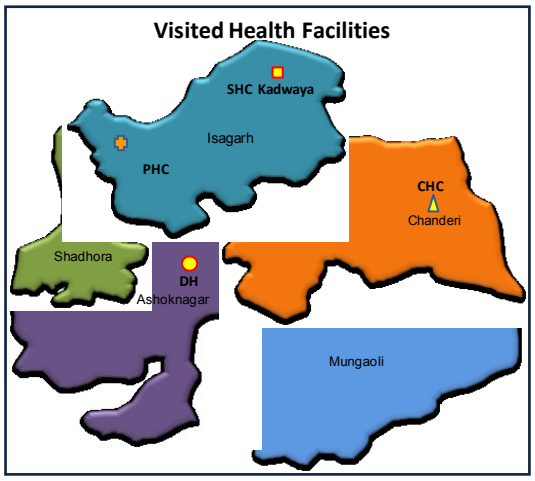
It may be noted that various indicators were not assessed separately for Ashok Nagar district during the three rounds of AHS. The AHS has taken sample frame based on census 2001 data while Ashok Nagar district was created in the year 2003. It is now more than a decade of its existence no reliable data available to assess the progress made by the

district in health outcomes. Therefore, it is paramount to correctly record and report HMIS data to assess health outcome indicators. Annexure provides health care service delivery indicators based on HMIS data.

3. Health Infrastructure in Ashok Nagar District:

Existing Health Facilities and Health Facilities Visited

Health facilities	Number	Health facilities visited
District Hospital	1	DH Ashok Nagar
CHC	4	CHC Chanderi
PHC	10	PHC Naisarai
SHC	97	SHC Kadwaya



- Ashok Nagar district is providing health services in urban areas through DH Ashok Nagar and through 4 CHCs, 10 PHCs and 97 SHCs in rural areas and peripheries. Detailed health infrastructure in the district is given the table.
- DH Ashok Nagar, 4 CHCs, 10 PHCs and 70 SHCs are functioning from government buildings. Additionally 13 PHCs and 27 SHCs are required in the district as per present population norms.
- There is only one CHC and 19 SHCs functional in Chanderi block. Chanderi has a total population of 1.58 lakhs (Census, 2011) and rural population is 1.25 lakhs. As per the population norms 4 PHCs and 6 SHCs are required in addition to the existing 19 SHCs in the block.
- The district has 17 AYUSH dispensaries out of these only six are functioning from government building. Four PHCs, CHC Chanderi and DH has AYUSH wing.
- Presently, DH Ashok Nagar is only a 100 bedded hospital with high patient load for OPD and IPD services. All the CHCs are 30 bedded and PHCs are 6 bedded. Six SHCs are functional as Level 1 delivery points with 2 beds in each of these SHCs.

- In total 292 beds are presently available in public health institutions in the district. The bed capacity is insufficient in the government health facilities of district with a population of 0.85 million (Urban: 153,684; Rural: 691,387) according to the required norm of 500 beds per 1 lakh population.
- CHC Chanderi is located at a distance of 65 kms. from the district headquarters. PHC Naisarai a 24*7 delivery point is at a distance of 35 kms from the district headquarters and SHC Kadwaya functional as a delivery point is 35 kms away from the district headquarters.
- Waiting space for OPD patients is inadequate at DH and CHC.
- Maternity ward, labour room, SNCU, female IPD ward and laboratory are functioning from new buildings in the premises. These are in depilated condition. The new building houses OPD area, OT, male IPD, post-operative ward and NRC.
- CHC Chanderi has seven quarters for MOs while PHC Naisarai has one quarter for MO. There are 13 staff quarters at CHC Chanderi for other staffs including staff nurse. SHC, Kadwaya has a residential quarter for ANM. ANM does not reside at the SHC and commute from Chanderi.
- DH Ashok Nagar, CHC Chanderi and PHC Naisarai are easily accessible from the main road. DH Ashok Nagar caters to around 8 lakhs population CHC caters to around 50,300 population, PHC Naisarai caters to around 25000 population and SHC Kadwaya caters to about 8,880 populations.
- There are 27 staff quarters for DH and these situated 3-4 kms away from the DH premises.CHC Chenderi has seven quarters for MOs while PHC Naisarai has one quarter for MO.SHC Kadwaya ANM does not reside at the SHC.
- All the visited health facilities have power back up in the form of generator or inverter except SHC Kadwaya . CHC Chanderi has solar energy setup but battery needs to be replaced for functioning of the system. SHC Kadwaya does not have power back.
- Water supply is available with overhead tanks in all the visited facility except SHC. There is 24*7 running water supply in all the health facilities except SHC Kadwaya. There

are two borewells in the DH. PHC Naisarai faces water shortage during the summers and has to purchase water.

- All the visited health facilities have clean and functional labour room with attached clean toilets. Separate toilets for males and females are available in all the visited facilities except SHC Kadwaya.
- There are 4 NRCs functional in Ashok Nagar district. DH and CHC Chanderi are 20 bedded NRC .The numbers of SAM children admitted in the NRCs are fewer than the estimated number of AWWs and ASHAs for early identification of such children, especially among poor population with low nutritional status is essential.
- Blood bank is functional in DH Ashok Nagar and CHC Chanderi has a fully functional OT but there is no blood storage unit at CHC.
- DH Ashok Nagar and CHC have a suggestion box for suggestions and complaints but none of the other visited facilities are equipped with a suggestion box. Functional help desk was not seen at DH Ashok Nagar and CHC Chanderi.
- ICTC/ PPTCT centres are functional at DH, Ashok Nagar and CHC Chanderi with staff and medicines.
- Bio-medical waste segregation was observed in all the health facilities. Colour coded bins were available in all the visited facilities except Kadwaya. Collection of waste is done on daily basis by plant at DH Ashok Nagar and on alternate days CHC Chenderi. Disposal of hospital waste in PHC Naisarai and SHC Kadwaya is being done in closed pits. The pit of the SHC is filled up, putting waste on the same.

4. Human Resources

- Madhya Pradesh is facing an acute shortage of human resources for health care services. In rural areas, majority of health institutions are functioning without necessary staffs. Even contractual staffs post is vacant in many of the facilities.
- Madhya Pradesh has a deficit of 68 percent specialists and 34 percent MOs as shown in the Annual Report of the state http://www.health.mp.gov.in/iec.htm

- In order to reduce the vacancy in rural areas the state government has introduced compulsory rural service as pre-qualification for admission to post graduation courses or bonds which insists on rural service after the course. In Ashok Nagar district there is acute paucity of specialists (sanctioned: 34; in-position: 13) and MOs (sanctioned: 37; in-position: 28).
- In DH Ashok Nagar two-thirds specialists (sanctioned: 18; in position: 04) and more than half of sanctioned medical officers (Sanctioned: 23; In-position: 13) are in position.
- In DH Ashok Nagar one gynaecologists, one paediatricians, and one each of anaesthetist medicine specialist, ENT specialist, ophthalmologist, radiologist and pathologist are working. A total of 57 SNs are working against 93 sanctioned posts and 3 ANMs are also working in the DH.
- There are four pharmacists working against five sanctioned posts at DH inspite of high pressure for providing free medicines to patients. One AYUSH MO, a three counsellors, feeding demonstrator and nutritionist are available to provide additional services at DH.
- CHC Chanderi is functioning without any specialist. It has four MOs in CHC Chanderi fifteen SNs and eight ANMs are providing MCH services. Paucity of specialists, MOs and other staff at periphery is a major reason for the designated FRUs to remain non functional.
- NHM focuses on capacity building and skill upgradation of the existing staff through continuous trainings at all levels. Status of training received by various staffs posted at visited health facilities was ascertained to know the gaps in training and services provided at the visited facilities.
- It is observed that none of the facilities have updated information on training status of staffs. DPMU is also not fully aware of existing trained manpower and their position in various health facilities.
- In CHC Chanderi three MOs have received SBA training and three MOs are trained in MTP services. SBA trainings have been received by four SNs and three ANMs at CHC Chanderi.

- There is only one NSV trained doctors in the district. Three MOs received training in NSSK services at the CHC Chanderi. Training on F-IMNCI has been received by staff nurse from CHC.
- Seven staffs at CHC Chanderi and one staffs at SHC Kadwaya are trained in PPIUCD.
- Seven staff at CHC Chanderi and one staff at SHC Kadwaya are trained in IUCD.
- BSU trainings have been received by one MO at CHC but none of lab technicians are trained for BSU. Similarly, immunization and cold chain storage training is received by three MO at CHC.

5. Other Health Systems Inputs:

- Availability of public health services is limited in Ashok Nagar district. In DH Ashok Nagar Surgery, Medicine, Obstetrics and Gynaecology (Ob&G), Emergency, Ophthalmology, Family Planning etc. services are available but blood bank is not available at CHC Chanderi essential part of comprehensive emergency care service at an FRU.
- Trauma care centre is new building started for ANC ward at DH Ashok Nagar. CHC Chanderi has only primary care services as no specialist is posted. CHC has a four bedded ICU which provides basic support services to patients in emergency.
- CHC also has NBSU for providing basic emergency care for newborn. PHC Naisarai provides only delivery and OPD care services. It has no laboratory facility.
- Likewise SHC, Kadwaya also provides skeletal service apart from delivery care services. Until March, 2019. SHC had two ANMs one regular and one field ANM.

Availability of Drugs and Diagnostics

- DH Ashok Nagar has all the essential drugs as per the EDL and supplies essentials items such as pregnancy test kits, urine sugar testing kit, OCPs, IUDs, EC Pills, Sanitary napkins etc. Likewise CHC also has essential drugs as per EDL except 50 drugs.
- PHC does not have any EDL displayed. The MO (I/c) informed that most of the drugs as per EDL are provided but they are short supplied from the district drug store. Medicines and drugs like IFA syrup, Vitamin-A syrup, Calcium were not available at the PHC.

- It also did not have MTP drugs - Misoprostol and Mifepriston tablets. SHC does not have any EDL displayed. However, all essential drugs are available at SHC except MTP drugs. Except DH and CHC, other health facilities do not have computerized inventory management system and are not using SDMIS.
- The pathology at DH has the facility for conducting all essential diagnostic tests including USG Scan, ECG and endoscopy. CHC Chanderi earmarked as a CEmoNC has diagnostic facilities except RPR test and LFT.
- CHC do not have Blood Bank or Blood Storage Unit. PHC Naisarai designated as 24*7 facility has no laboratory and diagnostic services except Malaria testing using RD kit, Hb test and Urine Sugar using strip method.
- SHC have all essential diagnostic facility. All diagnostic tests are being provided free of cost in the respective facilities. A list of available diagnostic tests conducted at various facilities is given in annexure.
- Most of the equipments like delivery tables, OT tables, photo therapy unit, O.T. lights, anaesthesia machine, autoclave etc. are available at DH, but it does not have MVA/EVA equipment.
- CHC Chanderi have mobile OT lights and anaesthasia machine. Ventilators, C-arm units and surgical diathermies, are not available at DH but CHC have ventilator and pulse-oximeter in its ICU.
- Laparoscope is available in DH only. CHC also need hydraulic OT and Delivery tables. DH Ashok Nagar has multi-para monitors but they are not functional.
- PHC Naisarai has all essential equipments for delivery but it does not have radiant warmer and most of the OT equipment. The OT at PHC is only used for LTT operation in camp settings for which all the necessary equipments are brought from district store.
- SHC Kadwaya functioning as delivery point has essential drugs and equipments related to delivery. Mechanism for periodic maintenance of all essential equipment is not available.

- There are 17 AYUSH dispensaries in the district. DH and four other PHCs have co-located AYUSH services. Although AYUSH services are physically co-located with the health facilities they report to the District AYUSH Officer (DAO).
- It is reported that their OPDs are fully integrated with the health facility. In DH an Ayurvedic MO is posted and AYUSH MO is also a member of RKS. AYUSH MOs have been newly appointed in the district under RBSK in different health facilities at block level.
- Four AYUSH MOs under RBSK are presently working in CHC Chanderi. The AYUSH MOs are not members of Rogi Kalyan Samiti in few of the health facilities in the district but AYUSH staff are involved in national programmes like pulse polio and LTT camps.

6. Maternal Health

- A new maternity wing is functional in the DH.
- In DH, 5335 women were registered for ANC services upto March 2019. First trimester ANC registrations were reported to be cent-percent. However, HMIS data reported for DH during April-March, 2019 indicate that 2375 ANCs were registered and 60 percent of them were registered in first trimester.
- There were 228 severely anaemic pregnant women enlisted at DH and another 53 hypertensive pregnant women were identified during this period. Twenty-seven pregnant women were referred to higher facility, mainly Medical College, Gwalior from the DH.
- Four ANC services were received by 3248, 844, 96 and 137 pregnant women at DH, CHC Chanderi, PHC Naisarai and SHC Kadwaya respectively. PNC services were received by 242, 1869 and 52 women at DH, CHC and SHC respectively. In DH, 131 high risk pregnancy cases were managed and treated during this period.
- HMIS data for April-March, 2019 indicates that in Ashok Nagar, more than 90 percent women had stayed at the health facility for 48 hours after delivery and equally about 90 percent mothers received a home visit within 24 hours after delivery at home.
- Except for DH, it was observed that many women leave within 24 hours of delivery due to limited space and inadequate staff for taking care of newborn and mothers at the

periphery health facility. This poses questions about quality of care and ensuing risks for mothers.

- In Ashok Nagar nearly 90 percent women received post-partum check-up within 48 hours after delivery and nearly one-third received post-partum care services between 48 hours and 14 days after delivery.
- Records of PNC services are being maintained at visited health facilities. During PNC visits women are advised for family planning, exclusive breastfeeding and child health care by ASHA and ANMs.
- Fifteen beneficiaries were interviewed who received delivery or PNC services at the visited health facilities. There were 15 beneficiaries who had come for delivery services. Six of them had their first pregnancy.
- All the 15 beneficiaries had registered their pregnancies with ASHA/ANM. Ten beneficiaries were aware about JSSK and JSY scheme. Eight beneficiaries who had delivered at the institutions got free services and drugs under JSSK.
- However, diagnostics services were provided to beneficiaries at PHC and SHC. All the women delivered at institution were provided free meals except SHC.
- None of the women delivered at institution received JSY incentive since their bank accounts are not opened. All the newborn received birth does of polio and BCG.
- In DH 354 C-section deliveries were conducted during the period. However, in CHC which is L-3 MCH delivery point did not conduct any C-Section delivery.
- DH, CHC Chanderi, PHC Naisaris have reported 27, 26 and 4 still births respectively in HMIS whereas in records number of still births were 27 at DH and 12 at CHC.
- There were 111 and 4 obstetric complications cases managed at the DH and CHC. The obstetric complications managed were mainly post partum haemorrage, eclampsia, and obstructed labour and separate records of these cases are maintained at the health facility. All neonates except extremely low birth weight babies were breast fed within 1 hour after delivery. Stay after delivery for 48 hours is made mandatory for JSY incentive in the district. At PHC Naisarai nearly 40 percent of all the women who had delivered at PHC were discharged within 48 hours of delivery.

- In the district seven SHCs are designated as L1, as L2 (3 CHCs and 5 PHCs) and DH Ashok Nagar and CHC Chanderi are designated as L3 delivery point. However, CHC Chanderi has no specialists in position and serving as BEmONC facility which is equal to a L2 facility.
- Steps to improve reporting of maternal deaths are being taken by the state by communicating probable number of maternal deaths based on AHS estimates. Analysis of MDR findings is being done regularly at state level and findings are being shared with Divisional Joint Directors and CMHOs.
- Facility based MDR committees have been constituted in all District Hospitals and Medical Colleges. The state has designated District MCH officers as district nodal officer for maternal death review. Trainings of district level officers have been conducted in MDR.
- In Ashok Nagar district 55 maternal deaths have been reported during 2018-19.
- JSSK programme has been implemented in the district. Exit interviews at DH Ashok Nagar and household interviews of JSSK beneficiaries at the periphery were conducted for ANC, delivery care and immunisation services to know about status of services received under JSSK.
- Out of 15 beneficiaries interviewed in different health facilities in Ashok Nagar district 8 received free transport services for reaching the health facility while 9 reported of not receiving free transport. Beneficiaries were aware of JSSK scheme, although not by name. All the beneficiaries had normal deliveries.
- Out of 8 women who had delivery in institutions reported about free and zero expanse delivery, free drugs and consumables, free essential diagnostics. However, only six beneficiaries reported about getting transport from home to facility while none reported about getting transport for dropback.
- Display of component wise JSSK benefits were observed at DH and other visited facilities in the district.

- In Ashok Nagar district JSY benefits are provided as per the JSY guidelines. During April-March, 2019 80 percent cases of institutional deliveries received JSY benefits. None of the women delivered at home had received JSY benefit during this period.
- The JSY guidelines regarding payments to beneficiaries are being followed by making payments through an account payee cheque or through e-transfer into beneficiary's bank account. It was observed that there is a pendency of about 30-40 percent in JSY payments.
- This is mainly because of non opening of beneficiary accounts. None of the interviewed beneficiaries who had delivered at institution received JSY incentive at the time of interview. District officials like MOs, DPM do physical verification of payments in their respective areas.

7. Child Health

- The state has a functional SNCU unit in all the districts including Ashok Nagar. It has also established NBSU at the periphery level institutions mainly in CHs and CHCs. In total 83219 children were admitted during 2017-18 .
- Nearly two-fifths of the all admitted children were in-born and rests were outborn. In DH Ashok Nagar, a 20 bedded SNCU is functional since May, 2011. During April-March, 2019 total deliveries were 4878 out of which 340 were in-born and 775 were out-born children. Out of the total admissions, 55 deaths were reported in the SNCU.
- Three doctors and 13 SNs are working in Ashok Nagar SNCU providing 24x7 services along with other supporting staffs as per SNCU norms. The SNCU is fully equipped to take care of inborn and outborn children along with separate diagnostic facilities.
- CHC, Chanderi has a functional NBSU in which (In-born: 309; Out-born: 02) were admitted during April-March, 2019. 338 children were cured, 24 not-cured and 70 were referred to higher facilities.
- There is staff paucity in the NBSU. Lack of trained staffs and other supporting staffs is an impediment to 24*7 services who is also engaged in general hospital services.
- HMIS data reports just 53 infant deaths in the district during April-March, 2019. In DH there were 42 infant deaths reported during this period. There is under-reporting of

infant death data in HMIS which is a cause of concern. This gives reflection on the process of infant death review in the district.

- In Ashok Nagar district, presently, four NRCs are functional with total 70 beds. DH Ashok Nagar, CHC Chanderi and Mungaoli has a 20 bedded NRC while CHC Isagarh has 10 bedded NRC functional.
- The capacity of the existing NRCs should be expanded to improve intake of more SAM children and reduce SAM rates upto 1 percent in the district. Orientation of Anganwadi Workers (AWW) and ASHAs for early identification of SAM children early and outreach services are essential.
- In DH and CHC Chanderi, 50 and 41 children were admitted during April-March, 2019 respectively. Only DH has all the required staffs, but NRC at CHC, Chanderi has only feeding demonstrator and an ANM.
- The pockets of low immunization coverage in Ashok Nagar district have been identified and district and block level micro plans have been prepared for 2018-19. In Ashok Nagar alternate vaccine delivery system is in place through which vaccine supply is made at the vaccination point as per immunization schedule in the villages.

8. Family Planning

- Ashok Nagar district is presently providing full range of family planning services for spacing as well as limiting methods at all the visited health facilities in the district.
- LTT camps are organized at visited CHC and PHC on fixed days basis. DH is the facilities where FP operations are also done on regular basis.
- Supply of modern family planning methods, i.e. OP, condom, copper T etc. are regular in the district and none of the visited health facilities informed about any scarcity. PHC Naisarai reported that condoms and Oral pills are provided by ANMs in the field.
- During April-March 2019, 761 family planning operations have been performed at CHC. At CHC and PHC these services are done on fixed day by surgeon from DH. During this period 33 women were provided IUCD services at the CHC and 603 women were provided PPIUCD respectively.

- During interaction it was found that most of the women in PNC wards were counselled for PPIUCD by doctor or SNs. In spite of counselling, women have some fear in acceptance of PPIUCD.

9. Quality in Health services

- General cleanliness, practices of health staff, protocols, fumigation, disinfection, autoclave functioning were observed in DH and other visited health facilities. DH Ashok Nagar has outsourced hospital security services and cleanliness.
- Although the facilities are in general clean but surrounding areas are having garbage dump, open drainage etc. In DH construction of separate trauma care centre and maternity wing is functional and therefore drainage system is not working.
- There is lot of crowding in maternity ward, female ward at DH and CHC Chanderi. This creates unhygienic environment in the hospital premises. The protocols are being followed in all the facilities.
- Segregation of bio-medical waste in colour coded bins is being done at all visited facilities. Except PHC, Naisarai and SHC Kadwaya the DH and CHC have outsourced bio-medical waste management. Waste disposal at PHC, Naisarai and SHC Kadwaya is done in a pit or burned.
- NRHM logo is not displayed at any of the facility except CHC Chanderi. Approach road have direction to health facility was observed only at CHC and SHC, Kadwaya.
- Displays of partographs, clinical protocols, EDL with information on free drug distribution services are available. Facility timings, phone numbers, complaint box and awareness generation charts displayed in DH Ashok Nagar and CHC Chanderi but not at other facilities.
- Display of Citizen's Charter was observed only in DH. PHC Naisarai and SHC Kadwaya have IEC display regarding immunization, FP and other awareness generation chart.
- DH Ashok Nagar has displayed a range of MCH services FP, waste management, management of anaemia during labour and kangaroo care are displayed including charts on new born resuscitation, ante-natal haemorrhage, PNC, ANC, neonatal Infection, hand washing, ANC examination, eclampsia, and breastfeeding.

- It was observed that all the cleanliness, procedural and service related protocols and charts are displayed at proper places in the DH Ashok Nagar.
- List of services available is observed at the DH and CHC. Fumigation records are being maintained by DH Ashok Nagar and CHC Chanderi and it is being done regularly.
- On quality parameter, the staff (SN, ANM) of DH Ashok Nagar and CHC Chanderi are skilled in management of high risk pregnancy, providing essential newborn care (thermoregulation, breastfeeding and asepsis) managing sick neonates and infants, correct use of partograph, correct insertion of IUCD, correctly administer vaccines, segregation of waste in colour coded bins.
- A comprehensive RCH portal with new software has been initiated for MCH services. Knowledge on RCH portal and ANMOL software is in use but transferring of data from ANMOL to RCH portal is having problems which were reported by ANMs at PHC Naisarai. Training for ANMOL is planned at the district level to mitigate problems.
- Provision of regular fogging is available at DH and CHC but at PHC it is done as per requirements. All the visited facilities do not have systematic maintenance and repair mechanism for essential equipments. It is mostly done as per requirement.
- DH and CHC have complaint and suggestion box installed on prominent place in the OPD area.

10. Clinical Establishment Act:

- The Clinical Establishment (Registration and Regulation) Act, 2010 is yet to be implemented in the state for the registration and regulation of clinical establishments.

11. Referral transport and MMUs:

- Ashok Nagar district has 8 '108' ambulances with staff and state level centralized call system covering all the blocks.
- One Mobile Medical Unit is functional in the Ashok Nagar district. It was observed that details of referral transport are not maintained by the respective health facilities.

12. Community Processes

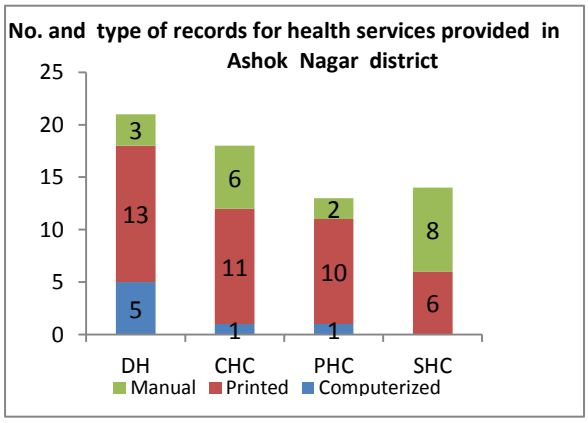
- Ashok Nagar district has 869 ASHAs covering 899 villages.
- Comparative recording etc. is weak. ASHA don't give due attention while visiting, regular orientation is required.
- ASHA are able to identify high risk pregnant women but not high risk children.
- Some ASHA are not actively working, need replacement, many times given letter but Panchayat don't give attention says to ASHA coordinator.
- VHNSCs are functional in all the villages and these VHSCs have running accounts. Gram Aarogya Kendras have been made functional and availability of medicines is ensured.
- Proper monitoring of expenditures of untied funds is essential to monitor progress of activities at village level.
- ASHAs have received three rounds of training in module 6 and 7. Different programme officers in Ashok Nagar district are providing orientation to ASHAs for National Health Programmes like TB, Malaria, Leprosy, etc. at the block level. Whereas 80 percent ASHAs in CHC Chanderi, 75 percent in SHC Kadwaya have received training in module 6 & 7, only 8 percent ASHA's in Naisarai have received it.
- Drug kit replenishment is done based on demand and availability of drugs. Payments to ASHAs have been regularized based on certification by the concerned ANM. Highest incentive received by ASHA in Chanderi block for is Rs. 15000 and lowest Rs.700 during April-March, 2019.
- ASHA help desk at the DH and CHC Chanderi is not functional. Single window payment for ASHAs is being implemented in the state to track ASHA payments and simplify the process of payments. BCMs and accountants of different blocks have received orientation on single window payment.

13. Data Reporting, HMIS and RCH Portal

- Monitoring and Evaluation (M&E) of all the health care services are essential not only to review the progress of the existing services but also to augment existing services and initiate new services in the district. It also helps in supervision and planning for areas to be strengthened.
- Recent changes in HMIS and RCH portal data has been conveyed to all the district and all the facilities are required to submit their service delivery data only through new HIMS

and RCH Portal. In order to achieve complete and accurate data reporting training at all levels is essential. For computer-based data reporting system- computer internet and data entry operators are also essential.

- In Ashok Nagar district presently all the health facilities (DH, 4 CHCs, 10 PHCs and 97 SHCs) are reporting online for HMIS. Separate data entry operators for HMIS are not available in all the blocks.
- Timeliness of data and completeness is satisfactory as all the facilities in the district are reporting within the timeframe.
- The RCH portal has been initiated with many up gradations and there are 227 data fields.
- The ANMs are facing technical problems with ANMOL, because whatever data is being entered in the tab does not show on the RCH portal.
- Child IDs are not being generated through ANMOL, and therefore child data updation is not taking place.



- During PIP visit record maintenance and of data reporting registers of each of the visited health facilities has been physically ascertained.
- Computerization of health records and reporting has been observed at DH, and the CHC for maternal and child health care service. For rest of the health services, record registers are maintained manually.
- The e- hospital software is in its initial stage with only OPD/IPD services being managed.
- Capturing of all health services and health events is not being done at all the health facilities. It is observed that, maternal deaths are recorded in registers, in DH Ashok Nagar and CHC Chanderi.

Annexure

District: Ashok Nagar

1. Health Infrastructure in district

No. of institutions	Available	Located in government buildings	No. of new facility proposed	No. of Health Facilities having inpatient facility	No of beds in DH category	Infrastructure MIS uploaded for current year
District Hospital*	1	1	-	1	100	Yes
SDH						
CHC	4	4	-	4	120	Yes
PHC	10	10	-	10	60	Yes
SHCs	97	70		7	14	Yes
AYUSH Ayurvedic$	14	-	-	-	-	-
AYUSH(Homoeopathic)	03	-	-	-	-	-
AYUSH (Others)	-	-	-	-	-	-
Delivery Point(L1)	7	Yes		7	14	Yes
Delivery Point(L2)	8	Yes		8	120	Yes
Delivery Point(L3)	2	Yes		2	130	Yes
**District Hospital sensing up gradation up to 200 beds,$ Apart from 14 Ayurvedic dispensaries,4 PHC have AYUSH wing. Only 6 AYUSH health facilities are located in government building.*						

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	Yes
Staff Quarters for MOs	12	7	1	
Staff Quarters for SNs	9	3	1	
Staff Quarters for other categories	Yes	11	1	1
Electricity with power back up	Yes	Yes	Yes	Yes
Running 24*7 water supply	Yes	Yes	Yes	Yes
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	Yes
Separate Male and Female wards (at least by partitions)	Yes	No	No	
Availability of Nutritional Rehabilitation Centre	Yes	Yes		
Functional BB/BSU, specify	Yes	No		
Separate room for ARSH clinic	Yes	No		
Availability of complaint/suggestion box	Yes	Yes	No	No
Availability of meanisms for Biomedical waste management (BMW)at facility	Yes	Yes	Yes	No
BMW outsourced	Yes	Yes	No	No
Availability of ICTC/ PPTCT Centre	Yes	No		
Availability of functional Help Desk	No	No	No	No

3. Human Resources

Health Functionary	In-Position				Sanctioned			
	DH	CHC	PHC	SHC	DH	CHC	PHC	SHC
Gynecologist	1	0			3	1		
Pediatrician	1	0			6	1		
Anesthetists	1	0			4	1		
Cardiologist								
General Surgeon	0	0			1	1		
Medicine Specialist	1				3			
ENT Specialist	0				1			
Ophthalmologist	1				1			
Ophthalmic Asst.		2				1		
Radiologist	1				1			
Radiographer	2	1			5	1		
Pathologist	1				2			
LTs	3	0	0		8	1		
MOs	13	4	1		23	6		
AYUSH MO	1	0				0		
LHV	0				1			
ANM	3	8	2	1	2	0		
MPHW (M)								
Pharmacist	4	1	1		5	2		
Staff nurses	57	15	1	1	93	1		
RMNSDHA+ Counselor								
DPMU	5							

No. of Trained Persons

Training programmes	DH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	-	-	-	-
LSAS (Life Saving Anaesthesia Skill)	-	-	-	-
BEmOC (Basic Emergency Obstetric Care)	-	-	-	-
SBA (Skill Birth Attended)	-	10	-	1
MTP (Medical Termination of Pregnancy)	-	3	-	-
NSV (No Scalpel Vasectomy)	-	-	-	-
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	-	1	-	1
FBNC (Facility Based Newborn Care)	-	2	-	-
NSSK (Navjaat Shishu Surakasha Karyakram)	-	10	-	1
Mini Lap-Sterilizations	-	-	-	-
Laparoscopy-Sterilizations (LTT)	-	-	-	-
IUCD (Intrauterine Contraceptive Device)	-	7	-	1
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	-	7	-	1
Blood Bank / BSU	-	1	-	-
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	-	-	-	1
IMEP (Infection Management Environmental Plan)	-	-	-	-
Immunization and cold chain	-	3	-	1
RCH Portal (Reproductive Child Health)	-	1	-	1
HMIS (Health Management Information System)	-	-	-	1
RBSK (Rashtriya Bal Swasthya Karyakram)	-	-	-	1

Training programmes	DH	CHC	PHC	SHC
RKSK (Rashtriya Kishor Swasthya Karyakram)	-	-	-	1
Kayakalp	-	-	-	
NRC and Nutrition	-	3	-	-
PPTCT (Prevention of Parent to Child Transmission of HIV)	-	-	-	-
NCD (Non Communicable Diseases)	-	-	-	-
Nursing Mentor for Delivery Point	-	1	-	-

Health System inputs

4. Availability of drugs and diagnostics, Equipments (Mention Yes / No)

	DH	CHC	PHC	SHC
Availability of EDL and Displayed	Yes	No	No	Yes
Availability of EDL drugs	Yes	No	No	No
Computerized inventory management	Yes	Yes	No	No
IFA tablets	Yes	Yes	Yes	Yes
IFA tablets (blue)	No	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	No
Inj Oxytocin	Yes	Yes	Yes	Yes
Misoprostol tablets	Yes	Yes	No	No
Mifepristone tablets	Yes	Yes	No	No
Availability of antibiotics	Yes	Yes	Yes	Yes
Labelled emergency tray	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
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	Yes	Yes
IUCDs	Yes	Yes	Yes	Yes
Sanitary napkins	Yes	Yes	Yes	No
Gloves, Mckintosh, Pads, bandages, and gauze etc.	Yes	Yes	Yes	Yes
Haemoglobin	Yes	Yes	Yes	Yes
CBC	Yes	Yes	No	
Urine albumin and sugar	Yes	Yes	Yes	
Blood sugar	Yes	Yes	No	
RPR	Yes	No	No	
Malaria	Yes	Yes	Yes	Yes
T.B	Yes	Yes	Yes	
HIV	Yes	Yes	YEs	
Liver function tests (LFT)	Yes	No		
No. Ultrasound scan (Ob.) done	Yes			
No. Ultrasound Scan (General) done	No			
No. X-ray done	Yes			
ECG	Yes			

	DH	CHC	PHC	SHC
Endoscopy	No			
Others , pls specify				
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
Functional Weighing (Adult and Child)	Yes	Yes	Yes	Yes
Functional Needle Cutter	Yes	Yes	No	Yes
Functional Radiant Warmer	Yes	Yes	No	No
Functional Suction apparatus	Yes	Yes	No	No
Functional Facility for Oxygen Administration	Yes	Yes		
Functional Foetal Doppler/CTG	Yes	Yes	Yes	Yes
Functional Mobile light	Yes	Yes	No	No
Delivery Tables	Yes	Yes	Yes	
Functional Autoclave	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	Yes	No	
O.T Tables	Yes	Yes	No	
Functional O.T Lights, ceiling	Yes	Yes	No	
Functional O.T lights, mobile	Yes	Yes	No	
Functional Anesthesia machine	Yes	Yes	No	
Functional Ventilators	No	No	No	
Functional Pulse-oximeters	Yes	Yes	No	
Functional Multi-para monitors	Yes	Yes	No	
Functional Surgical Diathermies	No	No	No	
Functional Laparoscopes	Yes	No	No	
Functional C-arm units	No	No	No	
Functional Autoclaves (H or V)	Yes	Yes	No	
Blood Bank / Storage Unit				
Functional blood bag refrigerators with chart for temp. recording	Yes	No*		
Sufficient no. of blood bags available	40			
check register for number of blood bags issued for BT in **2018-19**				
Haemoglobinometer				Yes
Any other method for Hemoglobin Estimation				Yes
Blood sugar testing kits				Yes
BP Instrument and Stethoscope				Yes
Delivery equipment				Yes
Neonatal ambu bag				Yes
Adult weighing machine				Yes
Infant/New born weighing machine				Yes
Needle &Hub Cutter				Yes
Color coded bins				Yes
RBSK pictorial tool kit				No
**Blood bank at CHC is not functional*				

Specialty Care Services Available in the District

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

AYUSH services

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

Lab test available and free of cost (Collect a list of lab test)

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	No	No
Slide Collection for PBF & Sputum AFB	No	Yes	No	No
Blood Sugar	Yes	Yes	No	No
Serum Urea	Yes	Yes	No	No
Serum colesterol	Yes	No	No	No
Serum Bilirubin	Yes	No	No	No
Typhoid Card Test	Yes	Yes	No	No
Blood Typing	Yes	Yes	No	No
Stool Examination	Yes	No	No	No
ESR	Yes	No	No	No
Complete Blood Picture	Yes	No	No	No
Platelet Count	Yes	No	No	No
PBF for Malaria	Yes	Yes	No	No
Sputum AFB	Yes	Yes	No	No
SGOT liver function test	Yes	No	No	No
SGPT blood test	Yes	No	No	No
G-6 PD Deficiency Test	No	No	No	No
Serum Creatine / Protein	Yes	No	No	No
RA factor (Blood Grouping)	Yes	Yes	No	No
HBsAG	Yes	Yes	No	No
VDRL	Yes	Yes	No	No

Services	DH	CHC	PHC*	SHC
Semen Analysis	Yes	Yes	No	No
X-ray	Yes	Yes	No	No
ECG	Yes	Yes	No	No
Liver Function Test	Yes	No	No	No
RPR for syphilis	Yes	Yes	No	No
RTI/STI Screening	Yes	Yes	No	No
HIV	Yes	Yes	Yes	Yes
Indoor Fees	Rs.50	Rs.20	No	No
OPD fees	10 Rs.	5 Rs.	5 Rs.	No
Ambulance	Yes	Yes	Yes	No
Food for Inpatients	Yes	Yes	Yes	No
Others				
Laboratory not available at PHC,RD-Kit is used for malaria testing*				

5. Maternal Health

ANC and PNC	DH	CHC	PHC	SHC
ANC registered	5335	1044	0	308
New ANC registered in 1st Trim	2375	102	0	271
No. of women received 3 ANC	-	98	0	175
No. of women received 4 ANC	3248	844	96	137
No. of severely anaemic pregnant women (Hb<7) listed	228	48	36	89
No. of Identified hypertensive pregnant women	53	20	0	-
No. of pregnant women tested for B-Sugar	0	1000	0	46
No. of U-Sugar tests conducted	-	2	0	-
No. of pregnant women given TT (TT1+TT2)	3166	818	0	496
No. of pregnant women given IFA	4680	942	0	300
No. of women received 1st PNC check within 48 hours of delivery	242	1869	-	52
No. of women received 1st PNC check between 48 hrs.and 14 days of delivery	459	-	-	260
No. of ANC/PNC women referred from other institution (in-referral)	-	-	-	18
No. of ANC/PNC women referred to higher institution (out-referral)	-	213	-	-
No. of MTP up to 12 weeks of pregnancy	131	87	-	-
No. of MTP more than 12 weeks of pregnancy	22	-	-	-

5.2 Institutional Deliveries/Delivery Complication

Numbers from 1 April 2018- March 2019)	DH	CHC	PHC	SHC
Deliveries conducted	2278	1928	1000	90
C- Section deliveries conducted	359	82	0	42
Deliveries conducted at night (8PM-8AM)	-	1010	-	11
On the way deliveries	-	140		15
No. of pregnant women with obstetric complications provided EmOC	209	-	0	90
No. of Obstetric complications managed with blood transfusion	0	-	0	0
No. of Neonates initiated breastfeeding within one hour	2278	1825	1000	90
No. of Still Births	27	26	8	0

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

(Numbers from 1 April 2018- March 2019)	DH	CHC	PHC	SHC
Total maternal deaths reported	1	0	0	0
Number of maternal death reviewed	1	0	0	0
Key causes of maternal deaths found	-	-	-	-

5.4 Janani Sishu Suraksha Karyakram

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	Yes
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	No	No	No

5. Janani Surksha Yojna

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
No delays in JSY payments to the beneficiaries.	Yes	Yes	Yes	Yes
Full amount of financial assistance to be given to the beneficiary before being discharged from the health facility after delivery.	Yes	Yes	Yes	Yes
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 malpractices.	Yes	Yes	Yes	Yes
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	Yes	Yes	Yes	Yes
Counseling on Family Planning done	Yes	Yes	Yes	Yes
Mothers asked to stay for 48 hrs	Yes	Yes	Yes	Yes
JSY payment being given before discharge	Yes	Yes	Yes	Yes
Any expenditure incurred by Mothers on travel, drugs or diagnostics	No	No	No	No
Diet being provided free of charge	Yes	Yes	Yes	No

6. Child Health

SNCU / NBSU (Yes / No)	DH	CHC	PHC
Whether SNCU / NBSU exist. (Yes/No)	SNCU	NBSU	No
Necessary equipment available (Yes/No)	Yes	Yes	
Number of trained MOs	3	1	
No. of trained staff nurses	17	2	
No. of admissions			
Inborn	340	**309**	
Out Born	775	**82**	

SNCU / NBSU (Yes / No)	DH	CHC	PHC
No. of Children			
Cured	747	**238**	
Not cured		**01**	
Referred	40	**70**	
Others (specify)	14		

6.2 Nutritional Rehabilitation Centress

NRC (Numbers from 1 April 2018- March 2019)	DH	CHC
No. of functional beds in NRC	20	20
Whether necessary equipment available	Yes	Yes
No. of staff posted in NRC	9	8
No. of SAM children admitted	-	-
No. of sick children referred	-	-
Average length of stay	-	-

6.3 Child Immunization

Immunization	DH	CHC	PHC	SHC
BCG	4758	2095	500	356
DPT1/Penta1	1594	687	0	393
DPT2/Penta2	1818	711	0	225
DPT3/Penta3	1725	741	0	238
Polio0	4734	2049	500	154
Polio1	1594	687	0	313
Poli02	1766	711	0	225
Polio3	1725	741	0	339
Hep 0	4093	2049	500	146
Hep 1	0	0	0	0
Hep 2	0	0	0	0
Hep 3	0	0	0	0
Measles1	1196	530	0	231
Measles2	1106	525	0	229
DPT booster	1653	384	0	229
Polio Booster	1653	384	0	229
No. of fully vaccinated children	1500	-	-	247
ORS / Zinc	-	-	-	4
Vitamin - A	-	488	0	5
No. of immunisation sessions planned	1017	88	68	80
No. of immunisation sessions held	871	88	68	80
Maintenance of cold chain. Specify problems (if any)	Yes	Yes	Yes	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	Yes	Yes	Yes	Yes

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

No. of Children Screened	Screened	Identified with problems	Referred to higher facility
Age group			
0-6 weeks	2531	340	42
6 weeks-6 years	16556	11003	13
6 -18 years	21915	12992	13
Total	41002	24335	68

6.5 Number of Child Referral and Death

	DH	CHC	SHC
No. of Sick children referred (up to age 5)	-	11	16
No. of Neonatal Deaths	0	01	2
No. of Infant Deaths	0	0	0

7. Family planning

FP	DH	CHC	PHC	SHC
Male Sterilization (VT+NSV)*	0	8	0	-
Female Sterilization (CTT+LTT)*	0	761	0	-
Minilap sterilization*	0	-	0	-
IUCD*	678	33	38	-
PPIUCD*	312	603	40	-
Condoms%	5745	256	3744	642
Oral Pills%	1378	253	0	230
**Number of person, %number of packet*				

8.Disease Control Programmes

	DH	CHC	PHC	SHC
National Malaria Control Programme				
Number of slides prepared				246
Number of positive slides				89
Availability of Rapid Diagnostic kits (RDK)				85
Availability of drugs				-
Availability of staff				-
Revised National Tuberculosis Programme (RNTCP)				-
Number of sputum tests				-
No. of positive tests				-
Availability of DOT medicines	Yes	Yes		Yes
All key RNTCP contractual staff positions filled up	Yes	No		-
Timely payment of salaries to RNTCP staff	Yes	-		-
Timely payment to DOT providers	No	-		-
National Leprosy Eradication Programme (NLEP)				-
Number of new cases detected				-
No. of new cases detected through ASHA				
No. of patients under treatment				

9. Non Communicable Diseases (Yes / No)

	DH	CHC	PHC
NCD	Yes	No	No
Establishment of NCD clinics	October 2018		
Type of special clinics(specify)_____	Oral cancer, Hypertension, Obesity, Diabetes		
Availability of drugs	Yes		
Type of IEC material available for prevention of NCDs	Yes		
No. of staff trained in NCD **MO** **SN** **Other**	 1 1 1		

Community processes

10. Accredited Social Health Activist

ASHA	**CHC**	**PHC**	**SHC**
Number of ASHAs required		0	0
Number of ASHAs available	152	2	12
Number of ASHAs left during the quarter	0	0	0
Number of new ASHAs joined during the quarter	0	0	0
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	Yes	Yes	Yes
Availability of ORS and Zinc to all ASHAs	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHAs	Yes	Yes	Yes
Highest incentive to an ASHA during the quarter	15000	6000	15000
Lowest incentive to an ASHA during the quarter	6000	1000	700
Whether payments disbursed to ASHAs on time	No	No	No
Whether drug kit replenishment provided to ASHAs	Yes	Yes	Yes
ASHAs social marketing spacing methods of FP	No	No	No

Quality in health services

11. Infection Control

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

12. Biomedical Waste Management

BMW	**DH**	**CHC**	**PHC**	**SHC**
Whether bio-medical waste segregation done	Yes	Yes	Yes	Yes
Whether outsource	Yes	Yes	No	No
If not, alternative arrangement Pits-1 / Incineration-2 / Burned -3 / Others-4			1	1

13. Information Education Communication (Observe during facility visit)

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

14. Quality Parameter of the facility

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

15. Referral Transport/MMU

	DH	CHC	PHC
No. of patient transport vehicle			
102/JE	**-**	**2**	**-**
108	**-**	**1**	**1**
Other	**-**	**1**	**-**
No. of Mobile Medical Unit (MMU)	1		-

16. 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	1M	1M	1M
IPD Register	1C	1M	3	1M
ANC Register	1P	1P	1 P	1P

Record	DH	CHC	PHC	SHC
PNC Register	1P	1P	1P	1P
Indoor bed head ticket	1P	1P	1P	1P
Line listing of severely anaemic pregnant women	1M	1M	1M	1M
Labour room register	1P	1P	1P	1P
Partographs	1P	1P	1P	3
FP-Operation Register (OT)	1P	1P	3	
OT Register	1P	1P	3	
FP Register	1P	1M	1P	1M
Immunisation Register	1P	1M	1P	1M
Updated Microplan	1P	1P	1P	1P
Blood Bank stock register	1P	3*		
Referral Register (In and Out)	1P	1P	1P	1M
MDR Register	1C	1M	3	1M
Infant Death Review and Neonatal Death Review	1CM	1P	3	1M
Drug Stock Register	1P	1P	1P	1P
Payment under JSY	1MC	C	C	3
Untied funds expenditure (check % expenditure)	1	2	2	1
AMG expenditure (check % expenditure)	1	2	2	1
RKS expenditure (check % expenditure)	1	2	2	--
**Blood bank at CHC is not functional*				

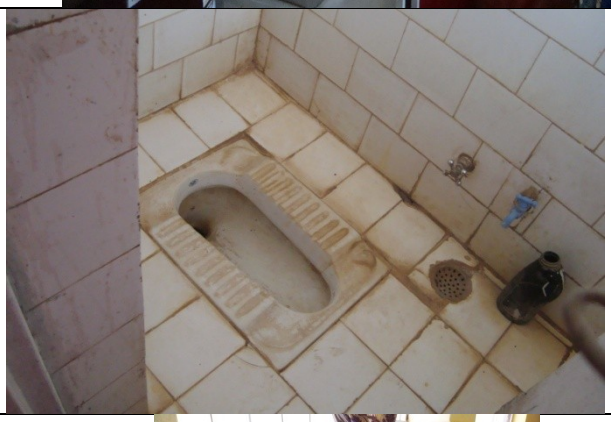
17. HMIS and RCH Portal

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

18. Additional / support services

Services	DH	CHC	PHC
Regular Fogging (check Records)	No	No	No
Functional Laundry/washing services	Yes	Yes	No
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	No	No	No
Tally Implemented	No	No	No

Primary Health Centre (PHC) Naisarai, District Ashok Nagar visited on 11th June, 2019



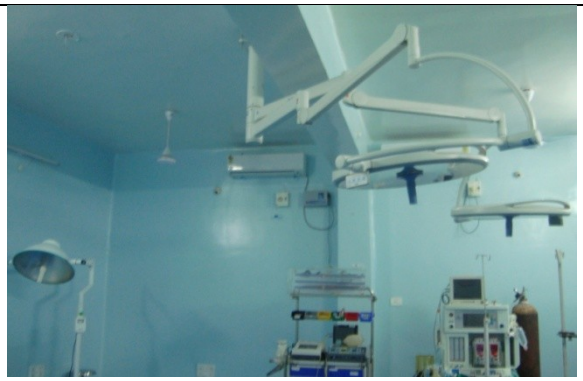
Sub-Health Centre (SHC) Kadwaya, District Ashok Nagar visited on 11th June, 2019








District Hospital (DH) Ashok Nagar, District Ashok Nagar visited on 12th June 2018



Community Health Centre (CHC) Chanderi District Ashok Nagar visited on 10th June , 2019