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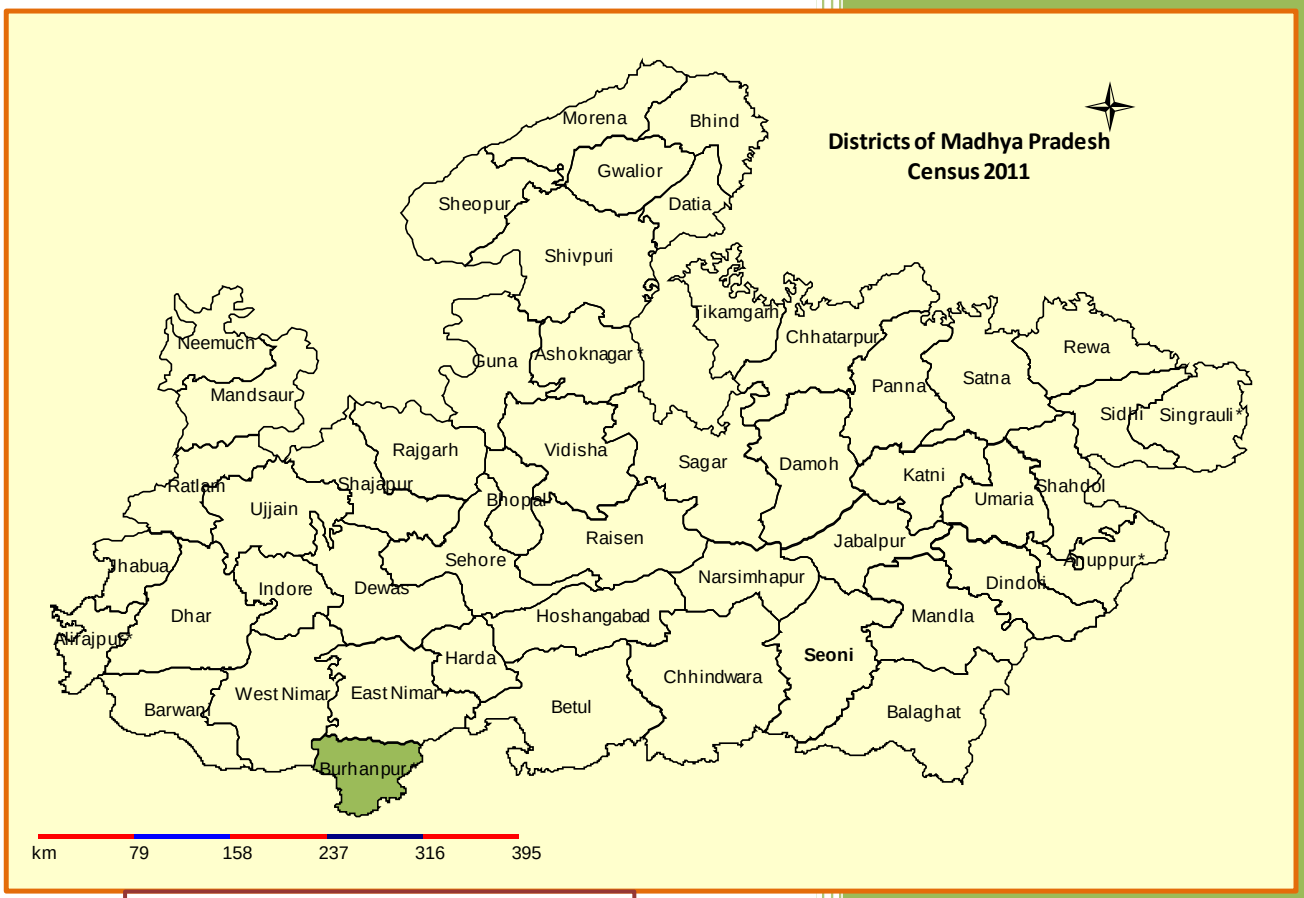
Quality Monitoring of Programme Implementation Plan (PIP) 2019-20 under National Health Mission in Madhya Pradesh District: Burhanpur

2019-20



Dr. Reena Basu, Assistant Director

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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
BB	Blood Bank
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
BSU	Blood Storage Unit
CAD	Coronary Artery Disease
CBAC	Community Based Assessment Checklist
CBC	Complete Blood Count
CEA	Clinical Establishment Act
CEmOC	Comprehensive Emergency Obstetric Care
CHC	Community Health Centre
CMHO	Chief Medical and Health Officer
CPAP	Continuous Positive Airway Pressure
CRS	Civil Registration System
CS	Civil Surgeon
CTT	Conventional Tubectomy
DAM	District Account Manager
DAO	District AYUSH Officer
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
FP	Family Planning
FRU	First Referral Unit
GNT	General Nursing Training
GOI	Government of India
HDU	High Dependency Unit
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
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCP Card	Mother Child Protection Card
MCTS	Maternal and Child Tracking System
MDR	Maternal death Review
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
MP	Madhya Pradesh
MPW	Multi Purpose Worker
MWMIS	Maternity Wing MIS
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
PICU	Paediatric Intensive Care Unit
PIP	Programme Implementation Plan
PMDT	Programmatic management of Drug Resistant TB
PMGSY	Pradhan Mantri Gram Sadak Yojana
PMU	Programme Management Unit
PPE	Personal Protection Equipment
PPIUCD	Post-Partum Intra Uterine Contraceptive Device
PRC	Population Research Centre
PV	Plasmodium Vivex
PWD	Public Works Department
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
RMO	Resident Medical Officer
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
SPM	Shyama Prasad Mukherjee Eye Hospital
SSK	Swasthya Samvad Kendra
STI	Sexually Transmitted Infection
STLS	Senior Tuberculosis Laboratory Supervisor
STS	Senior Treatment Supervisor
SWAN	State-wide Area Network
T.B.	Tuberculosis
TT	Tetanus Toxoide
TU	Treatment Unit
UPHC	Urban Primary Health Centre
UPS	Uninterrupted Power Supply
USG	Ultra Sonography
VHND	Village Health & Nutrition Day
VHSC	Village Health Sanitation Committee
WIFS	Weekly Iron Folic-acid Supplementation

Quality Monitoring of Programme Implementation Plan (PIP) 2019-20 under National Health Mission in Burhanpur District (Madhya Pradesh)

For action based PIP monitoring of NHM proposed by MoHFW (GOI) a field visit was made to Burhanpur district in February, 2020. PRC Team visited PRC Team visited District Hospital (DH), Urban Primary Health Centre Alamganj, Community Health Centre (CHC) Shahpur, 24*7 Primary Health Centre (PHC-HWC) Nimbola and Sarola, and Sub-Health Centre (SHC- HWC) Mahalgurada to assess services being provided. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, human resources and programme management, and qualitative interaction with beneficiaries to ascertain quality of services. Secondary data was collected from the state web portal and district HMIS data format that was already available at the respective Programme Management Unit. Primary data was collected for the qualitative responses through interactions with the health staff during the visits to the health facilities. The reference point for examination of issues and status was for the period April, 2019 to January, 2020 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. Beneficiaries were also interviewed for assessing the services received for ANC, delivery and child immunization through both exit and household interviews. Team also assessed the status of implementation of flagship programmes such as Kayakalp, LaQshya, Health and Wellness Centre, good practices adopted, bottlenecks and challenges in sustaining these initiatives at visited health facilities.

Key Observations and Action Points

District Hospital Burhanpur

- The newly constructed three storeyed DH Burhanpur is a 200 bedded hospital with a comprehensive lay out for a wide range of services. The signages for patients to guide them to different service points were well marked .
- The new DH hospital has 24 staff quarters in the hospital vicinity for MOs, ANMs and different category of staff. CS of the DH informed that quarters for MOs are small and inadequate.Twelve staff quarters in the old DH building campus are in dilipadated condition and require immediate repair.

- Presently there are three functional OTs in DH Burhanpur, one General OT, one Labour OT and one Emergency OT against seven OTs which are indifferent stages of planning. The SPM eye hospital adjoining CMHO office has a separate eye OT.
- The DH is linked to one 108 for JSSK services, one Red Cross donated ambulance and three emergency ambulances for providing transport services to patients and emergency services. Drivers have been hired for providing services.
- E-Hospital has been initiated with three modules OPD, IPD and pathology functioning. Patient registration is computerized and out-sourced to a private agency.
- Functional BB was observed in the DH Burhanpur. The pathologist in DH Burhanpur discussed that elisa and washer is not properly functional and washing steps are critical in order to reduce background signal. The pathologist also informed that washing steps ensure that only high fidelity binding interactions occur between antigen and antibody. There were also issues with the air conditioner not functioning properly which is essential for maintaining temperature in the lab as well as the BB.
- The ART centre is functional since last seven years. Out of 1391 clients registered (positive) 1325 are receiving ART services.The ART centre has five staff including an RMO, one counsellor, one care counsellor, one data manager, but no SN or lab technician. MPSAC is not integrated with NHM so there is no data sharing in HMIS.
- The dialysis unit is functional in DH Burhanpur since 2016.Five dialysis machines are available. A staff of eight, including two technicians trained from People's hospital Bhopal and one SN trained in dialysis from MY hospital are providing services.
- Lab services have been made 24 *7 with emergency calls for maternity and BB but with paucity of lab technicians. BB does not have any sanctioned posts of lab technician or lab attendant.
- Presently DH Burhanpur is not providing Ayush services. The DAO informed about ongoning negotiaions with the state for a 2000 sq ft plot in the DH vicinity to devlop a separate AYUSH hospital/ wing to provide OPD and panchakarma services.
- The DH has upgraded its infrastructure under Kayakalp and received an aggregate score of 79.7, in internal assessment in 2019-20 but in the Annual Infrastructure Report (HMIS) Kayakap scores through peer assessment are 42. The differences in scores indicate a lack of

understanding among the different staff regarding assessment of the facility and kayakalp protocols.

- There is paucity of specialists in DH Burhanpur (35 percent). DH Burhanpur is facing problems in providing full range of services due to number of vacancies of specialists such as pathologist, paediatrician, surgeon and medical. The hospital is functioning with 60 percent staff capacity including nine contingency support staff.
- The BB unit has staff paucity and it does not have a lab technician SN or a counsellor. A lab technician's post has not been sanctioned for the BB. A single pathologist is incharge of the the general laboratory and the BB.
- DH Burhanpur hospital alone has been selected for implementation of LaQshya program and HDU. The internal baseline was completed by the DH and in November, 2019 with state assessment done. DH Burhanpur has a nodal officer and one MCH coordinator and two nursing mentors and the process of upgradation is continuing for state certification.
- DH Burhanpur is the only health facility in the district empanelled under Ayushman Bharat. No Private hospital in the district has been empanelled under the scheme in Burhanpur, because none of these are NABH accredited but private hospitals/ nursing homes have been empaneled in Indore and Jalgaon.
- The USG machine lies unsused for the past two years because there is no radiologist to take care of it.

CHC Shahpur

- CHC Shahpur building was constructed in 2014 and is a 30 bedded health facility. Although designated as L3 it is not functional due to non availability of specialists, gynaecologist, paediatrician, and non functional BSU.
- Two MOs out of which one is Unani is available for providing OPD, IPD and emergency services.
- The labour room and maternity has been converted into a 12 bedded model maternity wing, by providing two labour tables, two mobile OT light and four radiant warmers.
- The CHC has high delivery case load but there is only one cleanliness staff,
- SNs are trained in skill lab, SBA, SNCU, labour management NSSK , NCD and Bio- medical waste management.

- All Registers diet, labour ward, anemia, iron sucrose are manual. Only labour room register is printed.
- CHC has one emergency ambulance but the tyres need immediate repair. For JSSK services one '108' ambulance is available.
- The OT where LTT and NSV services are provided on every Tuesday does not have a fogging machine.
- There is only one Lab technician in the block who is overstretched in providing services in the encatchment area.
- There are three outsourced DEO for data entry of screened NCD cases in the block which has a centre in CHC Shahpur.
- CHC Shahpur has 236 ASHAs and 11 ASHA Sahyogis.During interactions with them it was revealed that there was a three month pendency in receiving incentives. MD NHM has instructed that ASHA payment be expedited by ASHA Sahyogi verifying and submitting vouchers.
- CHC Shahpur has an EDL list of 361 medicines against which 274 are available in the facility.To avoid drug wastage near expiry drugs are first issued, and e-aushdhi software is in place.
- One pharmacist coordinates with AIMS for equipment maintenance.
- Unani medicines were reported to be out of stock for the past three months and there is no pharmacist available for medicine distribution. MO (Unani) doctors are not permitted to prescribe allopathis drugs.
- CHC Shahpur has only two staff quarters for MOs and no quarters for other category of staff.
- PHC Shahpur has received 89.2 scores on Kayakalp internal assessment, but all cleanliness protocols are not in place.

PHC- HWC Salora

- PHC Salora has been recently upgraded to HWC. The building has insufficient space for any expansion. The PHC has received funds for upgradation. External branding is being done by the PWD as per specification provided by the sub engineer. External branding of the PHC was observed.
- For laundry services, PHC has engaged a washerman who paid Rs. 1000 for washing and cleaning hospital linens.

- PHC Salora has one MO I/C and one AYUSH MO for providing services. Among para-medical staff one SN and three ANMs.
- Recently another SN has joined who is being trained and given basic knowledge in computer, tally, microsoft office.
- NCD training has been provided to MO for screening and DEO for data entry of screened cases. All ANMs have also received NCD training in Bhopal.
- In 26 schools both government and private ANMs supply iron tablets through nodal teachers under SHP.
- The hard copy of HMIS was not available at the PHC for verification. The MO I/C was advised to keep an additional copy of the monthly HMIS report being submitted to the block.
- The MO I/C has to provide services at the block CHC Khaknar twice aweek since there is no BMO or any medical officer.
- There is no lab technician and only kit based diagnostic tests are being done.
- The pharmacist is trained in cold chain and equipment handling.
- PHC Salora has received 81.4 scores on Kayakalp internal assessment, but all cleanliness protocols are not in place.

PHC- HWC Nimbola

- PHC Nimbola has been recently upgraded to HWC. The building has sufficient space for any expansion. The PHC has received funds for upgradation. External branding is being done by the PWD as per specification provided by the sub engineer. External branding of the PHC was observed.
- There is no lab technician and only kit based diagnostic tests are being done. A dresser is also urgently needed.
- One LMO (NHM) and an Unani MO(NHM) are providing services at the PHC. Among para medical staff one SN regular and one SN NHM including one ANM(NHM) are providing round the clock services.
- All protocal posters have been removed in the PHC and new desk calenders would be issued, to avoid fungal infection from the damp wall.
- The hard copy of HMIS was not available at the PHC for verification. The AYUSH MO was advised to keep an additional copy of the monthly HMIS report being submitted to the block. MO (Unani) is presently not reporting his monthly OPDs in HMIS.

- There is no cleaning staff for the labour room. SNs have to do the cleaning up after the delivery.
- The PHC has adeep pit for bio- medical waste and 24*7 water supply through bore tubewell.
- An electric mechanic locally hired takes care of cold chain maintenace along with the pharmacist.
- PHC Nimbola has received 84.2 scores on Kayakalp internal assessment, but all cleanliness protocols are not in place.

SHC-HWC Mahalgurada

- SHC-HWC Mahalgurada has been recently upgraded to HWC. The building has sufficient space for any expansion. The SHC has received funds for upgradation. External branding has not been done by the PWD as per specification provided by the sub engineer. External branding of the SHC has to be undertaken.
- The SHC which is an L1 delivery point has only one ANM. Recently a CHO has been appointed to strengthen services and roll out comprehensive primary health care.
- Seepage in the building was observed, along with a choked chamber due to lack of proper outlet. The pit is also an open one which needs a cover.
- At the GAK most of the time essential instruments lik hub cutter, BP and weighing machines are not availableon VHNDs.Most of the time ANM has to carry her own instruments.
- ASHAs were reported to directly submit vouchers without any verification by ANM.
- A copy of the HMIS report duly signed by the supervisor was avaible at the SHC.
- The ANM has residential quarters where as the CHO is commuting from Burhanpur as ther are no residential facilities in the village.
- The CHO has yet to receive the NCD tab.
- Transporting medicines from the CHC is difficult by public transport and there is no other facility of brining medicines to the SHC.

UPHC- HWC Alamganj

- UPHC- HWC Alamganj has been recently upgraded to HWC. The building has sufficient space for any expansion. The UPHC has notreceived funds for upgradation. External branding has not been done. This UPHC is functioning in a rented building with only OPD services.

- The data entry of OPD services were observed in the hard copy of HMIS. The data for immunization and NCD services were being directly entered by DEO at the DH. Thus data understanding and its ownership was lacking.
- A new MO (NHM) has joined recently. Aamong para mediacl staff two SNs, one ANM and one Lab technician provide services. But these staff have to provide services at other health facilities twice or thrice a week.
- UPHC- HWC Alamganj has received 68.3 scores on Kayakalp internal assessment, but having no building of its own and functioning in a very little space the assessment may not be relevant.

Action Points for Burhanpur District

- Burhanpur district needs to expand its service delivery specially CPHC in terms of manpower, by roping instaff as per norms, infrastructure upgradation, IT support and teleconsultation services, adequacy of medicines and diagnostics and staff training in NCD.
- More lab technicians have to be appointed if the 'hub and spoke' model has to be augmented. There are hardly seven lab technicians at present in Burhanpur district.
- The Kayakalp flagship programme needs more IEC, training and involvement of all categories of staff as they are the stake holders in keeping their health facilities clean and infection free.
- RMNCHA counsellor who oversees allaspects of maternal, child and adolescent health is urgently required because RKSK services do not seem to have been implemented in the district.
- HMIS data needs immediate attention, orientation and training amongst the health staff at all levels as they are the actual owners of the data as well as the service providers.
- The SPM eye hospital established on the norms and protocols of the National Blindness Control Society needs to be revived in terms of manpower, and infrastructure. Its merger with DH Burhanpur could lead to involvement of trained staff in ophthalmic services elsewhere and not in their parent unit.
- Augmentation of mental health services is essential with growing mental health challenges.
- For providing USG services in DH Burhanpur to pregnant women a PGMO has shown keen interest in receiving training . The doctor may be immediately provided training to ensure initiation of services.

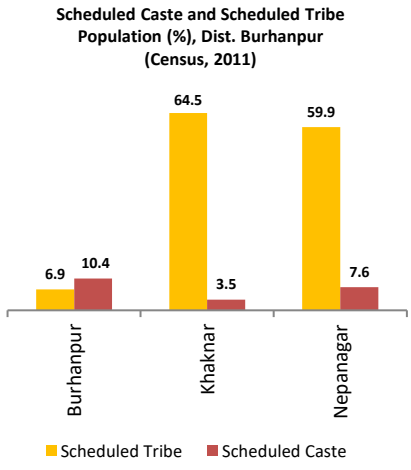
Quality Monitoring of Programme Implementation Plan (PIP) 2019-20 under National Health Mission in Burhanpur District (Madhya Pradesh)

1. Introduction

For action based PIP monitoring of NHM proposed by MoHFW (GOI) a field visit was made to Burhanpur district in February, 2020. PRC Team visited PRC Team visited District Hospital (DH), Urban Primary Health Centre Alamganj, Community Health Centre (CHC) Shahpur, 24*7 Primary Health Centre (PHC-HWC) Nimbola and Sarola, and Sub-Health Centre (SHC- HWC) Mahalgurada to assess services being provided.This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Seoni district. This include areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management and status of HMIS and RCH Portal data.

Report also provides key observations and action points pertaining to flagship programmes such as Health and Wellness Centre, Ayushman Bharat, LaQshya, Kayakalp and NPCCDC. Team also interacted with beneficiaries to ascertain quality of services. The report also provides critical insight and action points based on information collected from the service providers and programme managers during the visits to different health facilities in the district. Primary data was collected for the qualitative responses through interactions with the health staff during the visits to the health facilities. Secondary data was collected from the state web portal and HMIS data from programme management unit (PMU).

2. State and District Profile



Indicator	MP		Burhanpur*
	2001	2011	2011
No. of Districts	45	50	--
No. of Blocks	333	342	2
No. of Villages	55393	54903	263
No. of Towns	394	476	3
Population (Million)	60.34	72.63	0.76
Decadal Growth Rate	24.3	20.3	19.37
Population Density per (Km^2)	196	236	221
Literacy Rate (%)	63.7	70.6	64.4
Female Literacy Rate (%)	50.3	60.6	56.6
Sex Ratio	919	930	951
Sex Ratio (0-6 Age)	932	918	924
Urbanization (%)	26.5	27.6	34.4
Percentage of SC (%)	15.2	15.6	8.48
Percentage of ST (%)	20.3	21.1	30.36

Source: Census Reports, Registrar General of India, www.censusindia.gov.in, New district created in August, 2003

Burhanpur district is a district of Madhya Pradesh state in central India. The town of Burhanpur is the district headquarters. Burhanpur District was created on 15 August 2003, from the southern portion of Khandwa District. The Tapti River flows through the district from east to west. The district is divided from Khandwa District on the north by the Satpura Range, which is also the divide between the Narmada River valley and the valley of the Tapti. The pass through the Satpuras that connects Burhanpur and Khandwa is one of the main routes connecting northern and southern India, and the Asirgarh fortress, which commands the pass, is known as the "Key to the Deccan". The district is divided into two development blocks, Burhanpur and Khaknar, and three tehsils, Nepanagar, Burhanpur, and Khaknar. Burhanpur District is part of Indore Division. One more major town near Burhanpur is Shahpur. Shahpur is just 10 km away from Burhanpur and the most developed town in Burhanpur district.

According to the 2011 census Burhanpur District has a population of 757,847, and its ranking is 490 th in India (out of a total of 640). The district has a population density of 221 inhabitants per square kilometre (570/sq mi) . Its population growth rate over the decade 2001-2011 was 19.23%. Burhanpur has a sex ratio of 900 females for every 1000 males, and female literacy rate is 56.6 percent.

Key Health and Service Delivery Indicators			
Sr.	**Indicator**	**MP**	**Burhanpur**
1	Expected number of Pregnancies for 2019-20@	2297647	23819
2	ANC Registration Upto Nov.' 2019	1446656	17657
3	1st Trimester ANC Registration (%) Upto Nov.' 2019	68.5	59.5
4	OPD cases per 10,000 population Upto Nov.' 2019	5794	9128
5	IPD cases per 10,000 population Upto Nov.' 2019	465	474
6	Estimated number of deliveries for 2019-20@	2088795	21654
7	SBA Home Deliveries (%) Upto Nov.' 2019	11.5	7.0
8	Reported Institutional Deliveries (%) Upto Nov.' 2019	95.6	91.9
9	Sex Ratio	948	951
10	Sex Ratio at Birth	927	901
11	Female Literacy Rate (%)	59.4	58.2
12	Unmet Need for Family Planning (%)	12.1	10.4
13	Postnatal Care received within 48 Hrs. after delivery	55.0	58.4
14	Fully Immunized Children age 12-23 months (%)	53.6	43.3
**Source: Sr. 1-8 HMIS and 9-14: NFHS-4 @: Calculated assuming CBR 24.8 for MP (SRS Bulletin, 2019)*			

3. Health Infrastructure in the District

Visited Health Facilities

1. DH, Burhanpur
2. UPHC Alamganj
3. CHC, Shahpur
4. PHC-HWC, Nimbola
5. PHC-HWC, Sarola
6. SHC-HWC, Mahalgurada

- Burhanpur district is providing health services in urban areas through two urban PHCs and DH Burhanpur. Four CHCs, 13 PHCs and 97 SHCs are providing services in rural areas and peripheries. Three CHCs, 13 PHCs and 97 SHCs are functioning from government buildings. CHC Nepanagar is functioning in a building provided by Nepa mills
- The district has 119 public health facilities mapped in HMIS. However, data provided by the DPMU shows 117 (DH-1, UPHC-2, CHC-4, PHC-13 and SHC-97) health facilities. This does not include all the new SHCs proposed or sanctioned. The district has 14 SHCs which have recently been sanctioned.
- As per HMIS data reporting status for annual infrastructure for 2019, all the health facilities have uploaded HMIS infrastructure data for the mapped health facility.
- DH Burhanpur is a designated 200 bedded hospital and currently more than 200 beds are available. Two CHCs Shahpur and Khaknar are 30 bedded where as CHC Nepanagar which is functioning in a building provided by Nepa mills a public sector undertaking, has only 12 beds. This CHC cannot be expanded due to a contract between the health department and the mill. CHC Lalbagh has also 18 beds. All 13 PHCs are six bedded but the two UPHCs do not have any IPD facilities.

Distribution of rural public health facilities Burhanpur [%]					**Block-wise status of SHCs***			
Block	**Population#**	**SHC**	**PHC**	**CHC**	**Required**	**Available**	**Shortfall**	**New SHC[$]**
Burhanpur	**283766**	41	6	2	49	35	14	9
Khaknar	**213794**	58	7	2	64	62	2	6
					113	**97**	**16**	**15**

*Source: *http://health.mp.gov.in/sites/default/files/documents/shc-2000-21-6-16.pdf, # Census 2011, [%] **HMIS 2019-20**[$] SHCs Proposed*

- Nepa mill has a separate hospital 50 bedded hospital within its vicinity, which caters to the employees of the mill as well as fifty villages in its catchments. Both OPD and IPD services are

provided in this hospital. The hospital is equipped with OT, Pathology Lab,ICCU, X-Ray and Maternity room.

- The total bed strength in the public health facilities altogether is insufficient as per the population norms. Presently Burhanpur district has total sanctioned bed strength of 368 beds(DH-200, CHC-90 and PHC-78). The bed capacity in the district is insufficient according to the required norm of 500 beds per 1 lakh population.

Status of Visited Health Facilities

- DH Burhanpur, CHC Shahpur, UPHC Alamganj, PHC Nimbola, PHC Sarola and SHC Mahalgurada are easily accessible from the main road. The DH caters to around 2.10 lakh population in the district. Besides the hospital has additional load of providing services to adjoining districts of Surajpur and Balrampur. CHC Shahpur caters to around 60,000 population, UPHC Alamganj to 81,000 urban population, PHC Nimbola to 20,460 and SHC Mahalgurada caters to 4521 population in the periphery.
- The state has created an asset register (http://health.mp.gov.in/en/asset-register) for all the health facilities in all the districts of M.P. There has been no updation of the asset register, eight years after construction of the new DH buliding in Burhanpur, which provides only old information that the new DH building is under construction. updation of information of PHC Nimbola, PHC Sarola, UPHC Alamganj is not maintained in the asset register. Data available in the asset register need to be updated and verified regularly.
- The new DH hospital has 24 staff quarters in the hospital vicinity for MOs, ANMs and different category of staff. CS of the DH informed that quarters for MOs are small and inadequate.Twelve staff quarters in the old DH building campus are in dilipadated condition and require immediate repair. CHC, Shahpur has only two staff quarters for MOs, one quarter for MO and two for SNs was reported in PHC Sarola. It is observed that CHC Shahpur and the three HWCs have PHC Salora PHC Nimbola and SHC Mahalgurada have insufficient residential facilities for the staffs. SHC Mahalgurada has one residential quarter for the ANM but the newly appointed CHO does not have residential quarters at the SHC.
- Presently there are three functional OTs in DH Burhanpur, one General OT, one Labour OT and one Emergency OT against seven OTs which are indifferent stages of planning. The SPM eye hospital adjoining CMHO office has a separate eye OT.

District Hospital Burhanpur

PRC team with CS, DH-Burhanpur

PRC team with health staff, DH-Burhanpur

CMHO, District- Burhanpur meeting for Corona Virus

- Immunization is provided on daily basis at DH Burhanpur,every saturday the DH provides full immunization. ANC vaccination is provided on daily basis for mothers at the DH. Those mothers who deliver in private health institutions also visit the DH for vaccination of children.
- Functional BB was observed in the DH Burhanpur. Total issue on the date of PRC team visit was 4816 units from April, 2019 and remaining stock on the day of visit was 29 units of blood. The pathologist in DH Burhanpur discussed that elisa and washer is not properly functional and washing steps are critical in order to reduce background signal. The pathologist also informed that washing steps ensure that only high fidelity binding interactions occur between antigen and antibody. There were also issues with the air conditioner not functioning properly which is essential for maintaining temperature in the lab as well as the BB. All types of reagents are not available for the electrolyte analyser. Different types of reagents cannot be used in the presently configured electrolyte analyser. The latest calibration of instruments was done on 20.01.2020.
- CHC Shahpur has one MO and one lab technician trained in BSU handling but it is non functional due to leakage in electricity and the fridge is passing current.
- Eight Ayush MOs, under NHM are posted in different PHCs and CHCs of the district(one homeopathy, one Ayurvedic and six Unani).There is only one Ayush pharmacist posted at CHC Khaknar. There are 12 independent AYUSH dispensaries (seven Ayurveda, three Unani, and two Homeopathy) functional in the district. The OPD services being provided by AYUSH MOs are separately recorded and sent to DAO office.
- Presently DH Burhanpur is not providing Ayush services. The DAO informed about ongoning negotiaions with the state for a 2000 sq ft plot in the DH vicinity to devlop a separate AYUSH hospital/ wing to provide OPD and panchakarma services.
- AYUSH OPDs are high as observed in visited CHC Shahpur, PHC Nimbola and PHC Sarola. But for managing medicine stock there is neither a proper storage facility nor any pharmacist for distribution. The whole onus of providing medicines falls on the MO. There is only one pharmacist posted in CHC Khaknar. Stock out of Unani medicines was reported at PHC Sarola.
- The DH has upgraded its infrastructure under Kayakalp to a great extent and received an aggregate score of 79.7, in internal assessment in 2019-20 but in the Annual Infrastructure Report (HMIS) Kayakap scores through peer assessment are 42. The differences in scores indicate a lack of understanding among the different staff regarding assessment of the facility. The facility lacks in rain water harvesting facilities. The DH has scored 70 in SQAS assessment

Different Wards, Dyalisis Unit and Blood Bank DH-Burhanpur

and has yet to receive NQAS certification, for Laqshya. There is a nodal officer and MCH coordinator overseeing the Laqshya implementation.

- Among NCD services five dialysis machines have been installed in DH Burhanpur, trained MO for cancer and trained specialist and SN in Mental Health who are providing services at DH. The dialysis unit is functional in DH Burhanpur since 2016. Five dialysis machines are available. A staff of eight, including two technicians trained from People's hospital Bhopal and one SN trained in dialysis from MY hospital are providing services.
- SPM eye hospital is functioning separately with 32 beds allotted with a separate eye OT. The staff includes one specialist and para medical staff include four regular SNs and two ophthalmic assistants who are posted in the periphery.
- The ART centre is functional since last seven years. Out of 1391 clients registered (positive) 1325 are receiving ART services.The ART centre has five staff including an RMO, one counsellor, one care counsellor, one data manager, but no SN or lab technician. MPSAC is not integrated with NHM so there is no data sharing in HMIS.
- Lab services have been made 24 *7 with emergency calls for maternity and BB but with paucity of lab technicians. BB does not have any sanctioned posts of labtechnician or lab attendant.
- Among the unused infrastructure is the USG machine which remains unused due to non availability of a radiologist. A PGMO (gynae) who has recently joined the DH has expressed the willingness in receving training in USG for pregnant women.
- DH Burhanpur has partial solar power backup and all other visited facilities have solar electricity installed. Additionally generatotor and invertors are available in the DH and CHC. PHC Nimbola has inverter for maintaining cold chain.
- E-Hospital has been initiated with three modules OPD, IPD and pathology are functional. Apart from this Ayushaman Bharat Mitra are also providing services. Patient registration is computerized and out-sourced to a private agency.
- Laundry services are available in DH with a permanent washerman employed, but is outsourced in the visited CHC Shahpur and PHC Nimbola. PHC Sarola has a washerman.DH has two washing machines for labour roomand SNCU. Except for the DH all the visited facilities have a tiffin system for providing diet to patients. DH has a kitchen from which food

WCD- One Stop Centre, DH-Burhanpur

Signages and Aayushman Bharat, DH-Burhanpur

is served for general patients and those mothers receiving JSSK services. In SHC Mahalgurada the ANM provides food from home to the delivery patients.

- The DH is linked to one 108 for JSSK services, one Red Cross donated ambulance and three emergency ambulances for providing transport services to patients and mergency services. Drivers have been hired for providing services. CHC Shahpurand the visited HWCs have 108 in their areas to provide services to patients and pregnant women.
- There is Chief Minister Help Line (Toll free No. 181) for any complaint regarding hospital services or staff behaviour **(http://cmhelpline.mp.gov.in/)**. It was informed that a patient feedback system is in place at DH, Burhanpur, CHC Shahpur and the visited PHCs.

4. Human Resources

- Madhya Pradesh has to a large extent mitigated the gap of inadequate staff in their rural health facilities (RHS, 2018). Total shortfall of MOs in rural public health facilities is only five percent, and that of nursing staff is less than one percent. But there is an acute shortfall of specialists (80 percent) and lab technicians (16 percent).
- There is paucity of specialists in DH Burhanpur (35 percent). DH Burhanpur has 274 sanctioned posts (Specialist-23, MO-20, Trauma Centre Specialists-3 & MO-5, paramedical-105, technical staff- 32, clerical-11, class iv- 41, support staff- 34). Through RKS 16 security staff and 28 cleaning staff have been appointed in DH Burhanpur. The hospital is functioning with 60 percent staff capacity including nine contingency support staff.
- The BB unit has staff paucity and it does not have a lab technician SN or a counsellor. A lab technician's post has not been sanctioned for the BB. A single pathologist in the DH is incharge of the the general laboratory and the BB.
- HR Portal http://hrmis.nhmmp.gov.in/Home/Login is for preparing a comprehensive data base of existing manpower of existing HR. District submits all the required details using HRMIS which is validated and approved by the state. There is no district level HR cell or any nodal officer assigned the task of HR management. The HR software for the regular staff of district is managed by the CMHO office and that of the NHM staff by the DPMU.
- The post of District Health Officer, District Immunization Officer, District TB Officer, District Family Welfare Officer are lying vacant and thus all programme. The supervision of all these programmes have to be handled by MOs posted in the DH who are burdened by dual responsibility of clinical services and programme supervision.

- Among regular specialists seven are in position including one medical specialist, one gynaecologist, one surgical specialist, one anesthetist, one eye specialist, one surgical specialist and two child specialists (including SNCU) are in position. Additionally one PGMO in gynae and one PGMO in child health under NHM are providing services in DH Burhanpur. One medical specialist and one surgical specialist are posted at CHC Shahpur.
- Seven PHCs Basad, Bodarli, Dhulkot, Loni, **Nimbola** and Phopnar do not have a medical officer in position. The two PHC HWCs Nimbola and Sarola have one MO and one AYUSH MO each.
  CHC Khaknar does not have a BMO and the MO I/C of PHC Sarola provides services at the CHC twice a week.
- UPHC HWC Alamganj does not have a regular MO. An MO under NHM has recently joined the UPHC and is providing OPD services.

Training and Capacity building

- Training MIS has been initiated at the national level for training load assessment but is not yet operational in Burhanpur district.
- In 12 PHCs, two UPHCs, and 13 SHCs which are HWCs MOs and paramedical staff (ANM & MPW)as well as the MOs have received trainingsin NCD in 2019-2020. In the forthcoming year NCD training of staff of 44 SHCs is proposed.
- In 2019-20 NCD trainings have received priority in the district. Nine MOs, 36 ANMs, and 15 MPWs have received trainings in NCD. BMO of CHC Shahpur, MOs of PHC Sarola and Nimbola, JMI of Nimbola, ANMs of SHC Mahalgurada and UPHC-HWC Alamganj, have reeived NCD trainings and tablets for NCD data entry. PHC Sarola has a one trained DEO for NCD data entry at PHC Sarola.
- Trainings in, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, IMEP, RCH portal, NCD. Kayakalp and HWC trainings are being provided for skill up gradation of different category of health staff in the district.
- The paramedical staff at the DH are trained in SBA, NSSK, PPIUCD, in vector borne diseases (VBDCP), in RKSK, in IMEP.
- In CHC Shahpur different category of staff are trained in BeMOC, SBA, Laqshya, skill lab, NCD, IUCD, PPIUCD, IMNCI, NSSK, IMEP, HMIS, RKSK and Kayakalp.
- In PHC Nimbola and other PHCs different category of staff are trained in skill lab, SBA, NSSK, IUCD, PPIUCD, NCD, HMIS, PFMS, and Kayakalp.

- ASHAs have received trainings in Early development and identification of 4 D's.
- In PHC Sarola one MO is trained in MTP, FBNC, RKSK and four SNs in NSSK and Kayakalp.
- In SHC Mahalgurada the ANM is trained in SBA, NSSK, FBNC, PPIUCD, RCH portal, RKSK.
- The ART counsellors receive training from time to time and ASHAs are trained in 4 D's and early development.
- Equipment calibaration training has been received by the store keeper at DH and hands training is provided in cold chain maintenance to the ANMs and technicians.

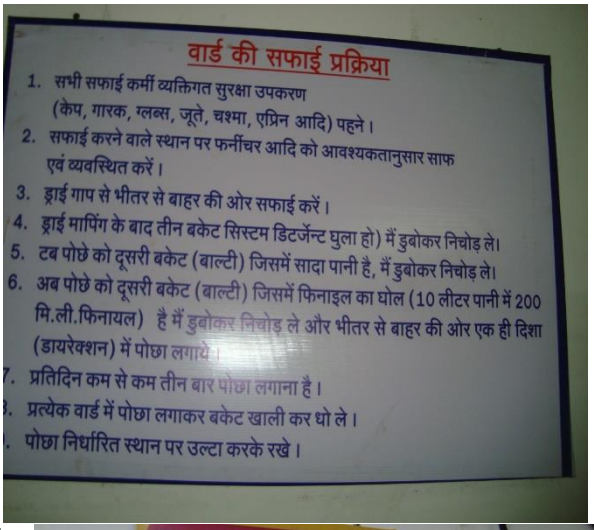
- In all visited health facilities staff endorsed their trainings in different areas, but none of the visited health facilities have updated list of trainings received by different category of staff. This information is essential for rational deployment of trained staffs at designated delivery points and HWCs. Although the state health department web-site **http://health.mp.gov.in/en/training-orders** provides orders pertaining to nominations of various health personnel for different types of training programmes, the district has not maintained a list.

5. RMNCHA+ services

- RMNCHA envisages a comprehensive and integrated health services most importantly for the adolescents, mothers and children. indicators. which includes integrated service delivery in various life stages including the adolescence, pre-pregnancy, childbirth and postnatal period, childhood and through reproductive age. The RMNCH+A strategy aims to reduce child and maternal mortality through strengthening health care delivery system. In view of this, the Score Card developed by MoHFW is in use to assess & improve the service delivery through routine monitoring system.
- Madhya Pradesh is amongst states with high infant and maternal mortality and constant monitoring is being done by introducing interventions like PMSMA, training staff in SBA at periphery, skill lab at district level, EmNOC training to MOs Obst and Gynae refresher courses for specialists operationalizing delivery points by posting trained staff, creating infrastructure MCH wings, upgrading maternal and child health services by upgrading maternity OT and labour through LaQshya, four bedded HDU in 25 district hospitals, and MC Jabalpur, SNCUs and NRCs for neonates and SAM children.
- Except for DH Burhanpur, most of the visited health facilities in the district are not fully equipped to provide full range of all the RMNCH+A services. DH Burhanpur has an MCH

SNCU and Mother Ward, DH-Burhanpur

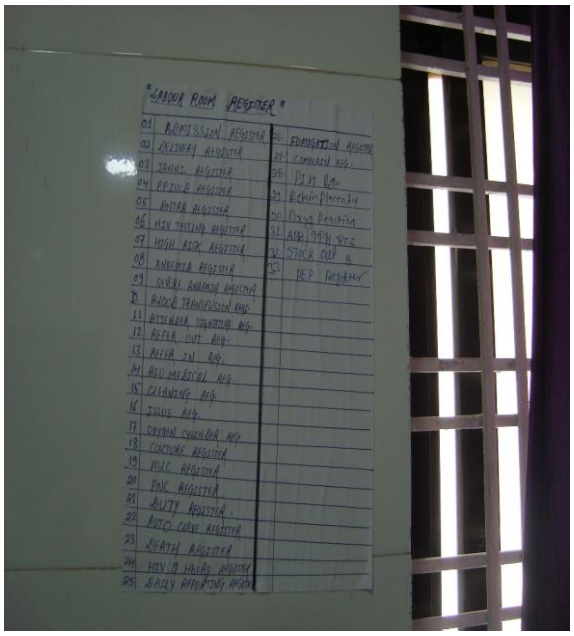
Inside the Labour Room of DH-Burhanpur, PRC team with staff nurses



IEC and Cleanliness Protocols, DH-Burhanpur

coordinator for the last seven years who manages and monitors the maternal health activities of DH and along with two nursing mentors visits delivery points in the district. There are no RMNCHA counsellors in the district.

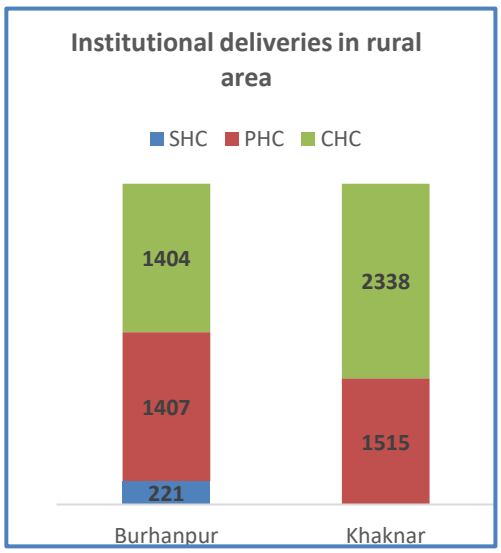
- One RMNCHA Counsellor, and one gynaecologist, have been provided to GMC by NHM to facilitate services.
- CHC Shahpur which is designated as L3 facility has no paediatrician, gynaecologist or functional BSU, with hardly any capacity for providing FRU services. C- section deliveries have not been conducted in the past one year.
- As per the HMIS monthly consolidated report for April to January, 2019 there were 19581 ANCs registered and 60 percent of them were registered in the first trimester.
- It was found that ANC registration has not been uniform across all the health facilities. ANC registration is primarily done at periphery (86 percent) and first trim registrations were also reported from rural health facilties (85 percent) to mitigate overlapping and duplication of ANC registration. Pregnant women are then advised to visit nearby health facility to avail ANC services.
- HMIS monthly consolidated report for April to December, 2019 shows that 89 percent of pregnant women were given 180 IFA tables and 360 calcium tablets but actually only half or even less IFA and calcium tablets are provided during each ANC check-up.
- No mechanism is in place to maintain track of the number of pregnant women completing the IFA/Calcium tablet, however, all the ANC registered pregnant women are reported to have received full course of 180 IFA and 360 Calcium tablets during the reporting months. ANMs at PHC and SHC pointed out that usually calcium tablets are always in short supply.
- Distribution of institutional deliveries in rural areas shows that there is uneven distribution of deliveries conducted at SHCs, PHCs and CHCs in all the blocks. This shows that availability of delivery services are not distributed equally in rural area. Out of total 11197 institutional deliveries in the district, 38 percent were conducted at urban health institutions which include DH, SDH and private health institutions.
- Out of total 1424 c-section deliveries conducted in the district only (42 percent) were conducted at DH Burhanpur, whereas a higher proportion of c-section deliveries were conducted at private institutions during April-January 2020. HMIS report shows that 62 c-section deliveries were conducted at Khaknar. HMIS report shows that only 87 c-section

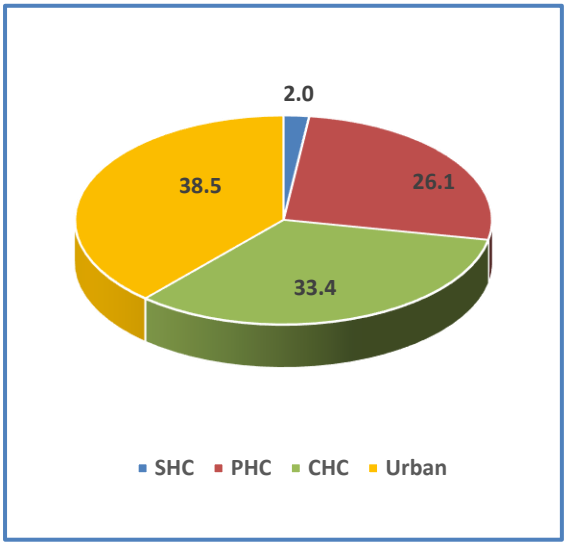


Emergency Medicines and Registar in Labour Room

deliveries were conducted in the night (8 pm-8 am), which signifies insufficient provision for emergency delivery care services in the district.

Distribution of Institutional Deliveries, Bhuranpur District, HMIS (Apr-Dec, 2019)





- JSY amount for the period April – January, 2019-2020 total delivery 4589 (urban: 2221; rural 2007 beneficiaries) 86 percent were paid for urban 88 percent paid for rural delivery 361 cases pending in the district.
- Almost all new RTI/STI cases among males and females were reported from the DH between April – January 2019-20, a few from private health facilities and a nominal proportion from CHC Khaknar. It was observed that none of the other visited health facilities CHC Shahpur PHC Sarola, PHC Nimbola, UPHC Alamganj have reported any new cases.
- Lack of medical officers at periphery, particularly lady MOs act as a barrier for female patients in identification and seeking treatment of RTI/STI cases, due to hesitation. Except DH there is no arrangement of maintaining privacy during counselling on RTI/STI and other reproductive health problems**.**
- The ICTC Centre is functional and services are being provide at DH Burhanpur.
- There were 1522 IUCD and 1318 PPIUCD insertions reported by the district. It is observed that in HMIS out of 646 IUCD removal in the district during April- January, 2019-20 nearly 41 percent IUCD removals were reported from Khaknar block. There were 93 cases of complications due to IUCD reported in the district and nearly eighty percent were reported from Burhanpur block.

There were 211 women given first dose of injectable contraceptive under Antara programme and 90, 43 and 66 women were given second, third and fourth dose respectively.

- It was observed that proper records are not maintained with respect to supply and distribution of oral pill, condom, weekly pill and emergency contraceptive pill to users at any of the visited health institutions and reporting is done without any verification. Health care providers are also unaware about significance of reporting of spacing methods.
- Adolescent health services are absent in the health institutions across district. HMIS data shows, 1735 boys and girls received clinical services, and 1750 received counselling services in the district. There is one RTI/STI counsellor in theDH. Who provides counselling referred from OPD. No other visited health facility is providing RTI/STI services. Further inputs are required in augmenting services in adolescent health.

- Neonatal health is a crucial dimension towards achieving goals pertaining to reducing infant mortality and share of neo-natal mortality in infant deaths. SNCUs are neonatal units which should be established at the district hospital in the vicinity of the labor room which provides special care to both inborn and out born sick neonates (all care except assisted ventilation and major surgery) for sick newborns. A 20 bedded Special new-born Care Unit (SNCU) has been set-up in DH Burhanpur. There is one contractual paediatrician, three contractual MOs (DCH) and one regular MBBS doctor for providing services in the SNCU. There are 15 staff nurses for round the clock services.

SNCU performance DH Burhanpur (December, 2019)	
In-born admission	43
Out-born admission	50
New-borns admitted from DH (472 live births)	4%
Discharged children	41
Referred to higher facility	24
Left against medical advice	1
Died	5

- All SNCU staffs are trained in FBNC and are also trained in Continuous Positive Airway Pressure (CPAP) MOs are trained in observership
- SNCU is connected to the the labour room and as per IPHS standards
- Child malnutrition is a major challenge in Madhya Pradesh. NRCs are already established and are providing services at the specific health institutions in the district. RBSK teams are also assigned to identify severely malnourished children during visit to AWC and refer them to NRCs. Additionally AWCs and ASHAs are trained to identify SAM children and bring them to NRCs.

- There are four NRCs in the district one twenty bedded NRC is functional in DH Burhanpur and three ten bedded NRCs in CHC Khaknar, CHC Nepanagarand PHC Dhgulkot. NRC in DH Burhapur is under the charge of a nodal officer with one FD, one SN one ANM, five supporting staff, and one NRC attendant appointed under NHM are presently working.During April-

- January 2019-20 total 196 SAM children were referred by AWC during the month.

Performance of NRCs in Burhanpur District (April – January, 2019-20)															
NRCs	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
BurhanpurDH	20	24	492	62	0	32	122.86	322	0	196	163	18	10	0	105
Khaknar	10	10	279	74	0	9	137.62	281	0	101	101	42	0	0	35
Nepanagar	10	8	215	10	0	15	106.19	182	0	188	14	2	0	1	10
Dhulkot	10	5	202	20	0	16	98.57	164	0	131	39	0	3	0	29
1 No. Of Beds 2. Previous Admissions 3. Children Admitted During the Period 4.Medical Transfer during the period 5. Deaths during the period 6. Defaulter during the period. 7. Bed occupancy rate 8. Mothers Counselled for FP 9. Mothers adopted FP 10. children reffered by AWW 11. children reffered by ASHA 12. Children reffered byself 13. Children reffered by doctor 14. Children reffered RBSK 15. Children referred by others. source http://www.nrcmis.mp.gov.in/Report.aspx															

- Mothers are being provided FP counselling (SN I/C) but none of the mothers adopted FP on advice from SN in NRC.
- NRC urgently needs a bedside railing, mosquito nets, exhaust fan, mattress cover (rexine), room heater and fly capturer as reported by FD.

RBSK

- There are 4 teams in the twos blocks of the district with total staff of twelve urban team. Both teams have eight AMOs who are screening children for 4 Ds in the periphery. But referral services are working only partially due to district coordinator's post in District Early

RBSK District Burhanpur Data October - December 2019			
No of Children Screened	**Screened**	**Identified With Problem**	**Referred Higher Facility**
Age Group			
0-6 Weeks	2171	4	1
6 Weeks-6 Years	6559	722	31
6-18 Years	16022	1994	86
TOTAL	**24752**	**2720**	**118**

Intervention Centre lying vacant for past 2 years. RBSK team reporting SAM children is not observed in NRCMIS. This indicates non-reporting of cases of SAM children identified by the RBSK team. Children are eithers referred to MY Hospital,Indore or at private empanelled hospitals in the state, where children with different types defects are reffered.

- In urban areas of Burhanpur there are 300 AWWs and 200 schools therefore screening of children is not being undertaken because of staff paucity in urban areas.

6. Non-communicable Diseases

- With the new initiatives of population-based screening for non-communicable diseases and referrals of acute illnesses from peripheral centres; the high-risk patients are being identified and referred to higher level health facilities and district hospitals.
- Under Ayushman-Bharat programme the state has prioritized community based screening of NCDs at all the SHCs and PHCs. DH Burhanpur has a designated NCD clinic. It was observed that, in periphery MOs have received NCD training along with SNs but very few specialists for advanced screening and treatment of NCDs, and neither do any of the other health institutions have complete range of NCD services.
- Medical officers at the visited PHCs have been provided laptops and NCD s/w for reporting of NCD screening cases. None of health facility in the periphery had NCD manual in Hindi language, which need to be supplied. The district is also reporting daily details of screened cases for each facility.

NCD Campaign Daily Reporting (as on 28.01.2020)										
Block	**Enrollment**				**Screening**			**Examination M.O.**		
	Target	**All**	**30+**	**Achievement %**	**Target**	**Screening**	**Achievement %**	**Total Reffered**	**Examined at PHC**	**Achievment %**
Burhanpur	61389	59339	55359	90	61389	23690	39	5440	3230	59
Khanknar	22945	22930	17680	77	22945	10315	45	2193	1948	89
Total	84334	82269	73039	87	84334	34005	40	7633	5178	68

- In the month of September-October, 2019 special campaign for population based NDC screening was conducted in the district. The district epidemiologist received master trainer's training in NCD in Bhopal and has carried out trainings in the district.
- ASHAs were trained for filling-up CBAC forms. It was observed that ASHAs have filled-up CBAC forms, however, not all the information pertaining to breast cancer and cervical cancer was ascertained from women in the community. ASHAs need to be oriented for proper risk assessment for breast and cervical cancer among women.
- The ANM of Mahalgurada and sector supervisor informed that ASHA 's are not able to correctly understand and fill up the CBAC forms. For screening of cervical cancer there are no lab technicians at PHC level. SHC Salora does not have a lab technician.

NCD Screening and treatment provided in Burhanpur district (upto Jan 2020)						
Block	Oral Cancer	Breast Cancer	Cervical Cancer	Diabetes	Hyper Tension	Total under Treatment
	(Diagnosed)	(Diagnosed)	(Diagnosed)	(Diagnosed)	(Diagnosed)	
Burhanpur	0	0	0	910	1482	1912
Khanknar	0	0	0	329	644	887
Total	0	0	0	1239	2126	2799

Kayakalp Landscaping, DH- Burhanpur

PRC team interacting with mothers, DH- Burhanpur, Maternity Ward

- Medical officers at the visited PHCs have been provided laptops and NCD s/w for reporting of NCD screening cases. In the periphery NCD manual in Hindi language is not available at any of the health facility, which need to be supplied. The district is also reporting daily details of screened cases for each facility.
- Continuous supply of drugs, equipments and other consumables for routine screening and treatment of persons is essential. Regular calibration of equipments needs to be ensured along with prompt replacement of faulty equipments, due to high screening load . Health personnel including ASHAs need to be properly trained for taking measurements, noting measurements and reporting identified cases correctly.
- COVID-19 which is spreading like an epidemic has been taken seriously by the state and for this a meeting was held on 3rd February 2020 by the CMHO in which CS and all BMOs, MO I/C attended, to chalk out a strategy to create alertness through intense IEC promote awareness and bust myth about this virus.

7. Community Interface and ASHA

- PRC team interacted with mothers at DH Burhanpur, PHC Salora, PHC Nimbola and UPHC Alamganj, those who had come to the visited facilities for ANC, delivery, and immunization services and OPD services.
- Patients who had come for services at the DH, UPHC and the PHCs were interviewed to assess the patient satisfaction at services availability n different sections of the visited facilities were satisfied with the treatment and medicines received and behaviour of the staff.
- Majority respondents had MCP card with basic information about the clients, name and mobile number of ANM and ASHA mentioned on it. Most of the women had received payments for JSSK services.
- It was found that women had not been oriented properly about information in the MCP card and its significance.
- Patients did not report out of pocket expenditure for treatment and medicines except for DH Burhanpur where mothers had to pay for c-section operations.
- There are more than 500 ASHAs in Burhanpur district who were recently trained in filling up CBAC forms along with their regular work.
- ASHAs are involved in HBNC (seventh round), JSY, VHND, RKSK and NCD with a focus on coverage of community at village level.They are assisted by ASHA Sahyogis in their

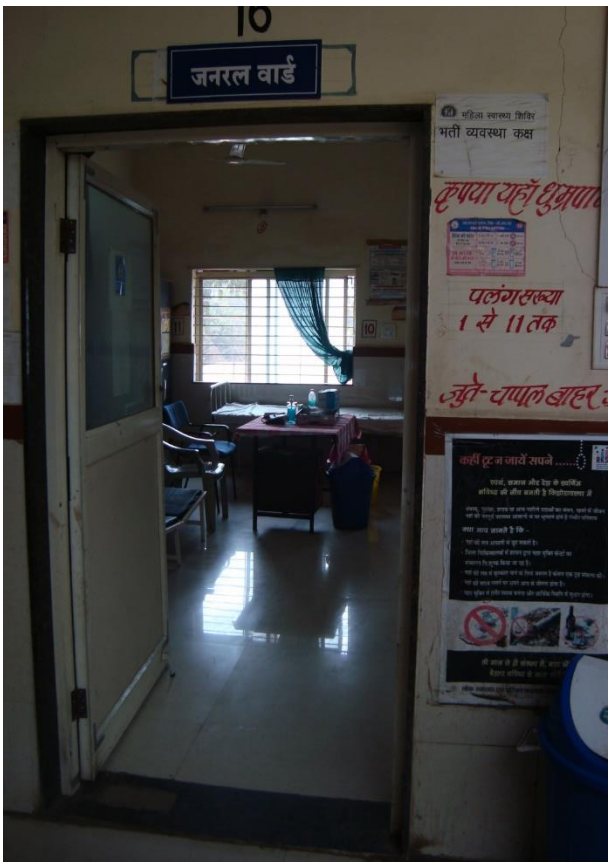
respective areas during HBNC visits who monitor their work and provide assistance.

- ASHAs need additional support, in their emerging role in delivery of comprehensivee primary health care such as universal screening of common NCDs.Batching matching and tracking training in NCD was provided to ASHAs. Three interviewed ASHAs reported that they had filled 350, 450 and 530 CBAC forms in their respective villages.
- There are twenty six ASHA Sahayogi who keep record of services provided by the ASHAs in her catchments villages. Based on this record ASHAs their payment voucher which is then submitted to ASHA Sahayogi for payment.
- It is observed that most of the ASHAs need periodic training on record keeping of services they provide. ASHAs do not keep any records about the amount they received and amount due to be paid.

8. Aayushman Bharat

- 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. Ayushman Bharat help-desk is functional in DH Burhanpur.
- Except DH, Burhanpur there is no other public or private health facility empanelled under Ayushman Bharat.
- In all 2746 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 530 were OPD patients, 2216 IPD patient and preauthorization initiated for2216 cases. In all an amount of Rs. 1.09 crores have been pre-authorized and claims amounting to Rs. 1.20 crores have been submitted. Claims o
- No Private hospital in the district has been empanelled under the scheme in Burhanpur, because none of these are NABH accredited but private hospitals/ nursing homes have been empaneled in Indore and Jalgaon. Overall claims worth 36.72 lakhs has been processed and Rs. 5.24 lakhs have been distributed to employees as incentives.
- Ayushman Mitra coordinator informed that some persons working in the Common Service Centre (M.P. online) at the collectorate office were approaching inoccent villagers by charging them Rs 150-200 for Ayushman Bharat identity cards whereas Rs. 30 are charged at DH . It was further reported that these i- cards are not handed over to those people. Thus

CHC-Shahpur and OPD Hall



CHC-Shahpur OT, General Ward and Labour Room

Interacting with Asha and Aayush Doctors

many probable BPL clients are being deprived of services, because re- registration is not possible.

- Social audits in the DH has revealed women undergoing c-section deliveries were having to pay between Rs 5000- 15000 to the doctor conducting c-section deliveries. This was conveyed to PRC team by women in post- natal ward.

9. Health and Wellness Centres

- In February 2018, the Government of India announced that, 1,50,000 Health & Wellness Centers would be created by transforming existing Sub Centers (SC) and Primary Health Centers (PHC) to deliver Comprehensive Primary Health Care are the key components of Ayushman Bharat. For a package of services that cover reproductive, maternal child and adolescent health, communicable and non-communicable diseases, management of acute simple illnesses, enabling continuum of care for chronic illnesses, including care for the elderly.

Health and Wellness Centre proposed in Madhya Pradesh						
Year	**Districts Covered**	**Blocks Covered**	**Total**	**No. of Facilities to be upgraded to HWCs**		
				SHC	**PHC**	**UPHC**
2018-19	25	75	700	354	296	50
2019-20	25	146	926	499	231	196
2020-21	51	313	820	175	645	
			2446	**1028**	**1172**	**246**

- Total Health and Wellness Centre proposed for the year 2019-20 in M.P. are 926, (UHWC: 36; SHC HWC : 499; PHC HWC: 231). In Burhanpur district 12 PHCs, 13 SHCs and two UPHC are being operationalized as HWC.

- Partial upgradation and infrastructure augmentation of PHC and SHC buildings was observed including marking and branding of Health and Wellness Centres in process in Burhanpur district. During financial year 2019-20 an amount of Rs. 1,38,122 for upgradation of HWCs has been granted. A total of 25 HWCs, (13 SHCs and 12 PHCs), including visited PHC Sarola, PHC

Status of Visited PHC/SHC -HWCs in Burhanpur District			
Areas of Upgradation	**PHC-HWC Sarola**	**PHC-HWC Nimbola**	**SHC-HWC Mahalgurada**
Staff as per norms	Partial	Partial	Partial
Infrastructure upgradation	Partial	Partial	Partial
IT Support and Teleconsultation Services	Partial	Partial	Partial
Medicines and diagnostics	Partial	Partial	Partial
Staff Training in NCD	Yes	Yes	Yes

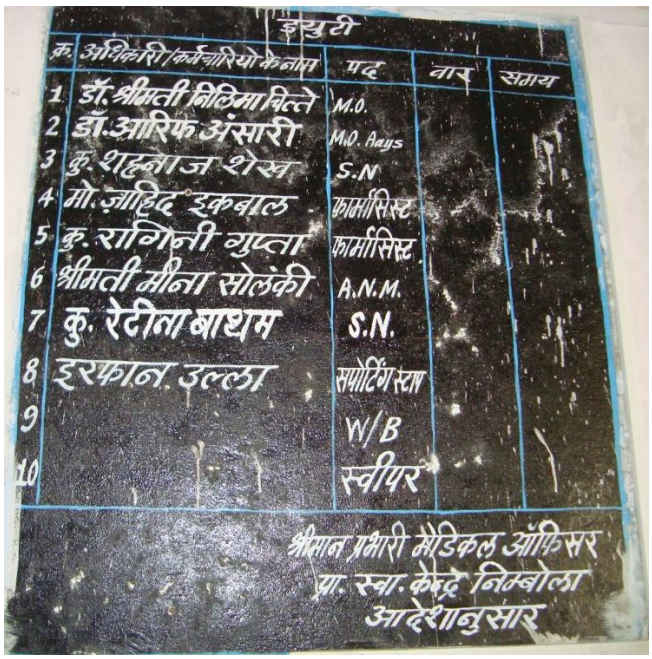
PHC-HWC -Nimbola

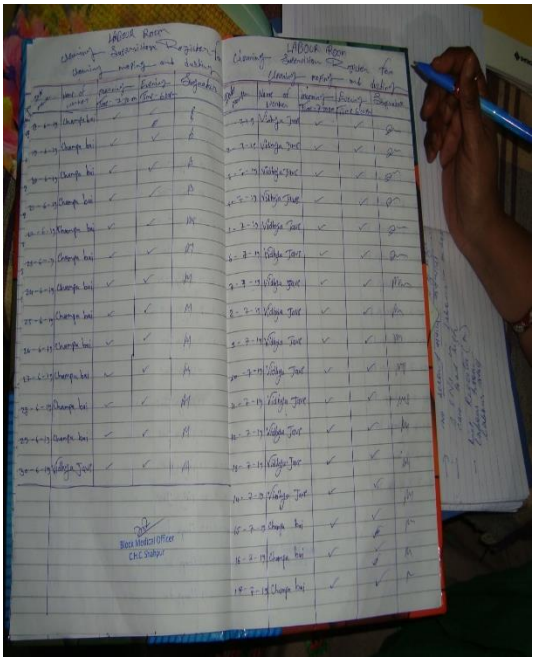
Patients waiting outside the wards

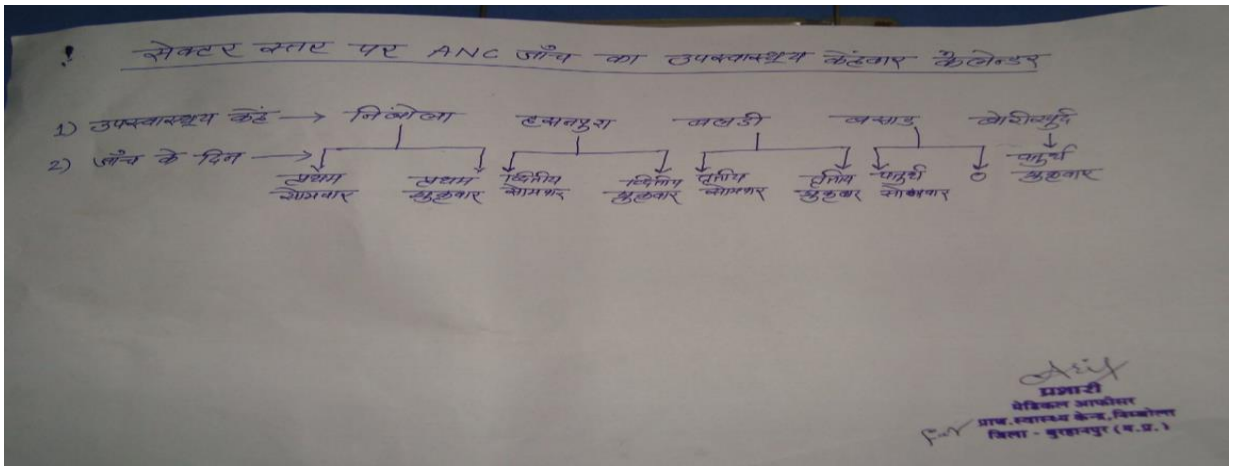
Interacting with DPM and Aayush Doctor Nimbola

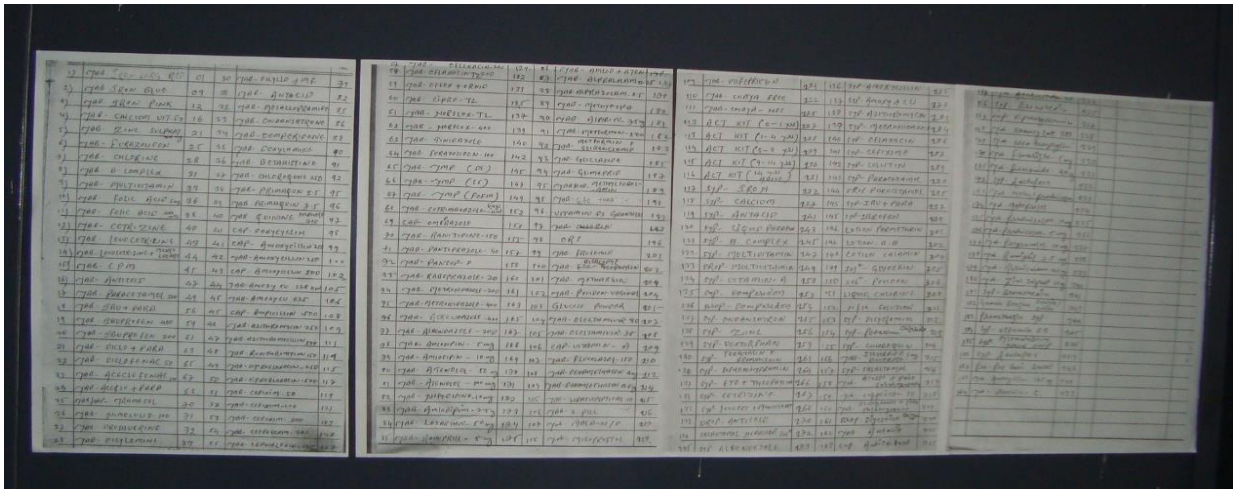
Interacting with patients, Nimbola

PRC team in Labour Room, PHC-HWC - Nimbola









Register and ANC Programme Schedule, Nimbola

Nimbola, and SHC Mahalgurada, have received funds through NHM for building upgradation work, undertaken by PWD. External branding of all the HWCs have been carried out.

- Sufficient space for expanded service delivery, for medicine dispensation, diagnostics organized, space for wellness related activities including the practice of yoga etc. with adequate spaces for display of communication material of health messages,

  including audio visual aids are essential in the visited HWCs PHC Sarola, PHC Nimbola and SHC Mahalgurada. Only external branding of HWcs have been done.

- In thirteen SHCs the CHOs have recently joined and taken charge after completing the bridge course, but NCD tabs with NCD App ID is still to be provided to them.

Blocks	CHOs functioning in SHCs
Burhanpur	6
Khaknar	7

- Urban UPHC Alamganj although a designated HWC has not been branded as per HWC protocols.

10. Kayakalp

- Ministry of Health and Family Welfare, Government of India, has launched a national initiative on 15th of May, 2015 to promote cleanliness and enhance the quality of public health facilities. The purpose of this initiative is to appreciate and recognise their effort to create a healthy environment. The name of this initiative is "KAYAKALP". Swachhta guidelines for health facilities.
- Seven areas hospital upkeep, sanitation and hygiene, waste management infection control, support services, hygiene promotion and beyond hospital boundary are observed and assessed, first internally, then by peer team and finally by an external team of the state. Facilities which outshine and excel against the predefined criteria are awarded.
- Twenty facilities DH Burhanpur, four CHCs and 15 PHCs have completed the internal assessment of Kayakalp for the year 2019-20.

Kayakalp Scores Internal Scores 2019-20					
Dimensions	**DH Burhanpur**	**CHC Shahpur**	**PHC Sarola**	**PHC Nimbola**	**UPHC Alamganj**
Hospital & Facility Upkeep	88	98	53	29	33
Sanitation & Hygiene	94	99	48	28	37
Waste Mnagement	71	78	38	29	25
Infection Control	90	85	41	27	22
Hospital Services	39	40	33	21	14
Hygiene Promotion	46	50	33	28	12
Maintenance of surrounding area and Waste Management	50	85	30	26	21
Total Scores	**79.7**	**89.2**	**81.4**	**84.7**	**68.3**

- Staff training for Kayakalp is limited in Burhanpur as only the MCH coordinator, Matron and Nursing sister in the DH have received training in Kayakalp. The awareness regarding Kayakalp was not seen among the staff in DH Burhanpur. This may be the reason that there is variance in the scores obtained in intenal assessment (79.7) and peer assessment (43).

11. LaQshya Intervention

- Under the LaQshya initiative, multi-pronged strategy has been adopted for ensuring the identified gaps in labour rooms and maternity OT. LaQshya guidelines implementation and
- NQAS certification, dakshata training, formation of district coaching time, conducting of baseline, implementation of rapid improvement cycles are steps to provide quality maternal services. DH Burhanpur has anodal officer, one MCH coordinator and two nursing mentor for LaQshya.
- DH Burhanpur hospital alone has been selected for implementation of LaQshya program and HDU. The internal baseline assessment was completed by the DH in November, 2019.

ternal Assessment scores of LaQshya, DH Burhanpur			
Areas of assessment		**Operation Theatre**	**Labour Room**
A	Service Provision	75%	91%
B	Patient Rights	73%	85%
C	Inputs	75%	83%
D	Support Services	81%	79%
E	Clinical Services	77%	78%
F	Infection Control	75%	55%
G	Quality Management	61%	67%
H	Outcome	58%	78%
Date of Internal assessment		20.11.2019	20.11.2019
Overall Score		**74 %**	**76%**

- Among strengths and positives in labour room practices were referral of clients along with good documentation Rate of referral is very low and cleanliness is good within the labor room.
- Labour Room gaps observed during assessment were fire safety training not completed, emergency fire exit gate not planned. Lacunae in clinical services area, decontamination of instrument, disposal of liquid waste without treatment and short of supply like Gum boots, patient aprons, tags for mother and baby etc.

PHC-HWC – Sarola

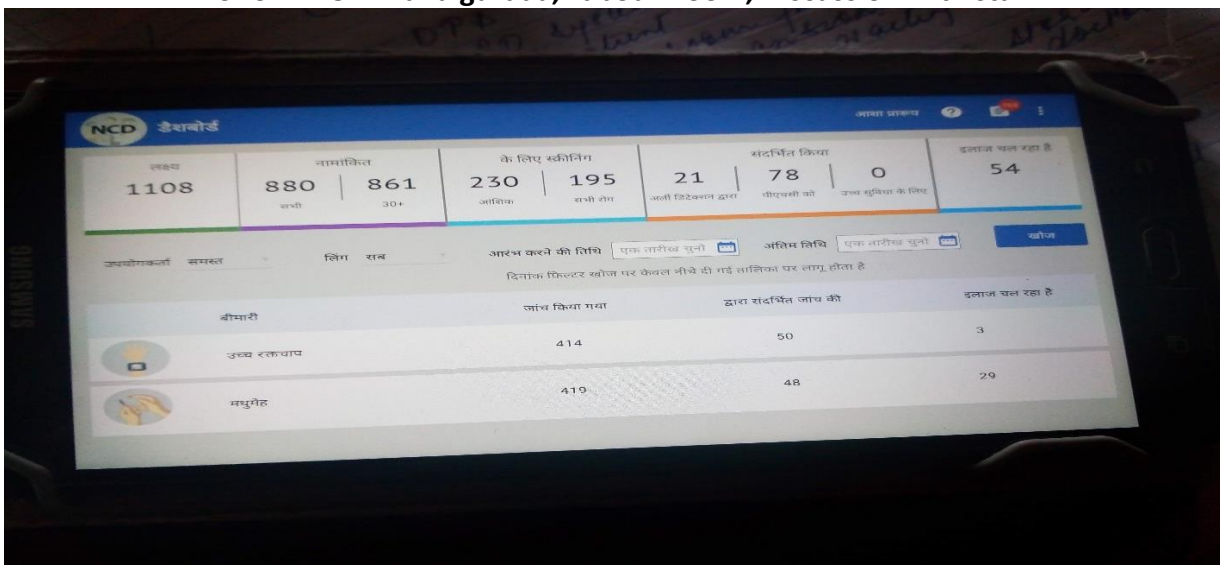
- Recommendations and suggestions for improvement during assessment were in areas in clinical practices, improvement in poor areas of documentation, fulfilling shortage of necessary supply from store that is color coded autoclave tape, surgical gloves, racks for drugs in store

- The strengths and positives during assessment regarding OT of DH Buharnpur were that a good number of LSCS cases was done in the O.T, on call system in emergency LSCS is good in the practice.

Indicators for LaQshya at DH Burhanpur		**Remark**
Baseline assessment completed	Yes	
Quality Circle in Labour Room constituted	Yes	
Quality Circle in Maternity OT constituted	Yes	
Whether SOPs made for LR? Staff awreness	Yes	
Whether SOPs made for OT? awareness	yes	
Non rotation of nurses followed 8 including 12 incharge/ coord	Yes	
Has QI cycles initiated at the facility?	Yes	
Using partograph for all cases	Yes	
Case sheets used including Safe Child birth Checklist/Safe Surgical Checklist orientation done	Yes	
Triaging yes	Yes	
Birth companion in all deliveries yes	Yes	
Visual privacy in LR yes	Yes	
Patient satisfaction/feedback system (paper based) in place yes	Yes	
Signage in local language	Yes	
IEC material displayed	Yes	
Dakshata Training completed	Yes	7 day skill lab/ mostly SBA trained
Functional HDU/ICU	No	
Functional New born care corner (functional radiant warmer with neo-natal ambu bag)	Yes	
KMC being done at facility	Yes	
Biomedical waste management (BMW) at facility	Yes	
Is the LR and OT staff trained on infection prevention	Yes	
Prevalence of outdated practices		
Shaving of perineum before delivery	Yes	
Enema given to Labouring Women	Yes	
Routine episiotomy done	Yes	
Induction of labour	Yes	
Augmentation of labour	Yes	

- Gaps in the maternity OT during assessment were, documentation part needs improvement and zoning of the O.T was not according to guidelines.

SHS-HWC – Mahalgurada, Labour Room, Discussion with staff



NCD TAB for Health Supervisor, SHS-HWC - Mahalgurada

UPHC-Alamganj

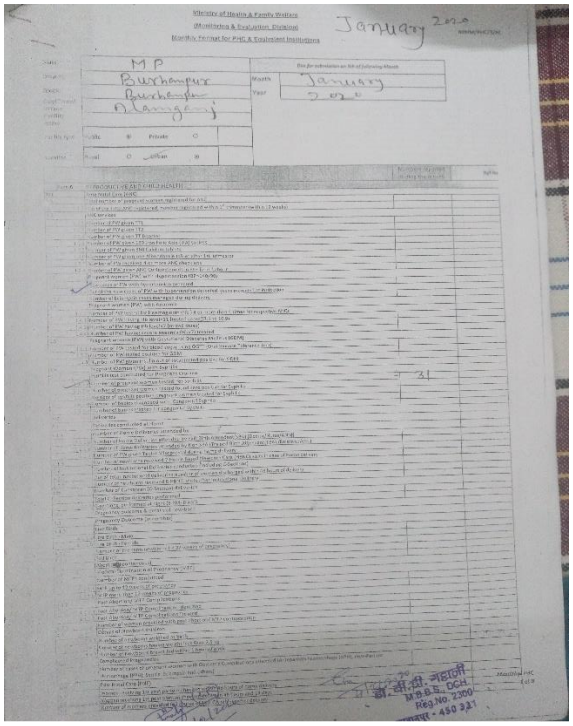
- Recommendations/ Opportunities for Improvement included zoning of the O.T was to be prepared according to guidelines Separate area for disposal of BMW andBMW trolley is urgently needed.
- Amongst display of tools for quality improvment diagrams of two tools histogram and fish bones have been displayed to create awareness under PDCA (Plan-Do-Check-Act).
- Steps to improve quality in materinty OT and labour room taken are the facility measures clinical care and safety indictors on monthly basis by maintaining record of surgical site infection, maintaining records of adverse drugs reaction, maintaining records of cultural swabs maintaining records of pre operative death cases and maintaining records of using safe surgery checklist and also maintains records for services quality indicators.
- Other measures taken were immunization of OT and labour room staff against hepatitis and TT injections against tetanus.
- There are overall 8 SNs including the MCH coordinator and nursing sister incharge for the maternity OT and 12 for the labour room whose duties are fixed for maternity services.

12. Data Reporting under HMIS and RCH Portal (MCTS)

- 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.
- Data collection for health services has been systematised through HMIS and tracking of services provided to individual mothers and children is done using 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.
- Recent changes in HMIS and MCTS (now RCH Portal) has been informed to all the districts and all the facilities are required to submit their service delivery data only through new HMIS reporting formats 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 required.

Zinc Corner

IC for NCD



HMIS – Paper report, UPHC Alamganj

- In Burhanpur district, Monitoring and Evaluation officer has recently joined. Earlier the IDSP manager was incharge of the HMIS data. The block headquarters and PHC-HWCs have been provided computers and necessary infrastructure for data uploading on HMIS and RCH Portal yet there are software related issues.
- There are 10 DEOs in Burhanapur district, of which two are working in the DH two in CMHO office and DPMU and the rest in the periphery. There are single DEOs at the block level who have to do multiple data entry and are left with little time to monitor data quality.
- The DEO at DH Burhanpur does data entry of HMIS for DH as well as for the 48 urban wards. The register verification of data was carried out by the DEO and the hard copy of the data was duly verified and signed by the CS at DH Burhanpur. However, the DEO reported of not receiving any training in HMIS.
- All the health facilities have reported annual infrastructure data for 2019-20. However, this data is not updated so far as the infrastructure is concerned. None of the visited health facilities have any manual for HMIS or RCH Portal. DEOs are just engaged in data entry of HMIS and RCH Portal without adequate training.

- It is observed that all the visited health facilities have no uniformity in HMIS reporting. HMIS reports of PHC-HWC Sarola and Nimbola could not be verified because a hard copy of the report is not maintained at the HWCs. It was observed that authenticated signed copies of HMIS monthly reports and annual infrastructure reports are not kept at any of the visited health facility.
- Data reported by other health facilities shows that HMIS reporting is not properly monitored by health facility in-charge. A new contractual MO has joined UPHC Alamganj and was not aware of HMIS reporting. It was observed from the physical copy of the report that only OPD was being reported from the UPHC and all other services being provided was collected by the ANM and was being directly sent to the DEO at DH Burhanpur for data entry. All these data elements were not missing in the signed copy of HMIS report.

- There are multiple issues in data synchronization of ANMOL tab with RCH portal. Master data under RCH portal is not updated because location is not visible, the EDD calender of high risk mothers is FRU facilities is not showing, old ANCs recorded are not visisble on reopening and data migration problems are there from ANMOL to RCH portal. Now M.P. has initiated a new portal for migrationof ANMOL data in a software at the state level. One has to log in and log

Interacting with eye specialist at SPM eye hospital, Burhanpur

NRC- Burhanpur

- out multiple times. For child id 'search' option is not functioning and few ANMs have poor orientation in app based data entry.
- The monthly consolidated and facility wise data are inconsistent and anomaly is observed in data reporting in adolescent health.

Annexure

1 Health Infrastructure available in Surguja District (February, 2020)

No. of institutions	Number Functional	Located in government buildings	No. of new facility proposed	No. having in-patient facility	Total No. of beds
District Hospital/ GMC	200	1	0	Yes	300
Exclusive MCH hospital*	--	--	0	--	--
Sub District Hospital / CH	--	--	0	--	--
Community Health Centre#	4	4	0	4	90
Primary Health Centre $	15	13	1	--	78
Sub Health Centre	97	97	14	2	4
AYUSH Ayurvedic*	1	1	--	--	--
AYUSH(Homoeopathic)	1	1	--	--	--
AYUSH (Others)	6	6	--	--	--
Delivery Point(L1)					
PHC	4	4	No	4	24
SHC	2	2	No	--	--
Delivery Point(L2)					
CHC	3	3	No	2	60
PHC	9	9	No	9	54
Delivery Point(L3)					
DH*	1	Yes	No	1	200
CHC	1	Yes	No	1	30
HWC-Primary Health Centre	13	--	--	--	78
HWC-Sub Health Centre	12	--	--	--	--
NRC					
DH	1	1			20
CHC	2	2			20
PHC	1	1			10

Kayakalp Abhiyan Year 2019-20
District Burhanpur

S.N.	Name of all facility in district	Level	A	B	C	D	E	F	G	Total Score	Percentage
1	District Hospital	L3	88	94	71	90	39	46	50	478	79.7
2	CHC Shahpur	L3	98	99	78	85	40	50	85	535	89.2
3	CHC Lalbagh	L2	83	81	72	79	31	40	73	459	65.6
4	CHC Khaknar	L2	70	69	52	62	34	34	100	421	71
5	CHC Nepanagar	L2	46	52	44	63	33	33	100	371	62
6	PHC Phopnar	L1	19	19	17	18	13	14	17	117	55.7
7	PHC Loni	L2	20	20	18	19	13	16	17	123	58.5
8	PHC Bodarli	L2	19	18	20	17	15	16	18	125	59.5
9	PHC Basad	L1	21	20	22	21	14	17	19	134	63.8
10	PHC Nimbola	L2	29	28	29	27	21	18	26	178	84.7

11	PHC Dhulkot	L2	28	29	29	23	15	15	27	166	79.6
12	PHC Siwal	L2	51	50	37	49	27	25	30	269	74.7
13	PHC Doifodiya	L2	51	46	33	38	25	25	30	248	68
14	PHC Gulai	L1	49	46	33	40	23	23	30	244	67.8
15	PHC Amulla	L2	51	47	36	40	23	23	30	243	67.6
16	PHC Paretha	L2	46	45	36	40	25	25	28	248	68
17	PHC Sarola	L2	53	48	38	41	33	33	30	276	81.4
18	PHC Haidarpur	L1	43	44	37	40	23	24	30	240	66.2
19	UPHC Alamganj	UPHC	33	37	25	22	14	12	21	164	68.3
20	UPHC Daulatpur	UPHC	25	15	8	22	10	5	20	105	43.8

Key observations for Visited health facilities (Y/N)	**DH Burhanpur**	**CHC Shahpur**	**UPHC-Alamganj**	**PHC-HWC Sarola**	**PHC HWC Nimbola**	**SHC HWC Mahalgurada**
Monthly HMIS Reported (Previous month)	N	N	N	N	N	N
All the HMIS reports duly signed by facility in-charge	Y	N	Y	Y	Y	Y
A copy of monthly HMIS is kept and signed by facility in-charge	Y	N	Y	N	N	Y
Any new construction initiated / completed in the visited facility	Y	Y	Y	Y	Y	Y
Grants received for new construction / Upgradation / renovation at facility	N	N	N	Y	Y	Y
Outsourced HR working in the facility	Y	Y	Y	Y	Y	Y
SDMIS functioning/)	Y	Y	Y	Y	Y	N
Calibration of equipment is done	Y	y	y	y	y	y
Any local tie-up for equipment maintenance at facility	N	N	N	N	**Y**	N
Satisfaction with outsourced equipment maintenance services (AIMS/Mediciti)	N	N	N	N	N	--
Maternal Death Review done in last one year / current year	**Y**	**N**	**N**	**N**	**N**	
JSSK report of the facility is prepared (collect copy – if available)	Y	Y	Y	Y	Y	N
Records and registers for each JSSK services prepared	Y	Y	Y	Y	Y	N
Availability of dedicated staff for LR and OT at visited health facility	Y	Y	N	N	N	--
Drugs and Equipments available as per facility level	Y	Y	Y	Y	Y	Y
Distance of higher referral facility	**182kms**	**30 kms**	**5 kms**	**36 kms**	**19 kms**	**8.4 kms**
Travel time to reach higher referral facility	**5 hrs**	**30 min**	**20 min**	**50 mins**	**38 mins**	**25mins**
Blood Transfusion facility available	Y	N	N	N	N	N
District coaching team visited for LaQshya implementation? (check documentation)	N	N	--	--	--	--
Baseline assessment conducted for LaQshya	Y	N	--	--	--	--
Training on LaQshya given to any staffs	Y	Y	--	--	--	--
Whether LaQshya manual available in Hindi language at (visited facility)	N	N	--	--	--	--
Uninterrupted supply of partograph	Y	Y	Y	Y	Y	Y
All printed registers and reporting formats available	N	N	N	N	N	N
health facility level quality assurance committee formed (Collect list and meeting details)	Y	N	N	N	N	N
RBSK team is complete in all aspects						
HR	N	N	N	N	N	N
Separate Mobility support	--	Y				
Route chart available and being followed	--	Y				
Sufficient medicine and consumables supplied	--	Y				
RBSK team linkages with referral facilities, schools, AWC for services	N	Y	N	Y	Y	Y
ASHA received HBNC /HBYC training	--	Y	Y	Y	Y	Y
ASHA filling forms for HBCN/HBYC visit	--	Y	Y	Y	Y	Y
ASHA reporting SAM and 4Ds to ANM	--	Y	N	Y	N	N
ASHA has sufficient reporting and visit formats	--	N	N	N	N	N
Annual Infrastructure MIS 2019-20 reported for all the visited facilities	Y	Y	Y	Y	Y	Y
Data display initiated at Facility level – key indicators	Y	Y	N	N	N	N
Whether Kayakalp assessment has been done for visiting facility	Y	Y	Y	Y	Y	--
Areas-wise score or overall score obtained by health facility (Collect a copy of Kayakalp assessment)	79.7	89.2	68.3	81.4	84.2	--

Key observations for Visited health facilities (Y/N)	**DH Burhanpur**	**CHC Shahpur**	**UPHC-Alamganj**	**PHC-HWC Sarola**	**PHC HWC Nimbola**	**SHC HWC Mahalgurada**
GUNAK app is used / known to facility in-charge	N	N	N	N	N	N

Office Of The Chief Medical And Health Officer, District Burhanpur (M.P.)

Sr. No.	Name of the block	Name of the facility	Type of facility	Amount (Lakhs)	Fund	Agency
1	Burhanpur	Loni	PHC	6.05	NHM	PWD
2	Burhanpur	Dhulkot	PHC	4.447	NHM	PWD
3	Burhanpur	Basad	PHC	5.09	NHM	PWD
4	Burhanpur	Bodarli	PHC	5.52	NHM	PWD
5	Burhanpur	Phoopnar	PHC	6.49	NHM	PWD
6	Burhanpur	Nimbola	PHC	2.095	NHM	PWD
7	Khaknar	Cival	PHC	5.08	NHM	PWD
8	Khaknar	Sarola	PHC	5.17	NHM	PWD
9	Khaknar	Amullai khurd	PHC	5.18	NHM	PWD
10	Khaknar	Paretha	PHC	7.03	NHM	PWD
11	Khaknar	Gulai	PHC	6.98	NHM	PWD
12	Khaknar	Doifodeeya	PHC	6.90	NHM	PWD
13	Burhanpur	Bhavsa	SHC	7.91	NHM	PWD
14	Burhanpur	Borsal	SHC	8.33	NHM	PWD
15	Burhanpur	Dariyapur	SHC	4.20	NHM	PWD
16	Burhanpur	Echchhapur	SHC	6.90	NHM	PWD
17	Burhanpur	Dvatiya	SHC	7.31	NHM	PWD
18	Burhanpur	Bahadarpur	SHC	4.53	NHM	PWD
19	Khaknar	Raitlai	SHC	4.08	NHM	PWD
20	Khaknar	Gondree	SHC	5.64	NHM	PWD
21	Khaknar	Mahalgurada	SHC	3.36	NHM	PWD
22	Khaknar	Bakdi	SHC	6.81	NHM	PWD
23	Khaknar	Dedtalai	SHC	4.02	NHM	PWD
24	Khaknar	Dhaba	SHC	4.36	NHM	PWD
25	Khaknar	Nimandad	SHC	4.64	NHM	PWD
			Total	138.122		

HEALTH DEPARTMENT

Information of Construction work at Dist. Burhanpur

Sr. No.	Block name	Type of facility (SHC)	Sanctioned amount (lakh)	Sanction year	Head	Stage of work
1	Burhanpur	Jalandra	21.6	2018-2019	NHM	Completion stage
2	Burhanpur	Mohamadpura	21.6	2018-2019	NHM	Completion stage
3	Burhanpur	Rohini	21.6	2018-2019	NHM	Completion stage
4	Burhanpur	Titgaonkala	21.6	2018-2019	NHM	Finishing stage
5	Burhanpur	Nachankheda	26.4	2019-2020	State	Layout