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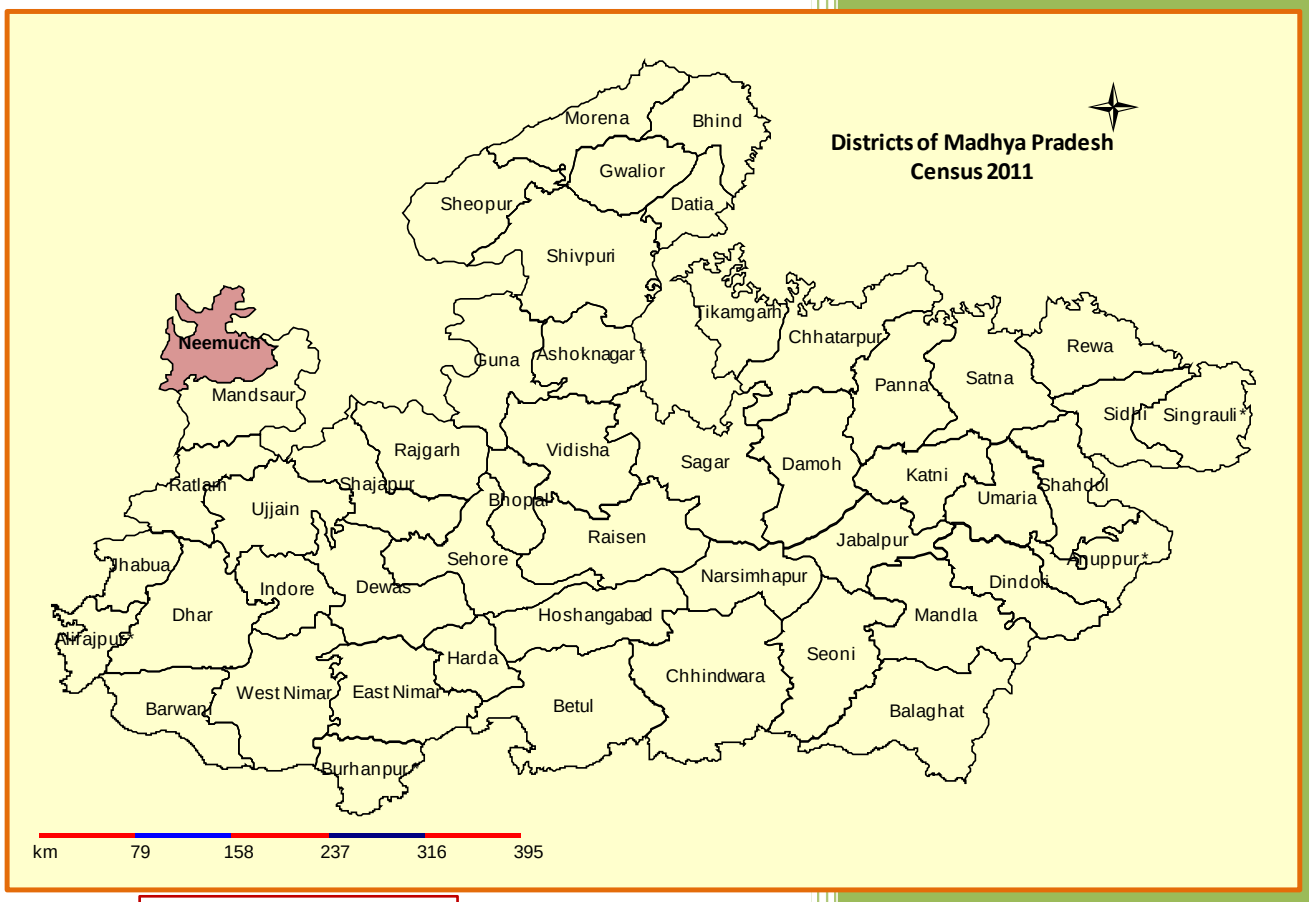
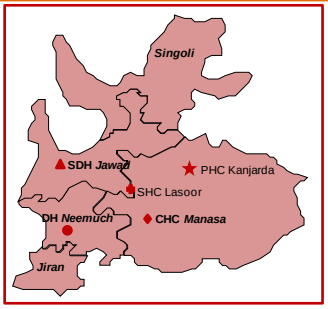
Quality Monitoring of Programme Implementation Plan (PIP) 2019-20 under National Health Mission in Madhya Pradesh District: Neemuch

2019-20





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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
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
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 Neemuch District (Madhya Pradesh)

For action based PIP monitoring of NHM proposed by MoHFW (GOI) a field visit was made to Neemuch district in November, 2019. PRC Team visited District Hospital (DH) Neemuch, Sub District Hospital (SDH) Jawad, Community Health Centre (CHC) Manasa, 24*7 Primary Health Centre (PHC-HWC) Kanjarda and PHC/ SHC-HWC Lasur which is also L-1 delivery point 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 to November, 2019 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 Neemuch

- District Hospital Neemuch is functioning from an old building which is a 200 bedded hospital but currently more than 200 beds are available for essential services. Expansion of 100 bedded MCH wing is proposed. The DH is functioning from the old building when Neemuch was a block of Mandsaur district. Parts of the DH building is very old and need renovation. A 200 bedded new building is proposed.
- Common Bio-medical Waste Treatment & Disposal Facilities (CBWTFs) is carried out by an NGO *Ms Bio-Medical Waste Management System b*ased in Ratlam. The old generator room

is used for bio medical waste management. However, the weighing machine for weighing wate is not available and thus the weight estimation of waste is an approximation and not as per protocols.

- A twenty two bedded SNCU is functional in DH Neemuch, with one paediatrician, two MOs (DCH) and one contractual MO for providing services in the inborn and outborn unit. All essential SNCU trainings have been completed by the MOs, but the PIUC is not yet functional.
- Blood supply by IRCS is available in the DH Neemuch Campus but an independent BB unit is not functional. Thalassemia and BPL patients are provided free blood and other patients are charged Rs. 300 per unit.
- The hospital administrator who managed the day to day affairs of DH Neemuch for two years is not presently working.
- There is paucity of specialists in DH Neemuch as only 41 percent of specialists' posts are filled up. DH Neemuch has 313 sanctioned posts (specialist-23, MO-14, trauma centre specialists-7 MO-6), including paramedical, and other category of technical, store and support staff, but only 154 posts are filled up.
- The trauma centre does not have any of the 60 sanctioned staff in position. In DH Neemuch, nine security staff and 30 cleaning staff have been appointed through RKS. The hospital is functioning with less than half (49 percent) of its staff capacity.
- Lab services are being provided at DH Neemuch by four lab technicians and one lab assistant. Except microbiology 48 types of tests are being provided by the laboratory. Lab is functional 24*7 on call duty basis but there is no lab attendant. No training has been provided on quality assurance protocols to the staff. Separate cleaning staff for the lab is not available.
- AIMS consultancy Bhopal has been hired by the state for all types of equipment maintanence including diagnostic machines in the laboratory. However, poor technical skills of the technicians and lack of timely repair of machines is an impediment to uninterrupted services.
- Supply of diagnostic kits with their matching reagents and chemicals is a major problem, because the provided instruments do not have matching reagents once the stock is out. There is no separate budget for purchasing chemicals.

- Different category of staff in DH Neemuch are receiving periodic checkups including hepatitis B vaccine.
- E- aushdhi is functional in DH Neemuch and there is no break in supply chain. EDL list for DH contains 361 medicines but 200 drugs are available. Some non-essential drugs are not ordered to reduce wastage. The CS has a separate ware house for DH Neemuch, but drug storage facilities are poor and termite infested in the DH.
- EMMS software is functional and calibration of all equipments is carried out quarterwise.
- Presently DH Neemuch is providing Ayush services. An AYUSH wing functional in DH Neemuch with two MOs, one compounder and one outsourced sweeper. The pancha karma services are not being provided due to non-availability of AYUSH specialist. There are 22 Ayurveda dispensaries two homeopathy and one Unani dispensary in the district.
- DH Neemuch due to paucity of space and old building has not upgraded its infrastructure much under Kayakalp and has received an aggregate score of 43 in internal assessment in 2019-20, but in the Annual Infrastructure Report (HMIS) Kayakalp scores are not mentioned.
- The internal baseline for Laqshya was completed by DH Neemuch in November 2019. DH Neemuch has a nodal officer with a committee for quality circle with a gynaecologist, MOs matron and nursing mentors working towards upgrading labour room / OT facilities infrastructure and services for state certification. However, more SNs are required for providing 24*7 quality services.
- DH Neemuch and SDH Jawad in the district are empanelled under Ayushman Bharat. No private hospital in the district has been empanelled under the scheme in Neemuch, because none of these are NABH accredited.
- A new building for mechanized laundry, and DEIC are also under construction. A new drug store and an electric substation are also proposed.
- For DEIC Neemuch 14 staff have been sanctioned, but only one is in position. Mainly, cases of children identified with problems in the priphery have to be reffered outside the district.
- DH Neemuch is scattered in separate buildings and some parts are very old, and need proper maintenance. Most parts of the DH are not properly cleaned like the drug store, general OPD and lab. Cleaning staff have not been properly trained and mechanized cleanliness is yet to be implemented.

- There is no separate DEO to manage HMIS data. DEO for store has the additional charge of entering HMIS data. All staff need orientation in HMIS data. Several errors were observed in data reported in HMIS and in other formats . Errors were reported in some data indicators reported for DH Neemuch. The post of ASO is also vacant.
- Out of 36 posts of male MPWs only 12 posts are filled up indicating a dearth of male staff in the DH.
- Rotary is providing diet services at DH Neemuch, but not as per the diet chart of DH Neemuch.
- In case of JSSK and other referral cases, patients visit Udaipur in Rajasthan which is close to Neemuch but do not receive monetary benefits of JSSK services.

CHC Manasa

- CHC Manasa is a 30 bedded health facility in Manasa block. Although designated as L3 it is not functional due to non availability of specialists like gynaecologist, paediatrician. Although BSU is functional, it is not connected to the solar panel. The CHC is functional as an L2 facility.
- Two specialists (ENT specialist and Eye specialist) and two MOs are providing services at CHC Manasa. Post of surgeon lies vacant.
- CHC Manasa purchased precision instruments and the eye specialist set up a separate eye OT, but due to lack of trained paramedical staff and opthlamic assistant operations are not being conducted.
- Ujjain division under which CHC Mansa functions has an MoU with Choitram Hospital Indore and 145 eye operations (upto Nov 2019) has been conducted at the hospital. Choitram regularly organizes camps at the PHCs in the periphery and screening IEC, and counselling is done by ophthalmic assistants in the field with PRO from Choitram hospital.
- There are 12 SNs for the labour room who have received trainings in SBA, labour management, skill lab, NSSK, NCD and PPIUCD and two mobile OT light and four radiant warmers although the NBSU is non functional.
- The CHC has high delivery case load but there is only one cleanliness staff and BMW management is poor. The patient satisfaction forms are not filled up by the staff.
- SNs are trained in skill lab, SBA, SNCU, NSSK , 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 provided @ Rs. 10 per km. For JSSK services one JE and '108' ambulance is available in the block.
- The OT where LTT services are provided on every Tuesday does not have a fogging machine.
- A semi autoanalyzer was available for different tests but chemicals/ reagants from the same company are required. The company no longer exists and reagants of the company are no longer available.
- The refrigerator in which insulin, ASV and ARV vaccines are stored is out of order for past one year and vaccine storage is a problem.
- The BAM responsible for accounts management of NRC, JSY, MSPSY, ASHA and SDH Rampura is over burdened and emphasized the need of a second trained accountant. Due to work overload pre-audit was not possible.
- E-vitta has been integrated with PFMS but needs streamlining to allow multiple or simultaneous payments to single beneficiary which is time taking and repetitious.
- All ANMs and ASHAs have received two days NCD training in the block. MOs received master trainers training. FPLMIS training has been given to ANMs and the online reporting has been made functional.
- NRC at CHC is functional with one FD, two caretakers and one cook. Food provided to mothers is insufficient, therefore most mothers do not stay. The care takers have not received salary for past three months.The NRC urgently needs a cleanliness staff to maintain cleanliness in the NRC. An inverter is also urgently required for maintaining uninterrupted power supply.
- CHC Manasa is a focal point for AVD for the catchments. The fixed day services are provided in the CHC on Tuesday and Friday, and birth dose of BCG and Hepatitis B on daily basis. A field Supervisor is trained in cold chain by AIMS, and equipment calibration.
- Shortage of MCP cards was reported and there was hardly 50 percent availability of cards.
- The CHC has received an amount of Rs. three lakhs for Kayakalp up gradation and Rs. five lakhs for purchase of digital x- Ray machine and USG.

- Rotary is providing food at the CHC for Rs. ninety but the diet is not as per the diet chart menu specified by the hospital.

SDH Jawad

- SDH Jawad is a 30 bedded hospital catering to a local urban population of 18, 873 and its catchment.
- There is one LMO and a gynaecologist and a third MO from PHC Athana attached to the SDH presently providing services at SDH Jawad. One MO is on study leave. The LMO is trained in FRU, LSCS, MTP, Skill lab and RNTCP .
- SDH Javad has 14 Staff apart from doctors including SNs lab technicians, paharmacist, compouder, ward boy and three outsourced staff.
- SDH Jawad has been empanelled for Ayushman Bharat.
- In the 15 urban wards of Jawad town, urban ASHAs have not yet been selected and no urban ANMs are availabe for services in the wards, except one LHV.
- There are seven quarters three for MOs, two for SNs and two for other category of staff.
- There is no bio-medical waste management committee in the SDH and waste is only kept in covered buckets in SDH Jawad.
- There are two transport vehicles '108' and '102' for patients. Another ambulance has been provide by the local MLA.
- Some essential equipments like ECG machine and autoanalyzer were also provided from the MLA fund.
- JSSK services are being provided but dietary services were discontinued because the NGO Kayakalp which provided food did not receive its payment. SDH Jawad does not have kitchen services for inpatients.
- The NBSU is not functional and one phototherapy unit is non functional although NBCC was observed in the labour room.
- SDH Jawad has not received funds for upgradation under kayakalp. The MOs and other staff of the SDH have no orientation about the flagship programmes like laqshya and Kayakalp.
- One MO and lab technician are trained for NCD services and they a provide clinical and testing services at the PHC and SHC on every Wednesday and Thursday.
- The labour room is extremely congested and the septic tank is just behind the labour room which is not recommended.

- There is an operation theatre where ATT operations are conducted on daily basis.No fumigation or fogging is done only bleaching solution is used as disinfectant. VT and TT sets are required.

PHC-HWC Kanjarda

- PHC Kanjarda caters to a population of 19, 974 in its catchment area.
- PHC Kanjarda has been recently upgraded to HWC and has received funds for upgradation. The building has insufficient space for any expansion. External branding was not done at the time of PRC team visit.
- PHC Kanjarda has received funds worth Rs. 3.98 lakhs for waterproofing of the roof, and installing vitrified tiles for labour room, deep pit, construction, whitewash , distemper and colour of the PHC and external branding.
- PHC Kanjarda has one MO I/C . Among para-medical staff there is one LT and one SN (RMNCHA) serving on contractual basis and four field ANMs providing services at the PHC. Posts of regular SN and ANM were lying vacant.
- MO of PHC Kanjada received HWC training (Tata Consultancy) at Gwalior and NCD training has been provided to ANMs and MPW for screening at district level. Many features of NCD portal were not clear to MO of the PHC which required hand holding for proper implementation. Screening camps for NCD are organized every Wednesday.
- CBAC forms are filled by ASHAs and NCD screened patients are reffered to the PHC by ANM/ASHA but then patients do not come for treatment and followup is difficult.
- The LT emphasized the need of a digital microscope for clear and accurate slides.
- Pendency in JSY payments due to lack of proper account numbers, and Adhar card was also reported.
- There is no DEO available for NCD data entry at the PHC.
- School teachers of Kanjarda trained in Yoga, conduct yoga weekly at the PHC as part of wellness activity.

SHC-PHC-HWC Lasur

- PHC- HWC -Lasur caters to a population of 4830 in its catchment area.

- PHC- HWC-Lasur has been recently upgraded to HWC and has received funds for upgradation. The building has insufficient space for any expansion. External branding was not done at the time of PRC team visit.
- PHC- HWC -Lasur has received funds worth Rs. 4.01 lakhs for waterproofing of the roof, and installing vitrified tiles for labour room, deep pit, construction, whitewash , distemper and colour of the PHC and external branding.
- The delivery load is extremely high in PHC- HWC -Lasur with 474 deliveries reported upto October, 2019. One regular and one contractual ANM are working the PHC-HWC Lasur. One ANM and one MPW are posted in SHC Lasur adjacent to the PHC, where ANCs are registered.
- Although case load is high in this PHC, no MO has been posted in the last 24 years. MO of PHC Diken provides part-time services. There is no regular SN posted in PHC Lasur.
- All NCD cases are being referred to PHC Serwania because the MO of PHC Lasur is on leave for the past two months.
- The post of the lab technician is lying vacant since beginning. Only test based kits are being used for testing. For other tests cases are referred.
- There are two staff quarters for the staff of PHC Lasur and one staff quarter attached to SHC Lasur. A common road passes through the PHC and SHC Lasur and there is a dispute about the boundary of PHC and the area of PHC and SHC.

Action Points for Neemuch District

- Neemuch 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.
- PHC-HWC Lasur does not have the post of SN sanctioned. Delivery load is extremely high and the PHC needs atleast two SNs for providing round the clock delivery services and for providing CPHC.
- More lab technicians have to be appointed if the 'hub and spoke' model has to be augmented. There are hardly eight lab technicians at present in Neemuch district. Four of them are posted at the DH and two at SDH Jawad. Only two lab technicians are available in the periphery.

- 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 infectionfree. Efforts towards 'Kayakalp' implementation in all its dimensions needs attention and involvement of hospital staff.
- 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. Only some medicines for anemia are provided under SHP or at Anganwadis to adolescent girls.
- 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. Anomalies in HMIS data when compared with data from other sources needs correction to reduce data errors.
- RKSK services is non functional in DH Neemuch or any of the visited health facilities. AFHC sanwad kendra has been discontinued.Neemuch is a district with high incidence of HIV and therefore regular counselling services are urgently required for adolescents for ensuring protective sexual activity.
- At the block level only one BCM is serving in Neemuch block. Two blocks Manasa and Jawad do not have BCMs in position. For supervision and monitoring of ASHAs at the block level BCMs are urgently required.
- Neemuch district has received an amount of Rs.12, 572, 217 for upgrading 26 health facilities into HWCs (PHCs: 18; SHC:8) in 2018-19. The process of upgradation has not yet started. The process of branding must be expedited at the earliest.
- Staff for HWCs are not appointed as per the norms. For CPHC to be rolled out adequate staff is necessary and DEO for data entry of NCD data is essential.
- Preparedness for wellness activities is poor and needs augmentation.
- ASHAs need additional support, in their emerging role in delivery of comprehensive primary health care such as correct filling up of CBAC form for common NCDs.
- Augmentation of mental health services is essential with growing mental health challenges.

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

1. Introduction

For action based PIP monitoring of NHM proposed by MoHFW (GOI) a field visit was made to Neemuch district in November, 2019. PRC Team visited District Hospital (DH) Neemuch, Sub District Hospital (SDH) Jawad, Community Health Centre (CHC) Manasa, 24*7 Primary Health Centre (PHC-HWC) Kanjarda and SHC-HWC Lasur which is also L-1 delivery point to assess services being provided to assess services being provided.

This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Neemuch 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.

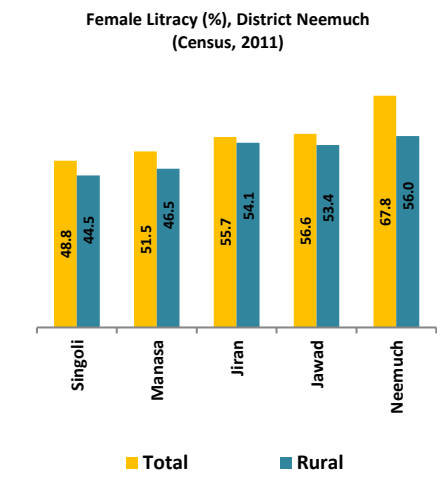
Report also provides key observations and action points pertaining to flagship programmes such as Health and Wellness Centre, Ayushman Bharat, LaQshya, Kayakalp and NPCCDC. Team also interacted with beneficiaries to ascertain quality of services. The report also provides critical insight and action points 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

Neemuch district is part of the Ujjain Division. It borders Rajasthan to the west and north and Mandsaur district to the east and south. It was split from Mandsaur District in 1998. Neemuch district has a population of 8.26 lakhs and population of Neemuch city in 2011 is 128,095. Males constitute 53 percent of the population and females 47 percent.

Neemuch has an average literacy rate of 85 percent, higher than the national average of 71.8 percent: and female literacy is 57 percent**.** In Neemuch, 14 percent of the population is under 6 years of age. According to 2011 census 70.3 percent of the population of Neemuch district is in rural areas while 30 percent is in urban areas. Neemuch District has fourth lowest rural growth rate of 11 percent in Madhya Pradesh, while state average is 18.4 percent, highest being 31.7 percent of Jhabua. Neemuch was the birthplace of the Central Reserve Police

Force (CRPF) in 1939 and is home to a large scale army recruitment centre for the organisation. The CRPF still maintains part of Neemuch's British Military Cantonment, which was the first of its kind in India. Neemuch district is one of the largest producers of opium in the country.



Indicator	MP		Neemuch	
	2001	2011	2001	2011
No. of Districts	45	50	-	-
No. of Blocks	333	342	3	3
No. of Villages	55393	54903	806	798
No. of Towns	394	476	8	9
Population (Million)	60.34	72.63	0.7	0.8
Decadal Growth Rate	24.3	20.3	21.4	13.8
Population Density per (Km^2)	196	236	171	194
Literacy Rate (%)	63.7	70.6	66.2	71.8
Female Literacy Rate (%)	50.3	60.6	49.0	57.3
Sex Ratio	919	930	950	959
Sex Ratio (0-6 Age)	932	918	931	918
Urbanization (%)	26.5	27.6	28.0	29.7
Percentage of SC (%)	15.2	15.6	12.5	13.5
Percentage of ST (%)	20.3	21.1	8.5	8.6

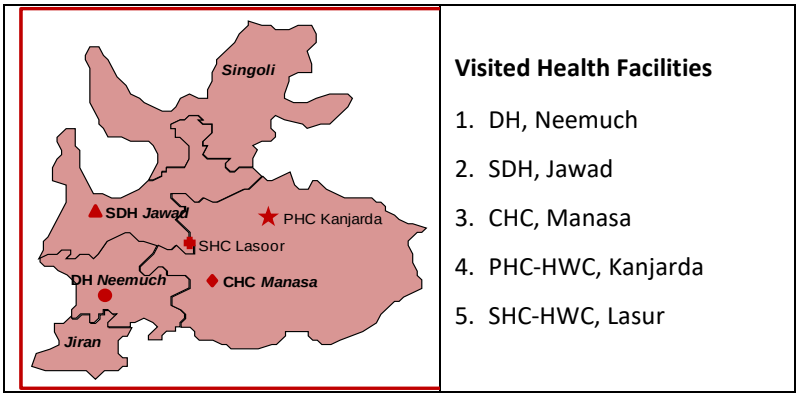
Source: Census Reports, Registrar General of India, www.censusindia.gov.in

Key Health and Service Delivery Indicators			
Sr.	**Indicator**	**MP**	**Neemuch**
1	Expected number of Pregnancies for 2019-20@	2297647	24986
2	ANC Registration Upto Nov.' 2019	1446656	13168
3	1st Trimester ANC Registration (%) Upto Nov.' 2019	68.5	80.7
4	OPD cases per 10,000 population Upto Nov.' 2019	5794	4230
5	IPD cases per 10,000 population Upto Nov.' 2019	465	238
6	Estimated number of deliveries for 2019-20@	2088795	22714
7	SBA Home Deliveries (%) Upto Nov.' 2019	11.5	38.9
8	Reported Institutional Deliveries (%) Upto Nov.' 2019	95.6	98.1
9	Sex Ratio	948	978
10	Sex Ratio at Birth	927	836
11	**Female Literacy Rate (%)**	59.4	54.2
12	Unmet Need for Family Planning (%)	12.1	12.1
13	Postnatal Care received within 48 Hrs. after delivery	55.0	70.1
14	Fully Immunized Children age 12-23 months (%)	53.6	47.0
**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

- Neemuch district is providing health services in urban areas through DH Neemuch, two SDHs Rampura and Jawad respectively and UPHC Neemuch**.** Three CHCs Jeeran, Manasa and Singoli, 19 PHCs and 115 SHCs are providing services in rural areas and peripheries. Three CHCs, all 19 PHCs and 104 SHCs are functioning from government buildings.

- The district has 142 public health facilities mapped in HMIS including 138 for rural areas**.** Data provided by the DPMU shows one PHC less than that mapped in HMIS (DH-1, SDH-2, CHC-3, PHC-19 and SHC-115) public health facilities.
- HMIS data reporting status for annual infrastructure for 2019, shows that 103 SHCs, DH Neemuch, two SDH, three CHCs, and 20 PHCs have uploaded HMIS infrastructure data.
- DH Neemuch is a designated 200 bedded hospital and currently more than 200 beds are available. Two CHs Rampura and Jawad are 50 bedded each whereas the three CHCs are thirty bedded each. All 19 PHCs are six bedded and 104 SHCS have one bed each.



- The total bed strength in the public health facilities altogether is insufficient as per the population norms. Presently, Neemuch district has total sanctioned bed strength of 504 beds (DH-200; CH:50;100 CHC-90, PHC-114). 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 Neemuch, SDH Javad, CHC Manasa, PHC-HWC Kanjarda, SHC-HWC Lasur, are easily accessible from the main road. The DH caters to around 8.25 lakh population including Neemuch town and the area of the building is 4192 sq mt. CH Javad caters to approximately 19000 population CHC Manasa caters to around 95,164 population and covers an area of 263 km^2, PHC-HWC Kanjada caters to 19774 rural population and SHC-HWC Lasur to 4830 population in the periphery.
- DH Neemuch hospital has 10 staff quarters in the hospital vicinity for MOs, eight new and two old quarters for the CMHO, CS and MOs. There are four ‘G’ type quarters, 15 ‘H’ and

PRC Team with Civil Surgeon DH Neemuch and CMHO Neemuch

District Hospital DH Neemuch

OPD registration counter, DH Neemuch

Different Sections of the Hospital

PRC Team with ANMs and DEO RCH Portal

- seven 'I' type for SNs, ANM, lab technician and other support staff. DH Jawad has three quarters for MOs and three for SNs. CHC Manasa has three quarters for MOs, PHC Kanjarda has two old and one new quarter for MO and one quarter for other category of staff. CS of the DH informed that quarters for MOs are inadequate. Staff quarters in the old DH building campus are in dilapidated condition and require immediate repair. Total eight quarters are under construction for Class III staff and three for MOs.
- 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 updation of the asset register from time to time, which has provided information about the class, type of building, material used, cost of building, maintenance and repair work undertaken. Updated of information of constructions up to the year 2016 is maintained in the asset register. Further updated data of assets for Neemuch district needs to be documented updated and verified in the asset register.

Distribution of rural public health facilities in Neemuch #					**Block-wise status of SHCs***			
Block	**Population#**	**SHC**	**PHC**	**CHC**	**Required**	**Available**	**Shortfall**	**New SHC$**
Neemuch	**183737**	34	11	1	34	30	4	4
Manasa	**267541**	41	4	1	42	36	6	5
Javad	**246178**	40	5	1	40	38	2	2
		115	20	3	**116**	**104**	**12**	**11**

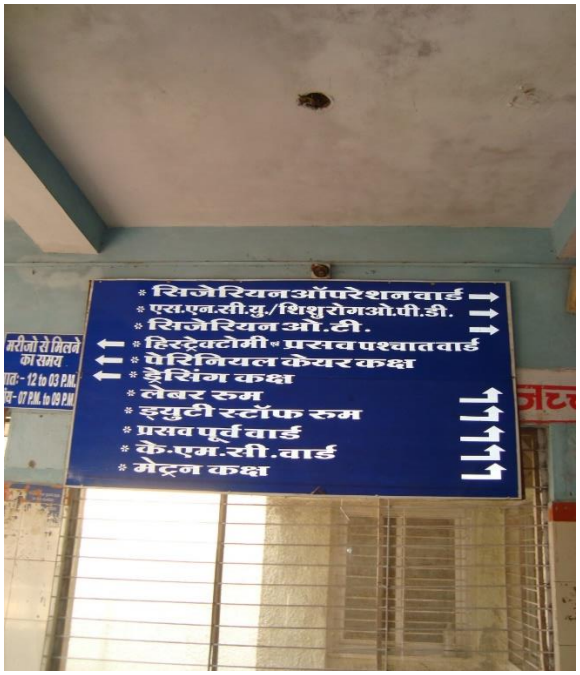
*Source: *http://health.mp.gov.in/sites/default/files/documents/shc-2000-21-6-16.pdf,* # Census 2011, $ *SHCs Proposed# HMIS 2019-20*

- The DH is functioning from the old building when Neemuch was a block of Mandsaur district. Parts of the DH building is very old and need renovation.
- Common Bio-medical Waste Treatment & Disposal Facilities (CBWTFs) is carried out by an NGO *Ms Bio-Medical Waste Management System b*ased in Ratlam. The old generator room is used for bio medical waste management. However, the weighing machine for weighing wate is not available and thus the weight estimation of waste is an approximation and not as per protocols.
- A twenty bedded SNCU is functional in DH Neemuch, with one paediatrician, two MOs (DCH) and one contractual MO for providing services in the inborn and outborn unit.
- An independent BB unit is not functional in DH Neemuch but blood supply by IRCS is available in the DH Campus. The BPL patients receive blood free of cost through RKS, whereas other patients have to pay Rs. 300 per unit. Thalassemia patients are provided free blood. ICRS has not received a payment of Rs. 2.5 lakhs which is pending with the DH during the previous financial year and blood supply by the agency has been discontinued.

Oral GlucoseToleranceTest DH Neemuch

Immunization Section DH Neemuch

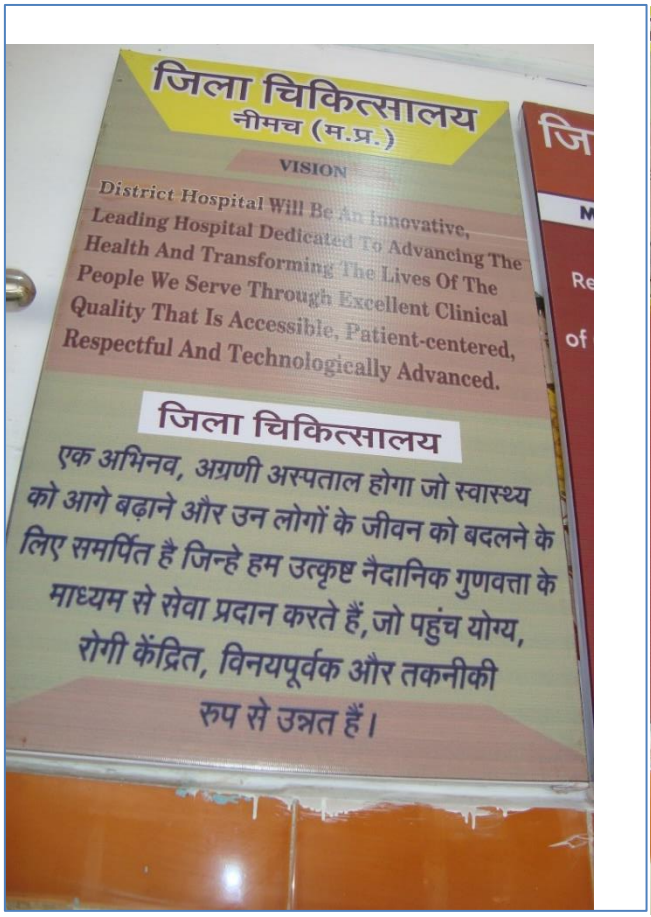
Public Support DH Neemuch

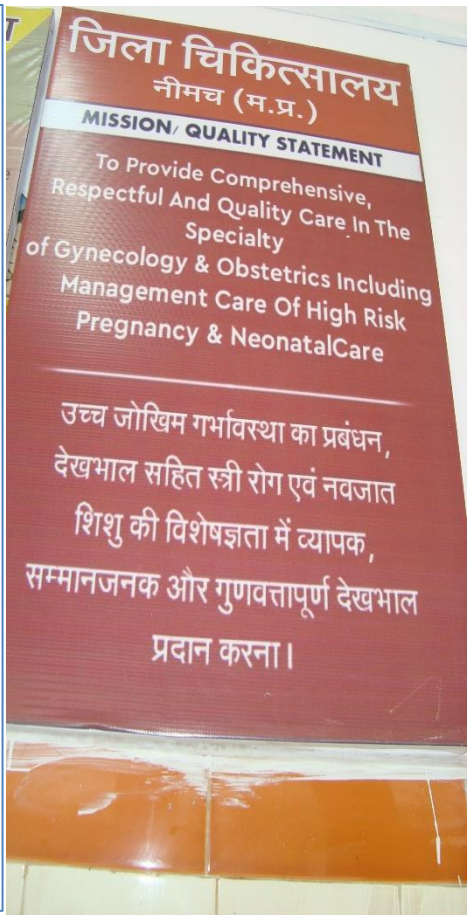


Directions for Wards at DH Neemuch

Signages at DH Neemuch

DEIC DH Neemuch





Quality Statement for Management Care, DH Neemuch

Different Wards of DH Neemuch

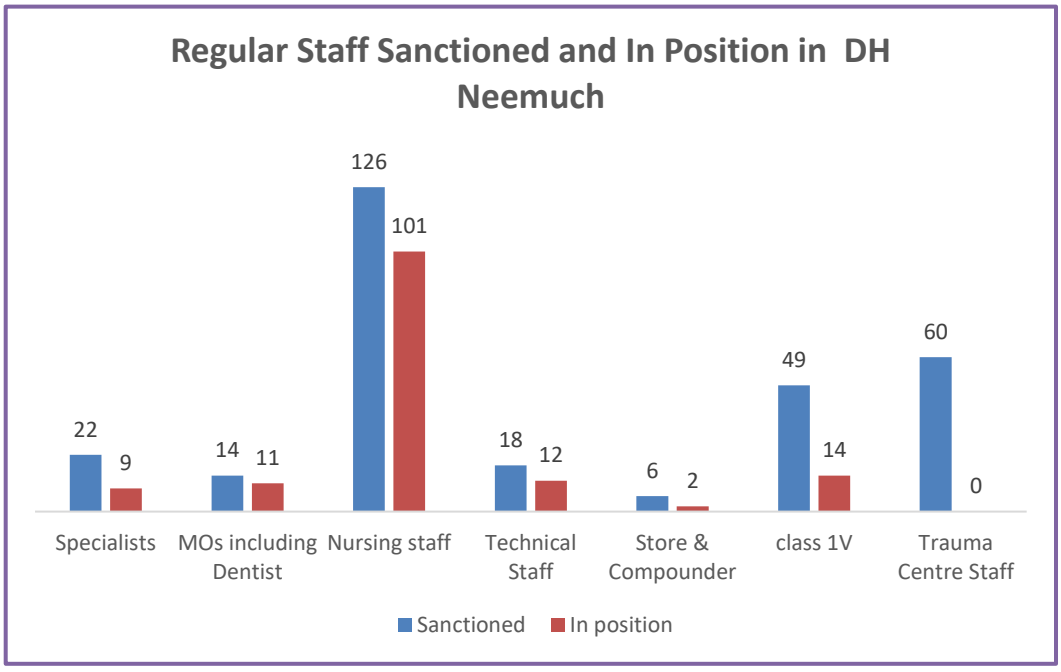
- Two dialysis machines have been installed in DH Neemuch, with one trained Medicine specialist and SN provided by the DH and technical staff provided by DCDC company is catering to kidney patients of Neemuch district .
- One trained MO in cancer is providing services at DH Neemuch. Retirement of an MO trained in Chemotherapy has retired and services have been discontinued. For histopathology tests, cases are referred to Indore and Bhopal
- The District Mental Health Programme has been implemented (2018) with one trained MO and SN in Mental Health, who are providing OPD services at DH Neemuch. Four beds are allocated for such patients who need IPD services.
- The NCD clinic is functional with one MO and one male nurse providing services.
- Neemuch District has 15 108/JE ambulances for transporting pregnant mothers and other emergency services in the district. Two '108' ambulances and two JE are available in DH Neemuch.CH Jawad and CHC Manasa have one '108' and one JE each.
- Total RKS funds available in DH Neemuch during April- October, 2019 was Rs 49, 29, 042 earned from different sources and the total expenditure was Rs. 43,18,990 which included payments of staff hired through RKS and repairs and contingency expenses.
- Presently DH Neemuch is providing Ayush services. An AYUSH wing is functional in DH Neemuch with two MOs, one compounder and one outsourced sweeper. The pancha karma services are not being provided due to non-availability of AYUSH specialist. There are 22 Ayurveda dispensaries two homeopathy and one Unani dispensary in the district.

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 Neemuch and only 41 percent of specialists' posts are filled up. DH Neemuch has 313 sanctioned posts (specialist-23, MO-14, trauma centre specialists-7 MO-6), including paramedical, and other category of technical, store and support staff, but only 154 posts are filled up. The trauma centre does not have any of the sanctioned staff in position. In DH Neemuch, nine security staff and 30 cleaning staff have

been appointed through RKS. The hospital is functioning with less than half (49 percent) of its staff capacity.

- Among the nine regular specialists in position in DH Neemuch one medical specialist, one gynaecologist, one surgical specialist, one anaesthetist, one eye specialist, one orthopaedic specialist, one TB specialist and two child specialists (including SNCU) are in position. There are eleven MOs including dentists, additionally, there are three MOs in DH Neemuch under NHM.
- CHC Manasa has overall 58 sanctioned posts of health staff in different categories against which only 32 posts are filled up. CHC Manasa has four MOs in position against two sanctioned posts, but all specialists' posts are lying vacant.
- The district has 136 NHM staff including MOs, SNs, paramedical staff (ANMs, pharmacist, lab technicians) for providing services. The district programme management unit has DPM, DDM IDSP, RI Data Manager, DEOs for implementation of different health programmes in the district.



- The CS of DH Neemuch was posted only a few days before the team visited Neemuch. Previously a hospital administrator who managed the hospital for two years was discontinued from services, which has affected the overall hospital administration.
- 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, District Extension and Media Officers are lying vacant and thus all programmes have no programme heads. The supervision of all these programmes have to be handled by DPMU and MOs posted in the DH who are burdened by dual responsibility of clinical services and programme supervision.

Training and Capacity building

- Training MIS has been initiated at the national level for training load assessment but is not yet operational in Neemuch district.
- In 2019-20 NCD trainings have received priority in the district. In the PHCs, and SHCs which are HWCs MOs and paramedical staff (ANM & MPW) have received trainings in NCD in 2019-2020.
- DH Neemuch has trained MOs and SNs in, BEmOC, SBA, MTP, NSV, NSSK, IUCD, NCD. Laqshya, Kayakalp and HWC trainings are being provided for skill up gradation of different category of health staff in the district.
- Presently DH Neemuch is providing Ayush services. An AYUSH wing is functional in DH Neemuch with two MOs one compounder and one outsourced sweeper. The pancha karma services are not being provided due to non availability of AYUSH specialist. There 22 Ayurveda dispensaries, two homeopathy and one Unani dispensary in the district.

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.

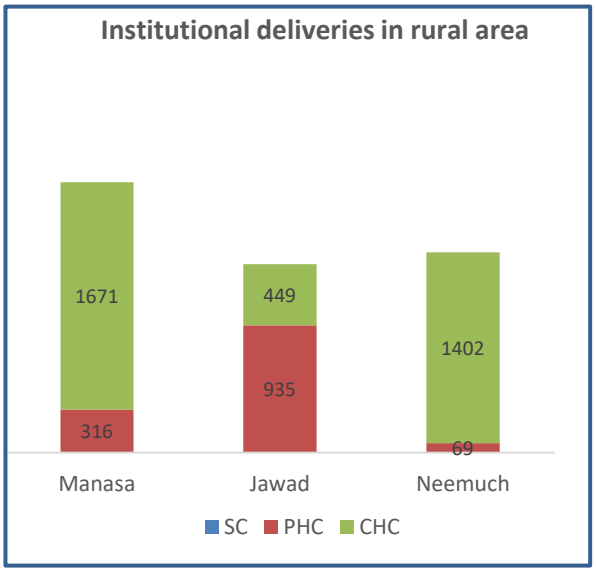
Labour Room Upgradation for Laqshya, DH Neemuch

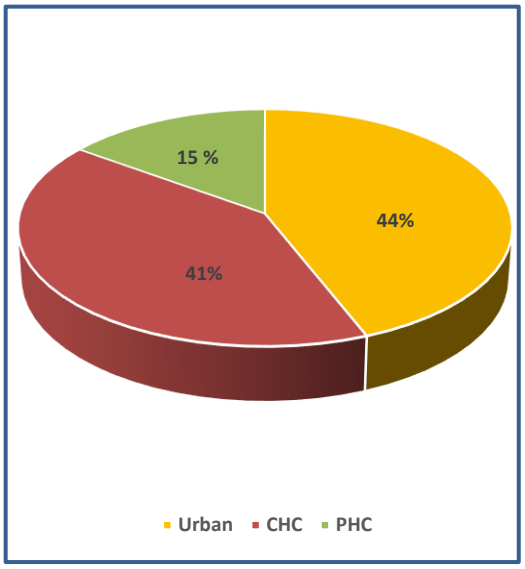
- Madhya Pradesh is amongst states with high infant and maternal mortality and constant monitoring is being done by introducing interventions like PMSMA, training staff in SBA at periphery, skill lab at district level, EmNOC training to MOs, Obst and Gynae refresher courses for specialists, operationalizing 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 Neemuch, most of the visited health facilities in the district are not fully equipped to provide full range of all the RMNCH+A services. There are no RMNCHA counsellors in the district. DH Neemuch does not have an MCH coordinator for DH but four nursing mentors are available for delivery points in the district.
- Except for DH Neemuch which is L3 facility two designated facilities CHC Manasa and CHC Singoli have no paediatrician, gynaecologist or functional BSU, with hardly any capacity for providing FRU services. C- section deliveries are not being conducted in these CHCs.
- As per the HMIS monthly consolidated report for April to November, 2019 there were 11747 ANCs registered and 81 percent of them were registered in the first trimester in Neemuch district.
- It was observed that ANC registration has not been uniform across all the health facilities. ANC registration is primarily done at periphery (81 percent) and first trim registrations were also reported from rural health facilties (81 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 96 percent of pregnant women were given 180 IFA tables and 76 percent received 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 is not distributed equally in rural area. Out of total 8680 institutional deliveries in the district, 23 percent were conducted at urban health institutions which include DH, SDH and private health institutions.
- Out of total 451 c-section deliveries conducted in the district nearly half (49 percent) were conducted at DH Neemuch, whereas a little more than half of the c-section deliveries were conducted at private institutions during April-November 2019.

- HMIS report shows that only 97 c-section deliveries (21 percent) were conducted in the night (8 pm-8 am), which signifies insufficient provision for emergency delivery care services in the district.

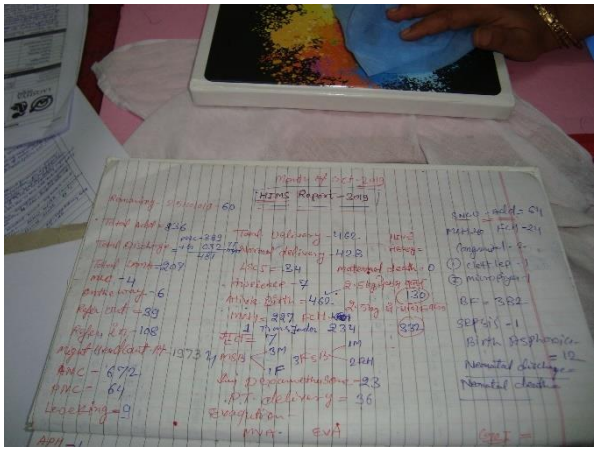
Distribution of Institutional Deliveries, Neemuch District, HMIS (Apr-Nov, 2019)





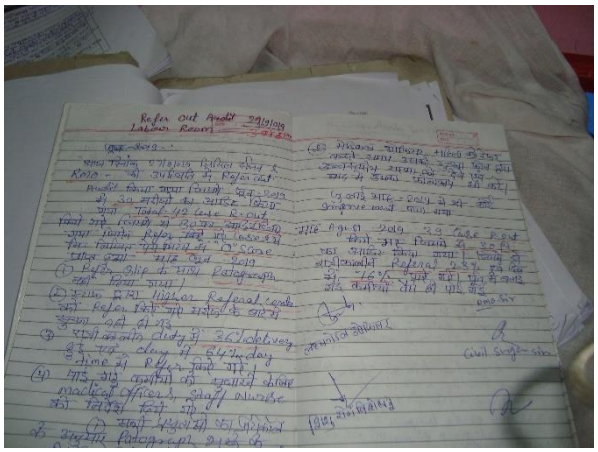
- JSY amount paid for the period April – November, 2019 total 2729 beneficiaries (urban: 769; rural: 1960 beneficiaries), Rs. 35,13,000 were paid for beneficiaries who were in the district. A total of 196 beneficiaries have not received JSY payments due to non availability of account number of beneficiaries.
- There were 1335 IUCD and 775 PPIUCD insertions reported by the district. It is observed that in HMIS out of 646 IUCD removal in the district during April-November, 2019 nearly 48 percent IUCD removals were reported from Neemuch block. There were 130 cases of complications due to IUCD reported in the district and fifty five percent were reported from Neemuch block.
- There were 53 women who were given first dose of injectable contraceptive under Antara programme and 22, 8, and 20 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.

Labour Room DH Neemuch



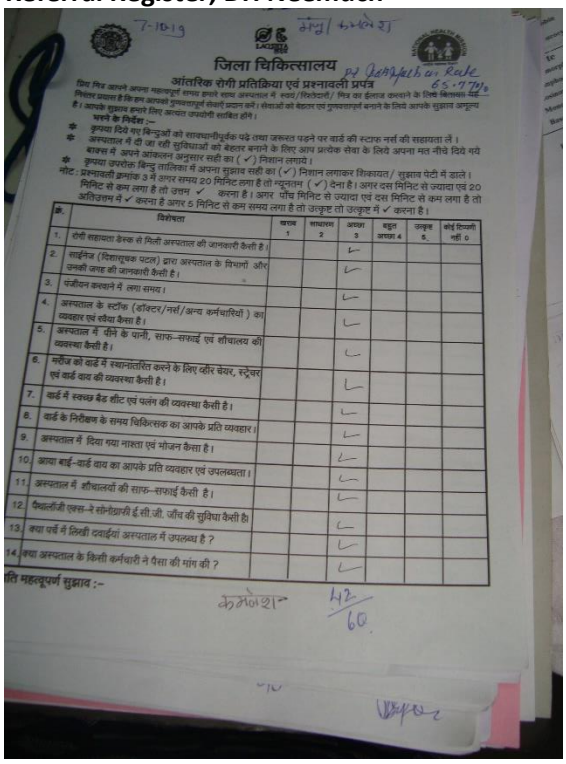
HMIS Data from Labour Room DH Neemuch

OutsideLabour Room DH Neemuch



Referral Register, DH Neemuch

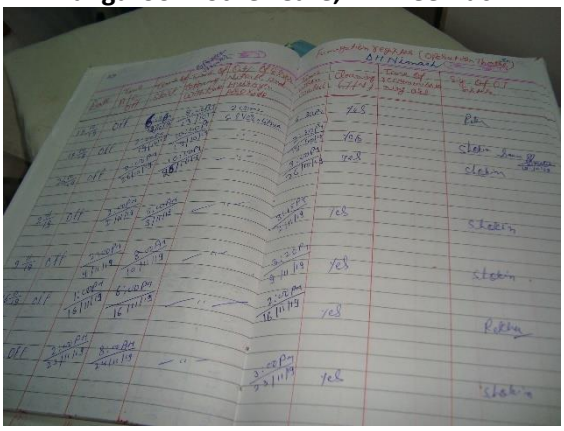
Labour Room Laqshya Register, DH Neemuch



Patient Satisfaction Form , DH Neemuch

Kangaroo Mother Care, DH Neemuch

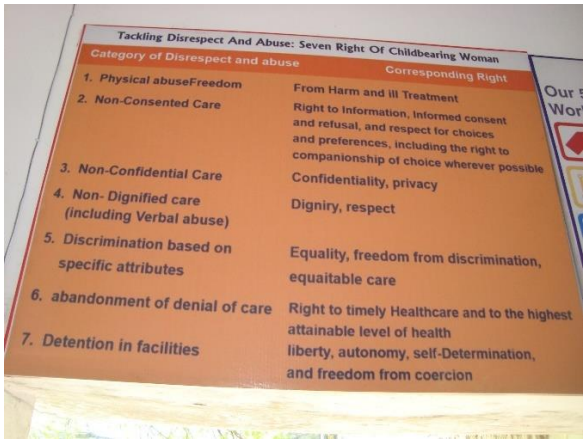
Do's and Don'ts, DH Neemuch



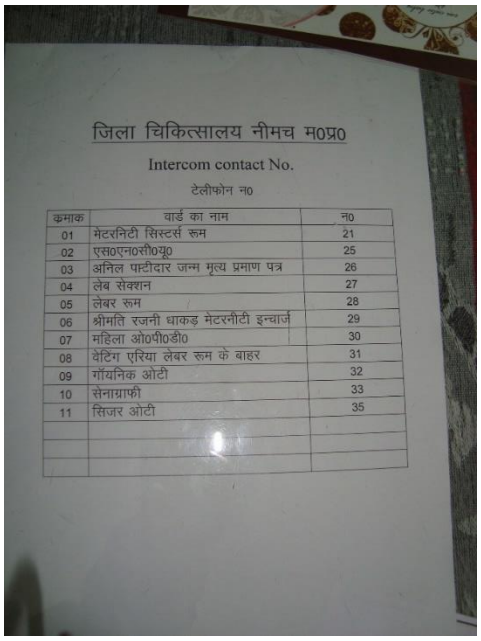
Fumigation Register

Fire Exit Instructions

Quality Policy DH Neemuch



Rights of Chidbearing Mother



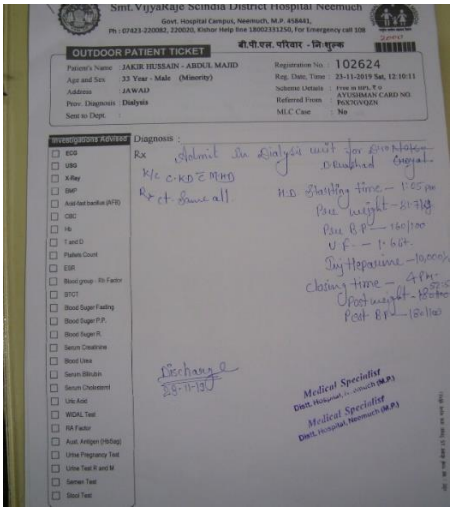
जिला चिकित्सालय नीमच म0प्र0

Intercom contact No.

टेलीफोन न0

क्रमांक	वार्ड का नाम	न0
01	मेटरनिटी सिस्टर्स रूम	21
02	एस0एन0सी0यू0	25
03	अनिल पाटीदार जन्म मृत्यु प्रमाण पत्र	26
04	लेब सेक्शन	27
05	लेबर रूम	28
06	श्रीमति रजनी धाकड़ मेटरनीटी इन्चार्ज	29
07	महिला ओ0पी0डी0	30
08	वेटिंग एरिया लेबर रूम के बाहर	31
09	गॉयनिक ओटी	32
10	सेनाग्राफी	33
11	सिजर ओटी	35

Intercom No. in wards DH Neemuch



Smt. Vijyaraje Scindia District Hospital Neemuch

Govt. Hospital Campus, Neemuch, M.P. 458441,

Ph : 07423-220082, 220020, Kishor Help line 18002331250, For Emergency call 108

बी.पी.एल. परिवार - निःशुल्क

OUTDOOR PATIENT TICKET

Patient's Name : JAKIR HUSSAIN - ABDUL MAJID
Age and Sex : 33 Year - Male (Minority)
Address : JAWAD
Prov. Diagnosis : Dialysis
Sent to Dept. :
Registration No. : 102624
Reg. Date, Time : 23-11-2019 Sat, 12:10:11
Scheme Details : Free in HFL T.O. AYUSHMAN CARD NO. 8XXXXVQXN
Referred From :
MLC Case : No

Investigations Advised

ECG, USG, X-Ray, BMP, Acid fast bacilus (AFB), CBC, Hb, T and D, Platelet Count, ESR, Blood group - Rh Factor, BTCT, Blood Sugar Fasting, Blood Sugar P.P., Blood Sugar R., Serum Creatinine, Blood Urea, Serum Bilirubin, Serum Cholesterol, Uric Acid, WIDAL Test, RA Factor, Aust. Antigen (HbSag), Urine Pregnancy Test, Urine Test R and M, Semen Test, Stool Test

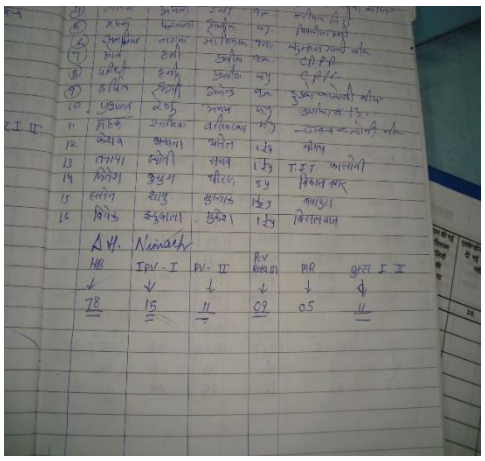
Diagnosis :

Rx Admit in Dialysis unit for Dialysis
Diagnosed Urgent.
K/c c-KD E MHD
Rx ct. Sure all
H.D Starting time – 1:05 pm
Pre Weight – 81.7kg
Pre B.P – 160/100
U.F – 1.6lt.
Inj Heparine – 10,000/-
Closing time – 4 Pm
Post weight – 80.1kg
Post B.P – 160/100
Discharge
28-11-19

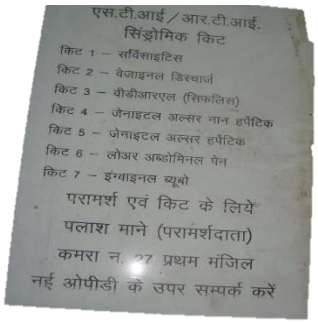
Medical Specialist
Distt. Hospital, Neemuch (M.P.)

Medical Specialist
Distt. Hospital, Neemuch (M.P.)

OPD Ticket



Immunization Register, DH Neemuch

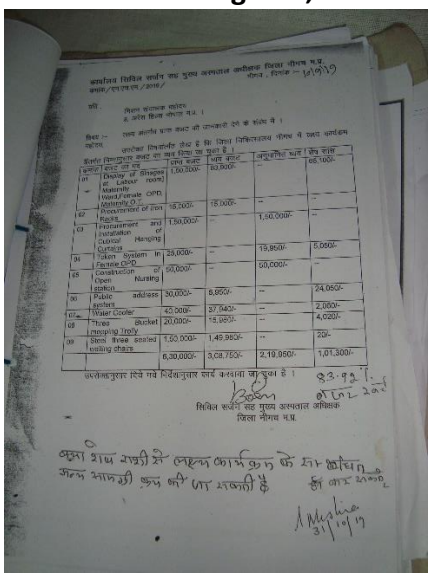


एस.टी.आई / आर.टी.आई.
सिंड्रोमिक किट

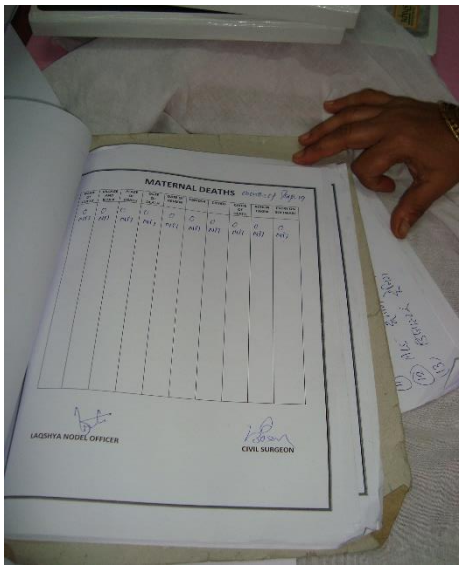
किट 1 – सर्विसाइटिस
किट 2 – वेजाइनल डिस्चार्ज
किट 3 – वीबीआरएल (सिफलिस)
किट 4 – जेनाइटल अल्सर नान हर्पेटिक
किट 5 – जेनाइटल अल्सर हर्पेटिक
किट 6 – लोअर अब्डोमिनल पेन
किट 7 – इंग्वाइनल ब्यूबो

परामर्श एवं किट के लिये
पलाश माने (परामर्शदाता)
कमरा न. 27 प्रथम मंजिल
नई ओपीडी के उपर सम्पर्क करें

RTI Kit DH Neemuch



Budget Laqshya, DH Neemuch



MD Register DH Neemuch

- The ART link centre is functional and services are being provided at DH Neemuch on 1st April, 2013. Total 1325 cases were registered and 925 cases are live and under treatment. Total 10717 pregnant women were screened for HIV during April- November 2019 in Neemuch district, and 83 women tested HIV positive and were being treated at ICTC centre. PPTCT counselling is also done with a 18 month cycle and ART treatment is provided to children.
- Adolescent health services are absent in the health institutions across district. HMIS data between April- November, 2019 indicates that 88 girls were registered at AFHC, 103 and 15 boys received clinical services, and 72 girls received counselling services in the district. The HMIS data from April-November 2019 for DH, SDH Jawad, CHC Manasa and PHC Kanjarda shows blank for data elements pertaining to registration in AFHC, received clinical services and received counselling services.
- There is one RTI/STI counsellor in the DH Neemuch providing counselling. None of the other visited health facility is providing RTI/STI services. AFHC is urgently required in the DH for augmenting services in adolescent health.
- 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. In DH and all the visited health facilities there is no arrangement of maintaining privacy during counselling on RTI/STI and other reproductive health problems**.**
- 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 22 bedded Special new-born Care Unit (SNCU) is functional in DH Neemuch, since April 2015. One regular paediatrician, two MOs (DCH) and one regular MBBS doctor for providing services in the SNCU. There are 22 SNs (8: regular; 14: contractual) for round the clock services. Two MOs and 9 SNs are trained in FBNC. MOs are trained in observership and Continuous Positive Airway Pressure (CPAP).
- Two phototherapy unit, two radiant warmers and four suction machines were non-functional in the SNCU.

- Whereas the reporting format for Newborn facility (SNCU) has reported 20 deaths during April -October, 2019 in SNCU and number of deaths occurring at SNCU reported in HMIS were 83.
- Total child deaths reported during April-October, 2019 by the CDR software was 203 deaths and 302 child deaths were reported in HMIS for this period.
- During April- November 379 children were reported admitted in NRC of DH Neemuch in nrc mis, but in HMIS the admissions reported were 434 thus indicating a difference of reporting of 55 cases. Similarly, number of admissions in CHC Manasa NRC was reported as 165 in nrc mis whereas in HMIS 124 such admissions were reported during April-November, 2019. Admissions for months of April and October 2019 have not been reported in HMIS.

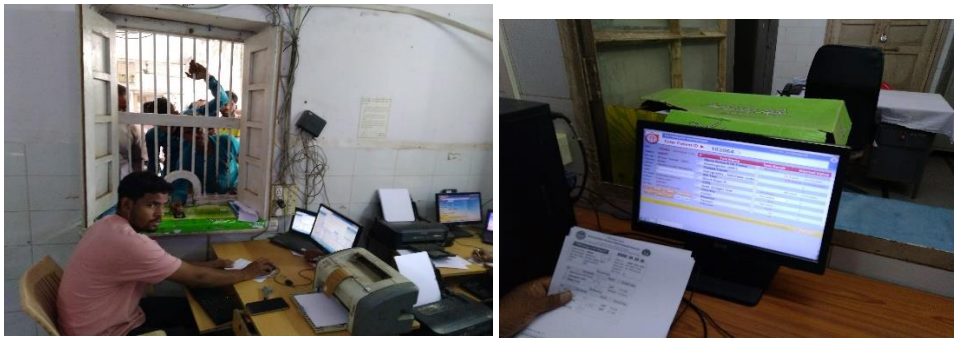
SNCU performance DH Neemuch (October, 2019)	
In-born admission	69
Out-born admission	77
New-borns admitted from DH (501 live births)	14%
Discharged children	121
Referred to higher facility	5
Left against medical advice	3
Died	20

Performance of NRCs in Neemuch District (April – November, 2019-20)

NRCs	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
DH Neemuch	20	3	379	0	0	32	112.35	609	0	298	22	0	48	0	11
PHCRatangarh	10	4	167	1	0	12	100.59	315	0	159	1	0	7	0	0
SDHRampura	10	9	164	0	0	19	101.76	133	0	164	0	0	0	0	0
CHC Manasa	10	1	165	1	0	19	97.65	107	0	161	4	0	0	0	0

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 referred by AWW 11. children referred by ASHA 12. Children referred by self 13. Children referred by doctor 14. Children referred by 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.
- Patient Satisfaction Score of the facility is not being reported.



Registration in DH Neemuch

SNCU DH Neemuch

Stepdown Unit DH Neemuch

RBSK

- There are six teams in the three blocks which have six AMOs in position, but there is only one ANM in position (5 are vacant) and three pharmacists are available (3: vacant) in the six teams. The RBSK programme had a DEIC coordinator previously. In the three blocks screening target for four D's for October 2019, was 6600, screening of 6396 cases was carried out, 591 cases were found positive and 387 children received treatment and 172 were referred.
- Total 14 visits were proposed in October, 2019 but 12 mobile visits were completed during the month.
- RBSK doctors were also involved in other national programmes.
- District level Birth Defect training was conducted in October,2019.
- ASHAs were provided Birth Defect training at block level.
- Certificates of club foot free children were received from the blocks.
- Treatment of positive children needing major surgery was below the target, and teams were asked to carry out the treatment.
- A staff of 14 is sanctioned for DEIC at DH Neemuch, but only one SN from the DH is presently providing services. There is no separate DEIC building. Appointment of SN and dental surgeon is under process.

District Profile of RBSK	Blocks			Total
	Palsoda	Manasa	Diken	
Population	334338	283540	269959	887837
No of Mobile HealthTeams	2	2	2	6
No. of Health Facilities	40	47	53	140
No. of ASHA	233	229	296	758
No of AWC	386	394	383	1163
No. of Schools	334	475	489	1308
DEIC Manager, Neemuch				

6. Non-Communicable Disease (NCD) Services

- 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 Neemuch has a designated NCD clinic. An MO in DH

NRC DH Neemuch

Lab DH Neemuch

- Neemuch has received three days training in NCD in hypertension, diabetes, oral and cervical cancer. School teachers have been provided training in Yoga and they conduct Yoga sessions in schools twice a week.
- MO of DH Neemuch is trained in Via which is test a visual inspection with acetic acid (VIA) for screening that can be combined with simple treatment procedures for early cervical lesions. The test was likely to be started in December, 2019 due to non-availability of acetic acid.
- It was observed that, in periphery MOs have received NCD training along with SNs but there are no specialists for advanced screening and treatment of NCDs, and neither do any of the other health institutions have complete range of NCD services.
- MPWs and supervisors have received 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.
- 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.

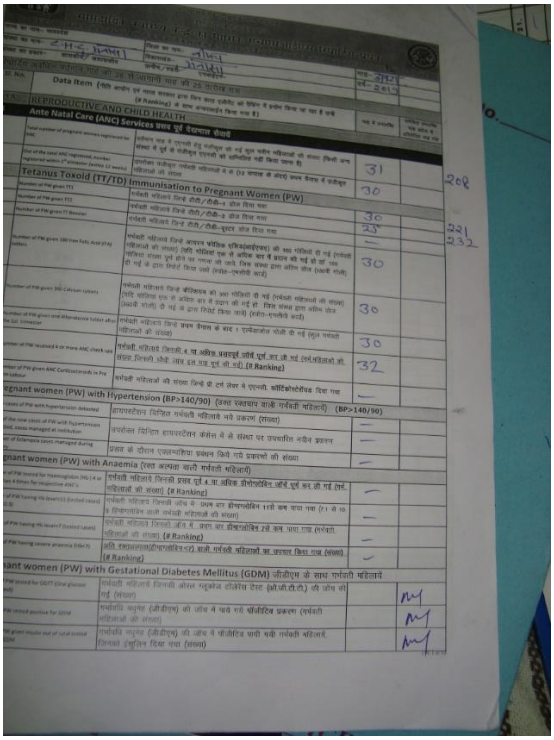
7. Community Interface and ASHA

- PRC team interacted with mothers at DH Neemuch, SDH Jawad, CHC Manasa PHC-HWC Kanjarda, SHC-HWC Lasur 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 in 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, but do not know the programme by its name.

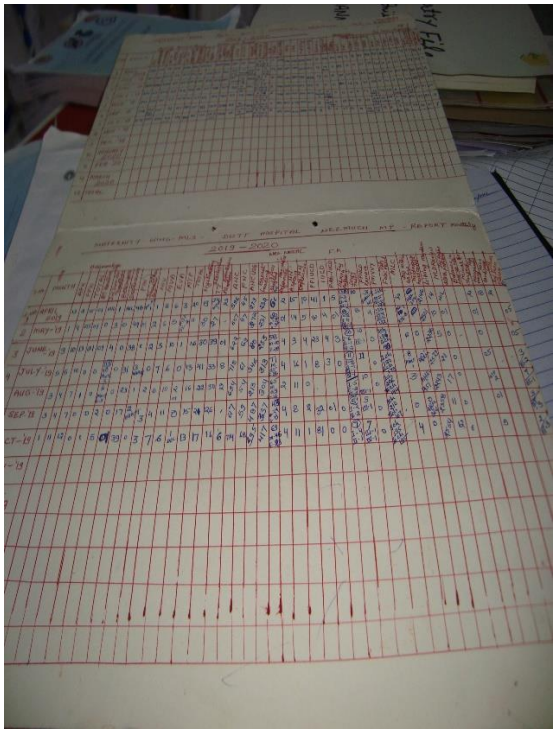
CHC Manasa

OPD patients CHC Manasa

Lab CHC Manasa

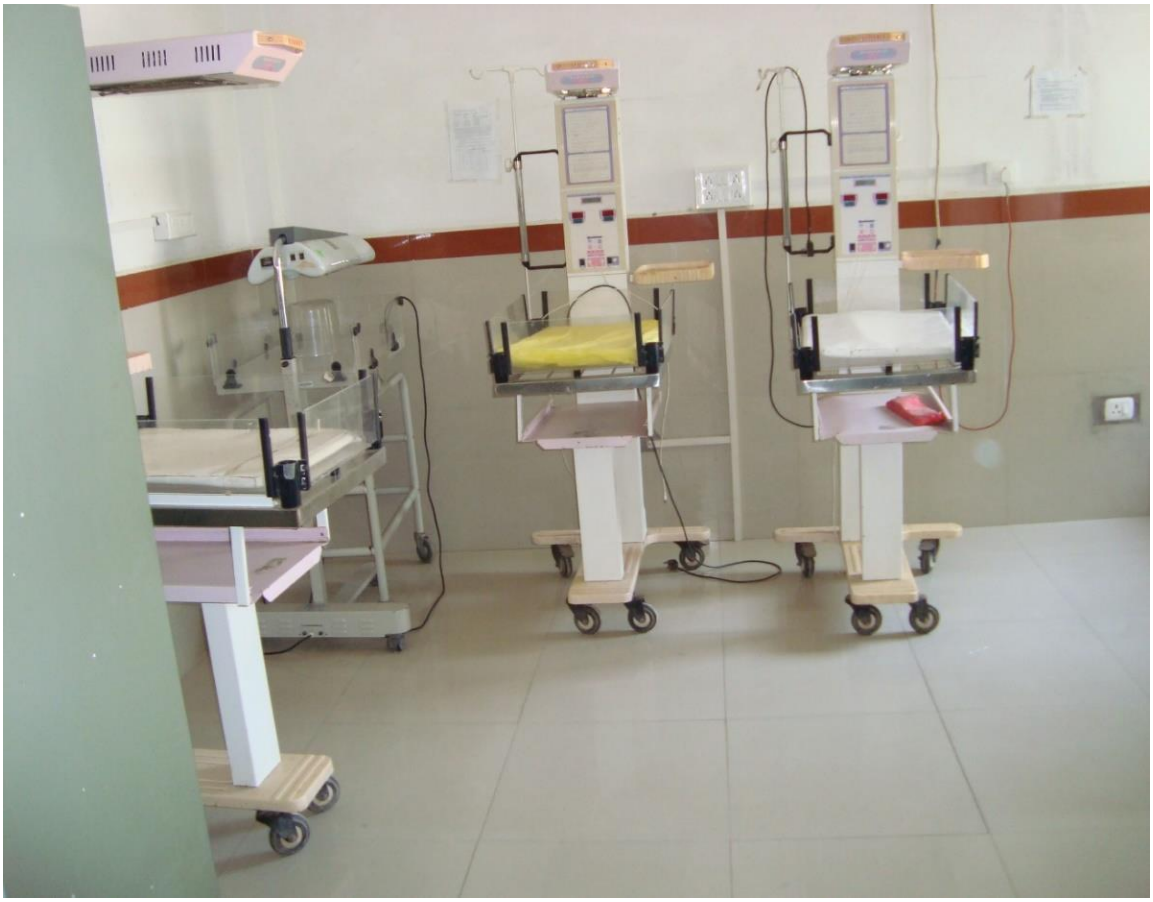


HMIS Data CHC Manasa



Maternity Register CHC Manasa

Labour Room And NBSU CHC Manasa



NBSU CHC Manasa

PNC Ward Manasa

- 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 Neemuch where mothers had to pay for c-section operations.
- There are more than 791 ASHAs in Neemuch district who were recently trained in filling up CBAC forms along with their regular work. 39 Urban ASHAs are working in 40 wards.
- ASHAs were trained in the first round, in second round (639) and in third round (488) of module 6-7. ASHAs were involved in HBNC (third 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 comprehensive primary health care such as universal screening of common NCDs. Batching matching and tracking training in NCD was provided to ASHAs. ASHAs have been provided printed registers.
- There are 69 ASHA Sahayogis who keep record of services provided by the ASHAs in her catchment villages. Based on this record ASHAs their payment voucher which is then submitted to ASHA Sahayogi for payment. Presently, there are 593 GAK's and 604 VHNSC functional in Neemuch district.
- 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.
- During July – September, 2019 e- vitta software related issues were reported in single window payment. The system does not show the amount ASHAs receiv for different types of services. However, no pendency was reported regrding ASHa payments.
- ASHAs interviewed at PHC Kanjarda and Lasur have complete kits,printed registers, do reporting of SAM children to RBSK team. ASHAs were aware of the number of home visits to be made for HBNC. ASHAs have received trainings in NCD and have filled up CBAC forms.
- One ASHA of Kanjarda had received an amount of Rs. 4300 hundred in last instalment, whereas the ASHA from Lasur had received Rs. 14000.

PRC team with Staff of SDH Jawad

Patients at SDH Jawad

Lab in SDH Jawad

Operation Theatre SDH Jawad

8. Ayushman Bharat

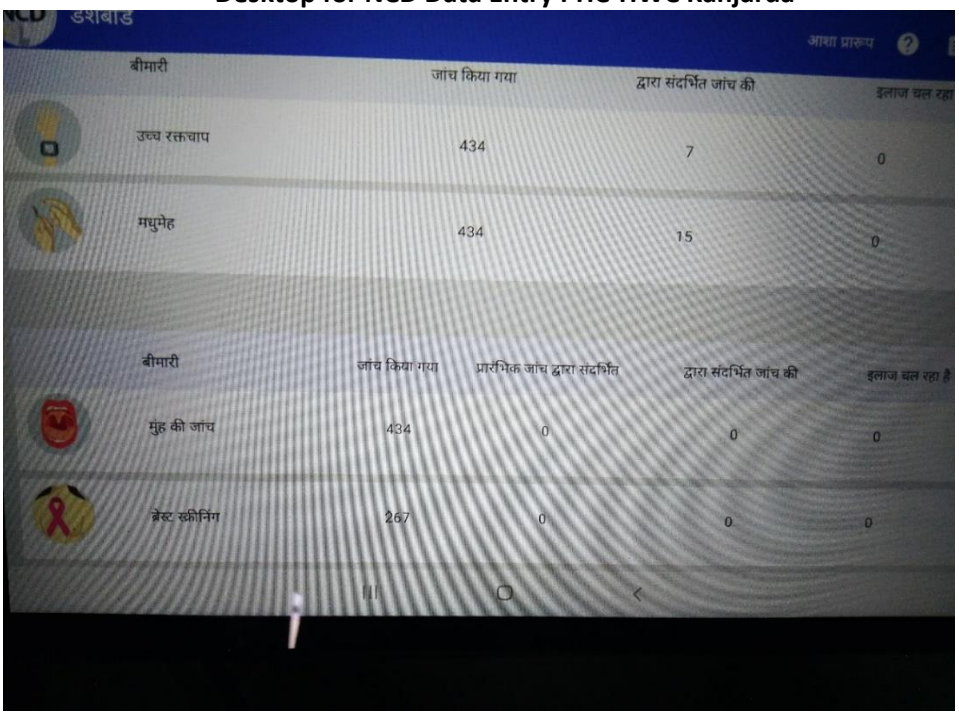
- The state has branded the Ayushman Bharat as “Niramayam”.
- As per the Ayushman Bharat web portal there are 338 (https://www.pmjay.gov.in/madhya_pradesh_profile) public and 94 private hospitals empanelled in the state and 13.57 million e-cards are generated for families under the scheme.
- Except DH Neemuch there is no other public or private health facility empanelled under Ayushman Bharat. No private hospital in the district has been empanelled under the scheme, because none of these are NABH accredited.
- In all 1846 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 277 were OPD patients, 1569 IPD patient and pre-authorization initiated for 1568 cases. In all an amount of Rs. 81.58 lakhs crores have been pre-authorized and claims amounting to Rs. 74.67 crores have been submitted. Total 400 claims were to be settled, 127 patients were waiting for treatment, on bed patients were 128 when PRC team visited DH Neemuch. Overall claims worth 15.86 lakhs has been processed and Rs. 1.18 lakhs have been distributed to employees as incentives.
- One Ayushman coordinator and three Mitra are working with one MPW from the DH overseeing the activities and sorting out issues. Common Service Centre (M.P. online) is functional for Ayushman Bharat identity cards.
- Ayushman Mitra reported that patients do not come to the DH with cards, and thus they do not get services timely.

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.

PRC Team with Staff of PHC +Kanjarda

Desktop for NCD Data Entry PHC-HWC Kanjarda



Tablet for NCD Data Entry PHC -HWC Kanjarda

Staff of PHC-HWCLasur

PHC-SHC-HWC Lasur

- 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).
- Neemuch district has identified, 26 SHCs 18 PHCs and one UPHC which are proposed for operationalizing as HWC. Three PHC Bisalwas, Chitakheda and Kanjarda have been taken up for operationalization as HWC.
- Sixteen newly recruited MOs in different PHCs in Neemuch district have recived training in NCD.
- Total Health and Wellness Centre proposed for the year 2019-20 in M.P. are 926, (UHWC: 36; SHC HWC : 499; PHC HWC: 231).
- Neemuch district has identified, 26 SHCs 18 PHCs and one UPHC which are proposed for operationalizing as HWC. Three PHC Bisalwas, Chitakheda and Kanjarda have been taken up for operationalization as HWC.
-

Status of Visited PHC/SHC-HWCs in Neemuch District		
Areas of Upgradation	**PHC-HWC Kanjarda**	**SHC-HWC Lasur**
Staff as per norms	Partial	No
Infrastructure upgradation	Partial	No
IT Support and Teleconsultation Services	Partial	Partial
Medicines and diagnostics	Partial	Partial
Staff Training in NCD	Yes	Yes

- Sixteen newly recruited MOs in different PHCs in Neemuch district have recived training in NCD.
- PHC Kanjarda has received funds worth Rs. 3.98 lakhs for waterproofing of the roof, and installing vitrified tiles for labour room, deep pit, construction, whitewash , distemper and colour of the PHC and external branding.
- PHC Lasur has received funds worth Rs. 4.01 lakhs for waterproofing of the roof, and installing vitrified tiles for labour room, deep pit, construction, whitewash , distemper and colour of the PHC and external branding.

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.
- Neemuch has not made much headway in kaykalp scores. It has received 43rd rank among 51 districts in M.P. It has received an overall kayakalp score of '43' (internal assessment) and needs to make headway in all areas of hospital upkeep, sanitation and hygiene and bio- medical waste management.The total score shown in Kayakalp was 58, and the check points in Kayakalp scoring was 250 (Niti Ayog assessment in November,2019) But this data did not match with the HMIS data.

11. LaQshya

- 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/ skill lab training, formation of district coaching time, conducting of baseline, implementation of rapid improvement cycles are steps to provide quality maternal services. DH Neemuch has a nodal officer, hospital matron, sister in charge and two nursing mentor for LaQshya.
- DH Neemuch hospital alone has been selected for implementation of LaQshya program. The internal baseline assessment was completed by the DH in November, 2019.

Internal Assessment scores of LaQshya, DH Neemuch			
Areas of assessment		**Operation Theatre**	**Labour Room**
A	Service Provision	72%	91%
B	Patient Rights	95%	95%
C	Inputs	56%	88%
D	Support Services	86%	72%
E	Clinical Services	87%	82%
F	Infection Control	91%	89%

G	Quality Management	41%	82%
H	Outcome	38%	28%
Date of Internal assessment		15.11.2019	16.11.2019
Overall Score		**75 %**	**77%**

- Among strengths and positives in labour room practices were painted and whitewashed OT and LR, six steps of hand wash, established procedure and standard protocols for management of different stages of labour, BMW management and infection control, and sterilization procedure.
- Labour Room gaps observed during assessment were no breast-feeding corner, inadequate delivery set, lack of hot water for patient and attendant at hand washing point, no epistomy scissor and lack of adequate baby sheet, three SNs of SNCU shifted to labour,
- Recommendations and suggestions for improvement during assessment were in areas in clinical practices, improving four zones, sitting chairs for ANC, LR, OT and OPD dressing KMC, improved BMW cleaning trolley and three bucket mopping 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 Neemuch were that the staff provide safe comfortable environment for patients and visitors for support, pre-postoperative procedures as per norms notes and instructions are legibly written, antibiotics prescribed by doctors are asper the antibiotic policy, PAC has been done before surgery, BMW waste collection segregation and transportation, handwashing and control of infection.
- Gaps in the maternity OT during assessment were, doctors DGO required, four staff nurses and eight ayahs required, adequate illumination not available, brief history not written, doses not clearly written, prescription not duly signed, date of next visit not mentioned.

Indicators for LaQshya at, DH Neemuch		**Remark**
Baseline assessment completed	Yes	
Quality Circle in Labour Room constituted	Yes	
Quality Circle in Maternity OT constituted	Yes	
Whether SOPs made for LR?	Yes	
Whether SOPs made for OT?	Yes	
Non rotation of nurses followed	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	
Birth companion in all deliveries	Yes	
Visual privacy in LR	Yes	
Patient satisfaction/feedback system (paper based) in place	Yes	
Signage in local language	Yes	
IEC material displayed	Yes	
Dakshata Training completed	No	
Functional HDU/ICU	Yes	
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		
Prevalence of outdated practices		
Shaving of perineum before delivery	No	
Enema given to Labouring Women	No	
Routine episiotomy done	No	
Induction of labour	No	
Augmentation of labour	No	

- Recommendations were daily round of matrons, checked log books and records and give proper instructions, allow birth companions, allow birth companions, improve timely c-section deliveries.
- Referral audit gaps identified were mobile number of patients not mentioned, partogarphs not filled, type of vehicle used by the patient 108/ JE or personal, higher facility not informed and no followup of referral patient
- Laqshya staff have received training in different aspects of quality management and BMW and labour room quality circle committee has been set up in DH Neemuch.
- Patient satisfaction forms are being filled by patients who come for delivery on different aspects like signages, availability of drinking water, behaviour of hospital staff, quality of food etc.
- DH Neemuch received an amount of Rs. 6.10 lakhs in 2018-19 for upgradation of labour room.
- MOs and 17 SNs have received training in Objective Structured Clinical Examination(OSCE).
- NQAS score obtained were 63(district reported 73.7 %) and the total number of check points available in NQAS scoring was 306.

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.

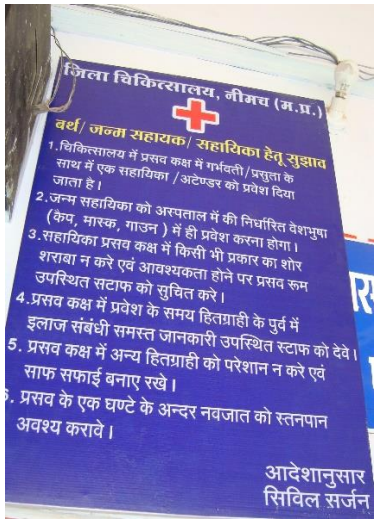
- Data collection for health services has been systematised through HMIS and tracking of services provided to individual mothers and children is done using RCH portal. Data capturing for these online services is done through service registers, which are designed to provide individual level information 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.
- In Neemuch district, IDSP data manger is incharge M&E officer of HMIS. 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 12 DEOs in Neemuch district, are working in the DH, CMHO office, DPMU and at the block level. 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 Neemuch 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 Neemuch. 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 Kanjarda 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.

- HMIS data for SDH Jawad shows that 'number of pregnant women tested for Syphilis' is 575 which is much higher tha 'total number of pregnant women registered for ANC'which is 118 upto October 2019, indicating poor understanding of data element.
- Data reported by different health facilities shows that HMIS reporting is not properly monitored by health facility in-charge. Data reporting for different types of programmes for the state portal varies from the data available on HMIS portal.

- 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, RCH portal does not show data when the ANMOL tab is started the data is not visibl,the EDD calender of high risk mothers is FRU facilities is not showing, old ANCs recorded are not visible 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 out multiple times. For child id 'search' option is not functioning and few ANMs have poor orientation in app based data entry. In case of wrong data entry there is no option of 'delete' or edit. LMP date gets blocked due to auto generation and cannot be edited.
- The monthly consolidated and facility wise data are inconsistent and anomaly is observed in data reporting in adolescent health.

BMW IEC

PPP



Birth Attendant Instructions

DH Neemuch

Annexure

Health Infrastructure available in District :- Neemuch					
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	01	Yes	-	200	200
Exclusive MCH hospital	-	-	-	-	-
Sub District Hospital / CH	02	Yes	-	50	100
Community Health Centre	03	Yes	-	30	90
Primary Health Centre	19	Yes	-	06	114
Sub Health Centre	115	104	11	01	-
AYUSH Ayurvedic	25	19	-	-	-
AYUSH(Homoeopathic)	02	02	-	-	-
AYUSH (Others)	01	01	-	-	-
Delivery Point(L1)					
PHC	04	Yes	-	06	24
SHC	01			01	01
Delivery Point(L2) SDH	02			50	100
CHC	01	Yes	-	30	30
PHC	06			06	36
Delivery Point(L3)					
DH	01	Yes	-	200	200
SDH	00			00	00
CHC	02			30	60
HWC-Primary Health Centre	19	Yes	-	06	114
HWC-Sub Health Centre	15	Yes	-	-	-
NRC PHC	01			10	10
CHC	01	Yes	-	10	10
SDH	01			10	10
DH	01			20	20
DEIC	Nil	Nil	Nil	Nil	Nil

Key observations for Visited health facilities (Y/N)	**DH Neemuch**	**CHC Manasa**	**SDH Jawad**	**PHC-HWC Kanjarda**	**PHC HWC Lasur**
Monthly HMIS Reported (Previous month)	Y	Y	Y	Y	Y
All the HMIS reports duly signed by facility in-charge	Y	N	Y	Y	Y
A copy of monthly HMIS is kept and signed by facility in-charge	Y	Y	N	N	N
Any new construction initiated / completed in the visited facility	Y	Y	N	N	N
Grants received for new construction / Upgradation / renovation at facility	N	N	N	Y	Y
Outsourced HR working in the facility	Y	Y	Y	N	N
SDMIS functioning/)	Y	Y	Y	Y	Y
Calibration of equipment is done	Y	y	y	y	y
Any local tie-up for equipment maintenance at facility	N	N	N	N	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	N	N
Records and registers for each JSSK services prepared	Y	Y	Y	N	N
Availability of dedicated staff for LR and OT at visited health facility	Y	Y	Y	N	N
Drugs and Equipments available as per facility level	N	N	Y	N	N
Distance of higher referral facility	**128**	**29 km**	**18km**	**27km**	**23kms**
Travel time to reach higher referral facility	**3 hrs**	**50 min**	**30 min**	**50 mins**	**40 mins**
Blood Transfusion facility available	Y	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
All printed registers and reporting formats available	N	N	N	N	N
health facility level quality assurance committee formed (Collect list and meeting details)	Y	N	N	N	N
RBSK team is complete in all aspects HR Separate Mobility support Route chart available and being followed Sufficient medicine and consumables supplied	 N -- -- --	 Y Y Y Y	N	N	N
RBSK team linkages with referral facilities, schools, AWC for services	N	Y	N	Y	Y
ASHA received HBNC /HBYC training	--	Y	Y	Y	Y
ASHA filling forms for HBCN/HBYC visit	--	Y	Y	Y	Y
ASHA reporting SAM and 4Ds to ANM	--	Y	N	Y	Y
ASHA has sufficient reporting and visit formats	--	N	N	N	N
Annual Infrastructure MIS 2019-20 reported for all the visited facilities	Y	Y	Y	Y	Y
Data display initiated at Facility level – key indicators	Y	Y	N	N	N
Whether Kayakalp assessment has been done for visiting facility	Y	N	N	N	N
Areas-wise score or overall score obtained by health facility (Collect a copy of Kayakalp assessment)	43/58	--	--	--	--
GUNAK app is used / known to facility in-charge	N	N	N	N	N