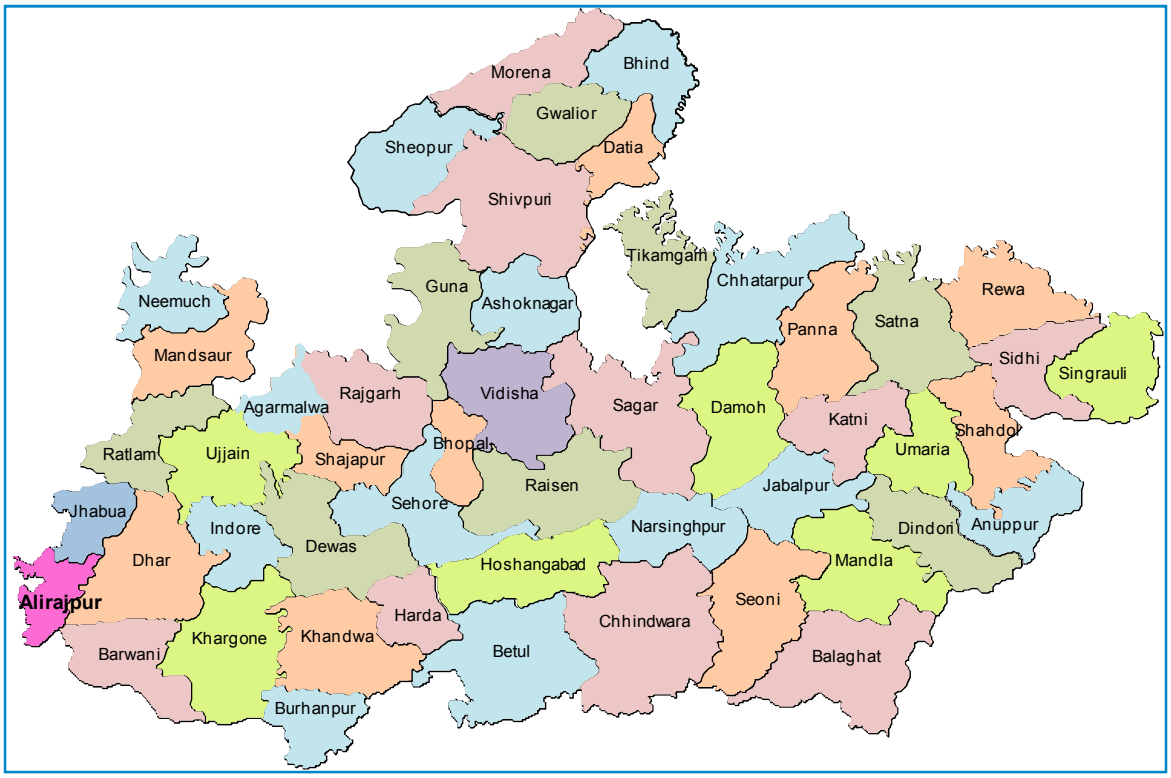
Quality Monitoring of Programme Implementation Plan 2019-20 in Madhya Pradesh

District: Alirajpur



Dr. Niklesh Kumar, Field Investigator
Dr. Nikhilesh Parchure, Research Investigator
Dr. K. Raghubansh Mani Singh, Field Investigator

Population Research Centre

(Ministry of Health and Family Welfare, Government of India)
Department of General and Applied Geography
Dr. Harisingh Gour Vishwavidyalaya
(A Central University)
Sagar, Madhya Pradesh

January, 2020

Contents

List of Acronyms

AFHS	**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**
AWW	**Aanganwadi Worker**
AYUSH	**Ayurvedic, Yoga, Unani, Siddha, Homeopathy**
BAM	**Block Account Manager**
BCM	**Block Community Mobilizer**
BEmOC	**Basic Emergency Obstetric Care**
BIS	**Beneficiary Identification System**
BMO	**Block Medical Officer**
BMW	**Bio-Medical Waste**
BPM	**Block Programmer Manager**
BB	**Blood Bank**
BSU	**Blood Storage Unit**
CBC	**Complete Blood Count**
CD	**Civil Dispensary**
CEA	**Clinical Establishment Act**
CEmOC	**Comprehensive Emergency Obstetric Care**
CH	**Civil Hospital**
CHC	**Community Health Centre**
CMHO	**Chief Medical and Health Officer**
CS	**Civil Surgeon**
CTT	**Conventional Tubectomy**
DAO	**District AYUSH Officer**
DAM	**District Account Manager**
DCM	**District Community Mobilizer**
DEIC	**District Early Intervention Centre**
DEO	**Data Entry Operator**
DH	**District Hospital**
DIO	**District Immunization Officer**
DM	**District Magistrate**
DMC	**Designated Microscopic Centre**
DMO	**District Malaria Officer**
DOT	**Direct Observation of Treatment**
DPM	**District Programmer Manager**
DTO	**District Tuberculosis Officer**
EAG	**Empowered Action Group**
EC Pills	**Emergency Contraceptive Pills**
EDL	**Essential Drugs List**
EmOC	**Emergency Obstetric Care**
ENT	**Ear, Nose, Throat**
FP	**Family Planning**
FRU	**First Referral Unit**
GOI	**Government of India**
HFW	**Health & Family Welfare**
HIV	**Human Immuno Deficiency Virus**
HMIS	**Health Management Information System**
HPD	**High Priority District**
HWC	**Health & Wellness Centre**
ICTC	**Integrated Counselling and Testing Centre**
IDR	**Infant Death Review**
IEC	**Information, Education, Communication**
IFA	**Iron Folic Acid**
IMEP	**Infection Management Environmental Plan**
IMNCI	**Integrated Management of Neonatal and Childhood illness**
IMR	**Infant Mortality Rate**
IPD	**Indoor Patient Department**
IPHS	**Indian Public Health Standard**
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**
LSAS	**Life Saving Anaesthesia Skill**
LSCS	**Lower Segment Caesarean Section**
LT	**Lab Technician**
LTT	**Laparoscopy Tubectomy**
MCH	**Maternal and Child Health**
MCP Card	**Mother Child Protection Card**
MCTS	**Maternal and Child Tracking System**
MDR	**Maternal death Review**
M&E	**Monitoring and Evaluation**
MMR	**Maternal Mortality Ratio**
MMU	**Medical Mobile Unit**
MP	**Madhya Pradesh**
MPW	**Multi Purpose Worker**
MO	**Medical Officer**
MoHFW	**Ministry of Health and Family Welfare**
NBCC	**New Born Care Corner**
NBSU	**New Born Stabilisation Unit**
NCD	**Non Communicable Diseases**
NFHS-4	**National Family Health Survey-4**
NHM	**National Health Mission**
NLEP	**National Leprosy Eradication Programme**
NMA	**Non Medical Assistant**
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**
PFMS	**Public Financial Management System**
PHC	**Primary Health Centre**
PIP	**Programme Implementation Plan**
PMU	**Programme Management Unit**
PMDT	**Programmatic management of Drug Resistant TB**
PPIUCD	**Post-Partum Intra Uterine Contraceptive Device**
PRC	**Population Research Centre**
PRI	**Panchayati Raj Institution**
PV	**Plasmodium Vivex**
RBSK	**Rashtriya Bal Swasthya Karyakram**
RCH	**Reproductive Child Health**
RGI	**Registrar General of India**
RKS	**Rogi Kalyan Samiti**
RKSK	**Rashtriya Kishore Swasthya Karyakram**
RMNCH+A	**Reproductive, Maternal, Newborn, Child Health & Adolescent**
RNTCP	**Revised National Tuberculosis Control Program**
RPR	**Rapid Plasma Reagen**
RTI	**Reproductive Tract Infection**
SAM	**Severe Acute Malnourishment**
SBA	**Skilled Birth Attendant**
SHC	**Sub Health Centre**
SN	**Staff Nurse**
SNCU	**Special Newborn Care Unit**
STI	**Sexually Transmitted Infection**
T.B.	**Tuberculosis**
TBHV	**Tuberculosis Health Visitor**
TMS	**Transaction Management System**
TT	**Tetanus Toxoide**
UPHC	**Urban Primary Health Centre**
USG	**Ultra Sonography**
WIFS	**Weekly Iron Folic-acid Supplementation**
VHND	**Village Health & Nutrition Day**
VHSC	**Village Health Sanitation Committee**
WCD	**Women & Child Development**

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

Executive Summary

The Ministry of Health and Family Welfare, Government of India, has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2019-20, PRC Sagar is engaged in carrying out PIP monitoring in several districts of Madhya Pradesh. In this context a field visit was made to Alirajpur district in MP in fourth week of January, 2020. PRC team visited District Hospital (DH) Alirajpur, Community Health Centre (CHC) Jobat, 24*7 Primary Health Centre (PHC) Ambua and SHC Kanwada, which are functioning as delivery points, to assess services being provided in these health facilities. I have also visited PHC Nanpur and SHC Dabdi Health Wellness Centre for quality monitoring. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Alirajpur District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS and RCH portal data. Also evaluated new programme implemented like LaQshya, Kayakalp, Ayushman Bharat and Health and Wellness Centre (HWC) in the district. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the month of December, 2019 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Alirajpur, CHC Jobat, 24*7 PHC Ambua and SHC Kanwada for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received. Secondary information was collected from the state web portal and district HMIS data available at the Programme Management Unit in the district.

Key Observations, Recommendations and Action Points of visited facilities of Alirajpur

- Field visit observations and information gathered during interaction with the field staffs at visited health facilities by PRC team leads to point out some important recommendation/action

points, which needs to be address on priority basis. Following action points suggested to the district.

- Alirajpur district provides health services through rural and urban health facilities both in rural and urban areas of Alirajpur. In total 1 DH, 6 CHCs, 16 PHCs, and 182 SHCs are providing health services in Alirajpur district.
- Total functional bed capacity reported in rural health facilities i.e. CHCs, PHCs and SHCs in Alirajpur district is 435 which is less and insufficient according to the desired norm of 500 beds per 1 lakh population.
- Total functional bed capacity in different government health facilities in urban area i.e. DH is 100 which is grossly insufficient to cater the urban population in the district.

District Hospital, Alirajpur

- The building of DH Alirajpur is good condition. CHC Jobat building condition is fair however adequate space not available. CHC is upgraded to a 60 bedded facility, but due to non availability of beds, only 30 beds are functional. No HR has been recruited as per the revised 60 bedded strength in the CHC.
- It is informed that no information has been shared with CMHO or CS for any construction of health facilities in the district, which later create problem in proper division of sections as well as in modification as required.
- Residential facilities for medical and paramedical staffs are not sufficient in all the visited health facilities.
- Area and boundary of all the health facilities should be demarcated. For future expansion land area should be registered in the land records department of the district. PHC Ambua, SHC Kanwada and Dabdi health and wellness centre do not have boundary.
- District should ensure filling-up all the sanctioned posts, at least at all the identified delivery points, in order to provide full range of health services. The staffs trained in various skills need to be posted optimally at rural and remote health facilities.
- In order to achieve complete and accurate data reporting, training at all levels is essential. For computer based data reporting system – computer, internet and data entry operators are also essential.

- Detailed data definition guide and source of data from where each data is to be captured under HMIS need to be provided to all the health facilities.
- At present DH Alirajpur has only two specialists (general surgeon & orthopaedic) available against 28 sanctioned posts.
- There is requirement of DIEC building at the DH.
- Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- LaQshya is implemented only at DH in Alirajpur district. All the 54 LaQshya registers (LR+OT) are being filled by SNs.
- Majority of the essential drugs are available in all the health facilities and there was computerized inventory management system in place upto CHC level among all the visited health facilities.
- Dialysis service is available at DH. There are two machines installed and eight patients are getting treatment at the centre.
- SNCU is functional at DH; however there is shortage of SNs in the SNCU. NRC is also functional at DH for SAM children of the district.
- HMIS data reporting has mismatch issues with register data and Government of India HMIS portal data among all the visited facilities including DH.
- All Specialists should be recruited as per the sanctioned posts to ensure continuous availability of emergency obstetric care services at the DH.
- Sickle cell anaemia register are maintained in all blocks of Alirajpur district.
- C-arm unit is urgently needed for orthopaedic OT at the DH.
- AIMS outsource equipment maintenance services is not satisfactory in the DH Alirajpur.
- GUNAK app is not used in all visited health facilities for Kayakalp, LaQshya and NQAS programme under National Health Programme.

CHC Jobat

- CHC area is under encroachment and legal cases are pending in court. Medical stores have come up in boundary.
- There are huge shortages of medical and para-medical staffs at the CHC. Even at NBSU and NRC shortage of staffs is being found.
- LaQshya is not implemented in CHC Jobat, which needs to address by district authority.
- Hydraulic table is required in labour room at CHC Jobat.
- CHC has functional NBSU, but more Radiant warmer and phototherapy unit is needed urgently at CHC.
- X-ray not done due to machine is not functional since November, 2019 and adequate space is essential for X-ray dark room.
- Periodic training and orientation is required for skill upgradation of various CHC staffs.
- In pathological lab, platelet count test not done, Cell counter for CBC is urgently required on priority basis in laboratory of CHC.
- BSU is available and functional at CHC. At the time of team visit one bag of 'O' positive blood was available in the BSU. As informed, blood made available as per demand from DH Alirajpur.
- CHC staff informed that equipment maintenance outsourced company (AIM Healthcare Pvt. Ltd.) technician took very much time to done the repairing work.

PHC Ambua and Nanpur

- PHC Ambua is functioning from old building fragmented in different sections. OPD and drug store and cold chain are functioning from old dilapidated buildings. Two wards and a labour room have been constructed recently. New PHC building have proposed and sanctioned has been done. PHC is located in the centre of the market and approach road is very narrow which is not easily accessible for ambulance.
- Construction of boundary wall is urgently needed at PHC.
- Various pathology kits are urgently required.

- Paucity of staff especially SNs is urgently required as per sanctioned post which is functioning as health and wellness centre.
- Some visiting ASHAs has been interviewed by PRC team at PHC Nanpur, as informed by ASHAs, they are getting their minimum pay and incentives on time.
- At PHC Nanpur, lab technician informed about the requirement of Microscope for sputum and malaria slide test.
- There is requirement of sweeper and DEO at PHC Nanpur.

SHC Kanwada

- SHC Kanwada and SHC Dabdi are functional as a health and wellness centre which is branding under renovation as on visit date. There are functional in new constructed building.
- CHO has appointed at the SHC and presented at the PRC team visit.
- Construction of boundary wall and yoga platform is urgently needed at SHC.

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

1. Introduction

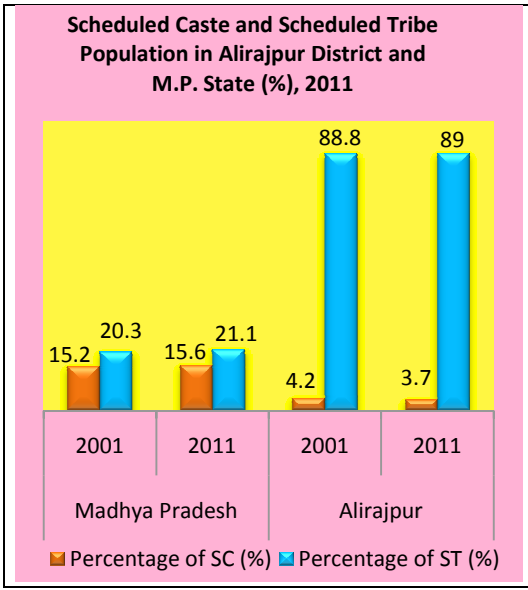
The Ministry of Health and Family Welfare, Government of India, has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2019-20, PRC Sagar is engaged in carrying out PIP monitoring in several districts of Madhya Pradesh. In this context a field visit was made to Alirajpur district in MP in fourth week of January, 2020. PRC team visited District Hospital (DH) Alirajpur, Community Health Centre (CHC) Jobat, 24*7 Primary Health Centre (PHC) Ambua and SHC Kanwada, which are functioning as Health and Wellness Centre and delivery points, to assess services being provided in these health facilities. I have also visited PHC Nanpur and SHC Dabdi Health Wellness Centre for quality monitoring. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Alirajpur District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, MCTS & RCH portal data. Also evaluated new programme implemented like LaQshya, Kayakalp, Ayushman Bharat and Health and Wellness Centre (HWC) in the district. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the month of December, 2019 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Alirajpur, CHC Jobat, 24*7 PHC Ambua and SHC Kanwada for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received. Secondary information was collected from the state web portal and district HMIS data available at the Programme Management Unit in the district.

2. State and District Profile

- Madhya Pradesh located in central India with 50 districts and 342 blocks has a total population of 7.2 crores (Census, 2011). Alirajpur district is a district of Madhya Pradesh state in central India. The town of Alirajpur is administrative headquarters of the district.

- The district was carved from erstwhile Jhabua district in May, 2008. The district is bounded by three districts of Madhya Pradesh namely Jhabua in the north, Dhar in the east and Badwani in the south-east. Maharashtra and Gujrat states also share the boundary with Alirajpur district. Alirajpur district is part of Indore division. The district occupies an area of 3182 km².
- According to the 2011 census Alirajpur district has a population of 7,28,999 (Male: 362542, Female: 366457). The density of Alirajpur is 229 persons per sq. km as compared to 236 persons of M.P. The percentage of Scheduled Caste population is 3.7 whereas, that of the Scheduled Tribes is 89.0 in the district.
- The district is divided into three tehsils and six blocks namely Alirajpur, Jobat, Sondwa, Bhabra, Katthiwada and Udaigarh. There are three statutory and one Census Towns in the district. As per Census 2011 Alirajpur has 543 villages and 288 gram panchayats, out of which 538 are inhabited and five are uninhabited villages. Urbanization of the district is 7.8 per cent as per census 2011 which has increased from 7.3 per cent in census 2001.

Key socio-demographic indicators



Indicator	MP		Alirajpur	
	2001	2011	2001	2011
No. of Districts	45	50	-	-
No. of Blocks	333	342	-	6
No. of Villages	55393	54903	544	543
No. of Towns	394	476	3	3
Population (Million)	60.34	72.63	0.6	0.7
Decadal Growth Rate	24.3	20.3	26.2	19.4
Population Density per Km^2	196	236	192	229
Literacy Rate (%)	63.7	70.6	31.1	37.2
Female Literacy Rate (%)	50.3	60.6	22.0	31.0
Sex Ratio	919	930	995	1009
Sex Ratio (0-6 Age)	932	918	982	971
Urbanization (%)	26.5	27.6	7.3	7.8
Percentage of SC (%)	15.2	15.6	4.2	3.7
Percentage of ST (%)	20.3	21.1	88.9	89.0
Source: Census of India 2001,2011 various publications, RGI				

- The sex ratio of Alirajpur district is 1009 females per thousand males as compared to 930 per 1000 males for MP. The child sex ratio has decreased by 11 points from 982 in 2001 to 971 in 2011, which is more than the child sex ratio of MP (918/1000).
- The decadal growth of Alirajpur has decreased from 26.2 to 19.4 percent during 2001-2011. Literacy rate of Alirajpur district is 37.2 percent and it occupies last position in the state. The female literacy rate of the district is 31 percent. Female literacy rate has increased by 9 points in Alirajpur district from 22 percent in 2001 to 31 in 2011 which is very low as compare to state average (MP: 60.6 percent).

Temporal variation in some service delivery indicators for Alirajpur district			
Sr.	**Indicators**	**MP**	**Alirajpur**
1	Sex Ratio	930*	1009*
2	Sex Ratio at Birth	927#	950#
3	Female Literacy Rate (%)	60.6*	31.0*
4	Infant Mortality Rate (per 1000 live births)	51#	-
5	Unmet Need for Family Planning (%)	12.1#	10.9#
6	Postnatal Care received within 48 Hrs. after delivery	55.0#	44.1#
7	Fully Immunized Children age 12-23 months (%)	53.6#	22.6#
8	1st Trimester ANC Registration (%)	66.0^	48.0^
9	Reported Institutional Deliveries (%)	95.0^	79.0^
10	SBA Home Deliveries (%)	3.0^	20.0^
*Source: *Census 2011, ^HMIS report April-March 2018-19, #NFHS-4 survey.*			

3. Health Infrastructure in the District

- Alirajpur district provides health services in both rural and urban areas through rural and urban health facilities.

Health Facility	Number	Health Facility Visited
District Hospital	1	DH Alirajpur
Community Health Centre	6	CHC Jobat
Primary Health Centre	16	PHC Ambua
Sub Health Centre	182	SHC Kanwada

- District is providing health services in urban areas through District Hospital. In rural areas 6 CHCs, 16 PHCs and 182 SHCs are providing health services. DH Alirajpur and 6 CHCs, 16 PHCs and 170 SHCs are functioning from government buildings. DH Alirajpur is sanctioned as a 100 bedded hospital and presently it is functional as 150 bedded. All the two L3 facilities with one DH are 100 bedded and one CHC is 30 bedded. Fifteen L2 facilities with four CHCs and eleven PHCs are 30 and 6 bedded respectively. There are five L1 facilities, five SHCs functional as level 1 delivery points with having total 15 functional beds.
- In total 435 beds are available in the district with a population of 0.7 million, which are insufficient for the government health facilities, according to the required norm of 500 beds per 1 lakh population.

Information Education Communication

- Display of NHM logo was not observed in any of the visited facilities except DH Alirajpur. All the visited health facilities have signage which is clearly displayed in each and every section of the hospital.

- Timing of the health facility, phone numbers, complaint box and list of services available were observed only in DH Alirajpur and CHC Jobat among the visited health facilities. While none of the visited facilities have any signage on Citizen Charter.
- Display of partographs, clinical protocols EDL with information on free drug distribution is available, were displayed in all the visited facilities. Protocol posters, awareness generation chart, immunization schedule, FP IEC and JSSK entitlements (except SHC) are displayed at all the visited health facilities.

Referral Transport

- In Madhya Pradesh referral transport has been an integral part of health care services. This is very essential for access to critical health care, emergencies, trauma care for remote and outreach areas and in rural areas.

Number of beneficiary facilitate through 'Janani 108' of Alirajpur district as on December,2019

Facilities	Pickup (Home to Facility)			Drop Back (Facility to Home)			Total Referred IFT
	Pregnant Women	Infant Sick Child	Total	Mother	Infant Sick Child	Total	PW/Infant
DH ALIRAJPUR	85	3	88	118	10	128	18
CHC JOBAT	42	4	46	43	4	47	8
CHC BHABRA	40	3	43	68	1	69	20
CHC KATTHIWADA	62	4	66	67	5	72	18
CHC SONDWA	132	2	134	75	3	78	27
CHC UDAIGARH	59	2	61	113	1	114	8
PHC KHATTALI	55	1	56	47	0	47	7
PHC AMBUA	46	2	48	100	2	102	6
PHC BORI	55	2	57	104	1	105	9
PHC NANPUR	49	2	51	48	2	50	15
PHC BAKHTGARH	65	0	65	76	0	76	10
PHC BURZER	22	1	23	37	0	37	13
PHC SORWA	56	3	59	89	0	89	13
SHC CHHAKTALA	52	3	55	36	3	39	4
Total	**820**	**32**	**852**	**1021**	**32**	**1053**	**167**

- The referral transport service in the district is running through centralised call centre from state. In Alirajpur, there are 15 Janani Express and nine "108" emergency response vehicles and six Medical Mobile Unit (MMU) functional in the district Alirajpur. Out of the 15 JEs, four are placed at visited health facilities (DH:2, CHC:1 and PHC:1) in the district. In month of December' 2019, JEs have transported 1841 beneficiaries. Out of these 820 beneficiaries were provided home to facility transport and 1021 were provided drop-back facility. There are 134 pregnant woman and infant children referred to higher facility.

4. Status of Visited Health Facilities

- DH Alirajpur is easily accessible from the main road. DH Alirajpur caters to around 7.28 lakhs population of Alirajpur. CHC Jobat and PHC Ambua cater to around 122694 and 4342 populations. SHC Kanwada caters to about 4197 populations (data as per HMIS infrastructure, 2019).
- CHC Jobat and PHC Ambua are located at a distance of 40 and 20 kilometers respectively from the district head quarters and SC Kanwada functional as a HWC is located at a distance of 47 kilometers from the district head quarters.
- Staffs quarter is a serious concern in the district; presently DH Alirajpur has 14 quarter for MOs, 12 quarter for SNs and six quarters for other category. CHC Jobat has only 14 staff quarters (4 for MOs, 5 for SN and five for other staffs). PHC Ambua has 5 staff quarters (one for MOs, two for SN and two for other staffs). Staff quarter for ANM is attached with SHC and ANM stays in Kanwada SHC. Presently CHO has posted in Kanwada and Dabdi health and wellness centre (HWC). There is no arrangement of quarter for community health officer (CHO) to stay at SHC. Water connection and electricity facility is available in the both HWC SHC.
- All the visited health facilities have appropriate drug storage facilities and Water supply is available with overhead tanks in all the visited facilities. All the visited health facilities have no record available of regular fogging except DH and CHC Jobat. Rainwater harvesting is not available any of the visited health facilities. Solar electricity facility is available at DH and CHC.

- Facilities for bio-medical waste segregation were observed in all the health facilities. The BMW service is out sourced in the district. Outsourcing of waste management to (House Win Incinerator Private Limited, Indore) at Indore based private agency has been done and bio-medical waste is collected on alternate day at DH and CHC. Disposal of hospital waste in PHC Ambua and SHC Kanwada is being done in closed pits and collect by Nagar Palika.

Below are some pictures of PRC team field visit in different health facilities:

Visited at DH Alirajpur	*Interaction with DPM and staff at DH Alirajpur*
	
Visited at CHC Jobat	*Meeting with BMO and staff at DH CHC Jobat*
	
Visited at SHC Kanwada	*Interaction with SHC Kanwada Staff*
	
Visited at PHC Ambua	*Interaction with PHC Ambua Staff*
	

5. Status of Human Resources

- Madhya Pradesh is facing an acute shortage of human resources for health care services. In rural areas, majority of health institutions are functioning without necessary staffs. Even contractual staffs post are vacant in most of the facilities.

Human Resources	**Required (Sanctioned)**				**Available**			
Health Functionary	**DH**	**CHC**	**PHC**	**SHC**	**DH**	**CHC**	**PHC**	**SHC**
Gynecologist	2	1			0	0		
Pediatrician	5	1			0	0		
Anesthetists	4	1			0	0		
Cardiologist	-	-			-	-		
General Surgeon	4	1			1	0		
Medicine Specialist	3	-			0	-		
ENT Specialist	1	-			0	-		
Orthopedic	3	-			1	-		
Dentist	1	-			0	-		
TB Specialist	1	-			0	-		
Ophthalmologist	1	-			0	-		
Ophthalmic Asst.	1	1	-		1	1	1	
Radiologist	1	-			0	-		
Radiographer	4	1			2	1	-	
Pathologist	1	-			0	-		
LTs	7	2	-		3	2	2	
MOs	20	3	-		19	3	2	
AYUSH MO	1	1	-		0	0	1	
LHV	1	3	-		1	1	1	
ANM	8	1	-	-	3	1	4	2
CHO								1
MPHW (M)	-	-	-	-	-	-	-	1
Pharmacist	5	1	-		1	1	-	
Staff nurses	99	6	-	-	61	6	1	0
DEO	3		-		0	-	2	
Ward servant	8	4	-		1	3	1	

Human Resources in Visited Health Facilities

- DH Alirajpur has one general surgeon and one orthopedic posted against the sanctioned 28 specialist post. Nineteen MOs are in position against 20 sanctioned posts.
- In the DH there are 61 SNs working against its sanctioned post of 99. Three out of 7 lab technicians and two out of four radiographers are working against their sanctioned posts.

- There is paucity of gynecologists, pediatrician, medical specialist, anesthetists, pathologist, radiologist, ophthalmologist and dentist in DH Alirajpur and CHC Jobat does not have any specialist.

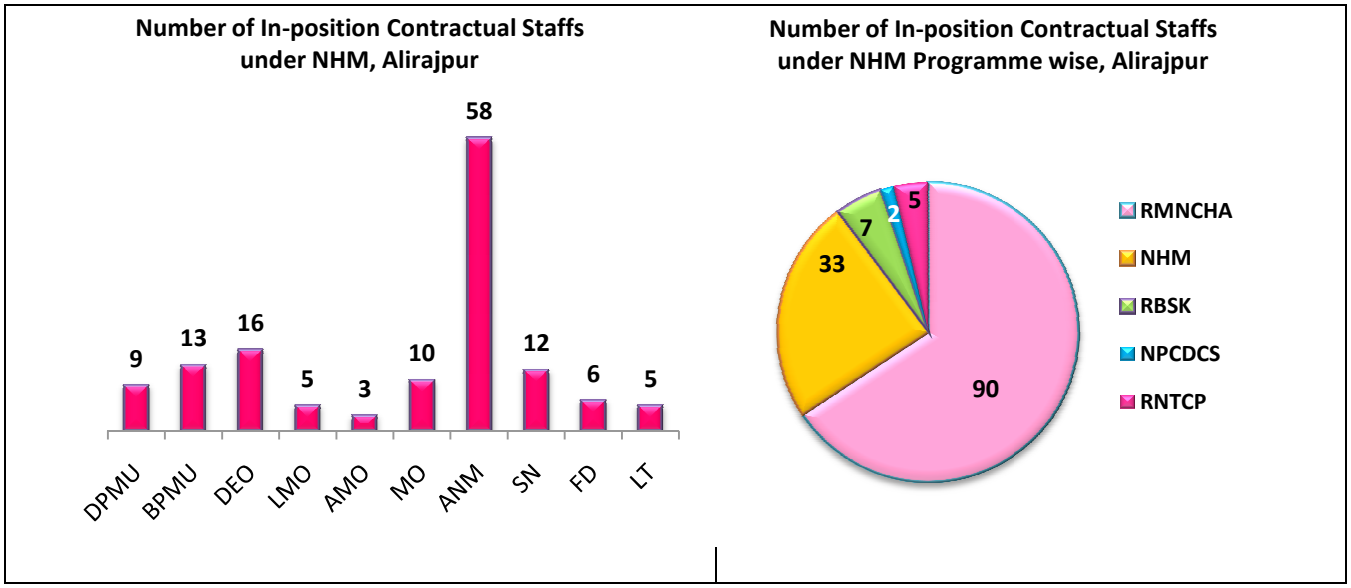
Total Human Resources of CHC Jobat			
Post	**Sanctioned**	**In position**	**Vacant**
Regular HR	76	48	28
NHM HR	27	25	2
Outsource HR	8	6	2
Total	**111**	**79**	**32**

- At PHC Ambua, there is two MO, two lab technician, one SN, four ANMs, one LHV, two DEO and one ward servant are posted for running the 24x7 PHC services.
- At SHC Kanwada, there is one MPW (M) and one ANM providing all the clinical services at the Health and Wellness Centre. Presently CHO has posted in Kanwada and Dabdi health and wellness centre (HWC). CHO was present at the time of PRC team visit.

Total Human Resources of District Hospital Alirajpur			
Post	**Sanctioned**	**In position**	**Vacant**
Specialists	28	2	26
HR Class 2	25	19	6
HR Class 3	166	85	81
HR Class 4	44	8	36
Total	**263**	**114**	**149**
HR NHM		11	-
Cleaning Staff Outsource		22	-
Supporting Staff Outsource		16	-

- The staffs position in district and block level PMUs under NHM shows that there are 147 contractual staffs in position in the district. The PMUs have district program manager (DPM), district monitoring and evaluation officer (M&E), district account manager (DAM) district community Mobilizer (DCM), sub engineer, RBSK coordinator, RI data manager, district AH coordinator, district epidemiologists and 16 data entry operator (DEO), three block programme manager (BPM), four block community mobilizer (BCM) and six block accounts manager (BAM) are working. Three STLS and three STS posted in Alirajpur district.
- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility. DMPU has maintained complete information about the contractual staff of the district.
- Although there are updated in HRMIS in the state portal for regular and NHM staff under process at the time of visit PRC team in the Alirajpur district.

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



- At visited health facilities many staffs are holding charge of multiple tasks. This is due to non-availability of designated staffs. Contractual staffs are also engaged in many administrative and other related works.

Training Status/Skills and Capacity Building

- NHM focuses on capacity building and skill upgradation of the existing staff, for which there are provisions for trainings at all levels. Under NHM, several training programmes are organized for medical and paramedical staff at district and state level.
- Trainings in SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- SBA training is taking place at the district level and SBA trained MOs, SNs and ANMs are available in different visited health facilities. IUCD, PPIUCD and NSSK trainings have been received by LMOs, SNs and ANMs. Cold chain trained ANMs, SNs and MPWs are available in the visited health facilities (except SHC) to maintain cold chain services**.**
- On quality parameter, the staffs (SN, ANM) of DH Alirajpur, CHC Jobat, PHC Ambua and SHC Kanwada are skilled in management of high risk pregnancy, providing essential newborn care (thermoregulation, breastfeeding and asepsis) etc. Knowledge of managing sick neonates and infants, correct use of partograph, correct insertion of IUCD/PPIUCD, correctly administer vaccines, segregation of waste in colour coded bins.

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

- Alirajpur district has two functional L3 facilities (DH Alirajpur & one CHC), fifteen L2 facilities (4 CHCs, 11 PHCs) and five L1 facilities (only 5 SHCs) providing maternal health services in the district.
- All designated delivery points are not fully functional as per IPHS, either due to lack of manpower, diagnostic facilities or specialists and infrastructure. Among the visited facilities only DH has USG testing facility.
- DH Alirajpur has reported 211 deliveries among which 101 were between (8pm to 8am) at night deliveries. In CHC Jobat out of 122 deliveries, 61 have been done at night (8pm-8am). In PHC Ambua out of 67 deliveries, 35 took place between 8 pm to 8 am in month of December' 2019 and SHC Kanwada is a delivery point and Health and Wellness Centre (HWC). It is 13 deliveries conducted during month of December, 2019.
- Line listing of severely anaemic pregnant woman with haemoglobin below 7 (Hb<7) is being done and treatment of iron sucrose is given at all the health facilities except SHC. DH Alirajpur and CHC Jobat are maintaining separate data of pregnant women with anaemia. PHC Ambua and SHC Kanwada no separate data maintain in register but it is reported in labour room register.
- Madhya Pradesh has witnessed high infant and maternal mortality in the country. District level diversity in available health care service makes it even more challenging. Under comprehensive primary health care, HWCs are being operational for providing RMNCH+A services under one roof.
- Madhya Pradesh state has created necessary infrastructure and implemented programmes such as Mission Indradhanush, PMSMY, MMSSPSY, Dastak Abhiyan, Roshani Clinic, RKSK, RSBY etc. aimed at directly reaching to community level. While SNCU and NRC have been functional since a decade, the state has initiated more sophisticated health services at tertiary care facilities such as PICU and HDU for arresting critical illness and emergencies pertaining to MCH services.
- It was informed by the service providers that pregnant women are never given 180 IFA tables and 360 calcium tablets in one go and only 30-60 IFA/Calcium tablets are provided during each

ANC check-up. It was observed that there is no mechanism to track 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.

Labour room at CHC Jobat	*Labour room at PHC Ambua*
	
ANC BP Checkup at PHC Nanpur	*Labour room at SHC Kanwada*
	

6.1 Janani Shishu Suraksha Karyakram (JSSK)

- JSSK is implemented at all levels of health facility and free entitlements are provided. Display of all JSSK benefits components was observed in all the visited health facilities, but JSSK was not mentioned.
- Beneficiaries in the exit interviews have reported to have received free JSSK services including free drugs and consumables, free diet, free diagnostics etc. in all the health facilities.
- Under JSSK free transport from home to hospital was provided to 85, 42 and 46 and drop back to 118, 43 and 100 at DH Alirajpur, CHC Jobat and PHC Ambua respectively. Inter hospital

transport was provided to 18, 8 and 6 at DH, CHC and PHC respectively of December month, 2019.

- It was observed that not all the pregnant women are getting transport services with "108" or ambulances. Due to non-availability of data at district level no assessment could be done for the services provided to pregnant women and newborn children and other patients.
- It was observed that all the visited health facilities have free dietary service under JSSK except at SHC Kanwada and all the women utilise the delivery care at these facilities, stay for minimum 48 hours as per norms including Health and Wellness Centre (HWC) Kanwada.

Beneficiary interviewed in PNC ward at CHC Jobat	*Beneficiary interviewed in PNC ward at DH Alirajpur*
	

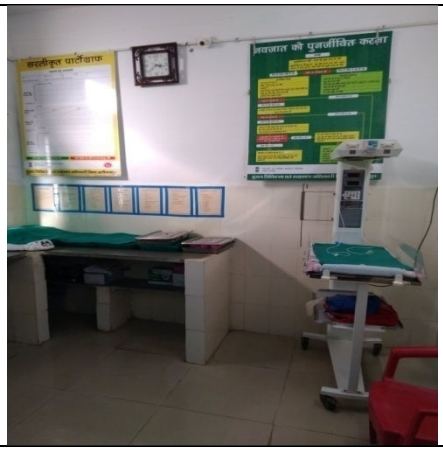
6.2 Janani Suraksha Yojana (JSY)

- JSY is implemented and payments are made as per eligibility criteria, since the payment done through PFMS no physical verification of beneficiaries' upto 5% is done by district authorities. Physical verification has been done by PRC Team at the time of visit respective facility.
- Among the visited facilities, there are 211, 112 and 8 registered JSY beneficiaries at DH Alirajpur, CHC Jobat and SHC Kanwada, eight, 102 and 4 are the beneficiaries who received JSY benefits at DH, CHC and SHC respectively. The PHC Ambua beneficiary's payment done through its block Alirajpur, so no data available for the same.
- No proper grievance redressal mechanism for JSY has been initiated in the visited health facilities, if money not transferred within a month after depositing all the required documents in respective facility than after beneficiaries complained to CM helpline in the state.

- When asked the officials about late credit of JSY benefits to the beneficiaries account, they told that mostly it is happening due to non deposit of correct documents and bank details of the beneficiaries at the concerned centre. Sometimes it might due to non availability of the fund from the state too.

6.3 Special Newborn Care Unit (SNCU)

- In every district SNCU has been established in Madhya Pradesh. These SNCUs are established with an objective to reduce neo-natal mortality from preventable causes.
- In all delivery points in M.P., NBCC have been made functional to prevent infection, to regulate the body temperature of neonates and resuscitation.
- DH Alirajpur has a 20 bedded SNCU, with necessary equipments and availability of three trained MOs and 14 staff nurses. It was found shortage of Staff nurse for round the clock of neonatal care at SNCU Alirajpur. There are three Aaya, one ward boy, one sweeper, three security guards and one data entry operator posted at SNCU Alirajpur.

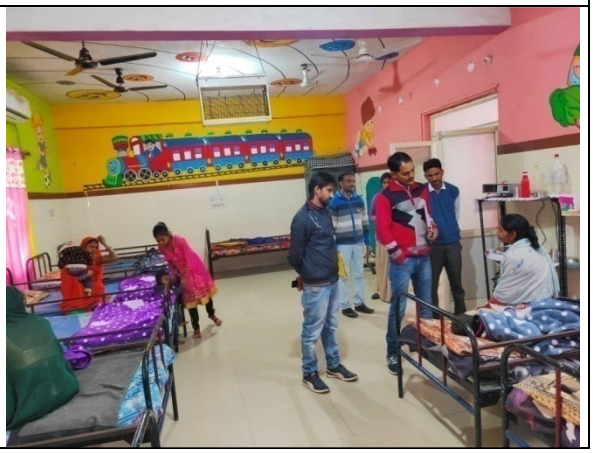
20 bedded SNCU at DH Alirajpur	*NBCC Corner at PHC Ambua*
	

- During December month 2019, a total 44 children (inborn-8; outborn-36) have been admitted and as per the records, 42 children were cured after treatment and two children were referred to a higher facility and four death reported. In DH Alirajpur it was reported that one children left earlier without informing or left against medical advice (LAMA).
- Among the available 20 radiant warmer and six double sided light phototherapy machines only 10 and zero are functional respectively. Nine infusion or syringe pumps are available but none of these are functioning. Ventilators are not available at SNCU.

- CHC Jobat has NBSU with one MO and two staff nurse. PHC Ambua and SHC Kanwada have only NBCC. There is no paediatrician at CHC Jobat and some equipment is urgently required for upgraded to NBSU.
- Child health services, particularly sick newborn care are severely affected in CHC Jobat and periphery level health institutions due to non-availability of NBSU.

6.4 Nutrition Rehabilitation Centre (NRC)

- M.P. has 10.8 million children of 0-6 years (Census, 2011) out of which an estimated 1.3 million children are Severe Acute Malnourished (SAM) as per the SAM rate of the state.
- There are six NRCs in Alirajpur district. Total 66 SAM children are admitted in six NRCs in the district in December' 2019 (http://www.nrcmis.mp.gov.in). Overall bed occupancy rate reported in the district is 81.25 percent.

20 bedded NRC at DH Alirajpur	*10 bedded NRC at CHC Jobat*
	

- In Alirajpur district presently 6 NRCs are functional of which one is located at DH Alirajpur, five is located at CHC Jobat, CHC Udaigarh, CHC Bhabra, CHC Katthiwada and CHC Sondwa. NRC in DH is 20 bedded and 10 beds each are available in five CHCs. Total 70 beds are available in these 6 NRCs. All the visited facilities have NRCs with total 15 staffs in-position out of 10 staff at NRC DH, five staff at NRC Jobat. During December month 2019, 13 and 11 SAM children were admitted in NRCs at DH and CHC respectively.
- Children beds are not available as per IPHS norms in all visited NRCs of Alirajpur district.

6.5 Immunization

- CHC Jobat and PHC Ambua are focal points for immunization. Micro plans have been prepared for different blocks by DIO for the year 2019-20.
- Alternate vaccine delivery system is in place in the district. MPWs and LHVs have been trained in cold chain handling in the district. The birth dose of immunisation is being ensured for all newborns delivered before getting discharged at DH, CHC, PHC and SHC.
- Immunisation services are available in DH Alirajpur, CHC Jobat and PHC Ambua on daily basis and on fixed days in the periphery.
- VHND sessions are being held on regular basis for immunization of pregnant women and children. PHC Ambua reported that immunization services are provided by field ANM in periphery and on fixed days at PHC.

6.6 Rashtriya Baal Surkasha Karyakram (RBSK)

- RBSK programme in the district is being implemented as per guidelines. A district RBSK coordinator has been appointed for monitoring and supervision of RBSK programme.
- Out of 12 teams required, only 4 RBSK teams are operational in the district. None of the RBSK team is complete in all aspects. Three AMOs posted against 24 sectioned posts, No pharmacists are in-position against 12 sectioned posts and three ANMs are in-position against 12 sectioned posts in the district. There is manpower shortage in RBSK teams across all the blocks in Alirajpur District. All the required staffs need to be posted to provide complete range of RBSK services.

Block-wise status of RBSK team in Alirajpur district

Blocks	Teams	AMO	ANM	Pharmacist
Bhabra	Team 1	1	1	0
	Team 2	-	-	-
Jobat	Team 1	0	1	0
	Team 2	-	-	-
Ambua (Alirajpur)	Team 1	1	1	0
	Team 2	-	-	-
Udaigarh	Team 1	1	0	0
	Team 2	-	-	-
Kattiwada*	-	-	-	-
Sondwa*	-	-	-	-
Total		**3**	**3**	**0**

**There are no RBSK teams available in both blocks.*

- There are no RBSK team functional in Katthiwada and Sondwa blocks due to human resource are not available.
- As per the available data numbers of children screened for any illness were 5673 of Ambua, Bhabra and Udaigarh blocks. A total of 642 children in different age groups were identified with

various health problems and 110 children have been referred to higher facility for treatment from respective blocks in month of December, 2019.

- State has sanctioned establishment of District Early Intervention Centre (DEIC) has not been operationalized in DH Alirajpur.

6.7 Rashtriya Kishor Swasthya Karyakram (RKSK)

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

Total no. of clients who received counseling services under RKSK programme in district Alirajpur 2019-20

	Counseling			Outreach		
Months	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Jan	372	569	941	2159	2448	**4607**
Feb	457	646	1103	2269	2573	**4842**
March	419	543	962	1332	1402	**2734**
April	345	521	866	614	753	**1367**
May	353	572	925	957	1460	**2417**
June	304	424	728	651	1026	**1677**
July	332	514	846	1347	1434	**2781**
Aug	225	391	616	1114	1452	**2566**
Sep	283	426	709	1054	1461	**2515**
Oct	-	-	-	-	-	**-**
Nov	-	-	-	-	-	**-**
Dec	103	131	134	188	185	**373**

- The new adolescent health (AH) strategy focuses on age groups 10-19 years with universal coverage, i.e. males and females; urban and rural; in school and out of school; married and unmarried; and vulnerable and under-served.
- Six blocks, five CHCs, Fourteen PHCs, 185 SHCs, 541 villages, 692 ASHAs and 622 Peer Educator's (PE) covered under RKSK programme in Alirajpur district as on December, 2019. Thirty master trainers are available and each covers 10-12 villages for training of peer educators.
- District RKSK coordinator is over all in-charge of RKSK programme for monitoring and supporting super vision of field visit in the district.

6.8 Family Planning

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

- LTT camps are organized at visited DH and CHC on fixed days basis on weekly and fortnightly respectively. DH is the only health facility where FP operations are also done on regular basis.
- Supply of modern family planning methods, i.e. OP, condom, antra dose, PPIUCD and IUCD etc. are regular in the district and none of the visited health facilities informed about any scarcity. PHC Ambua reported that most of the condoms and Oral pills are provided by ANMs in the field.
- Month of December' 2019, 313 family planning LTT operations and 80 IUCD done at DH Alirajpur. At CHC & PHC these services are done on fixed day by surgeon from DH. Month of December' 2019, 20 and 20 women were provided PPIUCD services at the CHC and PHC respectively.
- During interaction it was found that most of the women in PNC wards were counselled for PPIUCD by doctor or SNs. In spite of counselling, women have some fear in acceptance of PPIUCD.

7. Disease Control Programmes

- Alirajpur district has a district program officer each in-charge of Malaria and TB and disease programs. The FRUs and PHCs in the district have adequate laboratory facilities and technicians, drugs and infrastructure resources for providing preventive and curative services against the three communicable diseases, staffs are effectively providing outreach services.
- The malaria control initiatives are reported to be progressing satisfactorily in the district. Periodic surveillance is carried out by respective MOs and program officers. Under national malaria control programme DH Alirajpur, CHC Jobat and PHC Ambua which are providing services with adequate availability of rapid diagnostic kits and drugs. In month of December 2019, 281, 553 and 112 slides in DH Alirajpur, CHC Jobat and PHC Ambua respectively were prepared.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Alirajpur district are functional in all the visited health facilities.
- A total of 345, 83 and 22 sputum tests were reported respectively from DH Alirajpur, CHC Jobat and PHC Ambua and 21, 11 and two were reported to be positive at these health facilities.

Non-Communicable Disease (NCD) Services

- Under Ayushman-Bharat programme the state has prioritized community based screening of NCDs at all the SHCs and PHCs. District hospital has designated NCD clinic. None of the other health institutions have complete range of NCD services. It was observed that, in periphery health institutions specialists are not posted for advanced screening and treatment of NCDs.
- Alirajpur has a separate NCD clinic established in the DH Alirajpur. NCD services are being provided in general OPD at CHC Jobat. It is observed that NCD related data is being recorded and reported in NCD software in the district. Health personnel including ASHAs need to be properly trained for taking measurements, noting measurements and reporting identified cases correctly.

Data reporting in NCD Clinic at DH Alirajpur December, 2019 under NPCDCS				
	NCDs	**During the Reporting month of December, 2019**		
		Male	**Female**	**Total**
No. newly diagnosed with	Diabetes	2	2	4
	Hypertension	19	10	29
	HTN &DM	2	1	3
	CVDs	0	0	0
	Stroke	0	0	0
	Oral Cancer	2	1	3
	Brest Cancer	0	1	1
	Cervical Cancer	0	0	0
	Other Cancer	1	0	1
No. newly diagnosed patients initiated on treatment	Diabetes	2	2	4
	Hypertension	19	10	29
	HTN &DM	2	1	3
	CVDs	0	0	0
	Stroke	0	0	0
No. of Persons on treatment follow up	Diabetes	10	10	20
	Hypertension	30	72	102
	HTN &DM	7	9	16
No. of Persons counselled for health promotion & prevention of NCDs		**76**	**206**	**282**
Total no. of persons attended NCD clinic in the reporting month (New and Follow up)		**107**	**389**	**496**

In the month of September-October, 2019 special campaign for population based NCD screening was conducted 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.

8. Community Interface and ASHA

- Total 729 ASHAs (711-Rural & 18-Urban) and 63 ASHA Sahyogi are presently working in Alirajpur district and District Community Mobilizer (DCM) is overall in-charge of ASHA programme.

ASHA status of Alirajpur District 2019-20						
Blocks	**ASHA target**	**Total Active ASHA**	**Vacant**	**Total ASHA Sahyogi**	**Total Village**	**VHC**
Urban	18	18	0	2	0	0
Ambua	135	134	1	15	86	86
Bhabra	100	98	2	8	54	54
Jobat	105	105	0	8	62	62
Kattiwada	125	125	0	11	120	120
Sondhwa	145	150	10	10	133	113
Udaigarh	101	100	1	9	86	86
Total ASHA	**729**	**730**	**14**	**63**	**541**	**521**

- There are 541 villages and 521 Village Health Committee in the district, as informed by DCM, there are required 14 ASHAs in the district.
- Skill development of ASHAs is a continuous process. Fourth round of training for 6-7th modules have been completed for 729 ASHAs.
- Different programme officers in Alirajpur district are providing orientation to ASHAs for National Health Programmes like HWC, NCD, Dastak, MR, TB, Malaria and Leprosy etc. at the block level. ASHA resource centre at the state level monitors the progress of ASHAs. Mentoring group for community action provides supportive services.
- Drug kit replenishment is done based on demand and availability of drugs. Payments to ASHAs have been regularized based on verification by the concerned ANM. ASHA payments are regular but depending on availability of funds.

9. 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.
- Under Ayushman Bharat district has taken all round efforts to initiate the beneficiary registration. Ayushman Bharat help-desk has been functional at the district hospital Alirajpur. All the inpatients are enquired about the registration under Ayushman Bharat, and Ayushman Bharat cards are made immediately in case the patients don’t have it.
- In Alirajpur, except DH, there is no other public or private health facility empanelled under Ayushman Bharat in the district. Incentives are being distributed to the staffs of DH for services provided under Ayushman Bharat.
- On the day of PRC team visit, as per PMJAY database, on bed patients was 3, one patient on waiting for treatment and 75 claims to be settled at DH Alirajpur under Ayushman Bharat Yojana.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in the Visited Health Facilities in Alirajpur District

Beneficiary Identification Number and Transaction Management System	**DH Alirajpur**
	Overall
Total Patients Registered	591
Out Patients	213
In Patients	378
Death Cases	6
Surgeries/Therapies Done	194
Surgeries/Therapies Done Amount (Rs.)	653600
Preauthorization Initiated	376
Claims Submitted	194
Amount Preauthorized in (Rs.)	1649300
Amount of Claims Submitted in (Rs.)	653600

- In all 591 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 213 were OPD patients and 378 were IPD patients. Around Rs.16.49 lakhs have been submitted for pre- authorization and claims amounting Rs.6.53 lakhs have been submitted. The district could not provide any information about the beneficiaries registered through Ayushman Mitra. It was informed that none of the private hospital in the district has been empanelled under the scheme.
- District should monitor the services provided under Ayushman Bharat scheme particularly at the public health facilities. Since services under the scheme are incentivised for the service

providers, proper implementation of the scheme will be helpful in mitigating shortage of service providers. It will also provide much needed support for sustaining infrastructure created under Kayakalp and LaQshya initiative.

Ayushman Bharat Programme Centre functional at DH Alirajpur and CHC Jobat

10. Health and Wellness Centres (HWC)

- HWC are envisaged to deliver expanded range services that go beyond Maternal and child health care services to include care for non -communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma, including free essential drugs and diagnostic services.
- In state of Madhya Pradesh total 2458 HWCs has been created till December 2019 among which 1142 are PHCs, 1184 are SHCs and 132 are UPHCs.
- The district has prioritized the setting-up of health and wellness centres in the periphery health institutions. Presently there are 32 (15 PHCs, 17 SHCs) HWCs set-up in the district. Branding and necessary infrastructure is being augmented at various health facilities.

Block wise status of HWCs in Alirajpur District, 2019-20

Blocks	Block Population	PHC HWC	SHC HWC	Total
Alirajpur	128135	2	3	5
Jobat	94235	2	3	5
Sondwa	178247	4	3	7
Bhabra	80133	3	3	6
Udaigarh	85193	1	3	4
Katthiwada	105982	3	2	5
Total	**671925**	**15**	**17**	**32**

- Team visited PHC-HWC Ambua, PHC Nanpur and SHC Kanwada and HWC Dabdi. These HWC have been upgraded as per the guidelines of Health and Wellness centres. The required staffs are recruited and are being trained. However, as per the extended list of services, only NCD services are initiated at the PHC-HWCs.

- PHC Nanpur and SHC Kanwada have initiated wellness activities such as Yoga sessions and awareness activities. PHC premises is being developed which will include open area for Yoga sessions, however SHC Kanwada has to develop some construction work at the centre as required for HWC services.
- A DEO is urgently required for documentation and preparation and uploading all the reports on HWC portal. There is limited internet connectivity in all the visited HWCs. This need immediate attention.
- There are not enough residential quarters for all the staffs. It is necessary to provide accommodation to all the staffs in the HWC premises or in the village to ensure round the clock services.

11. Kayakalp

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

Cleanness at DH Alirajpur OPD counter and patient waiting area at CHC Jobat under Kayakalp Programme.

- It is observed that all the staffs need to be oriented repeatedly for all the SOPs and protocols to be followed for maintaining Kayakalp standards.
- As per peer assessment of Kayakalp, Alirajpur has score of 71 percent and on 25th rank in the state.
- Internal assessment at all the visited health facilities has been completed for the year 2019-20. As per the internal assessment the scoring of the visited facilities are as follows:

Kayakalp Assessment (2019-20) of visited Health Facilities in Alirajpur District					
The Cleanliness Score Card	**DH Alirajpur**	**CHC Jobat**		**PHC Nanpur**	**PHC Ambua**
	Internal	**Internal**	**Peer**	**Internal**	**Internal**
Internal assessment score (2019-20) (%)	68.7	82.0	80.8	59.4	63.1
Total Score	412	492	485	214	227
A. Hospital Upkeep Score	71	91	76	40	39
B. Sanitation & Hygiene	73	97	75	34	42
C. Bio-Medical Waste Management	71	81	78	33	39
D. Infection Control	68	77	78	41	35
E. Support Service	33	35	49	18	21
F. Hygiene Promotion	35	42	52	20	18
G. Beyond Hospital	61	69	77	28	33

- At PHC Jobat and PHC Ambua staff is very limited and maintaining all the areas of Kayakalp, has been a challenge due to meagre funds available in RKS.
- State should provide enough funds for maintaining overall cleanliness. Presently RKS funds and OPD income are very meagre while expenditure is high in PHCs.

Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Alirajpur, CHC Jobat, PHC Ambua and SHC Kanwada. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility.
- Outsourcing of waste management to (House Win Incinerator Private Limited, Indore) at Indore based private agency has been done and bio-medical waste is collected on alternate day at DH and CHC. There are availability of pit and burning facility for waste management in the visited PHC and SHC.

  There are standard protocols for disposal of bio-medical waste management in all level of health care institutions. Awareness amongst staff on cleanliness and hygiene practices is satisfactory in all the visited health facilities.

Biomedical Waste Management at CHC Jobat	*BWM at SHC Kanwada*
	

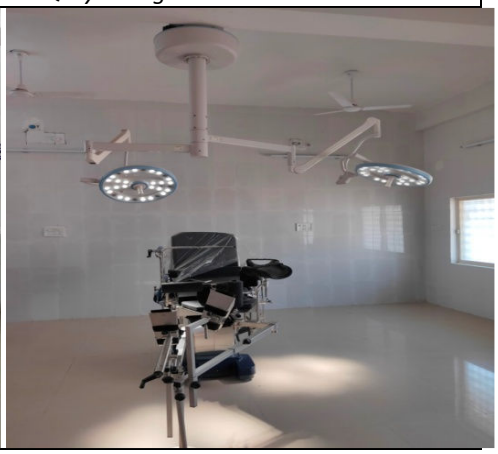
12. LaQshya

- "LaQshya program" is aimed at improving quality of care in labour room and Maternity OTs in public health facilities. It also entails respectful care, particularly during the intra-partum and postpartum periods, which are the most vulnerable periods for a woman and contribute to a significant proportion of maternal deaths.

Peer assessment score of LaQshya, DH Alirajpur		
Area of Concern wise Score		**Labour Room**
A	Service Provision	91
B	Patient Rights	80
C	Inputs	80
D	Support Services	79
E	Clinical Services	78
F	Infection Control	78
G	Quality Management	84
H	Outcome	85
	Overall Score	**80**
	Date of assessment	05.12.2019
OT criteria not fulfill so assessment not done		

- Its implementation involves improving Infrastructure upgradation, ensuring availability of essential equipment, providing adequate human resources, capacity building of health care workers, and adherence to clinical guidelines and improving quality processes in labour room and maternity OT. One of the key interventions in LaQshya program is six focused Quality Improvement cycles of two month each in all LaQshya facilities.
- Presently, the LaQshya programme is implemented at labour room and OT is under construction in DH, Alirajpur only. Internal assessment of LR has been completed for 2019-20.
- An assessment of LaQshya initiatives indicate that Dakshata training has been received by only few staff nurses. Records regarding various SOPs were maintained and updated.

- Birth companion programme is also implemented. The health staffs asks pregnant women who are willing to have their relatives present during labour, and advised relatives to follow all the protocols.

Entrance of Labour room under LaQshya Programme at DH Alirajpur	*Modular Labour room under LaQshya Programme at DH Alirajpur*
	
Labour room drugs tray and OT at Alirajpur under LaQshya Programme	
	

Facility level indicators for LaQshya Alirajpur District	**DH**
Baseline assessment completed	Yes
Quality Circle in Labour Room constituted (check documentation)	Yes
Quality Circle in Maternity OT constituted (check documentation)	Yes
Whether SOPs made for LR? ***(Standard Operating Procedure/Protocol)***	Yes
Whether SOPs made for OT?	Yes
Non rotation of nurses followed	Yes
Has QI cycles initiated at the facility? ***(Quality Improvement)***	Yes
Using partograph for all cases	Yes
Case sheets including Safe Child birth Checklist/Safe Surgical Checklist orientation done and are brought in use	Yes
Birth companion in all deliveries	Yes
Visual privacy in LR	Yes
Patient satisfaction/feedback system (paper based/online/telephonic) in place	Yes
Signage in local language	Yes

IEC material displayed	Yes
Triage system in place	Yes
Dakshata Training completed	Yes
Functional HDU/ICU ***(High Dependency Unit/Intensive Care Unit)***	No
Functional New born care corner (functional radiant warmer with neo-natal ambubag)	Yes
KMC being done at facility ***(Kangaroo Mother Care)***	Yes
Biomedical waste management (BMW) at facility	Yes
Is the LR and OT staff trained on infection prevention	Yes
Prevalence of outdated practices	
1. Shaving of perineum before delivery	No*
2. Enema given to Labouring Women	No*
3. Routine episiotomy done	No*
4. Induction of labour	No
5. Augmentation of labour	No
**Given as per need and advise by Gynecologist*	

13. Data Reporting, 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. It also helps in supervision and planning for areas to be strengthened. Data gathering for health services has been systematized through HMIS and tracking of services provided to individual mother and children is done through RCH Portal. Data capturing for these online services is done through service registers, which are designed to provide individual level information for tracking of service delivery. This also provides aggregate level data for each health facility.

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

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

- In Alirajpur, District M&E Officer is in-position. Block programme managers are posted in only three blocks among six blocks in the district. There are 16 DEOs posted at different places in the district. There is one DPM posted in district, it is over all in-charge of NHM programmes of Alirajpur district.

Blood Bank Staff interface about HMIS data reporting at DH Alirajpur	*Meeting with MO and staff about quality of HMIS at PHC Nanpur*
	

- In all the blocks DEOs are posted under NHM. All the block headquarters have necessary infrastructure for data uploading on HMIS and RCH Portal. In periphery, it is found that, HMIS data reporting done through contractual computer operator in many facilities.
- The status of data reporting under HMIS for annual infrastructure and monthly HMIS report shows lot of inconsistencies. Authenticated signed copies of HMIS monthly reports and annual infrastructure reports are not kept at any of the visited facilities. However second copy of filled in HMIS format was available at visited CHC, PHC and SHC.

Reference is,
DH= District Hospital, Alirajpur
CHC= Jobat
PHC= Ambua HWC
SHC= Kanwada HWC (Jobat)

1. Status of Public health facility in the district

Public Health institutions	Number Functional	Located in government buildings	No. of new facility proposed for 2019-20	No. having in-patient facility	Total No. of beds
District Hospital	1	1	-	1	100*
Exclusive MCH hospital	-	-	-	-	-
Community Health Centre	6	6	-	6	180
Primary Health Centre	16	16	1	11	140
Sub Health Centre	182	170	-	5	15
Delivery Point(L1)					
PHC	0	0	-	0	0
SHC	5	5	-	5	15
Delivery Point(L2)					
CHC	4	4	-	4	120
PHC	11	11	-	11	66
Delivery Point(L3)					
DH	1	1	-	1	100
CHC	1	1	-	1	30
HWC-Primary Health Centre	15	15	-	15	-
HWC-Sub Health Centre	17	17	-	17	-
NRC DH	1	1		1	20
NRC CHC	5	5		5	50
DEIC	No	-	-	-	-
**As per norms 100 bedded DH but actual functioning 150 bedded at DH Alirajpur*					

2. Physical Infrastructure

Infrastructure	DH	CHC	PHC	SHC
Area of Building (Sq. Ft.) as per facility checklist	9589	3992	335	108
Staff Quarters for MOs	14	4	1	
Staff Quarters for SNs	12	5	2	
Staff Quarters for other categories	6	5	2	1
Functional BB/BSU, specify	Yes	Yes		
Separate room for RKSK	Yes	No		
Availability of ICTC/ PPTCT Centre	Yes	No		
Regular Fogging (Check Records)	Yes	Yes	No	No
Functional Laundry/washing services	Yes	Yes	No	No
Availability of dietary services	Yes	Yes	Yes	Yes
Appropriate drug storage facilities	Yes	Yes	Yes	Yes
Solar electricity	Yes	Yes	No	No
Rainwater Harvesting	No	No	No	No
Equipment maintenance and repair mechanism AIM	Yes	Yes	Yes	No

Grievance Redressal mechanisms 1-Mera Aspatal, 2-Feedback form, 3-Jan Sunwai (Public hearing), 4-Complaint box, 5-Online complaint	4,5	3,5	5	5

3. Availability of Trained Persons

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

4. ANC, DC and PNC

Services Delivered (Data of December month 2019 only)	**DH**	**CHC**	**PHC**	**SHC**
No. of severely anaemic pregnant women(Hb<7) listed	312	21	2	0
No. of Identified hypertensive pregnant women	1	1	0	0
No. of ANC/PNC women referred from other institution (in-referral)	82	0	0	0

No. of ANC/PNC women referred to higher institution (out-referral)	23	33	8	0
No. of MTP up to 12 weeks of pregnancy	4	20	0	-
No. of MTP more than 12 weeks of pregnancy	-	-	-	-
Deliveries conducted	211	122	67	13
Deliveries conducted at home	9	2	1	0
C- Section deliveries conducted	0	0		
Deliveries conducted at night (8 pm-8 am)	101	61	35	1
No. of pregnant women with obstetric complications provided EmOC	9	17	0	0
No. of Obstetric complications managed with blood transfusion	3	0	0	0
No. of Neonates initiated breastfeeding within one hour	195	21	67	13
No. of Still Births	7	0	0	0

5. Janani Shishu Suraksha Karyakram (JSSK)

JSSK (Data of December month 2019 only)	**DH**	**CHC**	**PHC**	**SHC**
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section,	Yes	Yes	Yes	Yes
Free essential and desirable diagnostics (Blood & urine tests, USG, etc) during Ante Natal Care, Intra Natal Care and Post Natal care	Yes	Yes	Yes	Yes
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	Yes	No	No
Free transport –				
home to hospital	85	42	46	-
inter-hospital in case of referral	18	8	6	-
drop back to home	118	43	100	-
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes

6. Janani Suraksha Yojana (JSY)

Data of December month 2019 only	**DH**	**CHC**	**PHC**	**SHC**
No. of JSY payments made	211	112	-	8
Pendency of JSY payments to the beneficiaries.	203	10	-	4
Reasons for pendency	-	-*	-*	-
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	-
**beneficiary account is not available and lacking*				

7. Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU / NBCC (Data of December month 2019 only)		**DH**	**CHC**	**PHC**	**SHC**
Whether SNCU / NBSU / NBCC exist. (Yes/No)		SNCU	NBSU	NBCC	NBCC
Necessary equipment available (Yes/No)		Yes	Yes	Yes	Yes
Availability of trained MOs		3	-	-	-
No. of trained staff nurses		14	-	-	-
No. of admissions	Inborn	8	-	-	-
	Out Born	36	-	-	
No. of Children	Discharge	42	-	-	-
	Referral	2			
	LAMA	1			
	Death	4			

8. Nutrition Rehabilitation Centre

NRC (Data of December month 2019 only)	DH	CHC
No. of functional beds in NRC	20	10
Whether necessary equipment available	Yes	Yes
No. of staff posted in NRC FD/ANM and other	10	5
No. of admissions with SAM	13	11
No. of sick children referred	1	0
Average length of stay	12	NA

9. Immunization as per RCH Portal of visited health centre

Immunization (Data of December month 2019 only)	DH	CHC	PHC	SHC
BCG	229	112	67	13
Penta1	43	29	10	14
Penta2	35	28	7	11
Penta3	36	15	7	12
Polio0	229	112	67	13
Polio1	43	29	10	14
Polio2	35	28	7	11
Polio3	36	15	7	12
Hep 0	170	112	67	13
Rotavirus1	44	29	10	14
Rotavirus2	34	28	7	11
Rotavirus3	42	15	7	12
Measles1	27	16	8	14
Measles2	21	22	3	10
DPT booster	21	22	3	10
Polio Booster	21	22	3	10
No. of fully vaccinated children	27	16	3	10
ORS / Zinc	Yes	Yes	Yes	Yes
Vitamin – A	Yes	Yes	Yes	Yes
Maintenance of cold chain. Specify problems (if any)	No	No	No	-
Whether micro plan prepared	Yes	Yes	Yes	Yes
Whether outreach prepared	Yes	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	No	-
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes

10. RBSK Team Ambua, Bhabra and Udaigarh Blocks

No. of Children Screened with (Data of December month 2019)	Screened	Identified with problems	Referred higher facility	No. of RBSK team available in Block with staff
Age group				3-AMO & 3-ANM team working in three blocks with insufficient staff
0-6 weeks	579	0	0	
6 weeks-6 years	2601	382	81	
6 -18 years	2493	260	29	
Total	5673	642	110	

11. Number of Child Referral and Death

Child Health (Data of December month 2019 only)	**DH**	**CHC**	**PHC**	**SHC**
No. of Sick children referred(up to age 5)	6	18	0	0
No. of Neonatal Deaths	4	0	0	0
No. of Infant Deaths	1	0	0	0

12. Family Planning

Family Planning (Data of December month 2019 only)	**DH**	**CHC**	**PHC**	**SHC**
Male Sterilization (VT+NSV)	1	1	-	-
Female Sterilization (CTT+LTT)	313	142	-	-
Minilap sterilization	-	-	-	-
IUCD	1	2	10	3
PPIUCD	80	20	20	0
Condoms	1400	305	230	192
Oral Pills	350	245	4	166
Antra	2	2	0	-

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

Total ambulance Facility wise	**DH**	**CHC**	**PHC**
Number of ambulances			
108 Janani Express/JE	2	1	1
108	2	1	1
Other	2*	1	-
MMU	-	1	1
**One mortuary vehicle is available at the DH.*			

14. Community processes

ASHA (Data of December month 2019 only)	**CHC**	**PHC**	**SHC**
Number of ASHA required	-	1	-
Number of ASHA available	15	3	5
Number of ASHA left during the quarter	0	0	0
Number of new ASHA joined during the quarter	0	0	0
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	Yes	Yes	Yes
Availability of ORS and Zinc to all ASHA	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHA	Yes	Yes	Yes
Highest incentive to an ASHA	-	-	5575
Lowest incentive to an ASHA	-	-	2725
Whether payments disbursed to ASHA on time	Yes	Yes	Yes
Whether drug kit replenishment provided to ASHA	Yes	Yes	Yes
ASHA social marketing spacing methods of FP	No	No	No

15. Disease Control Programmes

Disease Control (Data of December month 2019 only)	**DH**	**CHC**	**PHC**	**SHC**
National Malaria Control Programme				
Number of slides prepared	281	553	112	-
Number of positive slides	0	1	0	-
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	Yes	Yes
Availability of drugs	Yes	Yes	Yes	Yes

Availability of staff	Yes	No	Yes	Yes
Revised National Tuberculosis Programme (RNTCP)				
Number of sputum tests	345	83	22	-
No. of positive tests	21	11	2	-
Availability of DOT medicines	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	Yes	No	No	-
Timely payment of salaries to RNTCP staff	Yes	Yes	Yes	-
Timely payment to DOT providers	No	Yes	No	-

16. Non Communicable Diseases

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

17. Record maintenance (Verify during facility visit)

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

Untied funds expenditure (Check % expenditure)	Yes	Yes	Yes	Yes
RKS expenditure (Check % expenditure)	Yes	Yes	Yes	-
Death Register	Yes	Yes	No	No

18. HMIS and RCH Portal

HMIS and RCH Portal	**DH**	**CHC**	**PHC**	**SHC**
Monthly HMIS Reported(Previous month)	Yes	Yes	Yes	Yes
All the HMIS reports duly signed by facility in-charge	Yes	Yes	Yes	Yes
A copy of monthly HMIS is kept and signed by facility in-charge	Yes	No	Yes	Yes
Any new construction initiated / completed in the visited facility	Yes	No	No	Yes
Grants received for new construction / Upgradation / renovation at facility	Yes	No	No	No
Outsourced HR working in the facility	Yes	Yes	No	No
E-Aushadhi Functioning	Yes	Yes	Yes	No
Calibration of equipment is done	Yes	Yes	No	No
When last Calibration was done	-	-	-	-
Any local tie-up for equipment maintenance at facility	No	No	No	No
Satisfaction with outsourced equipment maintenance services AIMS	No	No	Yes	No
Maternal Death Review done in last one year / current year	Yes	Yes	Yes	No
JSSK report of the facility is prepared (collect copy – if available)	No	No	No	No
Records and registers for each JSSK services prepared	Yes	Yes	No	No
Availability of dedicated staff for LR and OT at visited health facility	Yes	No	No	No
Drugs and Equipments available as per facility level	Yes	Yes	Yes	Yes
Distance of higher referral facility	-	40	20	47
Blood Transfusion facility available	Yes	No	No	No
District coaching team visited for LaQshya implementation? (check documentation)	Yes	-	-	-
Baseline assessment conducted for LaQshya	Yes	-	-	-
Training on LaQshya given to any staffs	Yes	-	-	-
LaQshya manual available in Hindi language at (visited facility)	No	-	-	-
Uninterrupted supply of partograph	Yes	Yes	Yes	Yes
All printed registers and reporting formats available	Yes	Yes	Yes	Yes
health facility level quality assurance committee formed (Collect list and meeting details)	Yes	No	No	No
RBSK team is complete in all aspects				
HR	No	No	No	-
Separate Mobility support	Yes	Yes	-	-
Route chart available and being followed	Yes	Yes	-	-
Sufficient medicine and consumables supplied	Yes	Yes	-	-
RBSK team linkages with referral facilities, schools, AWC for services	Yes	Yes	Yes	Yes
ASHA received HBNC /HBYC training	Yes	Yes	Yes	Yes
ASHA filling forms for HBCN/HBYC visit	Yes	Yes	Yes	Yes
ASHA reporting SAM and 4Ds to ANM	Yes	Yes	Yes	Yes
ASHA has sufficient reporting and visit formats	Yes	Yes	Yes	Yes
Annual Infrastructure MIS 2019-20 reported	Yes	Yes	Yes	Yes
Verification of beneficiary mobile number is done for RCH Portal	No	No	Yes	Yes

Data display initiated at Facility level – key indicators	Yes	No	No	No
Whether Kayakalp assessment has been done for visiting facility*	Yes	Yes	Yes	-
Areas-wise score or overall score obtained by health facility (Collect a copy of Kayakalp assessment)	Yes	Yes	Yes	-
GUNAK app is used / known to facility in-charge	No	No	No	No

19. ASHAs interviewed

ASHA Services	**1**	**2**	**3**	**4**	**5**
ASHAs have complete kit?	Yes	Yes	Yes	Yes	Yes
Printed registers	Yes	Yes	Yes	Yes	Yes
Updated and filled-up registers?	Yes	Yes	Yes	Yes	Yes
ASHA has sufficient reporting and visit formats	Yes	Yes	Yes	Yes	Yes
Any entry about SAM children in ASHA register*****	Yes	Yes	Yes	Yes	Yes
Any entry of LBW children	Yes	Yes	Yes	Yes	Yes
Any entry of SNCU discharged children	No	No	No	No	No
Received HBNC /HBYC training	Yes	Yes	Yes	Yes	Yes
Filling forms for HBCN/ HBYC visit	Yes	Yes	Yes	Yes	Yes
Reporting SAM and 4Ds to ANM[#]	Yes	Yes	Yes	Yes	Yes
Any entry of severely anemic pregnant women	Yes	Yes	Yes	Yes	Yes
Any entry on eligible couple	Yes	Yes	Yes	Yes	Yes
Any entry about NCD screening	Yes	Yes	Yes	Yes	Yes
How many beneficiaries have revised MCP cards in locality	Yes	Yes	Yes	Yes	Yes
Revised MCP cards are available with ANM	Yes	Yes	Yes	Yes	Yes
Toilets are constructed in community / village	Yes	Yes	Yes	Yes	Yes
People using toilets*	Partially	Partially	Partially	Partially	Partially

**some people use and not use the toilet due to water problem. #SAM children report to ASHA register but Child refers to NRC through Anganwari Karyakarta.*

20. Budget Allocated

Block wise Budget Allocated and Expenditure of Alirajpur District Financial Year: 2019-20

Sr. No.	DDO Name	Budget Allocated In Crore	Expenditure (Including Settled Advances) In Crore	Outstanding Advances (Including Opening Balance and Excluding Settled Advances) in Lakhs	Percent Expenditure (%) Against Budget Allocated
1.	CMHO Office Alirajpur	5.56	2.62	32.42	47.16
2.	Civil Surgeon Office	2.19	1.41	2.43	64.36
3.	BMO/BPMU Alirajpur	2.50	1.49	14.40	59.58
4.	BMO/BPMU Bhavra	2.25	1.47	5.96	65.37
5.	BMO/BPMU Jobat	2.43	1.46	14.90	60.33
6.	BMO/BPMU Kattiwada	2.26	1.28	10.37	56.76
7.	BMO/BPMU Sondwa	2.80	1.65	7.67	59.04
8.	BMO/BPMU Udaigarh	2.38	1.53	13.25	64.2