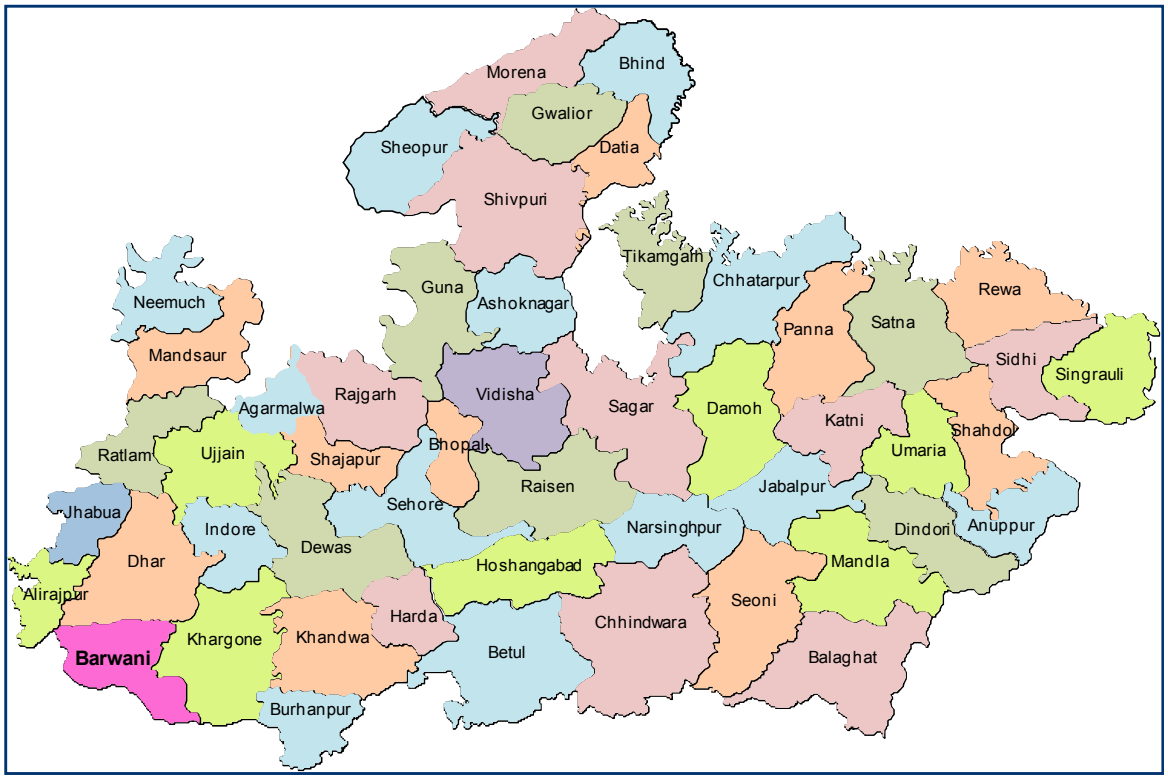
Quality Monitoring of Programme Implementation Plan 2019-20 in Madhya Pradesh

District: Barwani



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Contents

List of Acronyms

AB	**Ayushman Bharat**
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**
HDU	**High Deficiency Unit**
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**
NHDU	**Neonatal High Deficiency Unit**
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**
NTPC	**National Thermal Power Corporation**
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 Barwani)

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 Barwani district in MP in fifth week of January, 2020. PRC team visited District Hospital (DH) Barwani, Civil Hospital (SDH) Sendhwa, Community Health Centre (CHC) Thikri, 24*7 Primary Health Centre (PHC) Dawana and Sub Health Centre (SHC) Kajalmata, which are functioning as delivery points, to assess services being provided in these health facilities. I have visited also CHC Silawad and PHC Bhavati Health and Wellness Centre for quality monitoring. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Barwani District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, 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 Barwani, Civil Hospital (SDH) Sendhwa, CHC Thikri, 24*7 PHC Dawana and SHC Kajalmata 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

- Barwani district provides health services through rural and urban health facilities both in rural and urban areas of Barwani. In total 1 DH, 2 SDH, 8 CHCs, 30 PHCs, and 362 SHCs are providing health services in Barwani district.

- Total functional bed capacity reported in rural health facilities i.e. SDH, CHCs, PHCs and SHCs in Barwani district is 900 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 300 and 2 UPHC which is grossly insufficient to cater the urban population in the district.

District Hospital, Barwani

- DH Barwani is a 300 bedded hospital; however it is presently functioning as 425 bedded hospital.
- There is already huge shortage of staffs as per 300 bedded requirements, so it is very difficult to serve this much patient load. DH Barwani is also serving the population of other district like Kukshi (Dhar district).
- DH has separate MCH hospital of 60 bedded capacities.
- Blood bank of DH Barwani is functional without proper license. The license is not renewed due to non fulfilling criteria of designated building area, equipments and other infrastructure. The licensing authority has pointed out 10 important points for non renewal of license.
- Dialysis service is very good at DH and having very high patient load with waiting of 25 patients. It is informed that demand of three more dialysis machine has been done to state and all the necessary infrastructures have already been constructed at the DH. So, if three more machines can be installed at the centre, it will be very helpful for the waiting patients.
- The present hospital administrator is a retired army officer and he is also a trained fire fighter, so his fire fighting skills can be officially utilized by the administration in training of the DH officials.
- There are 45 sweepers (13 regular) and 3 supervisors are working at DH. Total 14 security guards (2 females+12 males) are working at DH. The security service is outsourced through Security Shriram Bundelkhand Agency, Indore.
- RMO and Hospital manager was not aware about whole DH HMIS and HMIS Infra data. RMO told that, he is only aware of HMIS data about the different sections of DH and not aware of MCH hospital data.

- There are discrepancies in HMIS data and record register data at DH, i.e. USG 606 (HMIS) in December 2019 while in register it is found 432. The issue was found in more other indicators too.
- DH has own washing facility, with 6 contractual washer man and three washing machines. Day wise bed sheets are not available as per the requirement and whatever bed sheets are available are of very poor quality.
- SNCU is functional at DH, however new 20 bedded SNCU is under construction on 2nd floor of MCH building. Along with SNCU, 10 bedded NHDU is also under construction.
- Labour room SN was saying that, there should one record registration staff for labour room, as for one delivery around 54 column needs to filled in the register.
- IPD Case sheets are not available as per requirement. There should not be supply gap for this.
- The doctor daily round register under LaQshya was not filled in at DH.
- There was shortage of patient and companion gown and baby towel at MCH hospital.
- HDU/ICU has been inaugurated in January 2020; however it is not functional due to non availability of staffs and equipments at the time of PRC team visit.
- Labour OT has requirement of LSCS set, ovum forceps, curved artery forceps, plain artery forceps, needle holder, tooth forceps etc. Twenty bedded NRC is fully functional at DH with sufficient staffs.
- There is functional OT; it has requirement of computer system, centralised oxygen supply, inverter for OT for uninterrupted electricity supply.
- Most of the diagnostic tests are available in the DH except for CT scan and endoscopy. USG facility is not available at any of the visited health facility except DH.
- As informed by AB coordinator, there are two private hospitals namely: Balaji Hopspital, Barawani and Anand Hopital, Sendhwa are empanelled under Ayushman Bharat in the district. One more hospital namely Sai Baba Jivan Dhara is under verification process for empanelment in the district.

Civil Hospital, Sendhwa

- There is one male gynaecologist available at CH, but patients are hesitating for taking his service, a female gynaecologist is needed at CH for smooth MCH service.
- There is 10 bedded NRC is functional. It has requirement of RO with cooler, television.
- NBSU is available at CH, one warmer found non functional at the centre during team visit.
- LaQshya is implemented at CH Sendhwa. Daily round register under LaQshya was not filled in at the time of PRC team visit.
- CH Pathology has several advanced equipments, but due to non availability of trained technicians, it is non usable. This issue needs to address urgently.
- Ophthalmic service at CH is available only two days in a week by ophthalmic assistance, remaining 4 days he visits to field area. Eye patient load is very high at CH.
- CH has both digital and manual X-ray machines. Digital machine is donated by RBI Note Printing Press, Dewas district.

CHC Thikri

- CHC pathology lab has the requirement of analyzer.
- RKSK clinic is functional at CHC Thikri.
- CHC does not have NRC, which is required as per the case flow in this area.
- Ophthalmic service at CHC is done by assistant twice in a week, as he has to visit other two CHCs in the block.

PHC Dawana

- PHC is functional without MO. Available MO is irregular at PHC, sometime he come or go to training for 2-3 months.
- Two staff quarters are available at PHC but its condition is very bad, new quarter is required at PHC.
- PHC has very less space, room space, drug store, cold chain room also has very less space.
- It is suggested that new PHC building along with staff quarters should be constructed.
- Pathological tests are not done due to non availability of the lab technician at PHC.

- Labour room doesn't have proper water supply. This needs to rectify on priority basis. There is requirement of AC and shadow less lamp in the labour room.
- There is urgent requirement of sweeper at the centre. Bed sheet quality is very poor.

SHC Kajalmata

- SHC has very poor mobile connectivity due to hilly location. ANM told that for mobile signal for calling 108, she has to walk over high on the hill.
- ANM quarter is needed for providing delivery care services at the centre, as suggested it can be constructed on first floor of SHC building.

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

1. Introduction

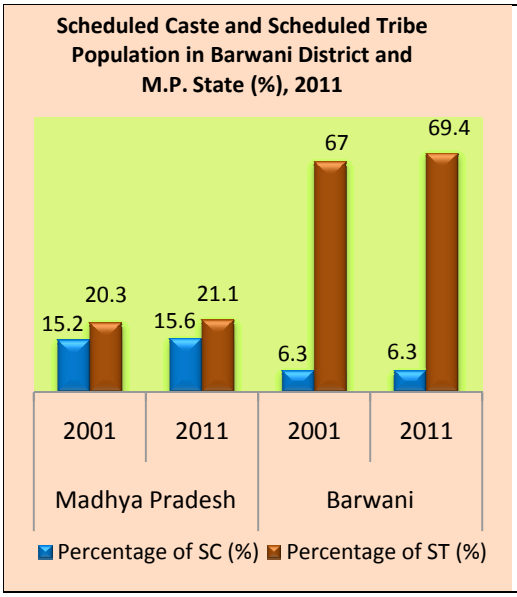
The Ministry of Health and Family Welfare, Government of India, has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During 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 Barwani district in MP in fifth week of January, 2020. PRC team visited District Hospital (DH) Barwani, Civil Hospital (SDH) Sendhwa, Community Health Centre (CHC) Thikri, 24*7 Primary Health Centre (PHC) Dawana and SHC Kajalmata, which are functioning as Health and Wellness Centre and delivery points, to assess services being provided in these health facilities. . I have visited also CHC Silawad and PHC Bhavati Health and Wellness Centre for quality monitoring. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Barwani District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, 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 Barwani, SDH Sendhwa, CHC Thikri, 24*7 PHC Dawana and SHC Kajalmata 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). Barwani district is a district of Madhya Pradesh state in central India. The town of Barwani is administrative headquarters of the district.

- Barwani district is bounded by Maharashtra state to the south, Gujrat state to the west and the Madhya Pradesh districts of Khargone to the east and Dhar to the north. Barwani district is part of Indore division. The district occupies an area of 5427 km².
- According to the 2011 census Barwani district has a population of 13,85,881 (Male: 3699340, Female: 686541). The density of Barwani is 256 persons per sq. km as compared to 236 persons of M.P. The percentage of Scheduled Caste population is 6.3 whereas, that of the Scheduled Tribes is 69.4 in the district.
- The district is divided into nine tehsils and seven blocks namely Barwani, Sendhwa, Pansemal, Pati, Rajpur, Niwali and Thikri. There are seven statutory and one census towns in the district. As per Census 2011 Barwani has 716 villages and 417 gram panchayats, out of which 696 are inhabited and 20 are uninhabited villages. Urbanization of the district is 14.7 per cent as per census 2011 which has increased from 14.5 per cent in census 2001.

Key socio-demographic indicators



Indicator	MP		Barwani	
	2001	2011	2001	2011
No. of Districts	45	50	-	-
No. of Blocks	333	342	7	7
No. of Villages	55393	54903	746	716
No. of Towns	394	476	6	8
Population (Million)	60.34	72.63	1.1	1.4
Decadal Growth Rate	24.3	20.3	30.0	27.5
Population Density per Km^2	196	236	200	256
Literacy Rate (%)	63.7	70.6	41.7	50.2
Female Literacy Rate (%)	50.3	60.6	32.0	43.1
Sex Ratio	919	930	971	981
Sex Ratio (0-6 Age)	932	918	970	940
Urbanization (%)ss	26.5	27.6	14.5	14.7
Percentage of SC (%)	15.2	15.6	6.3	6.3
Percentage of ST (%)	20.3	21.1	67.0	69.4

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

- The decadal growth of Barwani has decreased from 30.0 to 27.5 percent during 2001-2011. The literacy rate of the district has increased by 8.5 percentage point during the decade. Total literacy rate is now 50.2 percent. Female literacy rate has increased by 11 points in Barwani district from 32.0 percent in 2001 to 43.1 in 2011 which is lower than the state average (M.P. 60.6 percent).

- The sex ratio of Barwani district is 981 females per thousand males as compared to 930 per 1000 males for MP. The child sex ratio has decreased by 30 points from 970 in 2001 to 940 in 2011, which is more than the child sex ratio of MP (918/1000).

Temporal variation in some service delivery indicators for Barwani district					
Sr.	**Indicators**	**MP**		**Barwani**	
		HMIS /AHS Census	**NFHS-4**	**HMIS/AHS Census**	**NFHS-4**
1	Sex Ratio	930#	948	981#	1009
2	Sex Ratio at Birth	905$	927	961$	885
3	Female Literacy Rate (%)	60.6#	59.4	43.1#	42.3
4	Infant Mortality Rate (per 1000 live births)	62$	51	66$	-
5	Unmet Need for Family Planning (%)	21.6$	12.1	21.8$	8.9
6	Postnatal Care received within 48 Hrs. after delivery	80.5$	55.0	70.1$	42.6
7	Fully Immunized Children age 12-23 months (%)	66.4$	53.6	68.3$	41.8
8	1st Trimester ANC Registration (%)	66.0^	53.1	67.0^	42.7
9	Reported Institutional Deliveries (%)	95.0^	80.8	74.0^	50.7
10	SBA Home Deliveries (%)	3.0^	2.3	21.0^	2.8
Source: #Census 2011, $AHS 2012-13 ^HMIS report April-March 2018-19.					

3. Health Infrastructure in the District

- Barwani 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 Barwani
Civil Hospital	2	CH Sendhwa
Community Health Centre	8	CHC Thikri
Primary Health Centre	30	PHC Dawana
Sub Health Centre	362	SHC Kajalmata

- District is providing health services in urban areas through District Hospital and UPHC. In rural areas 8 CHCs, 30 PHCs and 362 SHCs are providing health services.

- DH Barwani and 8 CHCs, 30 PHCs and 252 SHCs are functioning from government buildings. DH Barwani is sanctioned as a 300 bedded hospital and presently it is functional as 425 bedded. All the two L3 facilities with one DH are 300 bedded and one CH is 60 bedded. Twenty six L2 facilities with 18 CHCs and eight PHCs are 30 and 6 bedded respectively. There are seventeen L1 facilities, Seven PHCs and 10 SHCs functional as level 1 delivery points with having total 62 functional beds.

Block wise Facility status of Barwani District, 2019-20					
Blocks	**Block Population**	**L1**	**L2**	**L3**	**Total**
Niwali	112639	-	3	-	**3**
Sendhwa	360039	5	5	1	**11**
Pansemal	157975	3	3	-	**6**
Rajpur	213216	3	4	-	**7**
Pati	162432	3	4	-	**7**
Thikri	168519	1	4	-	**5**
Silawad	211061	2	3	1	**6**
Total	**1385881**	**17**	**26**	**2**	**45**

- In total 900 beds are available in the district with a population of 1.4 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 PHC Dawana and SHC Kajalmata. 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 Barwani, CH Sendhwa and CHC Thikri 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 are displayed at all the visited health facilities. List of RKS members and income and expenditure of RKS is not displayed publically in any of the visited health facility except CH Sendhwa.

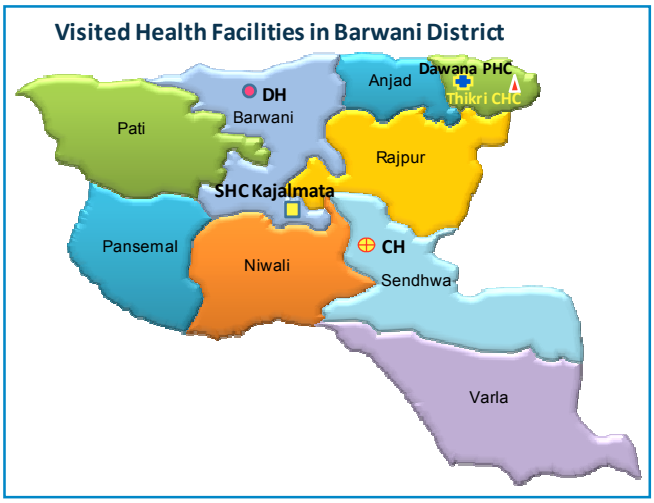
Referral Transport

Number of beneficiary facilitate through 'Janani 108' of Barwani 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 BARWANI	77	8	85	113	18	131	36
SDH-SENDHWA	38	1	39	21	0	21	11
CHC PATI	28	10	38	35	26	61	7
CHC RAJPUR	99	14	113	64	2	66	16
CHC TIKHRI	84	6	90	73	0	73	4
CHC SILAWAD	56	9	65	58	10	68	12
CHC PANSEMAL	94	2	96	80	1	81	13
CHC NIWALI	57	4	61	48	2	50	12
CHC PALSUD	81	6	87	71	4	75	24
CHC VERLA	92	9	101	31	0	31	10
PHC BOKARATA	60	1	61	39	5	44	12
PHC ANJAD	38	20	58	62	5	67	26
PHC CHATLI	61	1	62	46	0	46	12
PHC CHACHRIYA	56	0	56	19	0	19	13
PHC JULWANIA	64	15	79	58	8	66	31
PHC MENIMATA	7	0	7	6	0	6	1
PHC KHETIA	63	0	63	63	0	63	7
PHC GANDHWAL	24	3	27	26	3	29	13
Total	**1079**	**109**	**1188**	**913**	**84**	**997**	**260**

- 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.
- The referral transport service in the district is running through centralised call centre from state. In Barwani, there are 19 Janani Express and twelve "108" emergency response vehicles and seven Medical Mobile Unit (MMU) functional in the district Barwani. Out of the 19 JEs, four are placed at visited health facilities (DH:2, CH:1 and CHC:1) in the district. In month of December' 2019, JEs have transported 1992 beneficiaries. Out of these 1079 beneficiaries were provided home to facility transport and 913 were provided drop-back facility. There are 260 pregnant woman and infant children referred to higher facility.

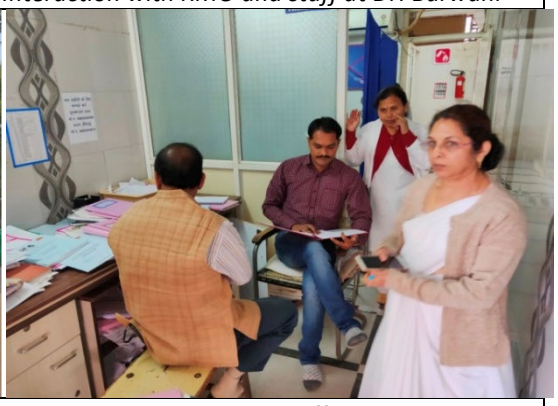
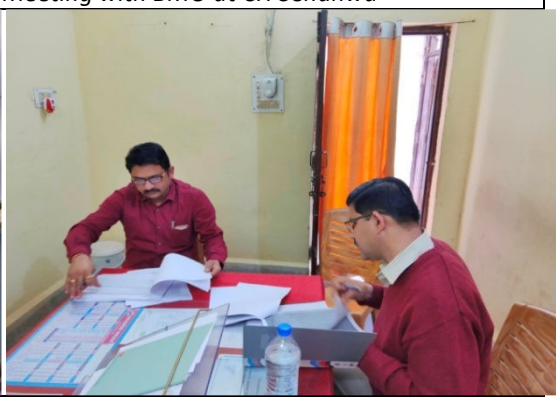
4. Status of Visited Health Facilities

- DH Barwani is easily accessible from the main road. DH Barwani caters to around 13.85 lakhs population of Barwani. CH Sendhwa, CHC Thikri and PHC Dawana cater to around 380513, 192629 and 29206 populations. SHC Kajalmata caters to about 4775 populations (data as per HMIS infrastructure, 2019).



- CH Sendhwa, CHC Thikri, PHC Dawana are located at a distance of 65, 53 and 41 kilometres respectively from the district head quarters and SC Kajalmata functional as a HWC is located at a distance of 52 kilometres from the district head quarters.
- Staffs quarter is a serious concern in the district; presently DH Barwani has 12 quarter for MOs, 14 quarter for SNs and eight quarters for other category. CH Sendhwa has two quarter for MOs, four quarter for SNs and six quarters for other category. CHC Thikri has only 7 staff quarters (5 for MOs and two for other staffs). PHC Dawana has 2 staff quarters (one for MOs and two for other staffs). Staff quarter for ANM is attached with SHC and ANM stays in Kajalmata SHC. Presently CHO has posted in Kajalmata 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.

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

Visited at DH Barwani	*Interaction with RMO and staff at DH Barwani*
	
Visited at CHC Thikri	*Meeting with CMHO and staff at PHC Bhavati*
	
Visited at PHC Dawana	*Visite at SHC Kajalmata*
	
Visited at Civil Hospital Sendhwa	*Meeting with BMO at CH Sendhwa*
	

- 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 record available of regular fogging except PHC and SHC Kajalmata. Rainwater harvesting is not available any of the visited health facilities. Solar electricity facility is available at all visited facilities except SHC Kajalmata.
- 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, CH and CHC. Disposal of hospital waste in PHC Dawana and SHC Kajalmata is being done in closed pits.

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**	**SDH**	**CHC**	**PHC**	**SHC**	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
Gynaecologist	-	-	-			3	-	-		
Paediatrician	-	-	-			1	-	-		
Anaesthetists	-	-	-			2	-	-		
Cardiologist	-	-	-			-	-	-		
General Surgeon	-	-	-			3	-	-		
Medicine Specialist	-	-	-			3	-	-		
ENT Specialist	-	-	-			1	-	-		
Orthopaedic	-	-	-			1	-	-		
Dentist	-	-	-			2	-	-		
TB Specialist	-	-	-			-	-	-		
Ophthalmologist	-	-	-			-	-	-		
Ophthalmic Asst.	-	-	1	-		2	1	1	-	
Radiologist	-	-	-			-	-	-		
Radiographer	-	-	2			3	2	2		
Pathologist	-	-	-			-	-	-		
LTs	-	-	4	-		9	2	4	-	
MOs	-	-	7	1		26	9	2	1	
AYUSH MO	-	-	4	-		-	-	1	-	
LHV	-	-	2	1		1	1	2	1	
ANM	-	-	2	2		14	11	2	3	2
CHO	-	-	-	-		-	-	-	-	1

MPHW (M)	-	-	-	1		-	-	-	1	1
Pharmacist	-	-	3	2		2	2	3	2	
Staff nurses	-	-	6	1		43	19	6	0	0
DEO	-	-	3	1		3	3	1	1	
Ward boy	-	-	7	2		23	13	7	1	

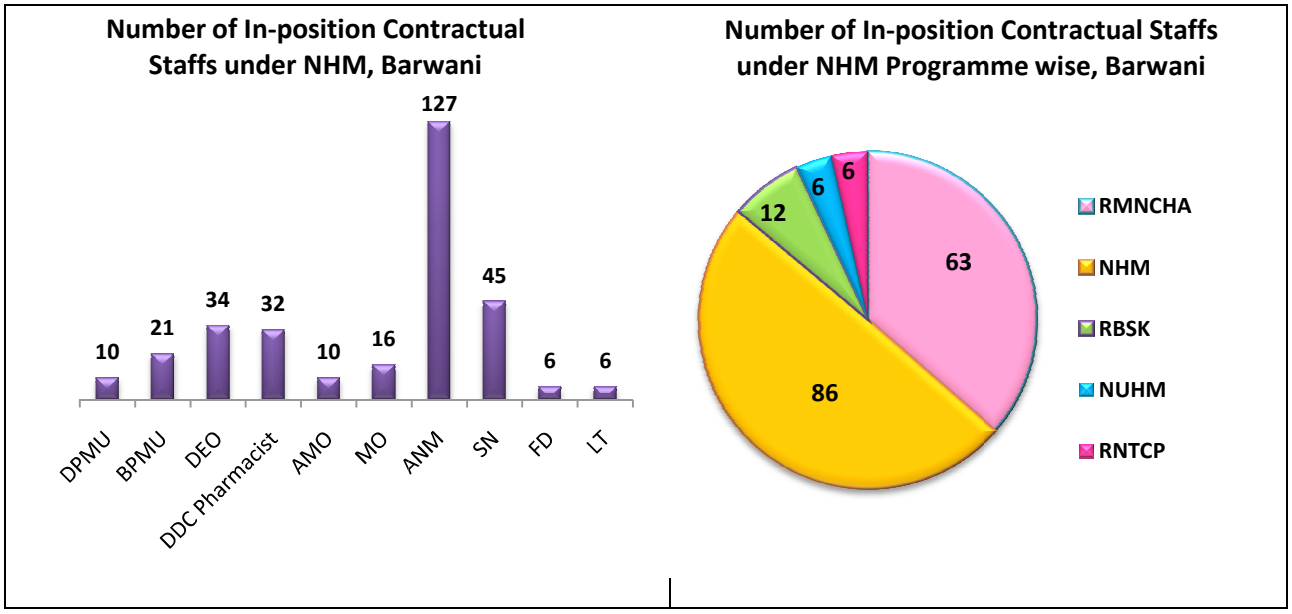
Human Resources in Visited Health Facilities

- DH Barwani has 16 specialists and twenty six MOs are in position. In the DH there are 43 SNs, 14 ANMs, 9 lab technician, 3 radiographers are working at the DH.
- There is paucity of TB specialist, pathologist, radiologist and ophthalmologist in DH Barwani and CH Sendhwa and CHC Thikri does not have any specialist.
- At PHC Dawana, there is one MO, two pharmacist, three ANMs, one LHV, one DEO and one ward servant are posted for running the 24x7 PHC services.

Total Human Resources of visited Health Facilities in Barwani		
Health Facility	**In position Staff**	
	Regular	**NHM**
DH Barwani	287	45
CH Sendhwa	86	21
CHC Thikri	21	13

- At SHC Kajalmata, there is one MPW (M) and two ANM providing all the clinical services at the Health and Wellness Centre. Presently CHO has posted in Kajalmata health and wellness centre (HWC). CHO was present at the time of PRC team visit.
- The staffs position in district and block level PMUs under NHM shows that there are 324 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 34 data entry operator (DEO), seven block programme manager (BPM), seven block community mobilizer (BCM) and seven block accounts manager (BAM) are working. Three STLS and three STS posted in Barwani 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 Barwani 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 Barwani, CH Sendhwa, CHC Thikri, PHC Dawana and SHC Kajalmata 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)

- Barwani district has two functional L3 facilities (DH Barwani & one CH Sendhwa), twenty six L2 facilities (18 CHCs, 8 PHCs) and seventeen L1 facilities (7 PHCs, 10 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 Barwani has reported 531 deliveries among which 12 were between (8pm to 8am) at night deliveries and 81 caesarean section conducted at the DH. In CH Sendhwa, CHC Thikri, PHC Dawana and SHC Kajalmata out of 243, 130, 22 and 8 deliveries, 118, 90, 9 and two have been done at night (8pm-8am) in 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. All the visited facilities have a separate register for severely anaemic women. DH Barwani, CH Sendhwa, CHC Thikri, PHC Dawana and SHC Kajalmata are maintaining separate data of pregnant women with anaemia. PHC Dawana and SHC Kajalmata no separate data maintain in register but it is reported in labour room register.
- 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 Thikri	*Labour room at modular PHC Bhavati*
	
ANC BP Checkup at PHC Dawana	*Labour room at SHC Kajalmata*
	

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 interviewed through exit (in-patient) in the visited facilities and they had reported about service availability at the facilities i.e. free meals, free drugs and consumables and diagnostics.
- Under JSSK free transport from home to hospital was provided to 77, 38 and 84 and drop back to 113, 21 and 73 at DH Barwani, CH Sendhwa and CHC Thikri respectively. Inter hospital transport was provided to 36, 11 and four at DH, CH and CHC 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 Kajalmata 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) Kajalmata.

Beneficiary interview in PNC ward at PHC Dawana	*Beneficiary household interview at Kajalmata*
	

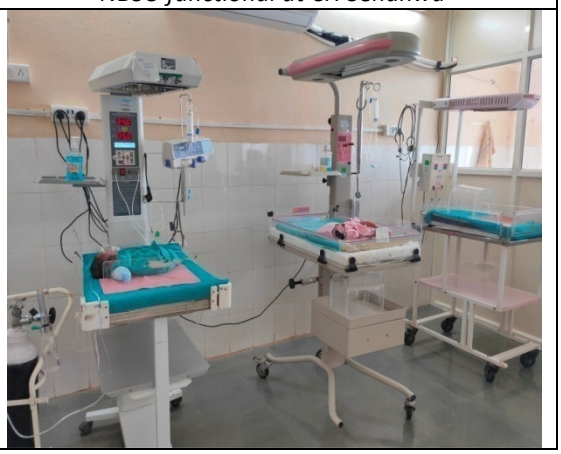
6.2 Janani Suraksha Yojana(JSY)

- 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 625, 279, 1020 and 242 registered JSY beneficiaries at DH Barwani, CH Sendhwa, CHC Thikri and PHC Dawana, 500, 250, 855 and 207 are the beneficiaries who received JSY benefits at DH, CH, CHC and PHC respectively. The SHC Kajalmata beneficiary's payment done through its block Silawad, 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 Jan Sunwai and 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 Barwani has a 20 bedded SNCU, with necessary equipments and availability of four trained MOs and 20 staff nurses. There are three Aaya, three ANM, four ward boy, two sweeper, three security guards, one lab technician, one data entry operator posted at SNCU Barwani.

20 bedded SNCU at DH Barwani	*NBSU functional at CH Sendhwa*
	

- During December month 2019, a total 154 children (inborn-69; outborn-85) have been admitted and as per the records, 109 children were cured after treatment and 9 children were referred to a higher facility and 25 death reported. In DH Barwani it was reported that 10 children left earlier without informing or left against medical advice (LAMA).
- Among the available 48 radiant warmer and six double sided light phototherapy machines only 45 and three are functional respectively. Twenty two infusion or syringe pumps are available out of these only 18 are functioning. Two ventilators are available and functional at SNCU.
- CH Sendhwa has NBSU with two SNs and necessary equipment available at the NBSU. CHC Thikri has NBSU with one MO and two staff nurse. CHC Thikri, PHC Dawana and SHC Kajalmata have only NBCC. Some equipment is urgently required for upgradation to NBSU from NBCC at

CHC Thikri. There is no paediatrician at CH Sendhwa and CHC Thikri. Child health services, particularly sick newborn care are severely affected in CHC Thikri 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 Barwani district. Total 132 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 149.58 percent.

20 bedded NRC at DH Barwani	*10 bedded NRC at CH Sendhwa interact with FD*
	

- In Barwani district presently 6 NRCs are functional of which one is located at DH Barwani, one is located at DH Sendhwa and four is located at CHC Pansemal, CHC Niwali, CHC Rajpur and CHC Pati. NRC in DH is 20 bedded and 10 beds each are available in four CHCs. Total 70 beds are available in these 6 NRCs. All the visited facilities have NRCs with total 17 staffs in-position out of 11 staff at NRC DH, 7 staff at NRC Sendhwa. During December month 2019, 27 and 22 SAM children were admitted in NRCs at DH and CH respectively. NRC with 10 beds is urgently required at CHC Thikri.
- Children beds are not available as per IPHS norms in all visited NRCs of Barwani district.

6.5 Immunization

- CH Sendhwa, CHC Thikri and PHC Dawana 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, CH, CHC, PHC and SHC Kajalmata.
- Immunisation services are available in DH Barwani, CH Sendhwa, CHC Thikri and PHC Dawana 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 Dawana 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 16 teams required, only 10 RBSK teams are operational in the district. None of the RBSK team is complete in all aspects. Ten AMOs posted against 32 sectioned posts, one pharmacist is in-position against 16 sectioned posts and two ANMs are in-position against 16 sectioned posts in the district. There is manpower shortage in RBSK teams across all the blocks in Barwani District. All the required staffs need to be posted to provide complete range of RBSK services.

Block-wise status of RBSK team in Barwani district

Blocks	Teams	AMO	ANM	Pharmacist
Niwali	Team 1	1	0	0
	Team 2	0	0	0
Sendhwa	Team 1	1	1	0
	Team 2	1	1	0
Pansemal	Team 1	1	0	0
	Team 2	1	0	0
Rajpur	Team 1	1	0	1
	Team 2	1	0	0
Pati	Team 1	0	0	0
	Team 2	0	0	0
Thikri	Team 1	1	0	0
	Team 2	0	0	0
Silawad	Team 1	1	0	0
	Team 2	1	0	0
Urban	Team 1	0	0	0
	Team 2	0	0	0
Total		**10**	**2**	**1**

**There are no RBSK teams available in Urban area.*

- There are no RBSK team functional in Pati block and urban areas due to human resource are not available.
- As per the available data numbers of children screened for any illness were 91147 in all blocks of Barwani district. A total of 10782 children in different age groups were identified with various health problems and 1026 children have been referred to higher facility for treatment from RBSK blocks in month of December, 2019.

Visit of the Government Middle School, Kajalmata which benefited students under RBSK programme

- State has sanctioned establishment of District Early Intervention Centre (DEIC) has not been operationalized in DH Barwani. RKSK counsellor only is appointed at DEIC Barwani.

6.7 Family Planning

- Access to family planning helps in protection from unwanted pregnancies, along with decrease in infant and child mortality. Barwani 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, CH Sendhwa and CHC Thikri.
- LTT camps are organized at visited DH, CH 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 Dawana reported that most of the condoms and Oral pills are provided by ANMs in the field.
- Month of December' 2019, 276, 340 and 81 family planning LTT operations done at DH, CH Sendhwa and CHC Thikri. At CH & CHC these services are done on fixed day by surgeon from DH. Month of December' 2019, 119, 73 and 35 women were provided PPIUCD services at the DH, CH and CHC 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

- Barwani 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 Barwani, CH Sendhwa, CHC Thikri and PHC Dawana which are providing services with adequate availability of rapid diagnostic kits and drugs. In month of December 2019, 538, 922, and 1360 slides in DH Barwani, CH Sendhwa and CHC Thikri respectively were prepared.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Barwani district are functional in DH, CH and CHC health facilities. A total of 52, 42 and 74 sputum tests were reported respectively from DH Barwani, CH Sendhwa and CHC Thikri and 3, 6 and 10 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.
- Barwani has a separate NCD clinic established in the DH Barwani and CH Sendhwa. NCD services are being provided in general OPD at and CHC Thikri and PHC Dawana. 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.
- 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 1203 ASHAs and 82 ASHA Sahyogi is presently working in Barwani district and District Community Mobilizer (DCM) is overall in-charge of ASHA programme.

ASHA status of Barwani District 2019-20						
Blocks	**ASHA Target**	**Active ASHA**	**Inactive ASHA**	**Removed ASHA**	**ASHA Sahyogi**	**Total Village**
Niwali	112	108	0	29	9	79
Sendhwa	259	279	18	27	18	124
Pansemal	165	162	1	22	14	103
Rajpur	186	171	12	37	12	98
Pati	174	162	5	40	11	111
Thikri	160	156	13	6	8	102
Barwani	147	137	0	104	10	99
Total ASHA	**1203**	**1175**	**49**	**285**	**82**	**716**

- There are 716 villages in the district, as informed by DCM, there are required 28 ASHAs in the district. Skill development of ASHAs is a continuous process. Fourth round of training for 6-7th modules have been completed for 1203 ASHAs.
- Different programme officers in Barwani 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 and CH Sendhwa. 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.
- The District Ayushman Bharat Coordinator is over all in-charge of public health facility for facilitating the people from registration to claim under this scheme in the district.
- As informed by AB coordinator, there are two private hospitals namely: Balaji Hopspital, Barawani and Anand Hopital, Sendhwa are empanelled under Ayushman Bharat in the district. One more hospital namely Sai Baba Jivan Dhara is under verification process for empanelment in the district.

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

Beneficiary Identification Number and Transaction Management System	**DH Barwani**	**SDH Sendhwa**
	Overall	
Total Patients Registered	1128	244
Out Patients	254	48
In Patients	874	196
Death Cases	2	0
Surgeries/Therapies Done	565	170
Surgeries/Therapies Done Amount (Rs.)	3671400	458600
Preauthorization Initiated	686	180
Claims Submitted	564	169
Amount Preauthorized in (Rs.)	4511900	483100
Amount of Claims Submitted in (Rs.)	3669400	456800

- Incentives are being distributed to the staffs of DH for services provided under Ayushman Bharat. However Incentives are distributed only to the regular staffs of the facility even other staffs like NHM or daily wages are involved in the process.
- On the day of PRC team visit, as per PMJAY database, there were 271 on bed patients, 83 are waiting for treatment and 145 claims has been settled at DH, while at CH Sendhwa, 17 patients on bed, one was waiting for treatment and 41 claims has been settled under Ayushman Bharat Yojna.

Ayushman Bharat Programme Centre functional near OPD at DH Barwani and CH Sendhwa

- Among the total 1128 registered under Ayushman Bharat, 254 were OPD patients and 874 were IPD patients. Around Rs. 45.11 lakhs have been submitted for pre-authorization and claim of Rs. 36.69 lakhs have been submitted. The district could not provide any information about the beneficiaries registered through Ayushman Mitra.
- 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.

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 70 (29 PHCs, 2 UPHCs and 39 SHCs) HWCs set-up in the district. Branding and necessary infrastructure is being augmented at various health facilities.

- CHO has been appointed at SHC Kajalmata and she was present at the time of PRC team visit.
- Team visited PHC Dawana, PHC Bhavati and SHC Kajalmata. 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.

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

Blocks	Block Population	PHC HWC	SHC HWC	UPHC	Total
Niwali	112639	2	3	-	**5**
Sendhwa	360039	6	6	1	**13**
Pansemal	157975	4	2	-	**6**
Rajpur	213216	5	9	-	**14**
Pati	162432	3	4	-	**7**
Thikri	168519	6	7	-	**13**
Barwani	211061	3	8	1	**12**
Total	**1385881**	**29**	**39**	**2**	**70**

- PHC Bhavati and SHC Kajalmata 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 PHC Dawana 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.

Well cleanness in patient waiting area at DH Barwani and drug distribution counter at CH Sendhwa 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, Barwani has score of 70.3 percent and on 28th 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 Barwani District				
The Cleanliness Score Card	**DH Barwani**	**SDH Sendhwa**	**CHC Thikri**	**PHC Dawana**
Internal assessment score (2019-20) (%)	76.16	66.8	76.7	57.4
A. Hospital Upkeep Score	75	75	80	62
B. Sanitation & Hygiene	77	71	78	67
C. Bio-Medical Waste Management	80	70	85	60
D. Infection Control	82	64	80	50
E. Support Service	39	29	39	24
F. Hygiene Promotion	43	25	40	24
G. Beyond Hospital	61	-	58	-

- At PHC Dawana staff is very limited and maintaining all the areas of Kayakalp, has been a challenge due to meagre funds available in RKS. However PHC Bhavati is well maintaining and upkeep under Kayakalp programme.
- 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 Barwani, CH Sendhwa, CHC Thikri, PHC Dawana and SHC Kajalmata. 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, CH and CHC. There are availability of pit and burning facility for waste management in the visited PHC and SHC.

BMW segregation at CH Sendhwa	*BWM segregation in Pathology at CHC Thikri*
	

- 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.

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.
- 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.

Daily round register and Modular Labour room under LaQshya Programme at DH Barwani

Labour room delivery table with privacy and OT at CH Sendhwa under LaQshya Programme

Internal assessment score of LaQshya in Barwani District, 2019-20					
Area of Concern wise Score		**DH Barwani***		**CH Sendhwa**	
		Labour Room	**Operation Theatre**	**Labour Room**	**Operation Theatre**
A	Service Provision	100	94	50	56
B	Patient Rights	95	82	50	32
C	Inputs	88	78	50	38
D	Support Services	95	90	50	31
E	Clinical Services	96	82	50	39
F	Infection Control	96	92	50	27
G	Quality Management	89	68	50	0
H	Outcome	100	88	50	17
	Overall Score	**94**	**84**	**50**	**31**
	Date of assessment	27.03.2019	28.03.2019	10.01.2019	10.01.2019
**DH Barwani and CH Sendhwa state level peer assessment has been done. DH Barwani labour room and OT overall score is 92 percent.*					

- Presently, the LaQshya programme is implemented at labour room and OT of DH, Barwani and CH Sendhwa. Internal assessment of LR and OT has been completed in both facilities for 2019-20. DH Barwani and CH Sendhwa state level peer assessment has been done. DH Barwani labour room and OT overall score is 92 percent.
- An assessment of LaQshya initiatives indicate that Dakshata training has been received by only few staff nurses. Records regarding various SOPs were maintained and updated.
- Birth companion programme is also implemented. The health staffs asks pregnant women who are willing to have their relatives present during labour, and advised relatives to follow all the protocols.

Facility level indicators for LaQshya Barwani District	**DH Barwani**	**SDH Sendhwa**
Baseline assessment completed	Yes	Yes
Quality Circle in Labour Room constituted (check documentation)	Yes	Yes
Quality Circle in Maternity OT constituted (check documentation)	Yes	Yes
Whether SOPs made for LR? ***(Standard Operating Procedure/Protocol)***	Yes	Yes
Whether SOPs made for OT?	Yes	Yes
Non rotation of nurses followed	Yes	Yes
Has QI cycles initiated at the facility? ***(Quality Improvement)***	Yes	Yes
Using partograph for all cases	Yes	Yes
Case sheets including Safe Child birth Checklist/Safe Surgical Checklist orientation done and are brought in use	Yes	Yes
Birth companion in all deliveries	Yes	Yes
Visual privacy in LR	Yes	Yes
Patient satisfaction/feedback system (paper based/online/telephonic) in place	Yes	Yes
Signage in local language	Yes	Yes
IEC material displayed	Yes	Yes
Triage system in place	Yes	Yes
Dakshata Training completed	Yes	Yes
Functional HDU/ICU ***(High Dependency Unit/Intensive Care Unit)***	Yes	No
Functional New born care corner (functional radiant warmer with neo-natal ambubag)	Yes	Yes
KMC being done at facility ***(Kangaroo Mother Care)***	Yes	Yes
Biomedical waste management (BMW) at facility	Yes	Yes
Is the LR and OT staff trained on infection prevention	Yes	Yes
Prevalence of outdated practices		
Shaving of perineum before delivery	No	No
Enema given to Labouring Women	No	No
Routine episiotomy done	No	No
Induction of labour	No	No
Augmentation of labour	No	No

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.

Labour room Staff interface about HMIS data reporting at CH Sendhwa	*Staff interface about quality of HMIS at SHC Kajalmata*
	

- In Barwani, District M&E Officer is in-position. Block programme managers are posted in all seven blocks in the district. There are 34 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 Barwani district.

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

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

- In 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 CH, CHC, PHC and SHC.

Reference is,
DH= District Hospital, Barwani
SDH= Sendhwa
CHC= Thikri
PHC= Dawana HWC
SHC= Kajalmata HWC

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	300#
SDH	2	2	-	2	120
Exclusive MCH hospital	1	1	-	1	60
Community Health Centre	8	8	-	8	240
Primary Health Centre	30	30	-	15	150
Sub Health Centre	362	252*	-	10	30
Delivery Point(L1)			-		
PHC	7	7		7	-
SHC	10	10		10	-
Delivery Point(L2)			-		
CHC	18	18		18	-
PHC	8	8		8	-
Delivery Point(L3)			-		
DH	1	1		1	-
SDH	1	1		1	-
HWC-Primary Health Centre	29	29	-	-	-
HWC-Sub Health Centre	39	39	-	-	-
HWC-UPHCs	2	-	-	-	-
NRC DH	1	1	-	1	20
NRC CHC	5	5		5	50
DEIC	No	-	-	-	-

*#As per norms 300 bedded DH but actual functioning 425 bedded at DH Barwani.*45 SHC out of 362 SHCs allocated land under process for construction work and 65 SHCs construction work has been started.*

2. Physical Infrastructure

Infrastructure	DH	SDH	CHC	PHC	SHC
Area of Building (Sq Mt. / Sq. Ft.)	24636	5000	840	385	140
Staff Quarters for MOs	12	2	5	1	
Staff Quarters for SNs	14	4	0	0	
Staff Quarters for other categories	8	6	2	1	1
Functional BB/BSU, specify	Yes	Yes	No		
Separate room for RKSK	Yes	Yes	Yes		
Availability of ICTC/ PPTCT Centre	Yes	Yes	No		
Regular Fogging (Check Records)	Yes	Yes	Yes	No	No
Functional Laundry/washing services	Yes	Yes	Yes	No	No
Availability of dietary services	Yes	Yes	Yes	Yes	No
Appropriate drug storage facilities	Yes	Yes	Yes	Yes	Yes

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

3. <u>Availability of Trained Persons</u>

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

4. ANC, DC and PNC

Services Delivered (Data of December month 2019 only)	DH	SDH	CHC	PHC	SHC
No. of severely anaemic pregnant women(Hb<7) listed	26	13	6	0	2
No. of Identified hypertensive pregnant women	14	3	0	0	0
No. of ANC/PNC women referred from other institution (in-referral)	-	30	5	0	0
No. of ANC/PNC women referred to higher institution (out-referral)	-	33	12	2	2
No. of MTP up to 12 weeks of pregnancy	16	3	1	0	0
No. of MTP more than 12 weeks of pregnancy	-	-	-	-	-
Deliveries conducted	531	243	130	22	8
Deliveries conducted at home				0	0
C- Section deliveries conducted	81	0	0		
Deliveries conducted at night (8 pm-8 am)	12	118	90	9	2
No. of PW with obstetric complications provided EmOC	5	8	0	0	0
No. of Obstetric complications managed with blood transfusion	-	-	-	-	-
No. of Neonates initiated breastfeeding within one hour	518	220	125	22	8
No. of Still Births	13	3	3	0	0

5. Janani Shishu Suraksha Karyakram (JSSK)

JSSK (Data of December month 2019 only)	DH	SDH	CHC	PHC	SHC
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	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	No
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	No
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	Yes	No	No	No
Free transport –					
home to hospital	77	38	84	18	-
inter-hospital in case of referral	36	11	4	0	-
drop back to home	113	21	73	22	-
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes	Yes

6. Janani Suraksha Yojana (JSY)

Data of December month 2019 only	DH	SDH	CHC	PHC	SHC
No. of JSY payments made	625	279	1020	242	8
Pendency of JSY payments to the beneficiaries.	125	29	165	35	2
Reasons for pendency	Yes*	Yes*	Yes*	-	-
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	-	-
**Account validation check delayed and account number is not received*					

7. Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU / NBCC (Data of December month 2019 only)	DH	SDH	CHC	PHC	SHC
Whether SNCU / NBSU / NBCC exist.	Yes	Yes	NBCC	NBCC	NBCC
Necessary equipment available	Yes	Yes	Yes	-	-
Availability of trained MOs	4	No	-	-	-
No. of trained staff nurses	20	2	-	-	-
No. of admissions Inborn	69	17	-	-	-
Out Born	85	17			

No. of Children	Discharge	109	16	-	-	-
	Referral	9	14			
	LAMA	10	0			
	Death	25	4			

8. Nutrition Rehabilitation Centre

NRC (Data of December month 2019 only)	**DH**	**SDH**
No. of functional beds in NRC	20	10
Whether necessary equipment available	Yes	Yes
No. of staff posted in NRC FD/ANM and other	11	7
No. of admissions with SAM	27	22
No. of sick children referred	0	0
Average length of stay	10	11.87

9. Immunization as per RCH Portal of visited health centre

Immunization (Data of December month 2019 only)	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
BCG	618	205	127	22	16
Penta1	82	3	8	2	18
Penta2	52	2	5	2	22
Penta3	74	3	6	2	8
Polio0	618	205	127	22	16
Polio1	82	3	8	2	18
Polio2	52	2	5	2	22
Polio3	74	3	6	2	8
Hep 0	618	205	125	22	-
Rotavirus1	85	3	8	2	-
Rotavirus2	52	2	5	2	-
Rotavirus3	74	3	6	2	-
Measles1	50	4	5	-	8
Measles2	43	4	-	-	12
DPT booster	43	4	-	-	12
Polio Booster	43	4	-	-	12
No. of fully vaccinated children	50	4	5	-	8
ORS / Zinc	Yes	Yes	Yes	Yes	Yes
Vitamin – A	Yes	Yes	Yes	Yes	Yes
Maintenance of cold chain. Specify problems (if any)	No	No	No	No	No
Whether micro plan prepared	Yes	Yes	Yes	Yes	Yes
Whether outreach prepared	Yes	Yes	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	Yes	No	No
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes	Yes

10. RBSK

No. of Children Screened with 4D (Data of December month 2019 only)	**Screened**	**Identified With problems**	**Referred higher facility**	**No. of RBSK team available in Block with staff**
Age group				10 team work in block of Barwani district with insufficient staff
0-6 weeks	40	32	32	
6 weeks-6 years	63202	7852	676	
6 -18 years	27905	2898	318	
Total	**91147**	**10782**	**1026**	

11. Number of Child Referral and Death

Child Health (Data of December month 2019 only)	DH	SDH	CHC	PHC	SHC
No. of Sick children referred(up to age 5)	1	0	12	0	2
No. of Neonatal Deaths	25	4	1	0	0
No. of Infant Deaths	3	0	3	0	0

12. Family Planning

Family Planning (Data of December month, 2019)	DH	SDH	CHC	PHC	SHC
Male Sterilization (VT+NSV)	2	0	0	0	0
Female Sterilization (CTT+LTT)	276	340	81	0	0
Minilap sterilization	27	0	0	0	0
IUCD	25	4	5	0	2
PPIUCD	119	73	35	0	4
Condoms	3010	12	918	154	87
Oral Pills	20	2	82	12	36
Antra	25	9	3	0	2

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

Total ambulance Facility wise	DH	SDH	CHC	PHC
Number of ambulances				
108 Janani Express/JE	2	1	1	-
108	1	1	1	-
Other	1	1	1	-
MMU*	-*	-	-	-
**Seven MMU functional in blocks of Barwani district.*				

14. Community processes

ASHA (Data of December month 2019 only)	SDH	CHC	PHC	SHC
Number of ASHA required	1	3	-	-
Number of ASHA available	260	157	24	4
Number of ASHA left during the quarter	4	1	-	-
Number of new ASHA joined during the quarter	3	1	-	-
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	Yes	Yes	Yes	Yes
Availability of ORS and Zinc to all ASHA	Yes	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHA	Yes	Yes	Yes	Yes
Highest incentive to an ASHA	16000	-	-	7000
Lowest incentive to an ASHA	2000	-	-	5000
Whether payments disbursed to ASHA on time	Yes	Yes	Yes	Yes
Whether drug kit replenishment provided to ASHA	Yes	Yes	Yes	Yes
ASHA social marketing spacing methods of FP	No	No	No	No

15. Disease Control Programmes

Disease Control (Data of December month 2019 only)	DH	SDH	CHC	PHC	SHC
National Malaria Control Programme					
Number of slides prepared	583	922	1360	-	-
Number of positive slides	1	0	0	-	-
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	Yes	Yes	Yes
Availability of drugs	Yes	Yes	Yes	Yes	Yes
Availability of staff	Yes	Yes	Yes	Yes	Yes

Revised National Tuberculosis Programme (RNTCP)					
Number of sputum tests	52	42	74	-	-
No. of positive tests	3	6	10	-	-
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	No	-	-
Timely payment to DOT providers	Yes	Yes	Yes	-	-
National Leprosy Eradication Programme (NLEP)					
Number of new cases detected	22	-	-	-	-
No. of new cases detected through ASHA	5	-	-	-	-
No. of patients under treatment	51	9	27	-	-

16. Non Communicable Diseases

NCD	**DH**	**SDH**	**CHC**	**PHC**
Establishment of NCD clinics	Yes	Yes	No	No
Type of NCD Services				
Hypertension	Yes	Yes	Yes	
Diabetes	Yes	Yes	Yes	
Cancer	Yes	No	No	
Chronic Obstructive Pulmonary diseases (COPD)	Yes	No	No	
Chronic Kidney diseases (COD)	Yes	No	No	
Mental Health	Yes	No	No	
Availability of drugs	Yes	Yes	Yes	Yes
Type of IEC material available for prevention of NCDs	Yes	Yes	Yes	No
Poster Audio-Visual	Yes	Yes	No	No
Flipbook Special Awareness	-	-	-	-
and screening session at facility	-	-	-	-
No. of staff trained in NCD				
MO	0	4	1	0
SN	3	2	0	0
Other	0	3	2	2

17. Record maintenance (Verify during facility visit)

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

Drug Stock Register	Yes	Yes	Yes	Yes	Yes
Payment under JSY	Yes	Yes	Yes	No	No
Untied funds expenditure (Check % expenditure)	Yes	Yes	Yes	No	No
RKS expenditure (Check % expenditure)	Yes	Yes	Yes	Yes	No
Death Register	Yes	Yes	Yes	No	No

18. HMIS and RCH Portal

Quality of HMIS and RCH	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
Dedicated Staff available for HMIS and RCH Portal	Yes	Yes	Yes	Yes	No
Quality of data	Good	Good	Good	Good	Good
Timeliness	Yes	Yes	Yes	Yes	Yes
Completeness	No	No	No	No	No
Consistent	Yes	Yes	No	No	No
Data validation checks (if applied)	Yes	Yes	Yes	No	No
Computer available for Data entry	Yes	Yes	Yes	No	No
ANMs have tablets for RCH Portal	Yes	Yes	Yes	Yes	Yes
ASHAs have smart phones for data entry	No	No	No	No	No
Monthly HMIS Reported(Previous month)	Yes	Yes	Yes	Yes	Yes
All the HMIS reports duly signed by facility in-charge	Yes	No	Yes	No	Yes
A copy of monthly HMIS is kept and signed by facility in-charge	No	No	No	No	No
Any new construction initiated / completed in the visited facility	Yes	No	No	No	No
Grants received for new construction/ Upgradation / renovation at facility	Yes	No	No	No	No
Outsourced HR working in the facility	Yes	Yes	Yes	No	No
E-Aushadhi Functioning	Yes	Yes	Yes	Yes	No
Calibration of equipment is done	Yes	No	No	No	No
When last Calibration was done	Yes	-	-	-	-
Any local tie-up for equipment maintenance at facility	Yes	Yes	No	No	No
Satisfaction with outsourced equipment maintenance services (AIM)	Yes	Yes	Yes	No	No
Maternal Death Review done in last one year / current year	Yes	Yes	Yes	No	No
JSSK report of the facility is prepared (collect copy – if available)	Yes	No	No	No	No
Records and registers for each JSSK services prepared	Yes	Yes	Yes	Yes	No
Availability of dedicated staff for LR and OT at visited health facility	Yes	Yes	No	No	No
Drugs and Equipments available as per facility level	Yes	Yes	Yes	Yes	Yes
Distance of higher referral facility	160	65	53	41	52
Blood Transfusion facility available	Yes	Yes	No	No	No
District coaching team visited for LaQshya implementation? (check documentation)	Yes	Yes	-	-	-
Baseline assessment conducted for LaQshya	Yes	Yes	-	-	-
Training on LaQshya given to any staffs	Yes	No	-	-	-
LaQshya manual available in Hindi language at (visited facility)	No	No	-	-	-
Uninterrupted supply of partograph	Yes	Yes	Yes	Yes	Yes
All printed registers and reporting formats available	Yes	Yes	Yes	Yes	Yes
health facility level quality assurance committee formed (Collect list and meeting details)	Yes	No	No	No	No

RBSK team is complete in all aspects					
HR	No	No	No	No	-
Separate Mobility support	Yes	Yes	Yes	-	-
Route chart available and being followed	Yes	Yes	Yes	-	-
Sufficient medicine and consumables supplied	Yes	Yes	Yes	-	-
RBSK team linkages with referral facilities, schools, AWC for services	Yes	Yes	Yes	Yes	Yes
ASHA received HBNC /HBYC training	Yes	Yes	Yes	Yes	Yes
ASHA filling forms for HBCN/HBYC visit	Yes	Yes	Yes	Yes	Yes
ASHA reporting SAM and 4Ds to ANM	Yes	Yes	Yes	Yes	Yes
ASHA has sufficient reporting and visit formats	Yes	Yes	Yes	Yes	Yes
Annual Infrastructure MIS 2019-20 reported	Yes	Yes	Yes	Yes	Yes
Verification of beneficiary mobile number is done for RCH Portal	No	No	No	No	Yes
Data display initiated at Facility level – key indicators	Yes	No	No	No	No
Whether Kayakalp assessment has been done for visiting facility	Yes	Yes	Yes	Yes	-
Areas-wise score or overall score obtained by health facility (Collect a copy of Kayakalp assessment)	Yes	Yes	Yes	Yes	-
GUNAK app is used / known to facility in-charge	No	No	No	No	No

19. <u>ASHAs interviewed</u>

ASHA Services	**1**	**2**	**3**	**4**	**5**	**6**
ASHAs have complete kit?	Yes	Yes	Yes	Yes	Yes	Yes
Printed registers	Yes	Yes	Yes	Yes	Yes	Yes
Updated and filled-up registers?	Yes	Yes	Yes	Yes	Yes	Yes
ASHA has sufficient reporting and visit formats	Yes	Yes	Yes	Yes	Yes	Yes
Any entry about SAM children in ASHA register*****	Yes	Yes	Yes	Yes	Yes	Yes
Any entry of LBW children	Yes	Yes	Yes	Yes	Yes	Yes
Any entry of SNCU discharged children	No	No	No	No	No	No
Received HBNC /HBYC training	Yes	Yes	Yes	Yes	Yes	Yes
Filling forms for HBCN/ HBYC visit	Yes	Yes	Yes	Yes	Yes	Yes
Reporting SAM and 4Ds to ANM[#]	Yes	Yes	Yes	Yes	Yes	Yes
Any entry of severely anemic pregnant women	Yes	Yes	Yes	Yes	Yes	Yes
Any entry on eligible couple	Yes	Yes	Yes	Yes	Yes	Yes
Any entry about NCD screening	Yes	Yes	Yes	Yes	Yes	Yes
How many beneficiaries have revised MCP cards in locality	Yes	Yes	Yes	Yes	Yes	Yes
Revised MCP cards are available with ANM	Yes	Yes	Yes	Yes	Yes	Yes
Toilets are constructed in community / village	Yes	Yes	Yes	Yes	Yes	Yes
People using toilets*	Partially	Partially	Partially	Partially	Partially	Partially

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