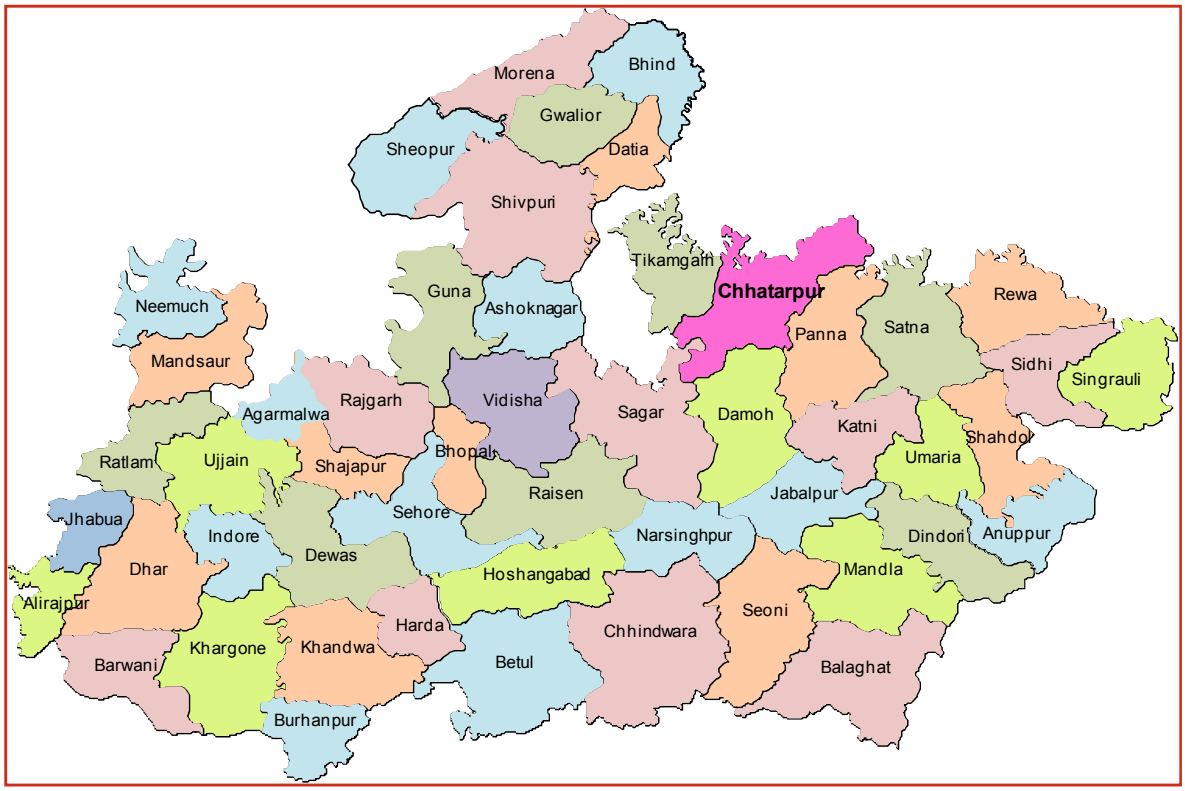
Quality Monitoring of Programme Implementation Plan 2019-20 in Madhya Pradesh

District: Chhatarpur



Dr. K. Raghubansh Mani Singh, Field Investigator
Dr. Niklesh Kumar, 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

December, 2019

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 Chhatarpur)

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 Chhatarpur district in MP in second week of December, 2019. PRC team visited District Hospital (DH) Chhatarpur, Community Health Centre (CHC) Badamalehara, 24*7 Primary Health Centre (PHC) Rajnagar and SHC Bamhori, which are functioning as delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Chhatarpur 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 LaQSYA, 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 November, 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 Chhatarpur, CHC Badamalehara, 24*7 PHC Rajnagar and SHC Bamhori 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

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.

- Chhatarpur district provides health services through rural and urban health facilities both in rural and urban areas of Chhatarpur. In total 1 DH, 10 CHCs, 36 PHCs, 2 UPHCs and 257 SHCs are providing health services in Chhatarpur district. Among all SHCs, 12 are required new buildings for physically functioning. Also 32 AYUSH Ayurvedic centres functioning in Chhatarpur district.
- Total functional bed capacity reported in rural health facilities i.e. CHCs, PHCs and SHCs in Chhatarpur district is 610 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 290 and two UPHCs which is grossly insufficient to cater the urban population in the district.
- 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.
- In DH Chhatarpur surgery, medicine, emergency, ophthalmology, ENT are available along with ancillary services of radiology, pathology etc. Facility of obstetrics and gynaecology, emergency and family planning services are done in separate MCH wing in the DH.
- The buildings of all the visited health facilities are in good condition. DH is running in newly constructed building along with some additional old building parts. The physical appearance of the building as well as premises of PHC Rajnagar is appealing which follow all the client friendly protocol as well.
- Majority of the essential drugs are available in all the health facilities and there was computerized inventory management system in place among the visited health facilities except SHC.
- DH Chhatarpur and PHC Rajnagar have a separate AYUSH OPD room among the visited facilities. There are 31 AYUSH health facilities (under state AYUSH department) and 12 AYUSH dispensaries under NHM, functioning in the district.
- Among the visited CEmOC facilities only DH Chhatarpur has the full range of services, although there is no trauma centre and USG facility in the DH. CHC Badamalehara has a fully functional OT and blood storage unit, but due to non-availability of anaesthetist and specialist no operation is carried out.
- Night time deliveries are being conducted at all the visited delivery points, yet the capacity to provide services is somewhat lacking as per norms in some of the visited facilities.
- Line listing of severely anaemic pregnant woman with Hb level below 7 is being done and treatment of iron sucrose is being given to them in all the visited health facilities.
- JSSK services are being provided as per entitlement with very little pendency of payment of JSY incentives in all the visited health facilities.
- Among all the visited health facilities, DH Chhatarpur has a full functional SNCU, while PHC Rajnagar and SHC Bamhori have a functional NBCC with phototherapy unit and radiant warmer. CHC Badamalehara doesn't have NBSU.
- There are 8 NRCs in Chhatarpur district with total 90 bed capacity. More NRCs must be established in the district; especially in remote areas to facilitate more SAM children with required services.
- Chhatarpur district is presently providing full range of family planning services at the visited DH, CHC, PHC and all the other health facilities in the district.
- Disease control programme for malaria, RNTCP, TB and leprosy are functioning in all the visited health facilities with adequate staff.
- NCD clinic is being held at the DH and NCD services in all the CEmOC facilities are done through normal OPD with adequacy of medicines and drugs are available.

- Segregation of bio-medical waste is being done at DH Chhatarpur and all visited health facilities. Facilities have colour coded bins placed in OT, labour room and laboratory at all the visited facility. Outsourcing of waste management has been done and it is getting 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.
- Screening by RBSK teams at block level and in the periphery has provided important referral linkages for special treatment. DEIC services at the DH are presently running through OPD service for differently-able children and adolescents with development lag and disabilities.

Action Points for DH Chhatarpur

- ✓ Resolving staff paucity at all levels is essential for strengthening services owing to rising expectations of clients both in range of services and quality of care is essential.
- ✓ Acute shortage of doctors, specialist and support staff has directly affecting the services and enrichment of clients in the district. Adequacy of support staff is essential for smooth functioning of the health facility.
- ✓ LaQshya is presently only implemented at DH. This needs to implement among all the facilities at least upto CHC level on most priority basis.
- ✓ LaQshya is implemented at DH and labour room has been upgraded accordingly. Labour OT is under construction. All the LaQshya registers (LR+OT) are being filled by SNs.
- ✓ Dialysis service is very good at DH and having high patient load. It is informed that as per present available space setup two more dialysis machine can be accommodated, which will be very helpful.
- ✓ There is paucity of staff quarters in the visited health facilities. PHC Rajnagar has two MO quarters and three quarters for other category, DH Chhatarpur has only four quarters for MOs and CHC Badamalehara has three MO quarters and six quarters for SNs and other category. SHC Bamhori has one ANM quarter. The condition of most of the quarters is not good except at PHC Rajnagar.
- ✓ Centralising basic services like security, cleanliness and transportation are hampering smooth service delivery in these area. The monitoring of these services must be done through CMHO, CS, BMO and MO I/c in the periphery.
- ✓ The hospital administrator's (manager) post at DH should be restarted as it is hampering the smooth functioning of administrative work at district hospital.
- ✓ Despite having CT scan machine at DH, the service is not being provided due to unavailability of radiologist since a very long time and machine is now unusable. Presently CT scan done under PPP model at private place.

Action Points for CHC Badamalehara

- ✓ CEmOC facilities of CHC Badamalehara need strengthening in terms of specialist doctors and logistics to be functional and perform as per CEmOC norms.
- ✓ NBSU facility needs to be restarted at CHC urgently, with complete infrastructure and human resources. BSU is non functional at CHC.
- ✓ Attached toilet in the labour room and a separate wash room for staff of maternity wing required at CHC.

- ✓ NRC bed is medical ward bed, which is very high and also doesn't have mosquito net. So NRC prescribed bed with inbuilt mosquito net facility needs to be replaced with these old beds.
- ✓ NRC building entrance needs to be changed from other side, due to having a medical ward toilet in front of the entrance, which may affect the health and hygiene condition of the SAM children.

Action Points for PHC Rajnagar

- ✓ As per the delivery load around 200 per month at the facility, only one delivery table is insufficient, so more delivery table urgently needed.
- ✓ The PHC is more than 100 years old (Estd. 1906) and having high load of delivery, OPD and IPD service and it is also functioning as a good facility, so upgradation CHC of the facility may lead more usable to the people of these area.
- ✓ Even if this facility is not upgraded to CHC soon, at least more medical and para-medical staffs should be posted as per case load. At least some staffs may be attached from nearby PHCs. Security staff and more cleanliness staff is needed too.
- ✓ Staffs quarter is very less and whatever is available, that also is not in good condition. More construction of MOs and other category staff quarter is needed.

Action Points for SHC Bamhori

- ✓ This is the only SHC in the district providing delivery services at centre. But there is no water supply facility. Underground boring facility is urgently needed at SHC.
- ✓ There is only one ANM posted at this only delivery point SHC of the district, so at least one more ANM urgently needed. Along with delivery service ANM also has to do field visit of 8 villages.
- ✓ There is only one room at SHC, which function as labour room, ward, radiant warmer, OPD room and store room. Some alteration in SHC building is urgently needed for separate labour room with NBCC. There is no toilet available at SHC as well as with labour room.
- ✓ There is no 24x7 electricity at SHC. The battery of the solar electricity system needs to be replaced immediately for smooth supply of electricity at the facility.
- ✓ Construction of boundary wall at SHC is needed to get rid of the illegal encroachment at the centre.
- ✓ ANM does not have any formal training on HMIS, which needs to be done urgently.

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

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 Chhatarpur district in MP in second week of December, 2019. PRC team visited District Hospital (DH) Chhatarpur, Community Health Centre (CHC) Badamalehara, 24*7 Primary Health Centre (PHC) Rajnagar and SHC Bamhori, which are functioning as Health and Wellness Centre and delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Chhatarpur 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 November, 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 Chhatarpur, CHC Badamalehara, 24*7 PHC Rajnagar and SHC Bamhori 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

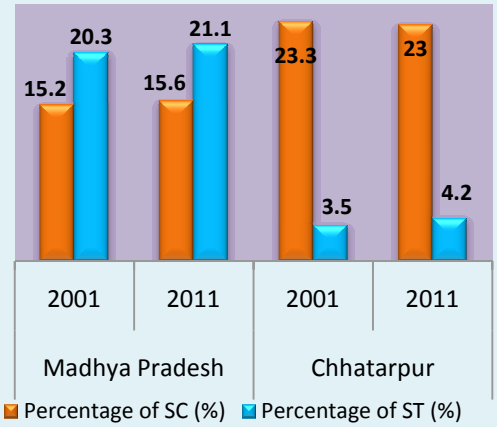
- Madhya Pradesh located in central India with 50 districts and 342 blocks has a total population of 7.2 crores (Census, 2011). Chhatarpur district is a district of Madhya Pradesh state in central India. The town of Chhatarpur is administrative headquarters of the district.
- Chhatarpur District is bounded by Uttar Pradesh state to the north, and the Madhya Pradesh districts of Panna to the east, Damoh to the south, Sagar to the southwest and Tikamgarh to the west. Chhatarpur District is part of Sagar Division. The district occupies an area of 8687 km².
- According to the 2011 census Chhatarpur district has a population of 1,762,857 (Male: 935906, Female: 826951). The density of Chhatarpur is 203 persons per sq. km as compared

to 236 persons of M.P. The percentage of Scheduled Caste population is 23.0 whereas, that of the Scheduled Tribes is 4.2 in the district.

- The district is divided into 11 Tehsils, 15 statutory towns and eight blocks namely Badamalehara, Bijawar, Buxwaha, Chhatarpur, Gaurihar, Laundi, Nowgaon and Rajnagar. As per Census 2011 Chhatarpur has 1187 villages, out of which 1085 are inhabited and 102 are uninhabited villages.

Key socio-demographic indicators

Scheduled Caste and Scheduled Tribe Population in Chhatarpur District and M.P. State (%), 2011



Indicator	MP		Chhatarpur	
	2001	2011	2001	2011
No. of Districts	45	50	-	-
No. of Blocks	333	342	8	8
No. of Villages	55393	54903	1188	1187
No. of Towns	394	476	15	15
Population (Million)	60.34	72.63	1.5	1.8
Decadal Growth Rate	24.3	20.3	27.3	19.5
Population Density per Km^2	196	236	170	203
Literacy Rate (%)	63.7	70.6	53.3	64.9
Female Literacy Rate (%)	50.3	60.6	39.3	54.3
Sex Ratio	919	930	869	884
Sex Ratio (0-6 Age)	932	918	917	894
Urbanization (%)	26.5	27.6	22.0	22.6
Percentage of SC (%)	15.2	15.6	23.3	23.0
Percentage of ST (%)	20.3	21.1	3.5	4.2

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

Temporal Variation in some service delivery indicators for Chhatarpur district

Sr.	Indicators	MP		Chhatarpur	
		HMIS /AHS Census	NFHS-4	HMIS/AHS Census	NFHS-4
1	Sex Ratio	930#	948	884#	919
2	Sex Ratio at Birth	905$	927	894$	827
3	Female Literacy Rate (%)	60.6#	59.4	54.3#	52.0
4	Infant Mortality Rate (per 1000 live births)	62$	51	63$	-
5	Unmet Need for Family Planning (%)	21.6$	12.1	28.1$	12.9
6	Postnatal Care received within 48 Hrs. after delivery	80.5$	55.0	75.1$	50.1
7	Fully Immunized Children age 12-23 months (%)	66.4$	53.6	43.5$	41.1
8	1st Trimester ANC Registration (%)	66.0^	53.1	62.0^	36.3
9	Reported Institutional Deliveries (%)	95.0^	80.8	95.0^	81.4
10	SBA Home Deliveries (%)	3.0^	2.3	3.0^	2.2

Source: #Census 2011, $AHS 2012-13 ^HMIS report April-March 2018-19.

- The decadal growth of Chhatarpur has decreased from 27.3 to 19.5 percent during 2001-2011. The literacy rate of the district has increased by 11.6 percentage point during the decade. Total literacy rate is now 64.9 percent. Female literacy rate has increased by 15

points in Chhatarpur district from 39.3 percent in 2001 to 54.3 in 2011 which is lower than the state average (M.P. 60.6 percent).

- The male-female ratio of Chhatarpur is 884 females per thousand males in comparison to 930 per 1000 males for M.P. state, but the child sex ratio to 894 in 2011, lower than the child sex ratio of the state (918/1000).

3. Health Infrastructure in the District

- Chhatarpur district provides health services in both rural and urban areas through rural and urban health facilities. District is providing health services in urban areas through District Hospital and UPHCs. In rural areas 10 CHCs, 36 PHCs and 257 SHCs are providing health services.

Health Facility	Number	Health Facility Visited
District Hospital	1	DH Chhatarpur
Community Health Centre	10	CHC Badamalehara
Primary Health Centre	36	PHC Rajnagar
Sub Health Centre	257	SHC Bamhori

- DH Chhatarpur and 10 CHCs, 36 PHCs and 201 SHCs are functioning from government buildings. All the two L3 facilities with one DH are 290 bedded and two CHCs is 30 bedded. Nineteen L2 facilities with eight CHCs and eleven PHCs are 30 and 6 bedded respectively. There are twelve L1 facilities, ten PHCs and two SHCs functional as level 1 delivery points with having total 64 functional beds.
- In total 610 beds are available in the district with a population of 1.8 million, which are insufficient for the government health facilities, according to the required norm of 500 beds per 1 lakh population.

Information Education Communication

- 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, available services list and complaint box were observed only in DH Chhatarpur, CHC Badamalehara and PHC Rajnagar among the visited health facilities. While none of the visited facilities have any signage on Citizen Charter.
- Display of partograph, clinical protocols EDL with information on free drug distribution is available, were displayed in all the visited facilities except SHC Bamhori.
- Protocol posters, awareness generation chart, immunization schedule, FP IEC and JSSK entitlements (except SHC) 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.

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.
- The referral transport service in the district is running through centralised call centre from state. In Chhatarpur, there are 18 Janani Express and fifteen "108" emergency response vehicles functional in the district. Also one Medical Mobile Unit (MMU) functional in the block Badamalehara. Out of the 18 JEs, four are placed at visited health facilities (DH:2, CHC:1 and PHC:1) in the district. In month of November' 2019, JEs have transported 2567 beneficiaries. Out of these 1566 beneficiaries were provided home to facility and 1001 were provided drop-back facility. There are 367 pregnant woman and infant children referred to higher facility.

Number of Beneficiary facilitate through 'Janani 108' of Chhatarpur District in November, 2019							
Facilities	**Pickup (Home to Facility)**			**Drop Back (Facility to Home)**			**Facility to Facility**
	Pregnant Women	**Infant Sick Child**	**Total**	**Mother**	**Infant Sick Child**	**Total**	**PW/Infant**
DH Chhatarpur	196	16	212	107	45	152	32
CHC Bijawar	74	13	87	62	14	76	32
CHC Ghuwara	162	7	169	64	2	66	31
CHC Nawgaon	15	1	16	11	4	15	6
CHC Buxwaha	71	10	81	29	0	29	35
CHC Lavkushnagar	86	8	94	27	5	32	15
CHC Gaurihar	88	6	94	58	2	60	7
CHC Isanagar	77	11	88	69	7	76	12
CHC Kishangarh	49	6	55	58	8	66	12
CHC Badamalehara	129	11	140	118	5	123	25
PHC Satai	96	6	102	75	14	89	27
PHC Chandla	105	4	109	47	3	50	13
PHC Gulganj	95	7	102	103	5	108	24
PHC Sarvai	50	3	53	43	5	48	11
PHC Rajnagar	86	87	93	61	8	69	18
PHC Bamitha	109	5	114	42	5	47	19
SHC Bamhori	78	15	93	29	1	30	49
Total	**1566**	**219**	**1785**	**1001**	**133**	**1134**	**367**

- It was observed that all the pregnant women are not 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.

4. Status of Visited Health Facilities

- DH Chhatarpur is easily accessible from the main road. DH Chhatarpur caters to around 17.62 lakhs population of Chhatarpur. CHC Badamalehara and PHC Rajnagar cater to around

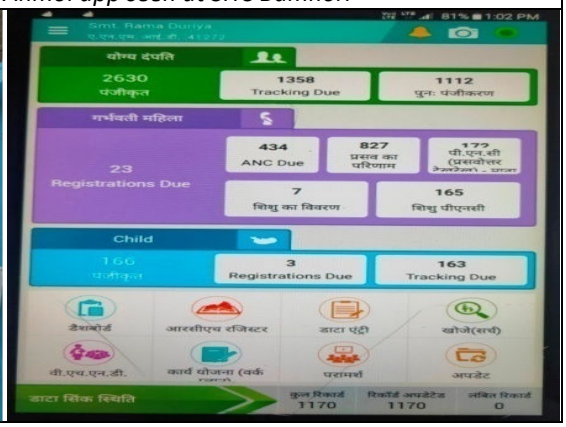
103350 and 58614 populations. SHC Bamhori caters to about 6888 populations (data as per HMIS infrastructure, 2019).

- CHC Badamalehara and PHC Rajnagar are located at a distance of 55 and 36 kilometres respectively from the district head quarters and SC Bamhori functional as a HWC is located at a distance of 105 kilometres from the district head quarters.

- Staffs quarter is a serious concern in the district; presently DH Chhatarpur has no any staff quarter for all staff of DH. However four quarters for MO is provided by PWD department. CHC Badamalehara has only 8 staff quarters (two for MOs, one for SN and five for other staffs). PHC Rajnagar has 5 staff quarters (two for MOs, one for SN and two for other staffs). Staff quarter for ANM is attached with SHC and ANM stays in Bamhori SHC. Water connection and solar system is not available in the SHC.

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

Visited at DH Chhatarpur	*Meeting with Civil Surgeon at DH Chhatarpur*
	
Visited at CHC Badamalehara	*Interaction with CHC Badamalehara Staff*
	

Visited at PHC Rajnagar	*Interaction with PHC Rajnagar Staff*
	
Visit at SHC Bamhori	*Anmol app seen at SHC Bamhori*
	

- 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. Rainwater harvesting and solar electricity facility is available only at the DH and PHC Rajnagar.
- Facilities for bio-medical waste segregation were observed in all the health facilities. The BMW service is out sourced in the district. Collection of waste is done on alternate day basis at DH and twice in a week at CHC. Disposal of hospital waste in PHC Rajnagar and SHC Bamhori is being done in closed pits and collect by Nagar Parishad.

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**
Gynaecologist	4	-			3	--		
Paediatrician	7	-			6	1		
Anaesthetist	3	-			1	-		
Cardiologist		-				-		

General Surgeon	2	-			2	-		
Medicine Specialist	4	-			1	-		
ENT Specialist	2	-			0	-		
Orthopaedic	3	-			3	-		
Dentist	1	-			0	-		
TB Specialist	1	-			0	-		
Ophthalmologist	2	-			1	-		
Ophthalmic Asst.	2	-	-		2	1	1	
Radiologist	3	-			0	-		
Radiographer	4	-			4	-	1	
Pathologist	3	-			0	-		
LTs	12	-	-		7	1	1	
MOs	24	-	-		24	1	4	
AYUSH MO	1	-	-		0	-	-	
LHV	2	-	-		2	-	-	
ANM	10	-	-	-	10	3	3	1
CHO								0
MPHW (M)	-	-	-	-	-	-	-	1
Pharmacist	9	-	-		8	2	-	
Staff nurses	124	-	-	-	117	6	1	0
DEO	1	-	-		1	-	2	
Ward servant	26	-	-		25	-	2	

Human Resources in Visited Health Facilities

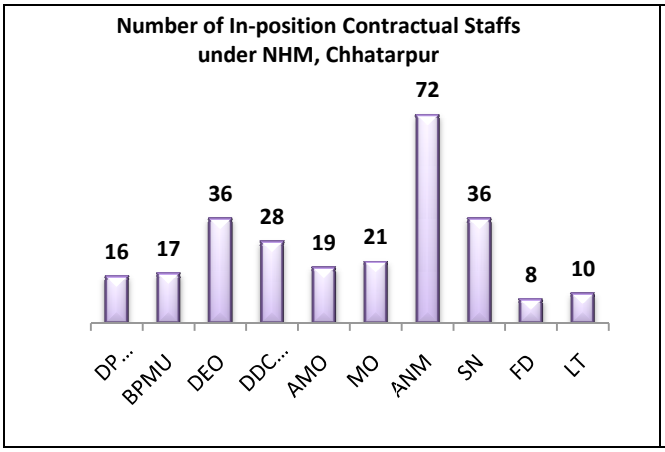
- DH Chhatarpur has three gynaecologists, six paediatrician, two general surgeons, one medical specialist & anaesthetists, three orthopaedic and one ophthalmologist posted against the sanctioned 36 specialist post. Twenty six MOs are in position against 28 sanctioned posts.
- In the DH there are 117 SNs working against its sanctioned post of 124. Seven out of 12 lab technicians and four out of four radiographers are working against their sanctioned posts.
- There is paucity of ENT specialist, TB specialist, radiologist, pathologist and dentist in DH Chhatarpur and CHC Badamalehara does not have any specialist except paediatrician.

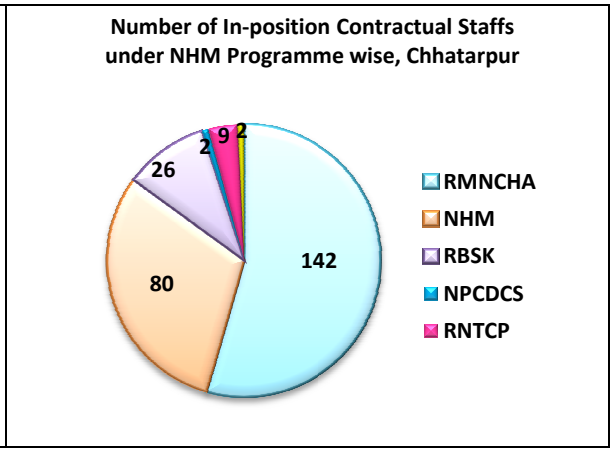
Total Human Resources of District Hospital Chhatarpur			
Post	**Sanctioned**	**In position**	**Vacant**
Specialists	36	18	18
HR Class 2	28	26	2
HR Class 3	240	182	58
NHM HR	40	31	9
Total	**344**	**257**	**87**

- At PHC Rajnagar, there is four MO, one SNs, three ANMs, one radiographer, two DEOs and two ward servant are posted for running the 24x7 PHC services.

- At SHC Bamhori, there is one MPW (M) and one ANM providing all the clinical services at the Health and Wellness Centre. CHO post recruitment has completed but CHO is not posted at SHC Bamhori as the time of PRC team visit.
- The staffs position in district and block level PMUs under NHM shows that there are 281 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, District IEC Consultant, RI Data Manager, District AH Coordinator and 28 DDC pharmacists and 36 data entry operator (DEO), five block programme manager (BPM), six block community mobilizer (BCM) and six block accounts manager (BAM) are working. Three TBHV & STLS and one STS posted at CMHO Chhatarpur.

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





- 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 Chhatarpur district.
- 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.

- The state health department web-site http://health.mp.gov.in/en/training-orders provides orders pertaining to nominations of various health personnel for different types of training programmes.
- SBA training is taking place at the district level and SBA trained MOs, SNs and ANMs are available in different visited health facilities.
- Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD & PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- 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 Bamhori to maintain cold chain services.
- On quality parameter, the staffs (SN, ANM) of DH Chhatarpur, CHC Badamalehara, PHC Rajnagar and SHC Bamhori 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)

- Chhatarpur district has three functional L3 facilities (DH Chhatarpur, 2 CHCs), nineteen L2 facilities (8 CHCs, 11 PHCs) and twelve L1 facilities (10 PHCs & 2 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 Chhatarpur has reported 895 deliveries among which 144 were caesarean and 395 were between 8 pm to 8 am deliveries. In CHC Badamalehara out of 198 deliveries, 40 have been done at night (8pm-8am). In PHC Rajnagar out of 196 deliveries, 93 took place between 8 pm to 8 am in month of November' 2019 and SHC Bamhori is a delivery point and Health and Wellness Centre (HWC). It is 40 deliveries conducted during month of November, 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 Chhatarpur and CHC Badamalehara are maintaining separate data of pregnant women with anaemia. PHC Rajnagar and SHC Bamhori no separate data maintain in register but it is reported in labour room register.

- All mothers in post natal ward reported about initiation of breastfeeding within one hour of delivery in the visited health facilities.
- New comprehensive primary health care approach envisaged to provide quality health care services at the door-step has expanded the range of health services at periphery level primary health care institutions, whereas secondary and tertiary care institutions are being equipped to provide critical and more sophisticated treatments without economically hurting health care seeker at public health institutions.
- 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.

Labour room at CHC Badamalehara	*Labour room with PNC beds at SHC Bamhori*
	
Labour room with privacy at PHC Rajnagar	*PNC ward at PHC Rajnagar*
	

- 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.
- It was observed that most of the visited health facilities in Chhatarpur district are not fully equipped to provide full range of all the maternal and child health services.

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 196, 129, 86 and 78 and drop back to 107, 118, 61 and 29 at DH Chhatarpur, CHC Badamalehara, PHC Rajnagar and SHC Bamhori respectively. Inter hospital transport was provided to 32, 25, 18 and 49 at DH, CHC, PHC and SHC respectively of November month, 2019.

Beneficiary interface at PHC Rajnagar	*Beneficiary waiting for LTT camp at CHC Badamalehara*
	

- 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 Bamhori 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) Bamhori.

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 198 and 91 registered JSY beneficiaries at CHC Badamalehara and PHC Rajnagar, 195 and 15 are the beneficiaries who received JSY benefits at CHC and PHC respectively. The SHC Bamhori beneficiary's payment done through its block Buxwaha, 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 Chhatarpur has a 20 bedded SNCU, with necessary equipments and availability of four trained MOs and 16 staff nurses. It was found shortage of Staff nurse for round the clock of neonatal care at SNCU Chhatarpur. There are three Aaya, two ward boy, one sweeper, three security guards and one data entry posted at SNCU Chhatarpur. Three ANMS are posted at SNCU mother ward in DH Chhatarpur.
- During November month 2019, a total 192 children (inborn-79; outborn-113) have been admitted and as per the records, 164 children were cured after treatment and 14 children were referred to a higher facility and 25 death reported. In DH Chhatarpur it was reported that no children left earlier without informing or left against medical advice (LAMA).

- Among the available 26 radiant warmer and five double sided light phototherapy machines only 19 and three are functional respectively. Eleven infusion or syringe pumps are available out of these only three are functioning. Ventilators are not available at SNCU.
- CHC Badamalehara, PHC Rajnagar and SHC Bamhori have only NBCC. There is one paediatrician at CHC Badamalehara and some equipment is urgently required for upgraded to NBSU.
- Child health services, particularly sick newborn care are severely affected in CHC Badamalehara and periphery level health institutions due to non-availability of NBSU.

20 bedded SNCU at DH Chhatarpur	*NBCC Corner at CHC Badamalehara*
	

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 Chhatarpur district. Total 82 SAM children are admitted in six NRCs in the district in November' 2019 (http://www.nrcmis.mp.gov.in). Overall bed occupancy rate reported in the district is 65.0 percent. Three NRCs namely DH Chhatarpur, CHC Badamalehara and CHC Lavkushnagar are not reporting NRC data in NRCMIS software.

20 bedded NRC during lunch at DH Chhatarpur	*10 bedded NRC at PHC Rajnagar*
	

- In Chhatarpur district presently 8 NRCs are functional of which one is located at DH Chhatarpur, seven is located at CHC Badamalehara, CHC Lavkushnagar, CHC Nowgaon, CHC Bijawar, CHC Buxwaha, CHC Gaurihar and PHC Rajnagar. NRC in DH is 20 bedded and 10 beds each are available in seven CHCs. Total 90 beds are available in these 8 NRCs. All the visited facilities have NRCs with total 18 staffs in-position out of eight staff at NRC DH, six staff at NRC Badamalehara and four staff at NRC Rajnagar. During November month 2019, 16, five and 17 SAM children were admitted in NRCs at DH, CHC and PHC respectively.
- One sweeper and staff nurse is urgently needed for round the clock services at NRC DH. Separate patrician should be made in NRC hall for children to play at DH NRC. Children beds are not available as per IPHS norms in all visited NRCs of Chhatarpur district.

6.5 Immunization

- CHC Badamalehara and PHC Rajnagar 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 Chhatarpur, CHC Badamalehara and PHC Rajnagar 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 Rajnagar 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 12 RBSK teams are operational in the district. None of the RBSK team is complete in all aspects. Nineteen AMOs posted against 33 sectioned posts, No ANMs are in-position against 9 sectioned posts and three pharmacists are in-position against 9 sectioned posts in the district. There is manpower shortage in RBSK teams across all

Block-wise status of RBSK team in Chhatarpur district

Blocks	Teams	AMO	ANM	Pharmacist
Badamalehara	Team 1 &2	1	0	0
Ishanagar	Team 1 &2	4	0	0
Lavkushnagar	Team 1 &2	1	0	1
Nowgaon	Team 1 &2	4	0	1
Satai	Team 1 &2	3	0	0
Rajnagar	Team 1 &2	4	0	1
Gaurihar	Team 1 &2	1	0	0
Buxwaha	Team 1 &2	0	0	0
Urban	Team 1	1	0	0
	Total	**19**	**0**	**3**

the blocks in Chhatarpur District. All the required staffs need to be posted to provide complete range of RBSK services.

Visit of the Government Primary School Siravan Purwa in Rajnagar which benefited students under RBSK programme

- There are no RBSK team functional in Buxwaha block due to human resource are not available.
- As per the available data numbers of children screened for any illness were 1300 at CHC Badamalehara. A total of 180 children in different age groups were identified with various health problems and 33 children have been referred to higher facility for treatment from CHC Badamalehara.
- District Early Intervention Centre (DEIC) with separate setup in DH campus is fully functional and four posts namely, physiotherapist, audiologist and speech therapist, psychologist, ophthalmic assistant and one data entry operator are providing their services in the district.

6.7 Family Planning

- Access to family planning helps in protection from unwanted pregnancies, along with decrease in infant and child mortality.
- Chhatarpur 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 Badamalehara.
- 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 Rajnagar reported that most of the condoms and Oral pills are provided by ANMs in the field.

- Month of November' 2019, 17, 346 and 36 family planning LTT operations done at DH Chhatarpur, CHC Badamalehara and PHC Rajnagar. At CHC and PHC these services are done on fixed day by surgeon from DH. Month of November' 2019, 172, 33, 30 and 13 women were provided PPIUCD services at the DH, CHC, PHC and SHC 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

- Chhatarpur 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 CHC Badamalehara, PHC Rajnagar and SHC Bamhori which are providing services with adequate availability of rapid diagnostic kits and drugs. In month of November'2019, 2172, 577 and 200 slides in CHC Badamalehara, PHC Rajnagar and SHC Bamhori respectively were prepared.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Chhatarpur district are functional in all the visited health facilities.
- A total of 78 and 30 sputum tests were reported respectively from CHC Badamalehara and PHC Rajnagar and zero and three 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.
- Chhatarpur has a separate NCD clinic established in the DH Chhatarpur. NCD services are being provided in general OPD at CHC Badamalehara and PHC Rajnagar. 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 1766 ASHAs (1741-Rural & 25-Urban) and 131 ASHA Sahyogi are presently working in Chhatarpur district and District Community Mobilizer (DCM) is overall in-charge of ASHA programme.
- There are 1199 villages and 1072 Gram Arogya Kendra in the district, as informed by DCM, there are required some ASHAs in the district.
- Skill development of ASHAs is a continuous process. Fourth round of training for 6-7th modules have been completed for 1766 ASHAs.

ASHA status of Chhatarpur District 2019-20

Blocks	Total Active ASHA	Total ASHA Sahyogi	Total Village	Total GAK
Urban	25	0	40	0
Badamalehara	256	19	199	192
Bijawar	216	16	140	137
Nowgaon	211	14	137	122
Lavkushnagar	198	13	140	140
Isanagar	270	25	159	137
Rajnagar	282	20	137	106
Buxwaha	129	7	114	118
Gaurihar	179	17	133	120
Total ASHA	**1766**	**131**	**1199**	**1072**

- Team interacted with women who had come to the visited facility for ANC, delivery, and immunization services and few of them were also contacted at NRC at DH, CHC Badamalehara and PHC Rajnagar.
- Majority respondents had MCP card with basic information about the women, name and mobile number of ANM and ASHA mentioned on it.
- Women were aware about incentives under JSY and availing free transport service under JSSK. It was found that women had not been oriented properly about information contained in the MCP card. Majority women had no idea about the HWCs in their village or in nearby village.
- ANMs and ASHAs have not prompted women about monitoring growth of their children using growth chart in the MCP card.

- Interaction with ASHAs revealed that monthly salary incentives of rupees 2000 are now regularly paid to them. However, their monthly incentives take 2-3 months for clearing pendency.
- ASHAs have also done household surveys for screening of person age 30 years and above for presence of NCDs through CBAC form. Most of the ASHAs do not keep any records about the amount they received and amount due to be paid. It is observed that most of the ASHAs need periodic training on record keeping of services they provide.
- ASHA Sahayogi keeps record of services provided by the ASHAs in her catchments area. Based on this record ASHAs made their payment voucher which is then submitted to ASHA Sahayogi for payment.
- Different programme officers in Chhatarpur 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. 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 Chhatarpur, except DH and CHCs 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, there were 155 on bed patients, 136 are waiting for treatment and 185 claims has been settled at DH, while at CHC Badamalehara, 11 patients on bed and 30 claims has been settled under Ayushman Bharat Yojna.

- Among the total 1437 registered under Ayushman Bharat, 414 were OPD patients and 1023 were IPD patients. Around Rs. 46.15 lakhs have been submitted for pre-authorization and claim of Rs. 37.81 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.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in the Visited Health Facilities in Chhatarpur District, 2019-20

Beneficiary Identification Number and Transaction Management System	DH Chhatarpur	CHC Badamalehara	CHC Lavkushnagar
	Overall		
Total Patients Registered	1437	104	159
Out Patients	414	10	15
In Patients	1023	94	144
Death Cases	1	0	0
Surgeries/Therapies Done	821	83	143
Surgeries/Therapies Done Amount (Rs.)	3905900	159400	262300
Preauthorization Initiated	1004	83	143
Claims Submitted	807	83	141
Amount Preauthorized in (Rs.)	4615400	159400	262300
Amount of Claims Submitted in (Rs.)	3781700	159400	258700

Ayushman Bharat Programme Centre functional at DH Chhatarpur and CHC Badamalehara

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 92 (36 PHCs, 2 UPHCs, 54 SHCs) HWCs set-up in the district. Branding and necessary infrastructure is being augmented at various health facilities.
- Team visited PHC-HWC Rajnagar and SHC Bamhori. These HWC have been upgraded as per the guidelines of Health and Wellness centres except SHC Bamhori. 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 Chhatarpur District, 2019-20

Blocks	Block Population	PHC HWC	SHC HWC	UPHC HWC
Gaurihar	187093	4	2	-
Badamalhera	110935	4	5	-
Bijawar	173380	5	9	-
Buxwaha	90277	1	3	-
Chhatarpur	359338	3	5	2
Laundi	99946	3	6	-
Nowgong	182233	7	12	-
Rajnagar	255004	9	12	-
Total	**1458206**	**36**	**54**	**2**

- PHC Rajnagar has 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 Bamhori 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.
- 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, Chhatarpur has score of 60.7 percent and on 38th rank in the state.

Internal Kayakalp Assessment (2019-20) of visited Health Facilities in Chhatarpur District			
The Cleanliness Score Card	**DH Chhatarpur**	**CHC Badamalehara**	**PHC Rajnagar**
Internal assessment score (2019-20) (%)	47.3	33.2	69.2
Total Score	284	199	249
A. Hospital Upkeep Score	29	29	52
B. Sanitation & Hygiene	38	33	52
C. Bio-Medical Waste Management	43	39	29
D. Infection Control	55	32	39
E. Support Service	26	21	23
F. Hygiene Promotion	52	17	24
G. Beyond Hospital	41	28	30

- 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:
- At PHC Rajnagar and SHC Bamhori 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.

Well cleanness at OPD counter at the DH Chhatarpur and patient OPD seen by MOs at PHC Rajnagar under Kayakalp Programme.


Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Chhatarpur, CHC Badamalehara, PHC Rajnagar and SHC Bamhori. Facilities have colour coded bins placed in labour room, OT and in laboratory at all the visited facility.
- Outsourcing of waste management 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.
- Centralised annual maintenance contract is done at state level and one company namely; AIM Healthcare Co. Ltd. is given tender for this financial year.

Biomedical Waste Management awareness done through chart at CHC Badamalehara and PHC Rajnagar

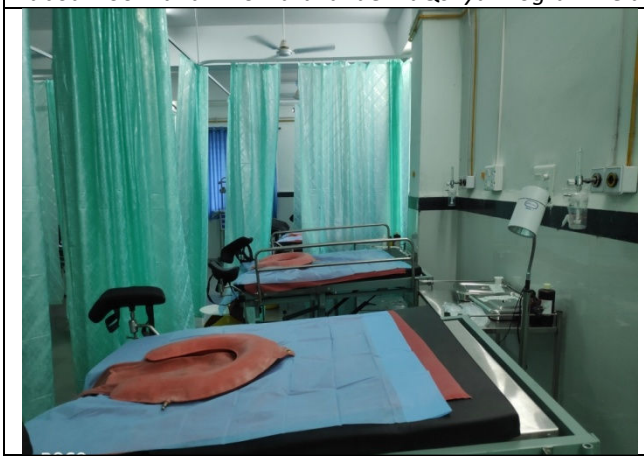
12. LaQshya

- "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 Chhatarpur		
	Area of Concern wise Score	**Labour Room**
A	Service Provision	100
B	Patient Rights	90
C	Inputs	78
D	Support Services	84
E	Clinical Services	77
F	Infection Control	73
G	Quality Management	81
H	Outcome	100
	Overall Score	**81**
	Date of assessment	11.12.2019
Separate Maternity OT is not available. It is under construction at the DH.		

- 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 only at DH Chhatarpur. 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.

Labour room and PNC ward under LaQshya Programme at DH Chhatarpur



OT at DH Chhatarpur under LaQshya Programme

Facility level indicators for LaQshya Chhatarpur 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	Yes
4. Induction of labour	No
5. Augmentation of labour	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.
- In Chhatarpur, District M&E Officer is in-position. Block programme managers are posted in only five blocks among eight blocks in the district. There are 36 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 Chhatarpur district.

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

Meeting with ASHA and ANM about quality of HMIS at SHC Bamhori	*Meeting with Sathiya worker under Sathiya Cinema Pariyojna at PHC Rajnagar*
	

- 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 CHC, PHC and SHC.

Reference is,
DH= District Hospital, Chhatarpur
CHC= Badamalehara
PHC= Rajnagar HWC (Khajuraho)
SHC= Bamhori HWC (Buxwaha)

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	290
Exclusive MCH hospital	-	-	-	-	-
Sub District Hospital / CH	-	-	-	-	-
Community Health Centre	10	10	-	10	206
Primary Health Centre	36	36	-	23	110
Sub Health Centre	257	201	-	2	4
AYUSH Ayurvedic	32*	30	-	1	30
AYUSH Homoeopathic	1	1	-	-	-
Delivery Point(L1)			-		
PHC	10	10		10	42
SHC	2	2		2	4
Delivery Point(L2)			-		
CHC	8	8		8	98
PHC	11	11		11	68
Delivery Point(L3)			-		
DH	1	1		1	290
CHC	2	2		2	50
HWC-Primary Health Centre	38	35	-	23	110
HWC-Sub Health Centre	54	54	-	2	4
NRC DH	1	1	-	1	20
NRC CHC	6	6		6	60
NRC PHC Rajnagar	1	1		1	10
DEIC	No	-	-	-	-

**Ayush 30 dispensary, one hospital and one Ayush wing functional which is 30 functional in government building. Thirty bedded Ayush hospital functional in Chhatarpur district.*

2. Physical Infrastructure

Infrastructure	DH	CHC	PHC	SHC
Area of Building (Sq. Ft.) as per facility checklist	-	48400	19500	1200
Staff Quarters for MOs	No	2	2	
Staff Quarters for SNs	No	1	1	
Staff Quarters for other categories	No	5	2	1
Functional BB/BSU, specify	Yes	No		
Separate room for RKSK	Yes	Yes		
Availability of ICTC/ PPTCT Centre	Yes	Yes		
Regular Fogging (Check Records)	Yes	No	No	No
Functional Laundry/washing services	Yes	Yes	Yes	No
Availability of dietary services	Yes	Yes	Yes	No
Appropriate drug storage facilities	Yes	Yes	Yes	Yes

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

3. Availability of Trained Persons

Training programmes	**DH**	**CHC**	**PHC**	**SHC**
CEmOC (Comprehensive Emergency Obstetric Care)	Yes	No		
LSAS (Life Saving Anaesthesia Skill)	Yes	No		
BEmOC (Basic Emergency Obstetric Care)	Yes	Yes	Yes	
SBA (Skill Birth Attended)	Yes	Yes	Yes	No
MTP (Medical Termination of Pregnancy)	Yes	Yes	No	
NSV (No Scalpel Vasectomy)	Yes	No	Yes	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	Yes	Yes	Yes	No
FBNC (Facility Based Newborn Care)	Yes	Yes	Yes	No
HBNC (Home Based Newborn Care)			Yes	No
NSSK (Navjaat Shishu Surakasha Karyakram)	Yes	Yes	Yes	No
Mini Lap-Sterilisations	Yes	No	No	
Laproscopy-Sterilisations(LTT)	Yes	No		
IUCD (Intrauterine Contraceptive Device)	Yes	Yes	No	Yes
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	Yes	Yes	Yes	Yes
Blood Bank / BSU	Yes	Yes		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	Yes	Yes	Yes	No
IMEP (Infection Management Environmental Plan)	Yes	Yes	No	No
Immunization and cold chain	Yes	Yes	Yes	No
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	Yes	No
Kayakalp	Yes	Yes	Yes	No
NRC and Nutrition	Yes	Yes	Yes	
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	Yes		
Skill Lab	Yes	Yes	Yes	No
LaQshya	Yes	Yes	No	No
NQAC	Yes	No	Yes	No
NVHCP	Yes	No	No	No
Equipment Calibration	Yes	Yes	Yes	No
PFMS / E-Vitta	Yes	Yes	Yes	No
Equipment handling	Yes	Yes	Yes	No

4. ANC, DC and PNC

Services Delivered (Data of November month 2019 only)	DH	CHC	PHC	SHC
No. of severely anaemic pregnant women(Hb<7) listed	122	3	5	0
No. of Identified hypertensive pregnant women	19	0	1	0
No. of ANC/PNC women referred from other institution (in-referral)	257	-	-	-
No. of ANC/PNC women referred to higher institution (out-referral)	14	-	39	7
No. of MTP up to 12 weeks of pregnancy	13	-	-	-
No. of MTP more than 12 weeks of pregnancy	No	-	-	-
Deliveries conducted	895	198	196	40
Deliveries conducted at home		-	-	-
C- Section deliveries conducted	144	0		
Deliveries conducted at night (8 pm-8 am)	395	40	93	22
No. of pregnant women with obstetric complications provided EmOC	256	0	39	-
No. of Obstetric complications managed with blood transfusion	96	-	-	-
No. of Neonates initiated breastfeeding within one hour	820	195	189	40
No. of Still Births	34	3	3	0

5. Janani Shishu Suraksha Karyakram (JSSK)

JSSK (Data of November 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	No	No	No
Free transport –				
home to hospital	196	129	86	78
inter-hospital in case of referral	32	25	18	49
drop back to home	107	118	61	29
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes

6. Janani Suraksha Yojana (JSY)

JSY (Data of November month 2019 only)	DH	CHC	PHC	SHC
No. of JSY payments made	-	198	91	No
Pendency of JSY payments to the beneficiaries.	Yes	3	76	-
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 November month 2019 only)	DH	CHC	PHC	SHC
Whether SNCU / NBSU / NBCC exist.	SNCU	NBCC	NBCC	NBCC
Necessary equipment available	Yes	Yes	Yes	Yes
Availability of trained MOs	4	-	-	-
No. of trained staff nurses	16	-	-	-
No. of admissions Inborn	79	-	-	-
Out Born	113	-	-	

No. of Children	Discharge	164	-	-	-
	Referral	14			
	LAMA	0			
	Death	25			

8. Nutrition Rehabilitation Centre

NRC (Data of November month 2019 only)	**DH**	**CHC**	**PHC**
No. of functional beds in NRC	20	10	10
Whether necessary equipment available	Yes	Yes	Yes
No. of staff posted in NRC FD/ANM and other	8	6	6
No. of admissions with SAM	16	5	17
No. of sick children referred	0	1	1
Average length of stay	16.2	14	12

9. Immunization as per RCH Portal of visited health centre

Immunization (Data of November month 2019 only)	**DH**	**CHC**	**PHC**	**SHC**
BCG	1106	195	193	40
Penta1	386	17	13	18
Penta2	400	6	8	13
Penta3	362	7	5	17
Polio0	1106	195	193	40
Polio1	386	17	13	18
Polio2	400	6	8	13
Polio3	362	7	5	17
Hep 0	1106	195	193	40
Rotavirus1	377	17	13	18
Rotavirus2	392	6	8	13
Rotavirus3	358	7	5	17
Measles1	404	4	0	12
Measles2	385	1	4	18
DPT booster	385	1	4	18
Polio Booster	385	1	4	18
No. of fully vaccinated children	404	4	4	12
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 Badamalehara Block

No. of Children Screened with (Data of November month 2019)	**Screened**	**Identified with problems**	**Referred higher facility**	**No. of RBSK team available in Block with staff**
Age group				two team work at Badamalehara block with insufficient staff
0-6 weeks	286	37	6	
6 weeks-6 years	195	28	5	
6 -18 years	819	115	22	
Total	1300	180	33	

11. Number of Child Referral and Death

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

12. Family Planning

Family Planning (Data of November month 2019 only)	**DH**	**CHC**	**PHC**	**SHC**
Male Sterilization (VT+NSV)	-	-	-	-
Female Sterilization (CTT+LTT)	-	346	36	-
Minilap sterilization	-	-	-	-
IUCD	0	3	0	0
PPIUCD	172	33	30	13
Condoms	12920	150	238	90
Oral Pills	738	7	11	8
Antra	19	14	7	-

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	1	1	1
Other	-	-	-
MMU	-	1	-

14. Community processes

ASHA (Data of November month 2019 only)	**CHC**	**PHC**	**SHC**
Number of ASHA required	3	0	1
Number of ASHA available	255	55	10
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	No	Yes
Availability of FP methods (condoms and oral pills) to all ASHA	Yes	Yes	Yes
Highest incentive to an ASHA	12000	-	-
Lowest incentive to an ASHA	2000	-	-
Whether payments disbursed to ASHA on time	Yes	Yes	Yes
Whether drug kit replenishment provided to ASHA	Yes	No	Yes
ASHA social marketing spacing methods of FP	No	No	No

15. Disease Control Programmes

Disease Control (Data of November month 2019 only)	**DH**	**CHC**	**PHC**	**SHC**
National Malaria Control Programme				
Number of slides prepared	-	2172	577	200
Number of positive slides	-	0	2	0
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	No	Yes
Availability of drugs	Yes	Yes	Yes	Yes

Availability of staff	Yes	Yes	Yes	Yes
Revised National Tuberculosis Programme (RNTCP)				
Number of sputum tests	-	78	30	-
No. of positive tests	-	0	3	-
Availability of DOT medicines	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	Yes	Yes	No	-
Timely payment of salaries to RNTCP staff	Yes	Yes	Yes	-
Timely payment to DOT providers	Yes	Yes	No	-
National Leprosy Eradication Programme (NLEP)				
Number of new cases detected	-	-	26	-
No. of new cases detected through ASHA	-	-	0	-
No. of patients under treatment	-	-	28	-

16. Non Communicable Diseases

NCD	**DH**	**CHC**	**PHC**
Establishment of NCD clinics	Yes	OPD	OPD
Type of NCD Services			
Hypertension	Yes	Yes	Yes
Diabetes	Yes	Yes	Yes
Cancer	Yes	No	-
Chronic Obstructive Pulmonary diseases (COPD)	Yes	No	-
Chronic Kidney diseases (COD)	Yes	Yes	-
Mental Health	Yes	-	-
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	2	2	-
SN	4	-	-
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	Yes	Yes
Labour room register	Yes	Yes	Yes	Yes
Partographs	Yes	Yes	Yes	Yes
FP-Operation Register (OT)	Yes	Yes	Yes	
OT Register	Yes	Yes	Yes	
FP Register	Yes	Yes	Yes	Yes
Immunisation Register	Yes	Yes	Yes	Yes
Updated Microplan	Yes	Yes	Yes	Yes
Blood Bank stock register	Yes	No		
Referral Register (In and Out)	Yes	Yes	Yes	Yes

MDR Register	Yes	Yes	Yes	Yes
Infant Death Review and Neonatal Death Review	Yes	Yes	Yes	Yes
Drug Stock Register	Yes	Yes	Yes	Yes
Payment under JSY	Yes	Yes	Yes	Yes
Untied funds expenditure (Check % expenditure)	Yes	Yes	Yes	No
AMG expenditure (Check % expenditure)	Yes	-	-	-
RKS expenditure (Check % expenditure)	Yes	Yes	Yes	-
Death Register	Yes	Yes	Yes	Yes

18. HMIS and RCH Portal

Reporting of HMIS and RCH	**DH**	**CHC**	**PHC**	**SHC**
Dedicated Staff available for HMIS and RCH Portal	Yes	Yes	Yes	No
Quality of data	Good	Good	Good	Good
Timeliness	Yes	Yes	Yes	Yes
Completeness	Poor	Poor	Poor	Poor
Consistent	Poor	Poor	Poor	Yes
Data validation checks (if applied)	Yes	Yes	Yes	Yes
Computer available for Data entry	Yes	Yes	Yes	No
ANMs have tablets for RCH Portal	Yes	Yes	Yes	Yes
ASHAs have smart phones for data entry	No	No	No	No
Monthly HMIS Reported(Previous month)	Yes	Yes	Yes	Yes
All the HMIS reports duly signed by facility in-charge	Yes	Yes	No	No
A copy of monthly HMIS is kept and signed by facility in-charge	No	No	No	No
Any new construction initiated / completed in the visited facility	No	Yes	No	No
Grants received for new construction / Upgradation / renovation at facility	No	No	Yes*	No
Outsourced HR working in the facility	Yes	No	No	No
E-Aushadhi Functioning	Yes	Yes	Yes	No
Calibration of equipment is done	Yes	No	No	No
Any local tie-up for equipment maintenance at facility	Yes	Yes	No	No
Satisfaction with outsourced equipment maintenance services (AIM)	Yes	Yes	No	No
Maternal Death Review done in last one year / current year	Yes	Yes	No	No
JSSK report of the facility is prepared (collect copy – if available)	Yes	No	No	No
Records and registers for each JSSK services prepared	Yes	Yes	Yes	No
Availability of dedicated staff for LR and OT at visited health facility	Yes	Yes	No	No
Drugs and Equipments available as per facility level	Yes	Yes	Yes	Yes
Distance of higher referral facility	-	55	36	105
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	Yes	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

**Presently Pathology upgraded under construction at PHC Rajnagar*

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*	Yes	Yes	Yes	Yes	Yes	Yes

**some people partially use the toilet due to water problem. #SAM children report to ASHA register but Child refers to NRC through Anganwari Karyakarta.*