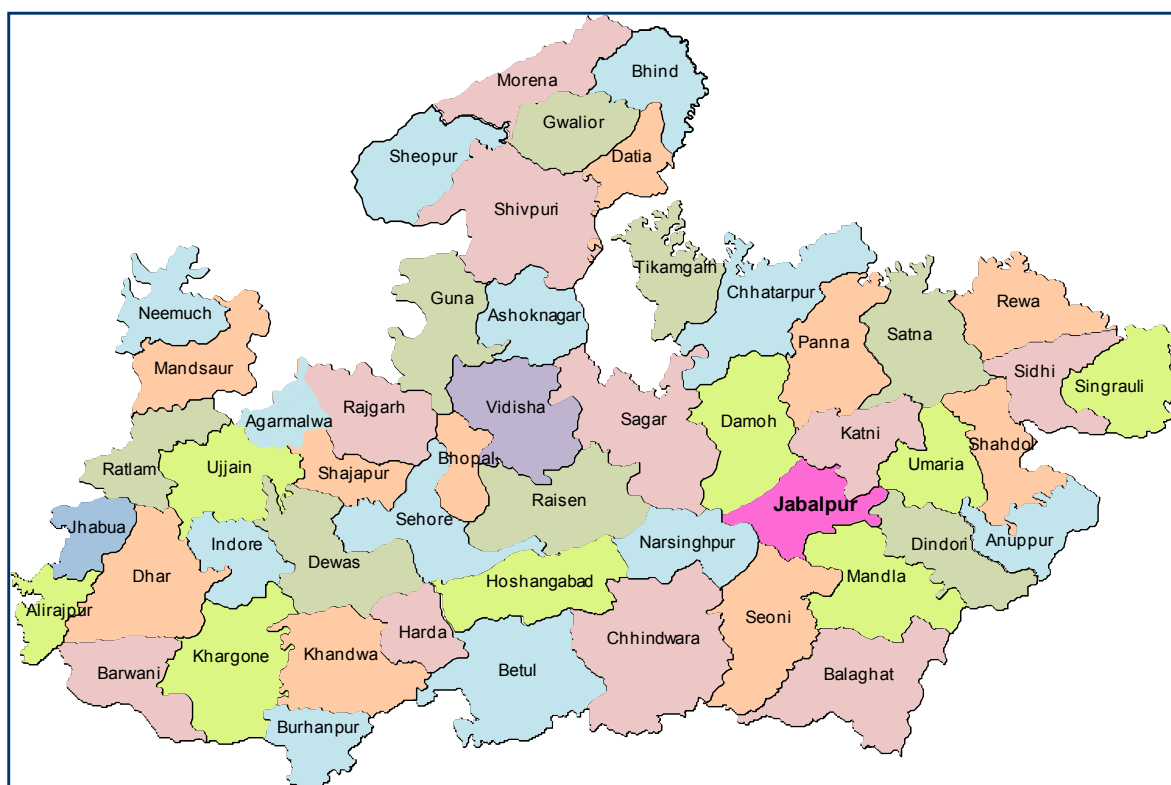


Quality Monitoring of Programme Implementation Plan 2019-20 in Madhya Pradesh

District: Jabalpur



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List of Acronyms

AB	Ayushman Bharat	LBW	Low Birth Weight
AFHS	Adolescent Friendly Health Clinic	LHV	Lead Health Visitor
AHS	Annual Health Survey	LSAS	Life Saving Anaesthesia Skill
AMC	Annual Maintenance Contract	LSCS	Lower Segment Caesarean Section
AMG	Annual Maintenance Grant	LT	Lab Technician
ANC	Anti Natal Care	LTT	Laparoscopy Tubectomy
ANM	Auxiliary Nurse Midwife	MCH	Maternal and Child Health
ARSH	Adolescent Reproductive and Sexual Health	MCP Card	Mother Child Protection Card
ART	Anti Retro-viral Therapy	MCTS	Maternal and Child Tracking System
ASHA	Accredited Social Health Activist	MDR	Maternal death Review
AWW	Aanganwadi Worker	M&E	Monitoring and Evaluation
AYUSH	Ayurvedic, Yoga, Unani, Siddha, Homeopathy	MMR	Maternal Mortality Ratio
BAM	Block Account Manager	MMU	Medical Mobile Unit
BCM	Block Community Mobilizer	MP	Madhya Pradesh
BEmOC	Basic Emergency Obstetric Care	MPW	Multi Purpose Worker
BIS	Beneficiary Identification System	MO	Medical Officer
BMO	Block Medical Officer	MoHFW	Ministry of Health and Family Welfare
BMW	Bio-Medical Waste	NBCC	New Born Care Corner
BPM	Block Programmer Manager	NBSU	New Born Stabilisation Unit
BB	Blood Bank	NCD	Non Communicable Diseases
BSU	Blood Storage Unit	NFHS-4	National Family Health Survey-4
CBC	Complete Blood Count	NHCU	Neonatal High Deficiency Unit
CD	Civil Dispensary	NHM	National Health Mission
CEA	Clinical Establishment Act	NLEP	National Leprosy Eradication Programme
CEmOC	Comprehensive Emergency Obstetric Care	NMA	Non Medical Assistant
CH	Civil Hospital	NMR	Neonatal Mortality Rate
CHC	Community Health Centre	NRC	Nutrition Rehabilitation Centre
CHO	Community Health Officer	NRHM	National Rural Health Mission
CMHO	Chief Medical and Health Officer	NSSK	Navjaat Shishu Suraksha karyakram
CS	Civil Surgeon	NTPC	National Thermal Power Corporation
CTT	Conventional Tubectomy	NSV	No Scalpel Vasectomy
DAO	District AYUSH Officer	Ob&G	Obstetrics and Gynaecology
DAM	District Account Manager	OC	Oral Contraceptives Pills
DCM	District Community Mobilizer	OPD	Outdoor Patient Department
DEIC	District Early Intervention Centre	OPV	Oral Polio Vaccine
DEO	Data Entry Operator	ORS	Oral Rehydration Solution
DH	District Hospital	OT	Operation Theatre
DIO	District Immunization Officer	PFMS	Public Financial Management System
DM	District Magistrate	PHC	Primary Health Centre
DMC	Designated Microscopic Centre	PIP	Programme Implementation Plan
DMO	District Malaria Officer	PMU	Programme Management Unit
DOT	Direct Observation of Treatment	PMDT	Programmatic management of Drug Resistant TB
DPM	District Programmer Manager	PPIUCD	Post-Partum Intra Uterine Contraceptive Device
DTO	District Tuberculosis Officer	PRC	Population Research Centre
EAG	Empowered Action Group	PRI	Panchayati Raj Institution
EC Pills	Emergency Contraceptive Pills	PV	Plasmodium Vivex
EDL	Essential Drugs List	RBSK	Rashtriya Bal Swasthya Karyakram
EmOC	Emergency Obstetric Care	RCH	Reproductive Child Health
ENT	Ear, Nose, Throat	RGI	Registrar General of India
FP	Family Planning	RKS	Rogi Kalyan Samiti
FRU	First Referral Unit	RKSK	Rashtriya Kishore Swasthya Karyakram
GOI	Government of India	RMNCH+A	Reproductive, Maternal, Newborn, Child Health & Adolescent
HDU	High Deficiency Unit	RNTCP	Revised National Tuberculosis Control Program
HFW	Health & Family Welfare	RPR	Rapid Plasma Reagen
HIV	Human Immuno Deficiency Virus	RTI	Reproductive Tract Infection
HMIS	Health Management Information System	SAM	Severe Acute Malnourishment
HPD	High Priority District	SBA	Skilled Birth Attendant
HWC	Health & Wellness Centre	SHC	Sub Health Centre
ICTC	Integrated Counselling and Testing Centre	SN	Staff Nurse
IDR	Infant Death Review	SNCU	Special Newborn Care Unit
IEC	Information, Education, Communication	STI	Sexually Transmitted Infection
IFA	Iron Folic Acid	T.B.	Tuberculosis
IMEP	Infection Management Environmental Plan	TBHV	Tuberculosis Health Visitor
IMNCI	Integrated Management of Neonatal and Childhood illness	TMS	Transaction Management System
IMR	Infant Mortality Rate	TT	Tetanus Toxoide
IPD	Indoor Patient Department	UPHC	Urban Primary Health Centre
IPHS	Indian Public Health Standard	USG	Ultra Sonography
IUCD	Copper (T) -Intrauterine Contraceptive Device	WIFS	Weekly Iron Folic-acid Supplementation
JE	Janani Express (vehicle)	VHND	Village Health & Nutrition Day
JSSK	Janani Shishu Surksha Karyakram	VHSC	Village Health Sanitation Committee
JSY	Janani Surksha Yojana	WCD	Women & Child Development

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

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 Jabalpur district in MP in fourth week of November, 2019. PRC team visited District Hospital (DH) Lady Elgin Jabalpur, Civil Hospital (CH) Sihora, Community Health Centre (CHC) Panagar, 24*7 Primary Health Centre (PHC) Majhgawan and SHC Chourai, 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 Jabalpur District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS and RCH portal data. Also evaluated new programme implemented like LaQshya, Kayakalp, Ayushman Bharat and Health and Wellness Centre (HWC) in the district. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the month of October, 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 Lady Elgin Jabalpur, CH Sihora, CHC Panagar, 24*7 PHC Majhgawan and SHC Chourai 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.

- Jabalpur district provides health services through rural and urban health facilities both in rural areas and urban areas of Jabalpur. In total 1 DH, 1 MCH hospital, 2 SDHs, 16 UPHCs, 5 CHCs, 22 PHCs and 200 SHCs are providing health services in Jabalpur district. Among the 200 SHCs only seven SHCs having in-patient facility. One MCH hospital (Rani Durgawati Hospital formerly known as Lady Elgin Hospital) is designated as SDH.

- Total functional bed capacity reported in rural & urban health facilities i.e. DH, CHCs, CHs, PHCs and SHCs in Jabalpur district is 1224 which is less and insufficient according to the desired norm of 500 beds per 1 lakh population. There is 210 bedded MCH Lady Elgin Hospital functional in separate building which is surely enhancing the health services in the district.
- The capacity of Netaji Subhash Chandra Bose Medical College & Hospital, a tertiary care centre, is of 1000 beds. This is the only major advanced public health facility which caters to whole of Jabalpur district and also adjoining districts i.e. Mandla, Narsinghpur, Dindori, Balaghat, Sheoni etc.
- 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 Jabalpur surgery, medicine, emergency, ophthalmology, ENT are available along with ancillary services of radiology, pathology etc. while MCH Hospital Jabalpur having facility of obstetrics and gynaecology, emergency and family planning services.
- Majority of the essential drugs are available in all the health facilities and there were computerized inventory management system in place at all the visited health facility except SHC Chourai.
- DH Jabalpur has a separate AYUSH wing providing Panchkarma services and the district has 41 AYUSH dispensaries (run by state government) with 35 Ayurveda and 6 homeopathy clinics.
- Among the visited CEmOC facilities only MCH Hospital, Jabalpur has the full range of services.
- 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, although dietary service at SHC was not as per protocol due to non availability of concerned staffs for cooking.
- DH Jabalpur does not have any SNCU or NBSU, as Lady Elgin Hospital is running as female DH, with having all MCH care facility including SNCU & NBSU. Among all the visited health facilities, CH Sihora, CHC Panagar has a functional NBSU with phototherapy unit and radiant warmer, while PHC Majhgawan has a functional NBCC with phototherapy unit and radiant warmer. However SHC Chourai has a NBCC but radiant warmer was not functional.
- There are 52 NRCs in Jabalpur district with total 610 bed capacity. More NRCs in the district, especially in remote area will facilitate more SAM children with required services.

- Jabalpur district is presently providing full range of family planning services at the visited MCH hospital, CH, CHC 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 with adequacy of medicines and drugs are available.
- Segregation of bio-medical waste is being done at DH Jabalpur and all visited health facilities. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility. Outsourcing of waste management (E-Lite, Jabalpur) has been done and it is getting collected daily at DH and thrice in a week in periphery. There are also availability of pit and burning facility for waste management in the visited health facilities.
- General cleanliness, practices followed by health staffs, protocols, fumigation, disinfection, autoclave functioning are observed in all the visited health facilities, while fumigation only done at DH Jabalpur, CH Sihora and CHC Panagar.
- The staff responsible for maintain cleanliness have been drastically curtailed which is affecting the overall hygiene and cleanliness of the health facilities in the district.
- Timely payments of ASHA and JSY beneficiaries in the district are being made and non pendency is observed.
- Segregation of bio-medical waste is being done at DH Jabalpur and all visited health facilities. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility. Outsourcing of waste management (E-Lite, Jabalpur) has been done and waste is getting collected bi-weekly. There are also availability of pit and burning facility for waste management in the visited health facilities.

Weaknesses

- ✓ There is paucity of staff quarters in the visited health facilities. DH Jabalpur has 32 quarters for SNs and other category and no quarters for MOs. SHC Chourai has one ANM quarter and CH Sihora and CHC Panagar doesn't have any staff quarters. The condition of several quarters is not good especially at DH.
- ✓ There is severe shortage of manpower, especially specialist doctors, LHVs, and pharmacists in the district affecting the quality of delivery of many healthcare services, although at DH and MCH hospital Jabalpur is able to run all available service with available human resources but in CH Sihora and CHC Panagar there is an urgent need of doctors, especially gynaecologists. Rationalisation of MOs in the district is essential.
- ✓ Gynaecologists and MOs have stated about extremely high case load and pressure on the MCH hospital, Jabalpur for delivery services. Most of the high risk cases are brought to the

MCH hospital without proper screening and referral which increases maternal and neonatal risk.

- ✓ LaQshya is implemented at MCH hospital, labour room and labour OT has been upgraded accordingly. All the LaQshya registers (LR+OT) are being filled by staff nurses.
- ✓ MCH hospital Jabalpur does not have any sanctioned post of lab technicians, presently eight LTs are working on attachment from different facilities of the district. Posting of designated LTs for MCH hospital is needed urgently.
- ✓ Maternal and child deaths have declined over the past few decades, but facilities in the periphery are still lagging behind in providing services as per standard procedures.
- ✓ CH Sihora has only one contractual lab technician while there is very high case load per day. It has also only one pharmacist, who has to handle CH drug distribution and store.
- ✓ SHC Chourai doesn't have toilet and bathroom. Having seepage in the building. Facility cot doesn't have mattress. Appointment of one ASHA is pending for several months.

Recommendations

- ✓ 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. To mitigate shortage of specialists public- private partnership is a viable option.
- ✓ MCH hospital Jabalpur formerly known as Lady Elgin Hospital is 122 bedded since year 1942, now it is functional with 218 bedded centres. The human resources for the hospital is still as 100 bedded. This needs to be addressed immediately.
- ✓ LaQshya is presently only implemented at DH. This needs to be implemented among all the facilities at least upto CHC level on most priority basis.
- ✓ Provision of residential and basic amenities including secure working environment which is essential for facilitating retention of medical officers and supporting health personnel in periphery.
- ✓ 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. It is advisable that at least requirement of staff nurses for labour room should be fulfilled on urgent basis at all the visited facilities.
- ✓ It is informed by almost all the visited facility that, one private hospital named, Metro Hospital, Jabalpur, registered under Ayushman Bharat (PMJAY) scheme, took money from the beneficiaries after treatment, which needs to be addressed by state authority on immediate basis.

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

1. Introduction

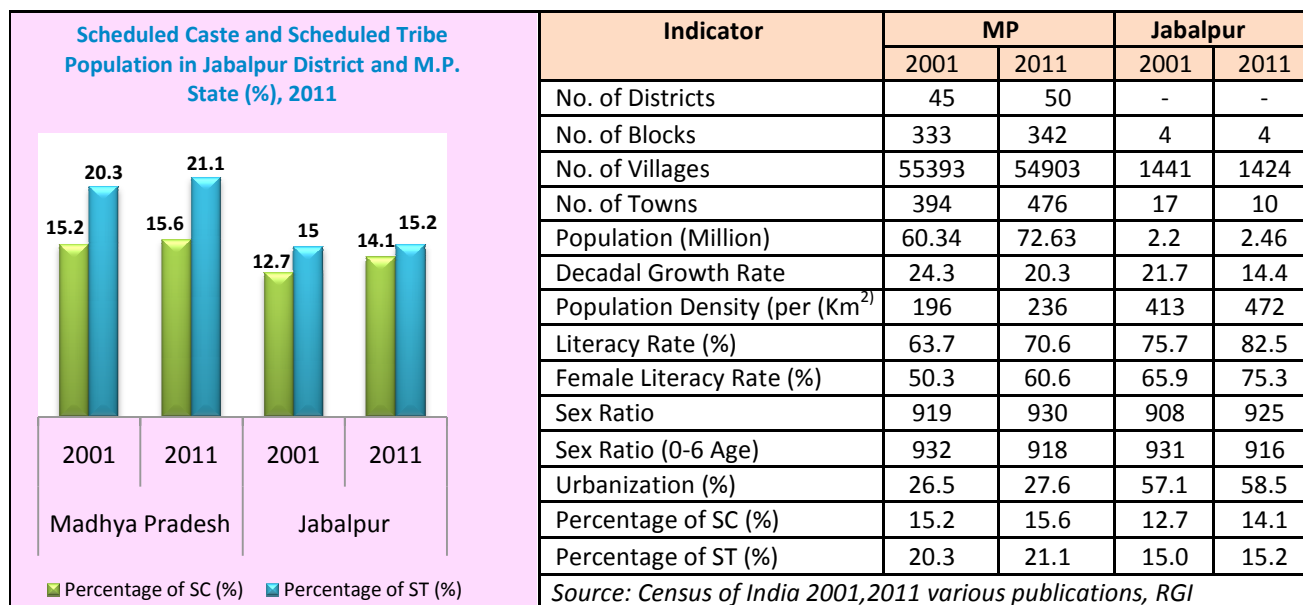
The Ministry of Health and Family Welfare, Government of India, has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During 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 Jabalpur district in MP in fourth week of November, 2019. PRC team visited District Hospital (DH) Lady Elgin Jabalpur, Civil Hospital (CH) Sihora, Community Health Centre (CHC) Panagar, 24*7 Primary Health Centre (PHC) Majhgawan and SHC Chourai, 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 Jabalpur District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS and RCH portal data. Also evaluated new programme implemented like LaQshya, Kayakalp, Ayushman Bharat and Health and Wellness Centre (HWC) in the district. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the October month 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 Lady Elgin Jabalpur, CH Sihora, CHC Panagar, 24*7 PHC Majhgawan and SHC Chourai 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 has 51 districts and 342 blocks with a total population of 7.2 crores (Census, 2011). Jabalpur district is located about 325 km east of the state capital Bhopal. It has a population of 2,463,289 (Census, 2011) and it is the third-largest urban agglomeration in M.P. Jabalpur city which is headquarter of the district has a population of 10,81,677 and population with its outgrowth is 12,68,848.
- The district has an area 5211 km². The district is part of the Jabalpur Division. It is bounded on the north & north-east by Katni district, on the east by Dindori district, on the south-east by Mandla district, on the south by Seoni district, on the west by Narsinghpur district and on the north-west by Damoh district.
- As per Census 2011 Jabalpur district has six Nagar Parishad and two Nagar Palika and fourteen Census Town. It has total 542 Gram Panchayats and 1508 villages as well.

- The district comprises of 10 tehsils and seven community development blocks, which are Jabalpur, Kundam, Patan, Panagar, Majholi, Sihora and Shahpura with a population 2,463,289 and population density 472 persons per sq. km as compared to 236 persons of M.P. The decadal growth rate has decreased from 21.7 percent in 2001 by 7.3 point to 14.4 percent in 2011 (Census, 2011).

Key socio-demographic indicators



- Literacy rate of Jabalpur district is 82.2 percent and female literacy rate in the district has increased by 65.9 percent in 2001 to 75.3 in 2011 which is higher than the average female literacy rate of the state (60 percent).
- The male-female ratio of Jabalpur is 925 females per thousand males in comparison to 930 per 1000 males for M.P. state, but the child sex ratio has decreased by 15 percentage points from 931 in 2001 to 916 in 2011, slightly higher than the child sex ratio of the state (912/1000).

Temporal Variation in some service delivery indicators for Jabalpur district

Sr.	Indicators	MP		Jabalpur	
		HMIS/AHS Census	NFHS-4	HMIS/AHS Census	NFHS-4
1	Sex Ratio	930 [#]	948	925 [#]	955
2	Sex Ratio at Birth	905 ^S	927	821 ^S	924
3	Female Literacy Rate (%)	60.6 [#]	59.4	75.3 [#]	73.3
4	Infant Mortality Rate (per 1000 live births)	62 ^S	51	48 ^S	-
5	Unmet Need for Family Planning (%)	21.6 ^S	12.1	23.1 ^S	10.4
6	Postnatal Care received within 48 Hrs. after delivery	80.5 ^S	55.0	86.1 ^S	62.1
7	Fully Immunized Children age 12-23 months (%)	66.4 ^S	53.6	70.5 ^S	67.5
8	1 st Trimester ANC Registration (%)	66.0 [^]	53.1	85.0 [^]	59.7
9	Reported Institutional Deliveries (%)	95.0 [^]	80.8	99.0 [^]	88.3
10	SBA Home Deliveries (%)	3.0 [^]	2.3	1.0 [^]	1.2

Source: [#]Census 2011, ^SAHS 2012-13 [^]HMIS report April-March 2018-19.

3. Health Infrastructure in the District

- Jabalpur 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, MCH Lady Elgin Hospital and 16 urban PHCs. In rural areas two Civil Hospital, 5 CHCs, 22 PHCs and 200 SHCs are providing health services.

Health Facility	Number	Health Facility Visited
District Hospital	1	MCH Hospital
Civil Hospital	3	CH Sihora
Community Health Centre	5	CHC Panagar
Primary Health Centre	22	PHC Majhgawan
Sub Health Centre	200	SHC Chourai

- DH Jabalpur and 3 CHs, 5 CHCs, 22 PHCs and 200 SHCs are functioning from government buildings. DH Jabalpur is sanctioned as a 500 bedded hospital. MCH Lady Elgin Hospital is sanctioned as a 142 and presently it is functional as 210 bedded. A new MCH building has completed and shifted to labour room and SNCU in this building. All the six L3 facilities with one DH is 500 bedded, MCH Lady Elgin Hospital is 210, CH Sihora is 100, CH Ranjhi is 30 bedded and two CHCs each are 30 bedded. Fifteen L2 facilities with three CHCs and twelve PHCs are 30 and 10 bedded respectively. There are nine L1 facilities, two PHCs and seven SHCs functional as level 1 delivery points with having total 24 functional beds. SHC Chourai also needed boundary wall and some renovation as per HWC branding.
- In total 1224 beds are available in the district with a population of 2.46 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 MCH Hospital Jabalpur, CH Sihora, CHC Panagar and PHC Majhgawan. 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. 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

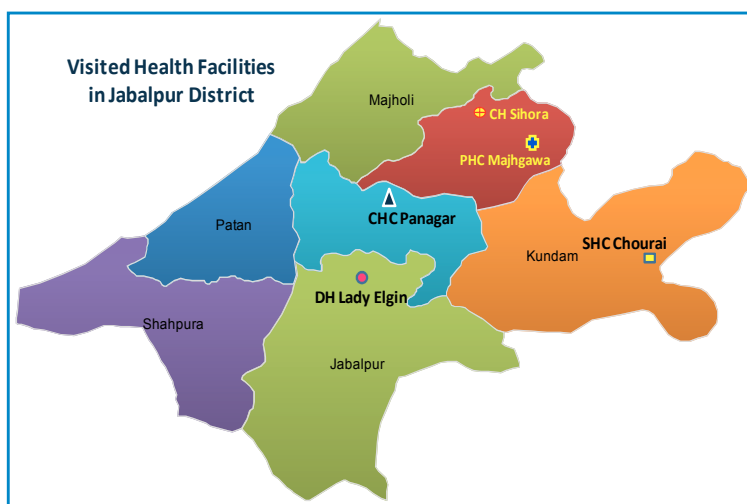
- Since 2017-18, referral transport services have been centralised at state level and out-sourced to a new agency and services under 'National Ambulance Services' has been implemented.

- 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. Apart from this centralised '108' service, there is one ambulance at each health facilities except SHC Chourai.
- 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.

4. Status of Visited Health Facilities

- DH Jabalpur is easily accessible from the main road. The DH Jabalpur and Elgin (MCH) Hospital, Jabalpur caters to around 2.4 million population of Jabalpur district. Netaji Subhash Chandra Bose Medical College & Hospital (NSCBCH) is the main tertiary level health facility in Jabalpur city. SDH Sihora caters to a population of more than 42567 and is located on the main road. CHC Panagar caters to Panagar town and rural area comprising of a population of about 1.5 lakh populations. PHC Majhgawan caters to 70265 populations in the periphery and SHC Chourai caters to about 5574 populations (data as per HMIS infrastructure, 2019).
- CH Sihora and CHC Panagar are located at a distance of 46 and 17 kilometres respectively from the district head quarters. PHC Majhgawan is located 66 kms from the district head quarters and as 24*7 delivery point with 10 beds and SC Chourai functional as a delivery point is located at a distance of 62 kilometres from the district head quarters.

- Staffs quarter is a serious concern in the district. Very few staff quarters are available at MCH Hospital. Staff quarter will be demolished at CH Sihora and new quarter will be built soon. CHC Panagar has six MO quarters and PHC Majhgawan has seven SNs quarters. One room provided to ANM for reside in SHC Chourai.



- 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 and Rainwater harvesting facility except MCH hospital. Solar electricity is available only at Lady Elgin Hospital, Jabalpur and CH Sihora.

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

Visited at Lady Elgin Hospital



Interaction with staff of Lady Elgin Hospital



Visit at CH Sihora



Registration counter for patient OPD at CH Sihora



Visit at CHC Panagar



General male ward at CHC Panagar



Visited at PHC Majhgawan



Visited at SHC Chourai



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.

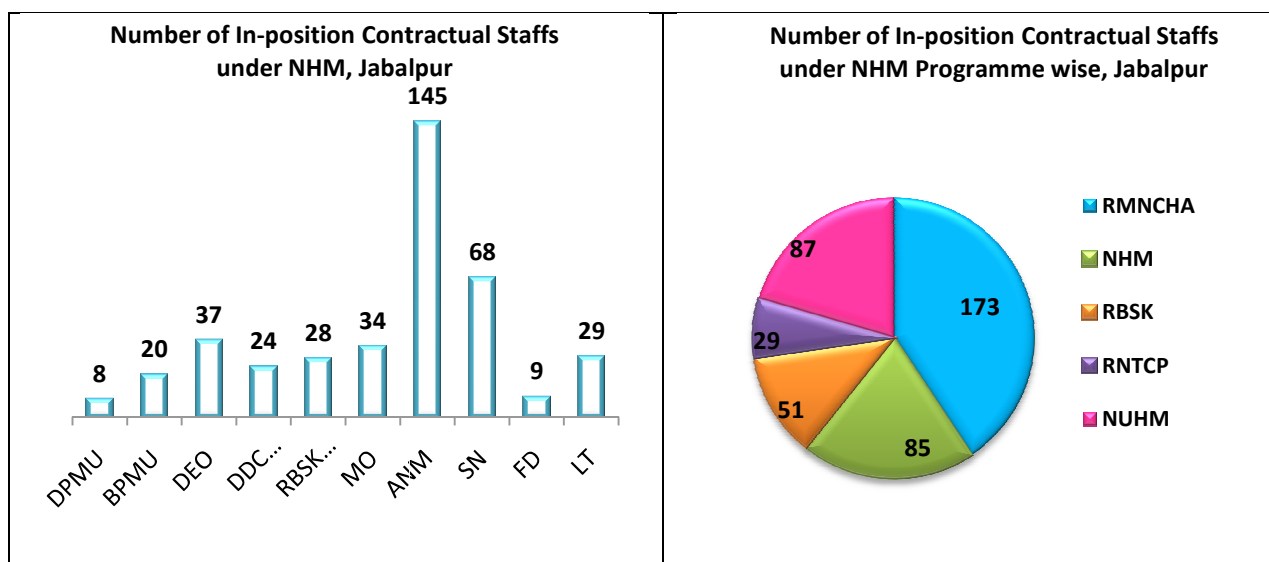
Human Resources	Required (Sanctioned)					Available				
Health Functionary	DH Elgin	CH	CHC	PHC	SHC	DH Elgin	CH	CHC	PHC	SHC
Gynaecologist	2	2	-			1	0	-		
Paediatrician	2	2	-			1	1	-		
Anaesthetist	2	2	-			0	0	-		
Cardiologist	-	-	-			-	-	-		
General Surgeon	2	2	-			1	0	-		
Medicine Specialist	2	2	-			0	1	-		
ENT Specialist	-	-	-			-	-	-		
Orthopaedic	1	1	-			1	0	-		
Dentist	1	1	-			0	1	-		
TB Specialist	-	-	-			-	-	-		
Ophthalmologist	1	1	-			0	0	-		
Ophthalmic Asst.	-	1	1	-		-	1	1	1	
Radiologist	-	-	-			-	-	-		
Radiographer	1	2	2			1	1	2		
Pathologist	1	1	-			1	0	-		
LTs	-	2	2	-		-	1	2	1	
MOs	7	7	5	-		7	3	2	0	
AYUSH MO	1	1	-	-		0	0	-	0	
LHV	1	1	7	-		1	1	3	0	
ANM	3	2	-	-	-	3	2	-	3	2
MPHW (M)	-	-	-	-	-	-	-	-	-	1
Pharmacist	-	2	1	-		-	1	1	1	
Staff nurses	25	30	8	-	-	25	18	8	-	-
DEO	-	1	1	-		-	1	1	1	
Ward boy	6	4	2	-		4	2	2	-	

Human Resources in Visited Health Facilities

- DH Elgin Jabalpur has one gynaecologist, one paediatrician, one general surgeon, one orthopaedic and one pathologist posted against the sanctioned 15 specialist post. Seven MOs are in position against 7 sanctioned posts in Lady Elgin Hospital, Jabalpur.
- In the DH Elgin there are 25 SNs working against its sanctioned post of 25. Four out of six ward boy and one out of one radiographer are working against their sanctioned posts.
- There is paucity of Gynaecologist, Anaesthetist and General surgeon. Hence Paediatrician, Medicine Specialist and Dentist posted in CH Sihora and CHC Panagar does not have any specialist.

- At PHC Majhgawan, there is one Ophthalmic Assistant, one LT, three ANMs and one DEO are posted for running the 24x7 PHC services. Medical Officer post is required for smooth functioning of PHC.
- At SHC Chourai, there is one MPW (M) and two ANM providing all the clinical services at the delivery point.
- The staffs position in district and block level PMUs under NHM shows that there are 463 contractual staffs in position in the district. The PMUs have one district Program Manager (DPM), one district Monitoring and Evaluation officer (M&E), one district Community Mobilizer (DCM), one district Account Manager (DAM), one sub engineer, one routine immunization data manager, one RBSK coordinator, 24 DDC pharmacists and 37 data entry operator (DEO), six block programme manager (BPM), five block community mobilizer (BCM) and nine block accounts manager (BAM) are working.

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 Jabalpur 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

- 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.

- 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.
- 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 MCH Jabalpur, CH Sihora, CHC Panagar, PHC Majhgawan and SHC Chourai 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)

- Jabalpur district has six functional L3 facilities (DH Jabalpur, 3 CHs & 2 CHCs), fifteen L2 facilities (3 CHCs, 12 PHCs) and nine L1 facilities (2 PHCs & 7 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 Elgin has reported 871 deliveries among which 234 were between (8pm to 8am) at night deliveries and 331 caesarean section conducted at the DH. In CH Sihora, CHC Panagar and PHC Majhgawan reported 235, 80 and 56 deliveries, out of 153, 32 and 29 have been done at night (8pm-8am) in month of October' 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. DH Jabalpur, CH Sihora and CHC Panagar are maintaining separate data of pregnant women with anaemia. PHC Majhgawan and SHC Chourai 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.



Block wise Line Listing of Pregnant Women as per Registration in Jabalpur District up to October' 2019-20

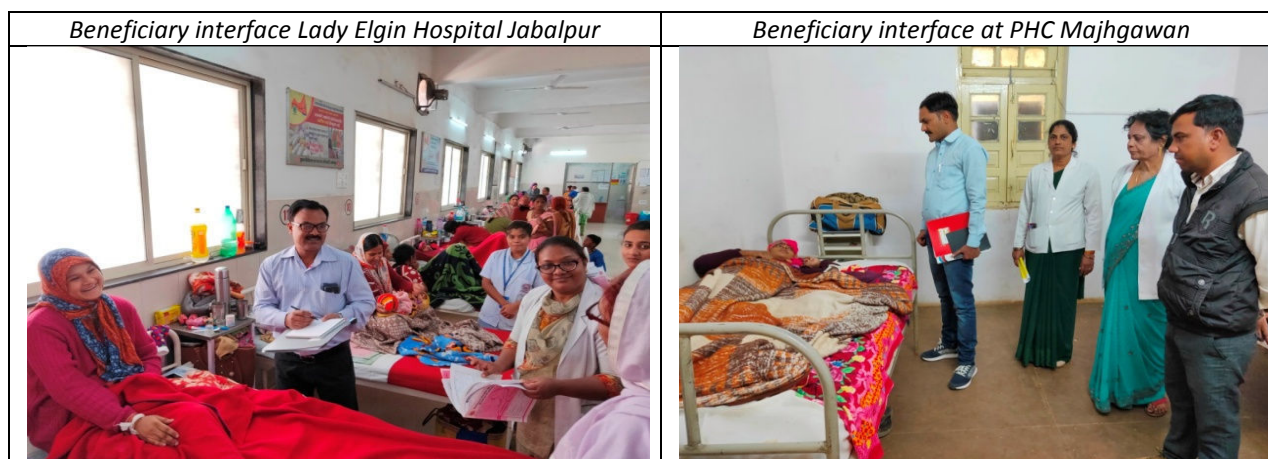
Blocks	Estimated Pregnant Women	Total PW Registered		PW Registered in 1 st Trimester		Total High Risk PW Registered		Total Severe Anaemic PW Registered	
	Number	Number	%	Number	%	Number	%	Number	%
Jabalpur	36716	12636	34.4	7136	56.4	320	2.5	24	0.19
Kundam	3221	1391	42.9	791	56.8	9	0.6	2	0.14
Majholi	4444	1768	39.7	930	52.6	11	0.6	3	0.17
Panagar	6118	1786	28.7	1017	56.9	15	0.8	2	0.11
Patan	4298	1746	40.6	1212	69.4	40	2.2	5	0.29
Shahpura	5033	1860	36.9	1005	54.0	125	6.7	0	0.00
Sihora	4716	2075	44.0	1507	72.6	33	1.5	5	0.24
Total District	64666	23262	35.9	13598	58.4	553	2.38	41	0.18

- 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.

Maternal Report of Labour Room at Lady Elgin Hospital, Jabalpur 2019-20								
	April	May	June	July	August	Sep	Oct	Total
Admission Outdoor	4681	5137	5412	6412	5291	5395	5150	37478
Admission Indoor	1033	961	984	1182	1359	1260	1158	7937
Normal Delivery	478	382	411	492	646	546	540	3495
LSCS	252	252	197	315	363	324	331	2034
Total Delivery	730	634	608	807	1009	870	871	5529
High risk	460	479	624	438	440	449	323	3213
MTP	49	35	21	48	16	-	27	196
Abortion	16	5	19	16	10	5	7	78
Still Birth	2	7	2	3	3	5	3	25
IUD	20	9	8	9	20	15	5	86
PPIUCD	566	496	398	434	141	214	202	2451
Refer Out	18	23	28	24	29	27	23	172

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.
- The referral transport service in the district is running through centralised call centre from state. Out of the total JEs, five are placed at visited health facilities (DH:2, CH:2 and CHC:1) in the district.
- 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, Chourai and all the women utilise the delivery care at these facilities, stay for minimum 48 hours as per norms except SHC Chourai, where some mother go home before 48 hours due to none availability of dietary service.



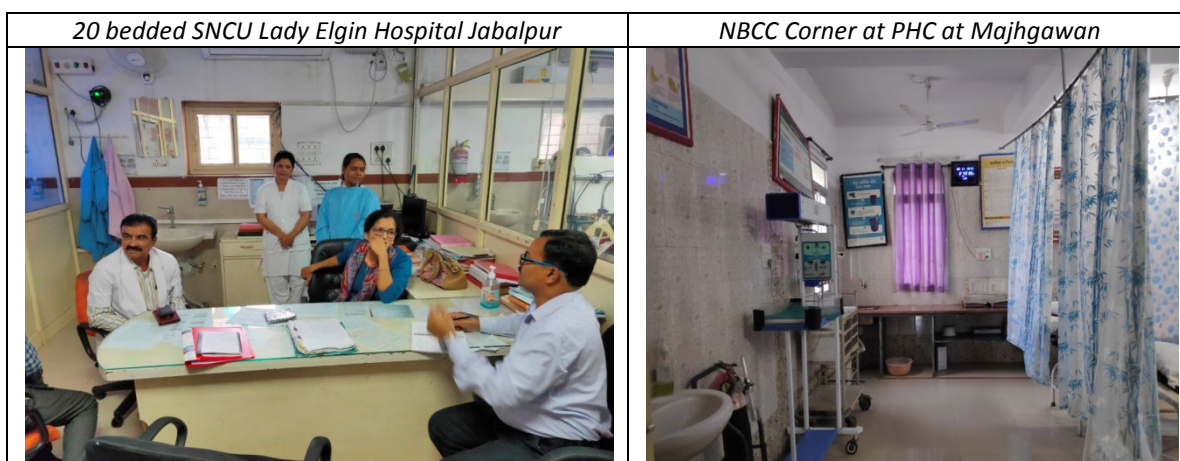
6.2 Janani Suraksha Yojana(JSY)

- 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 871, 235, 80, 56 and 16 registered JSY beneficiaries at DH Elgin, CH Sihora, CHC Panagar, PHC Majhgawan and SHC Chourai in month of October'2019. There are 356, 235, 182 and 60 are the beneficiaries who received JSY benefits at DH Elgin, CH Sihora, CHC Panagar and PHC Majhgawan respectively till October' 2019. The SHC Chourai beneficiary's payment done through its block Kundam, 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.

- In Jabalpur district two SNCUs were established at NSCB Medical College hospital and MCH hospital. DH Elgin Jabalpur has a 20 bedded SNCU, with necessary equipments and availability of four trained MOs and 16 staff nurses. There are four ward boys, three Aayas, two lab technician one ANM, one sweepers, four security guards and one data entry posted at SNCU Jabalpur.
- During October month 2019, a total 243 children (inborn-176; outborn-67) have been admitted and as per the records, 197 children were cured after treatment and 18 children were referred to a higher facility and 24 death reported. In DH Elgin Jabalpur it was reported that three children left earlier without informing or left against medical advice (LAMA).
- Civil Hospital Sihora have functional NBSU with one paediatrician and all advanced necessary equipments available at the NBSU.

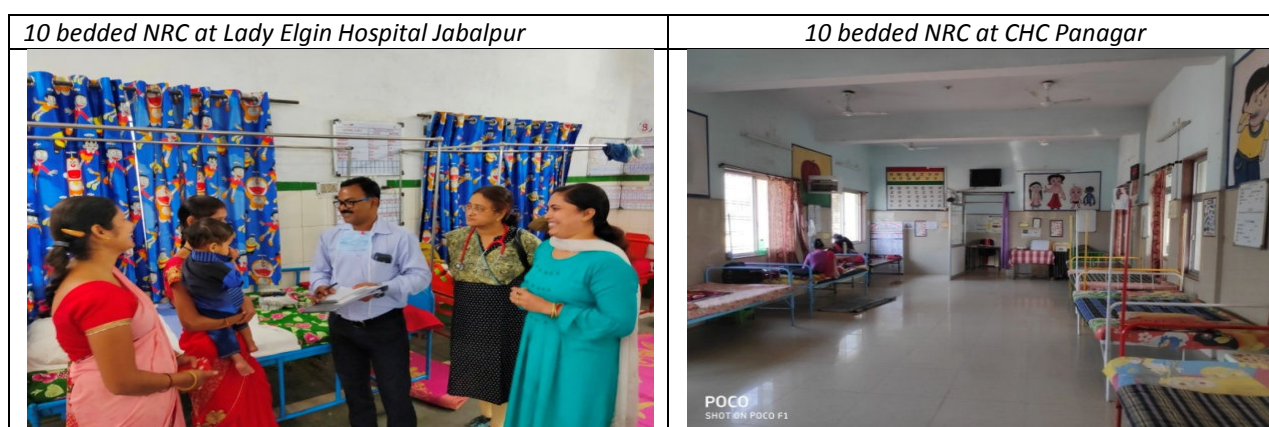


- There is no any NBSU at visited CHC, PHC and SHC Chourai. Child health services, particularly sick newborn care are severely affected in CHC Panagar and periphery level health institutions due to non-availability of NBSU.
- CHC Panagar, PHC Majhgawan and SHC Chourai has a functional NBCC with a functional phototherapy unit and radiant warmer with SN and ANM providing round the clock services, seems to have functioning as NBCC.
- Among the available 30 radiant warmer, five phototherapy machines and 50 oxygen hoods only 23, five and 32 are functional respectively. Around fourteen infusion or syringe pumps are not in working condition. There are four ventilators available which is one not working at the SNCU.

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 nine NRCs in Jabalpur district. Total 117 SAM children are admitted in nine NRCs in the district in October' 2019 (<http://www.nrcmis.mp.gov.in>). Overall bed occupancy rate reported in the district is 100.9 percent.
- In Jabalpur district presently 9 NRCs are functional of which one is located at DH Victoria hospital Jabalpur, one is lady Elgin hospital, one is Medical college hospital Jabalpur, two is located at CH Sihora and Ranjhi, one each in four CHCs Panagar, Majholi, Patan and Shahpura. NRC in DH Victoria and Medical College is 20 bedded and 10 beds each are available in three CH and four CHCs. Total 110 beds are available in these nine NRCs. During October month 2019, five, six and six children were admitted in NRCs at DH Elgin, CH Sihora and CHC Panagar.
- PRC observed to NRCs at CH Sihora is very poor condition. it is also noted that window also repairable for security of SAM children. Owl and pigeon fly in the NRC hall through coming open poor condition of window. Need to be repair all window and gate of NRC.



6.5 Immunization

- CH Sihora, CHC Panagar and PHC Majhgawan 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 immunization is being ensured for all newborns delivered before getting discharged at DH, CH, CHC and PHC Majhgawan.
- Immunization services are available in DH Elgin Jabalpur, CH Sihora, CHC Panagar and PHC Majhgawan 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 Majhgawan reported that immunization services are provided by field ANM in periphery and on fixed days at PHC.

6.6 Rashtriya Baal Surksha 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.

- Total 14 teams are operational in seven blocks of Jabalpur district. Five RBSK team also functional at Jabalpur urban. None of the RBSK team is complete in all aspects. Twenty five AMOs posted against 40 sectioned posts, six ANMs are in-position against 19 sectioned posts and 9 pharmacists are in-position against 19 sectioned posts in the district. There is manpower shortage in RBSK teams across all the blocks in Jabalpur District. All the required staffs need to be posted to provide complete range of RBSK services.

Block-wise status of RBSK team in Jabalpur district				
Blocks	Teams	AMO	ANM	Pharmacist
Barela	Team 1	2	1	0
	Team 2	2	1	0
Kundam	Team 1	2	1	1
	Team 2	1	0	0
Patan	Team 1	2	1	0
	Team 2	1	0	1
Panagar	Team 1	1	0	0
	Team 2	1	0	0
Shahpura	Team 1	2	0	0
	Team 2	1	0	0
Majholi	Team 1	1	1	0
	Team 2	1	0	0
Sihora	Team 1	2	1	1
	Team 2	1	0	0
Jabalpur (Urban)	Team 5	6	0	6
Total		25	6	9

- As per the available data numbers of children screened for any illness were 2206 at CH Sihora. A total of 240 children in different age groups were identified with various health problems and 25 children have been referred to higher facility for treatment from CH Sihora.
- District Early Intervention Centre (DEIC) is operational with 10 bedded as separate DIEC building in DH Jabalpur. It is handed over by February 2017. The District Early Intervention Centre is established under RBSK for providing management of children identified with developmental delays and also link children identified with specific diseases, deficiencies and defects at birth and developmental delays (4'D's) with tertiary level health services.
- DEIC has currently one DEIC Manager, one dental assistant, one dental surgeon, one ophthalmic assistant, one psychologist, one audiologist & speech therapist, medical officer and one social worker providing services in the DEIC of DH Jabalpur. Due to non availability of paediatrician complete functioning of DIEC is a major challenge.

6.7 Family Planning

- Access to family planning helps in protection from unwanted pregnancies, along with decrease in infant and child mortality. Jabalpur 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 and CHC Panagar.
- 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 Majhgawan reported that most of the condoms and Oral pills are provided by ANMs in the field.
- Month of October' 2019, 5, 180 and 12 family planning LTT operations done at DH Elgin, CHC Panagar and PHC Majhgawan. At CH Sihora and CHC Panagar these services are done on fixed day by surgeon from DH. Month of October'2019, 202, 48, 27, one and 7 women were provided PPIUCD services at the DH, CH, CHC, PHC and SHC Chourai 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

- Jabalpur 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 Elgin Jabalpur, CH Sihora, CHC Panagar, PHC Majhgawan and SHC Chourai which are providing services with adequate availability of rapid diagnostic kits and drugs. In month of October'2019, 67, 218, 1200 and 226 slides in DH Elgin Jabalpur, CH Sihora, CHC Panagar and PHC Majhgawan respectively were prepared.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Jabalpur district are functional in DH, CHC and PHC health facilities. A total of 66, 57 and 25 sputum tests were reported respectively from CH Sihora, CHC Panagar and PHC Majhgawan and 13, 0 and one were reported to be positive at these health facilities. Treatment units under Revised National Tuberculosis Programme (RNTCP) in Jabalpur district are functional in all the visited 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.

- Jabalpur has a separate NCD clinic established in the DH Jabalpur. Lady Elgin hospital does not have NCD services. NCD services are being provided in general OPD at CH Sihora, CHC Panagar and PHC Majhgawan. 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 1841 ASHAs (1341-Rural & 500-Urban) are presently working in Jabalpur district and District Community Mobilizer (DCM) is overall in-charge of ASHA programme. There are required 56 ASHAs in the district.
- Skill development of ASHAs is a continuous process. Fourth round of training for 6-7th modules have been completed for 1785 ASHAs. It is observed that most of the ASHAs need periodic training on record keeping of services they provide.
- 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.

ASHA status of Jabalpur District 2019-20			
	ASHA target	Total Active ASHA	Vacant
Patan	210	206	4
Batala	181	179	3
Shahpura	240	236	4
Kundam	185	181	4
Majholi	180	178	2
Panagar	160	158	2
Sihora	185	178	7
Urban	500	470	30

- ANMs and ASHAs have not prompted women about monitoring growth of their children using growth chart in the MCP card.

- 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, CH and CHC Panagar. Majority respondents had MCP card with basic information about the women, name and mobile number of ANM and ASHA mentioned on it.
- 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. 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 Jabalpur 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

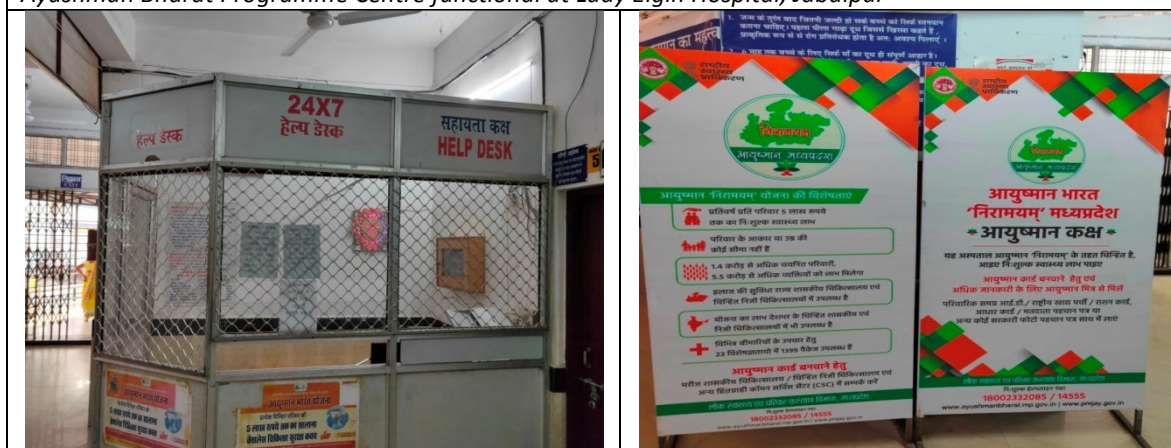
- The state has branded the Ayushman Bharat as “Niramayam”.
- As per the Ayushman Bharat web portal there are 338 (https://www.pmjay.gov.in/madhya_pradesh_profile) public and 94 private hospitals empanelled in the state and 13.57 million e-cards are generated for families under the scheme.
- Under Ayushman 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.
- As informed by AB coordinator, there are 13 private hospitals are empanelled under Ayushman Bharat in the district. Incentives are being distributed to the staffs of DH for services provided under Ayushman Bharat.
- On the day of PRC team visit, as per PMJAY database, on bed patients was 10, 4 patients on waiting for treatment and 63 claims to be settled at DH Jabalpur under Ayushman Bharat Yojna.



Status of BIS and TMS under Ayushman Bharat (PMJAY) in the Visited Health Facilities in Jabalpur District	
Beneficiary Identification Number and Transaction Management System	DH Elgin
	Overall
Total Patients Registered	443
Out Patients	116
In Patients	327
Death Cases	0
Surgeries/Therapies Done	191
Surgeries/Therapies Done Amount (Rs.)	1533700
Preauthorization Initiated	322
Claims Submitted	150
Amount Preauthorized in (Rs.)	2675000
Amount of Claims Submitted in (Rs.)	1258000

- In all 443 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 116 were OPD patients and 327 were IPD patients. Around Rs.26.75 lakhs have been submitted for pre-authorization and claims amounting Rs.12.58 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.

Ayushman Bharat Programme Centre functional at Lady Elgin Hospital, Jabalpur



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 83 (36 PHCs, 47 SHCs) HWCs set-up in the district. Branding and necessary infrastructure is being augmented at various health facilities.
- Team visited HWC PHC Majhgawan and SHC Chourai. These HWC have been upgraded as per the guidelines of Health and Wellness centres. The required staffs are recruited and are being trained. However, as per the extended list of services, only NCD services are initiated at the PHC-HWCs.
- PHC Majhgawan and SHC Chourai have initiated wellness activities such as Yoga sessions and awareness activities. PHC premises is being developed which will include open area for Yoga sessions, however SHC Chourai 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, Jabalpur has score of 89.8 percent and on 2th 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 Internal Assessment (2019-20) of Visited Facilities in Jabalpur District				
The Cleanliness Score Card	DH Elgin Jabalpur	CH Sihora	CHC Panagar	PHC Majhgawan
Internal asst score (2019-20) (%)	90.5	73.3	75.2	55.0
Total Score	543	443	453	198
A. Hospital Upkeep Score (%)	93	74	76	40
B. Sanitation & Hygiene	91	100	87	37
C. Bio-Medical Waste Management	41	36	68	31
D. Infection Control	88	82	68	40
E. Support Service	87	68	34	17
F. Hygiene Promotion	47	24	45	14
G. Beyond Hospital	93	56	73	19

- At PHC Majhgawan and SHC Chourai 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 in waiting area of patient and web camera surveillance under Kayakalp Programme at Lady Elgin Hospital Jabalpur.



Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Elgin, CH Sihora, CHC Panagar, PHC Majhgawan and SHC Chourai. Facilities have colour coded bins placed in labour room, OT and in laboratory at all the visited facility.
- Outsourcing of waste management to (E-Lite) at Jabalpur 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.
- 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.

Awareness of Biomedical Waste Management at Lady Elgin Hospital Jabalpur and BMW bucket at CH Sihora



12. LaQshya Programme

- “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.
- Presently, the LaQshya programme is implemented at labour room and OT of DH and Lady Elgin hospital, Jabalpur only. Internal assessment of both LR and OT has been completed for 2019-20.

Internal assessment score of LaQshya, Lady Elgin, Jabalpur			
Area of Concern wise Score		Labour Room	Operation Theatre
A	Service Provision	95.45	87.5
B	Patient Rights	100	100
C	Inputs	96.29	95.96
D	Support Services	93.54	100
E	Clinical Services	98.91	99.35
F	Infection Control	100	100
G	Quality Management	100	100
H	Outcome	100	100
Overall Score		98.2	97.85
Date of assessment		12.12.2019	12.12.2019

- 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 Jabalpur District	MCH Hospital
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	No
Has QI cycles initiated at the facility? (Quality Improvement)	Yes
Using partograph for all cases	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)	Yes
Functional New born care corner (with radiant warmer and neo-natal ambubag)	Yes
KMC being done at facility (Kangaroo Mother Care)	Yes
Yes Biomedical waste management (BMW) at facility	Yes
Is the LR and OT staff trained on infection prevention	Yes
Prevalence of outdated practices[#]	
1. Shaving of perineum before delivery	No
2. Enema given to Labouring Women	No
3. Routine episiotomy done	No
4. Induction of labour	No
5. Augmentation of labour	No

*Delivery related data report in ASMAN app under Jhpiego NGO. #Services as per need some practice used advice of Gynaecologist.

Modular Labour room and awareness IEC under LaQshya Programme at Lady Elgin Hospital Jabalpur



Entrance of modular OT and functional under LaQshya Programme at Lady Elgin Hospital Jabalpur



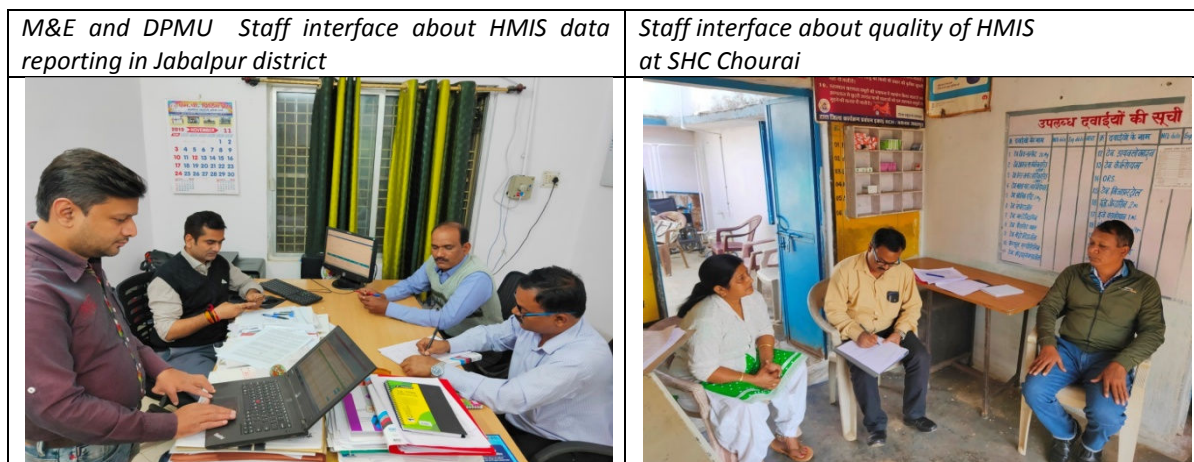
13. Data Reporting, HMIS and RCH Portal

- Monitoring and Evaluation (M&E) of all the health care services are essential not only to review the progress of the existing services but also to augment existing services and initiate new services. It also helps in supervision and planning for areas to be strengthened.
- Data gathering for health services has been systematized through HMIS and tracking of services provided to individual mother and children is done through RCH Portal. Data capturing for these online services is done through service registers, which are designed to provide individual level information for tracking of service delivery. This also provides aggregate level data for each health facility.
- In order to achieve complete and accurate data reporting training at all levels is essential. For computer based data reporting system – computer, internet and data entry operators are also essential.

Quality of HMIS and RCH Portal	DH	SDH	CHC	PHC	SHC
Dedicated Staff available for HMIS and RCH Portal	Yes	Yes	Yes	Yes	Yes
Quality of data	Poor	Good	Good	Poor	Good
Timeliness	Yes	Yes	Yes	Yes	Yes
Completeness	Yes	No	Yes	No	Yes
Consistent	Yes	No	Yes	No	Yes
Data validation checks (if applied)	Yes	Yes	Yes	Yes	Yes
Computer available for Data entry	Yes	Yes	Yes	Yes	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 Jabalpur, District M&E Officer is in-position. Block programme managers are posted in only six blocks among seven blocks in the district. There are 37 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 Jabalpur district.

- 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= MCH Hospital, Jabalpur (Lady Elgin)

SDH= Sihora

CHC= Panagar

PHC= Majhgawan, HWC (Sihora)

SHC= Chourai, HWC (Kundam)

1. Status of Public health facility in the district

No. of institutions Jabalpur	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	500
Exclusive MCH hospital	-	-	-	-	-
Sub District Hospital / CH	3	3	-	3	340
Community Health Centre	5	5	-	5	150
Primary Health Centre	22	22	-	14	220
Sub Health Centre	200	-	-	7	14
Delivery Point(L1)					
PHC	2	2	-	-	10
SHC	7	7	-	-	14
Delivery Point(L2)					
CHC	3	3	-	-	90
PHC	12	12	-	-	120
Delivery Point(L3)					
DH	1	1	-	-	500
SDH/CH	3	3	-	-	340
CHC	2	2	-	-	60
HWC-Primary Health Centre	36	-	-	-	-
HWC-Sub Health Centre	47	-	-	-	-
NRC					
CHC	4	4	-	-	40
SDH/CH	3	3	-	-	30
DH	1	1	-	-	20
DEIC	1	1	-	1	10

2. Physical Infrastructure

Infrastructure	DH Elgin	SDH	CHC	PHC	SHC
Area of Building (Sq Mt. / Sq. Ft.)	70000	7082	11000	1000	100
Staff Quarters for MOs	No	No	6	0	
Staff Quarters for SNs	No	No	No	7	
Staff Quarters for other categories	No	No	No	No	Yes
Functional BB/BSU, specify	Yes	No	No		
Separate room for RKSK	No	No	No		
Availability of ICTC/ PPTCT Centre	Yes	Yes	No		
Regular Fogging (Check Records)	Yes	No	No	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	No	No	No
Rainwater Harvesting	Yes	No	No	No	No
Equipment maintenance and repair mechanism AIMS (MP)	Yes	Yes	Yes	Yes	No
Grievance Redressal mechanisms 1-Mera Aspatal, 2-Feedback form, 3-Jan Sunwai (Public hearing), 4-Complaint box, 5-Online complaint	4,5	4,5	4,5	5	5

3. Availability of Trained Persons

Training programmes	DH Elgin	SDH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	No	No	No		
LSAS (Life Saving Anaesthesia Skill)	No	Yes	No		
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	Yes	No	
NSV (No Scalpel Vasectomy)	No	No	No	No	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	Yes	Yes	Yes	Yes	Yes
FBNC (Facility Based Newborn Care)	Yes	-	Yes	-	Yes
HBNC (Home Based Newborn Care)				-	Yes
NSSK (Navjaat Shishu Suraksha Karyakram)	Yes	Yes	Yes	Yes	Yes
Mini Lap-Sterilisations	Yes	No	No	No	
Laproscopey-Sterilisations(LTT)	Yes	No	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	No	No		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	Yes	No	No	Yes	No
IMEP (Infection Management Environmental Plan)	No	No	No	No	Yes
Immunization and cold chain	Yes	Yes	Yes	Yes	Yes
RCH Portal (Reproductive Child Health)	Yes	-	Yes	-	Yes
HMIS (Health Management Information System)	Yes	Yes	Yes	Yes	Yes
RBSK (Rashtriya Bal Swasthya Karyakram)	No	Yes	Yes		
RKSK (Rashtriya Kishor Swasthya Karyakram)	Yes	No	No	No	No
Kayakalp	Yes	Yes	Yes	No	No
NRC and Nutrition	Yes	Yes	Yes	No	
PPTCT (Prevention of Parent to Child Transmission of HIV)	Yes	-	Yes	-	
NCD (Non Communicable Diseases)	No	No	Yes	Yes	Yes
Nursing Mentor for Delivery Point	Yes	No	Yes		
Skill Lab	Yes	Yes	Yes	-	Yes
LaQshya	Yes	No	No	No	No
NQAC	Yes	No	No	No	No
NVHCP	No	No	No	No	No
Equipment Calibration	Yes	No	No	No	No
PFMS / E-Vitta	Yes	Yes	Yes	No	No
Equipment handling	Yes	No	Yes	No	No

4. ANC, DC and PNC

Services Delivered (Data of October month 2019 only)	DH Elgin	SDH	CHC	PHC	SHC
No. of severely anaemic pregnant women(Hb<7) listed	89	11	25	1	0
No. of Identified hypertensive pregnant women	133	5	15	0	0
No. of ANC/PNC women referred from other institution (in-referral)	23	0	10	0	-
No. of ANC/PNC women referred to higher institution (out-referral)	40	48	5	3	2
No. of MTP up to 12 weeks of pregnancy	27	0	0	0	0
No. of MTP more than 12 weeks of pregnancy	-	-	-	-	-
Deliveries conducted	871	235	80	56	16
Deliveries conducted at home				-	-
C- Section deliveries conducted	331	3	0		
Deliveries conducted at night (8 pm-8 am)	234	153	32	29	-
No. of PW with obstetric complications provided EmOC	-	-	19	-	-
No. of Obstetric complications managed with blood transfusion	650	1	-	-	-
No. of Neonates initiated breastfeeding within one hour	694	225	182	59	15
No. of Still Births	3	1	0	0	1

5. Janani Shishu Suraksha Karyakram (JSSK)

Data of October month 2019 only	DH Elgin	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	No	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	No	No	No	No
Free transport – home to hospital inter-hospital in case of referral drop back to home	Yes	Yes	Yes	Yes	Yes
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes	Yes

6. Janani Suraksha Yojana (JSY)

Data of October month 2019 only	DH Elgin	SDH	CHC	PHC	SHC
No. of JSY payments made	356	235	182	60	-
Pendency of JSY payments to the beneficiaries.	515	32	-	8	-
Reasons for pendency	Yes*	Yes*	Yes*	Yes*	-
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	Yes	-
*Account is not available and verification not done.					

7. Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU / NBCC (Data of October month 2019 only)	DH Elgin	SDH	CHC	PHC	SHC
Whether SNCU / NBSU / NBCC exist. (Yes/No)	SNCU	NBSU	NBCC	NBCC	NBCC
Necessary equipment available (Yes/No)	Yes	Yes	No	No	Yes
Availability of trained MOs	4	No	-	-	-
No. of trained staff nurses	16	2	-	-	-
No. of admissions	Inborn Out Born	176 67	10 1	- -	- -
No. of Children	Discharge Referral LAMA Death	197 18 3 24	8 3 0 0	- - - -	- - - -

8. Nutrition Rehabilitation Centre

NRC (Data of October month 2019 only)	DH Elgin	SDH	CHC	PHC
No. of functional beds in NRC	10	10	10	No
Whether necessary equipment available	Yes	Yes	Yes	-
No. of staff posted in NRC FD/ANM and other	5	6	6	-
No. of admissions with SAM	13	5	12	-
No. of sick children referred	0	0	0	-
Average length of stay	11	10	14	-

9. Immunization as per RCH Portal of visited health centre

Immunization (Data of October month 2019 only)	DH Elgin	SDH	CHC	PHC	SHC
BCG	916	219	182	60	16
Penta1	72	57	31	17	10
Penta2	42	41	27	7	8
Penta3	38	38	31	8	7
Polio0	916	219	182	60	16
Polio1	72	57	31	17	10
Polio2	42	41	27	7	8
Polio3	38	38	31	8	7
Hep 0	916	219	182	60	16
Rotavirus1	72	57	42	0	10
Rotavirus2	42	41	36	0	8
Rotavirus3	38	38	50	0	7
Measles1	47	67	41	6	3
Measles2	42	35	40	10	8
DPT booster	42	35	40	10	8
Polio Booster	42	35	40	10	8
No. of fully vaccinated children	47	67	41	6	3
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	-
Whether micro plan prepared	No	Yes	Yes	Yes	Yes
Whether outreach prepared	No	Yes	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	No	No	-

Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes	Yes
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10. RBSK Team Sihora Block, Jabalpur District

No. of Children Screened with 4D (Give Number) (Data of October month 2019 only)	Screened	Identified with problems	Referred higher facility	No. of RBSK team available in Block with staff
Age group				two team work at Sihora block with insufficient staff
0-6 weeks	239	1	1	
6 weeks-6 years	385	50	4	
6 -18 years	1582	189	20	
Total	2206	240	25	

11. Number of Child Referral and Death

Child Health (Data of October month 2019 only)	DH Elgin	SDH	CHC	PHC	SHC
No. of Sick children referred(up to age 5)	18	-	-	-	2
No. of Neonatal Deaths	24	-	-	-	-
No. of Infant Deaths	24	-	-	-	-

12. Family Planning

Family Planning (Data of October month 2019 only)	DH Elgin	SDH	CHC	PHC	SHC
Male Sterilization (VT+NSV)	0	0	3	-	-
Female Sterilization (CTT+LTT)	5	0	180	12	-
Minilap sterilization	134	-	-	-	-
IUCD	5	19	0	2	6
PPIUCD	202	48	27	1	7
Condoms	900	43	200	2	12
Oral Pills	87	36	50	2	17
Antra	45	1	0	1	-
No. of Camps	-	-	4	-	-
FP Cases in camps	-	-	-	-	-

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

Total ambulance Facility wise	DH Elgin	SDH	CHC	PHC
Number of ambulances				
108 Janani Express/JE	2	2	1	-
108	1	-	1	1
Other	2	1	2	1
MMU	-	-	-	-

14. Community processes

ASHA (Data of October month 2019 only)	SDH	CHC	PHC	SHC
Number of ASHA required	-	38	172	2
Number of ASHA available	-	120	169	7
Number of ASHA left during the quarter	-	0	2	0
Number of new ASHA joined during the quarter	-	0	1	0
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	-	Yes	Yes	Yes

Availability of ORS and Zinc to all ASHA	-	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHA	-	Yes	Yes	Yes
Highest incentive to an ASHA	-	12000	-	-
Lowest incentive to an ASHA	-	2250	-	-
Whether payments disbursed to ASHA on time	-	Yes	Yes	Yes
Whether drug kit replenishment provided to ASHA	-	Yes	Yes	Yes
ASHA social marketing spacing methods of FP	-	No	No	No

15. Disease Control Programmes

Disease Control (Data of October month 2019 only)	DH Elgin	SDH	CHC	PHC	SHC
National Malaria Control Programme					
Number of slides prepared	67	218	1200	226	-
Number of positive slides	0	0	0	1	-
Availability of Rapid Diagnostic kits (RDK)	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	-*	66	57	25	-
No. of positive tests	-	13	0	1	-
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	No	-
Timely payment to DOT providers	-	-	Yes	Yes	-
*RNTCP services given at the DH Jabalpur					

16. Non Communicable Diseases

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

17. Record maintenance (Verify during facility visit)

Register Record	DH Elgin	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 / Case sheet	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	No	Yes
Blood Bank stock register	Yes	No	No		
Referral Register (In and Out)	Yes	Yes	Yes	Yes	Yes
MDR Register	Yes	Yes	Yes	No	No
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	Yes	No
Untied funds expenditure (Check % expenditure)	Yes	Yes	Yes	No	Yes
AMG expenditure (Check % expenditure)	-	-	-	-	-
RKS expenditure (Check % expenditure)	Yes	Yes	Yes	Yes	-
Death Register	Yes	Yes	Yes	No	No

18. ASHAs interviewed

ASHA Services (Yes/No)	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 and not use the toilet due to water problem. #SAM children report to ASHA register but Child refers to NRC through Anganwari Karyakarta.

19. HMIS and RCH Portal

Status of HMIS and RCH Portal in visited facility in Jabalpur District	DH Elgin	SDH	CHC	PHC	SHC
Monthly HMIS Reported(Previous month)	Yes	Yes	Yes	No	Yes
All the HMIS reports duly signed by facility in-charge	Yes	Yes	No	No	No
A copy of monthly HMIS is kept and signed by facility in-charge	Yes	Yes	No	No	No
Dedicated Staff available for HMIS and RCH Portal	Yes	Yes	Yes	Yes	Yes
Quality of data	Poor	Good	Good	Poor	Good
Timeliness	Yes	Yes	Yes	Yes	Yes
Completeness	Yes	No	Yes	No	Yes
Consistent	Yes	No	Yes	No	Yes
Data validation checks (if applied)	Yes	Yes	Yes	Yes	Yes
Computer available for Data entry	Yes	Yes	Yes	Yes	No
ANMs have tablets for RCH Portal	Yes	Yes	Yes	Yes	Yes
ASHAs have smart phones for data entry	No	No	No	No	No
Any new construction initiated / completed in the visited facility	No	No	No	No	No
Grants received for new construction / Upgradation / renovation at facility	No	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	No	-	-	-	-
Any local tie-up for equipment maintenance at facility	Yes	No	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	Yes	Yes	No	No
Records and registers for each JSSK services prepared	Yes	Yes	Yes	No	No
Availability of dedicated staff for LR and OT at visited health facility	Yes	Yes	No	-	-
Drugs and Equipments available as per facility level	Yes	Yes	Yes	Yes	Yes
Distance of higher referral facility	-	46	17	66	62
Blood Transfusion facility available	Yes	No	No	-	-
District coaching team visited for LaQshya implementation? (check documentation)	No	-	-	-	-
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	-	-	-	-
All printed registers and reporting formats available	Yes	-	-	-	-
health facility level quality assurance committee formed (Collect list and meeting details)	Yes	-	-	-	-

RBSK team is complete in all aspects	No	No	No	No	-
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	Yes	No	No	No	No
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	No
Areas-wise score or overall score obtained by health facility (Collect a copy of Kayakalp assessment)	Yes	Yes	Yes	Yes	No
GUNAK app is used / known to facility in-charge	Yes	No	No	No	No