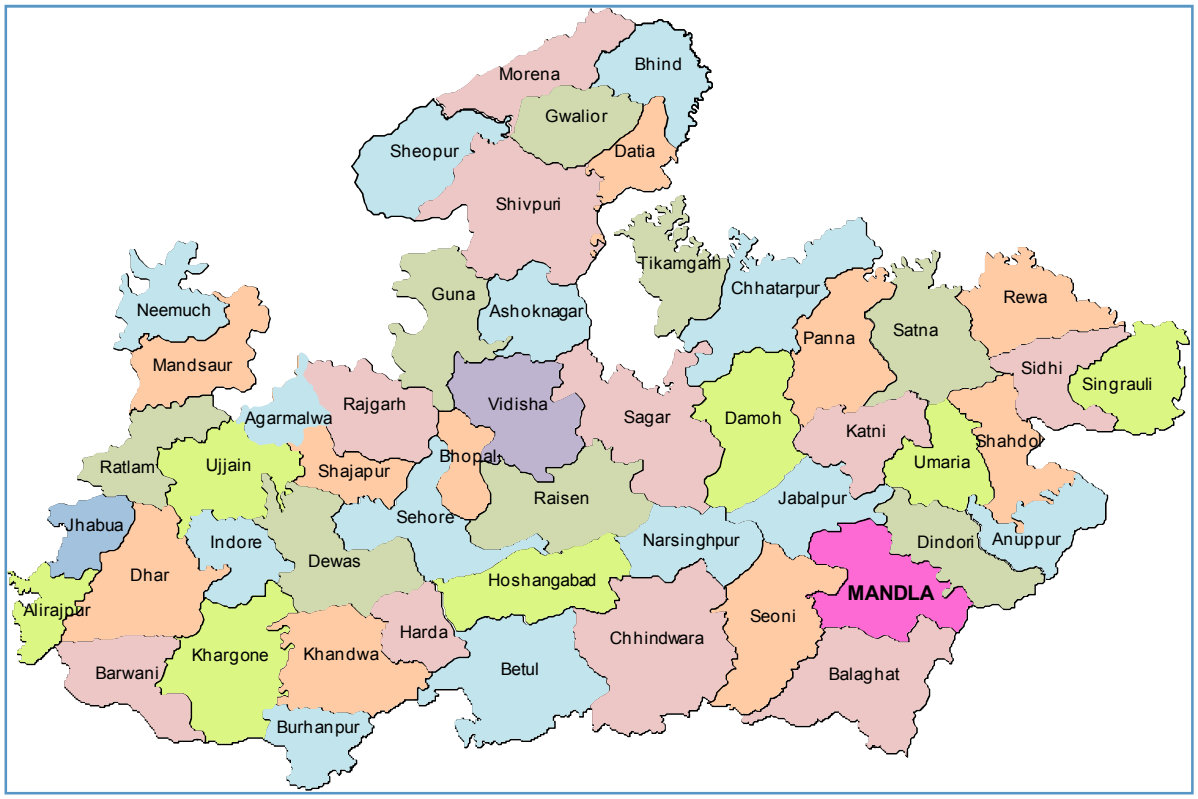
Quality Monitoring of Programme Implementation Plan 2019-20 in Madhya Pradesh

District: Mandla



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February, 2020

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**
CHO	**Community Health Officer**
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 Mandla)

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 Mandla district in MP in second week of February, 2020. PRC team visited District Hospital (DH) Mandla, Civil Hospital (SDH) Nainpur, Community Health Centre (CHC) Narayanganj, 24*7 Primary Health Centre (PHC) Pindrai and SHC Poundi Mal, which are functioning as delivery points, to assess services being provided in these health facilities. I have also visited SHC Luhari Health Wellness Centre for quality monitoring. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Mandla 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 January, 2020 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 Mandla, Civil Hospital (SDH) Nainpur, CHC Narayanganj, 24*7 PHC Pindrai and SHC Poundi Mal 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.

District Hospital, Mandla

- ✓ Mandla district provides health services through rural and urban health facilities both in rural and urban areas of Mandla. In total 1 DH, 1 SDH, 8 CHCs, 33 PHCs, and 314 SHCs are providing health services in Mandla district.
- ✓ Total functional bed capacity reported in rural health facilities i.e. SDH, CHCs, PHCs and SHCs in Mandla district is 813 which is less and insufficient according to the desired norm of 500 beds per 1 lakh population.

- ✓ Total functional bed capacity in different government health facilities in urban area i.e. DH is 300 and one UPHC 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 Mandla 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 now started in newly constructed MCH wing.
- ✓ DH Pathology department has need of Automatic Bio-chemistry Analyser, Thyroid analyser and Electrolyte analyser. There is no AC at the lab, at least four split AC is needed for pathological laboratory. At DH around 1250 pathological tests done per day with just having 3 LT and 2 assistant. More LT is needed on urgent basis.
- ✓ LaQshya is implemented at DH and labour room and labour OT has been upgraded accordingly. All the LaQshya registers (LR+OT) are being filled by SNs. The double storey maternity wing is very well maintained with following all LaQshya norms. There is good waiting space with client friendly environment.
- ✓ Twenty bedded NRC is functional at DH in old building. As informed NRC will be shifted to maternity wing and present building will be dismantle soon. All staffs of NRC are not posted.
- ✓ As informed by civil surgeon, there is huge shortage of staffs especially doctors. Many senior doctors have been suspended due to some malpractices done by them. CS is also given charge in last month only. Recently 14 doctors have been posted but only one doctor joined and later he also resigned. Two PGMO doctor has been posted and we are hoping that they may join.
- ✓ Staff quarters are a serious concern in the district; especially at DH and CH. There are very few quarters available in the visited health facilities.
- ✓ Majority of the essential drugs are available in all the health facilities and there was computerized inventory management system in place upto CHC level among all the visited health facilities.
- ✓ Major diagnostic service like, sonography and x-ray are functional at DH. CT scan service is not functional for last two years, however under PPP model this service is going to start very soon at DH. MoU has already been signed.
- ✓ Dialysis service is very good at DH and having very high patient load with waiting of 20-22 patients. It is informed that as per present available space setup two more dialysis machine can be accommodated, which will be very helpful.
- ✓ SNCU service is fully functional. PICU service is also available but there is lack of staffs for SNCU and PICU. No paediatrician is posted for this critical service at DH.

- ✓ 'Pradhanmantri Matritwa Suraksha Yojna' is running all over in the district and gynaecologists of private hospital; nursing homes are providing services to pregnant women on 9th of every month in the district.
- ✓ 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 address by state authority.
- ✓ HMIS data reporting has mismatch issues with register data and Government of India HMIS portal data among all the visited facilities including DH.

Civil Hospital, Nainpur

- ✓ Although CHC Nainpur has been upgraded as CH, but physically it is working as CHC with 30 bed capacity. Neither there is availability of required CH staffs nor the infrastructure. The 100 bedded CH building is under construction and soon will hand over to administration. As observed, there is no rain water harvesting facility at this new CH, which needs to be address urgently as per present GoI norms. The new CH building is very far from the present establishment.
- ✓ LaQshya is not implemented in CH Nainpur, which needs to be implemented by district authority on priority basis.
- ✓ CH Nainpur does not have facility of X-ray, sonography, CT scan and other diagnostic services as per CH norms. However this service may available from new CH building in future.
- ✓ There are no staff quarters at CH Nainpur, however land for staff quarters has been marked and budget has been allocated for construction of multi-storey quarters.
- ✓ Pathological service is available but the tests done are upto CHC level only. Drug storage service is online, however supply of medicines as required are not given to CH. Presently 106 types medicine are available at CH. There is unwanted extra supply of family planning related drugs.
- ✓ CH has functional NBSU and NRC. NRC is found very clean and maintained.

CHC Narayanganj

- ✓ There are shortages of medical and para-medical staffs at the CHC. Even at NRC shortage of staffs is being found.
- ✓ CHC is falls in midst of Jabalpur-Mandla highway. This highway condition is very poor due to undergoing construction, which leads to regular accident cases to CHC and due to non availability of trauma care and emergency care services, several agitations happen at CHC.
- ✓ LaQshya is not implemented in CHC Narayanganj. As per the delivery load there is need of more SNs for labour room. Fetal Doppler machine is not working properly in LR. The only

available radiant warmer for NBCC is not working. There is no NBSU at CHC. OT is functional but only LTT service done on weekly basis in the OT.

- ✓ There is need of caesarean section service along with BSU service at CHC.
- ✓ It is found that all the ILR and deep freezer available for cold chain maintenance for vaccines are working but temperature displays of these machines are not working which need immediate attention.
- ✓ There is urgent need of staff quarters for MO, SNs and other at CHC. There are four G type quarters available at CHC, that also in poor condition.
- ✓ CHC Narayanganj has good general cleanliness, security service is found well with having CCTV facility in the centre. However more security staffs are needed. Biomedical waste service is outsourced at CHC.
- ✓ X-ray service is available at CHC but blood storage unit is not available and sonography service is also not available at CHC.
- ✓ It is informed by RBSK team that many essential drugs for RBSK are not available at CHC Narayanganj. RBSK team is only reporting through their CHETNA App software. This app is also not working properly; all data get uploaded but many data not showing on the app post uploading.
- ✓ CHC staff informed that equipment maintenance outsourced company (AIM Pvt. Ltd.) technician response is good but took much time to done the repairing work due to being the hard to reach district.
- ✓ In pathological lab, total 32 tests done against the 28 mandatory list of CHC, however against the three posted LTs only two are working at CHC, one LT is attached to DH. He needs to be posted back to CHC as per work load at CHC.
- ✓ There is no any stock out of any essential drugs; however there is no proper drug store at CHC. As informed, this CHC needed more antibiotics and analgesic medicines due to extra load of accidental cases.

PHC Pindrai

- ✓ PHC Pindrai doesn't have Medical Officer since July 2019. PHC is functioning under one pharmacist, staff nurse, ANM and other support staff.
- ✓ There are no staff quarters at PHC, which creates constraint in functioning it as 24x7 facility. PHC Pindrai has big land area and it is also getting encroached by local people. It is advisable that staff quarters should be constructed at PHC and also boundary wall get constructed on most urgent basis.
- ✓ Although PHC building condition is good but there is seepage sign found in labour room and roof repairing is needed urgently.

- ✓ There is 24x7 supplies of electricity and water at PHC. Inverter is available for electricity back-up. Water service is from Gram Panchayat pipeline service.
- ✓ However all essential drugs (72) are available at PHC but there is no supply of ARB for last 6-8 months. This needs to be address from drug supply house.
- ✓ General cleanliness of PHC and toilet was good. PHC Pindrai has been given 5Star rating under WASH Program by UNICEF in year 2019. This needs to be maintained.

SHC Poundi Mal

- ✓ SHC Poundi Mal building is under construction, so presently only OPD service is running at SHC. As informed it will be fully functional by March to April 2020.
- ✓ At this health and wellness centre SHC, two CHO has been posted two months back. As per norms one CHO is sanctioned, so in 1-2 months one CHO will be posted to some other place.
- ✓ The posted ANM was on refresher training course at Victoria Hospital (DH) Jabalpur during PRC team visit, which leads to less information of SHC.
- ✓ As informed by the SHC staffs, there are requirement of complete delivery instrument, labour room tray, big tray, RO with water cooler, cooler and furniture after construction work completed.
- ✓ There is also need of one sweeper at SHC, as per delivery load and maintaining cleanliness and hygiene at the facility.
- ✓ HMIS format understanding is still an issue with the reporting staff. Regular refresher training is needed.

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1. Introduction

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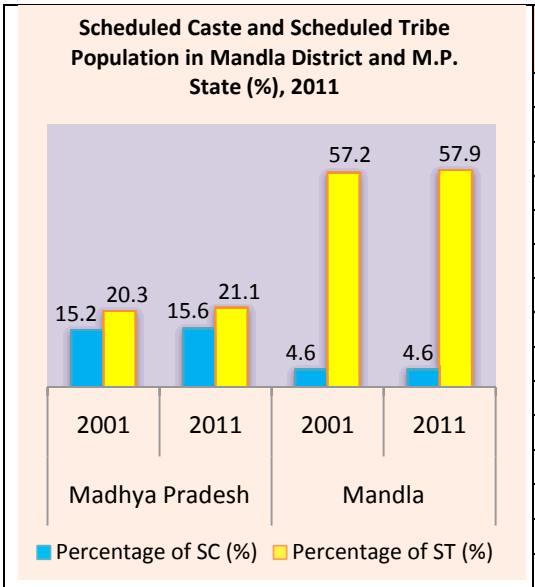
2. State and District Profile

- Madhya Pradesh located in central India with 50 districts and 342 blocks has a total population of 7.2 crores (Census, 2011). Mandla district is a district of Madhya Pradesh state in central India. The town of Mandla is administrative headquarters of the district.
- Mandla district is bounded Kabirdham district to the east of Chhattisgarh state and the Madhya Pradesh districts of Dindori to the north-east, Balaghat to the south, Jabalpur to the north and Seoni to the west. Mandla district is part of Jabalpur Division. The district occupies an area of 5800 km².

- According to the 2011 census Mandla district has a population of 10,54,905 (Male: 525272, Female: 529633). The density of Mandla is 182 persons per sq. km as compared to 236 persons of M.P. The percentage of Scheduled Caste population is 4.6 whereas, that of the Scheduled Tribes is 57.9 in the district.
- The district is divided into six tehsils and nine blocks namely Mandla, Narayanganj, Nainpur, Ghughari, Bijadandi, Niwas, Mawai, Bichhiya and Mohgaon. There are five statutory and three Census Towns in the district. As per Census 2011 Mandla has 1221 villages and 486 gram panchayats, out of which 1203 are inhabited and 18 are uninhabited villages. Urbanization of the district is 12.4 per cent as per census 2011 which has increased from 10.3 per cent in census 2001.

Key socio-demographic indicators



Indicator	MP		Mandla	
	2001	2011	2001	2011
No. of Districts	45	50	-	-
No. of Blocks	333	342	9	9
No. of Villages	55393	54903	1231	1221
No. of Towns	394	476	4	8
Population (Million)	60.34	72.63	0.9	1.1
Decadal Growth Rate	24.3	20.3	14.7	17.8
Population Density per Km^2	196	236	154	182
Literacy Rate (%)	63.7	70.6	59.6	68.3
Female Literacy Rate (%)	50.3	60.6	45.5	57.2
Sex Ratio	919	930	996	1005
Sex Ratio (0-6 Age)	932	918	981	965
Urbanization (%)	26.5	27.6	10.3	12.4
Percentage of SC (%)	15.2	15.6	4.6	4.6
Percentage of ST (%)	20.3	21.1	57.2	57.9
Source: Census of India 2001,2011 various publications, RGI				

- The decadal growth of Mandla has increased from 14.7 to 17.8 percent during 2001-2011. The literacy rate of the district has increased by 8.7 percentage point during the decade. Total literacy rate is now 68.3 percent. Female literacy rate has increased by 11.7 points in Mandla district from 45.5 percent in 2001 to 57.2 in 2011 which is lower than the state average (M.P. 60.6 percent).
- The sex ratio of Mandla district is 1005 females per thousand males as compared to 930 per 1000 males for MP. The child sex ratio has decreased by 16 points from 981 in 2001 to 965 in 2011, which is more than the child sex ratio of MP (918/1000).

Temporal Variation in some service delivery indicators for Mandla district					
Sr.	**Indicators**	**MP**		**Mandla**	
		HMIS /AHS Census	**NFHS-4**	**HMIS/AHS Census**	**NFHS-4**
1	Sex Ratio	930#	948	1005#	1053
2	Sex Ratio at Birth	905$	927	922$	974
3	Female Literacy Rate (%)	60.6#	59.4	57.2#	57.7
4	Infant Mortality Rate (per 1000 live births)	62$	51	68$	-
5	Unmet Need for Family Planning (%)	21.6$	12.1	23.6$	8.2
6	Postnatal Care received within 48 Hrs. after delivery	80.5$	55.0	60.2$	52.1
7	Fully Immunized Children age 12-23 months (%)	66.4$	53.6	51.3$	55.1
8	1st Trimester ANC Registration (%)	66.0^	53.1	80.0^	56.1
9	Reported Institutional Deliveries (%)	95.0^	80.8	95.2^	59.2
10	SBA Home Deliveries (%)	3.0^	2.3	3.0^	4.9
Source: #Census 2011, $AHS 2012-13 ^HMIS report April-March 2018-19.					

3. Health Infrastructure in the District

- Mandla 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 one UPHC. In rural areas one SDH, 8 CHCs, 33 PHCs and 314 SHCs are providing health services. DH Mandla and 6 CHCs, 32 PHCs and 297 SHCs are functioning from government buildings. DH Mandla is sanctioned as a 300 bedded hospital and presently it is functional as 350 bedded.

Health Facility	Number	Health Facility Visited
District Hospital	1	DH Mandla
Civil Hospital	1	CH Nainpur
Community Health Centre	8	CHC Narayanganj
Primary Health Centre	33	PHC Pindrai
Sub Health Centre	314	SHC Poundi Mal

- All the two L3 facilities with one DH are 300 bedded and one CH Nainpur is 30 bedded. Fifteen L2 facilities with eight CHCs and seven PHCs are 30 and 6 bedded respectively. There are twenty seven L1 facilities, twelve PHCs and fifteen SHCs functional as level 1 delivery points with having total 117 functional beds.

Block wise Facility status of Mandla District, 2019-20					
Blocks	**Block Rural Population**	**L1**	**L2**	**L3**	**Total**
Mandla DH	-	-	-	1	**1**
Bamhani (Mandla)	151026	1	1	-	**2**
Bichhiya	149120	6	2	-	**8**
Bijadandi	75545	5	1	-	**6**
Ghughari	95090	3	3	-	**6**
Mohgaon	77733	2	1	-	**3**
Mawai	98775	4	2	-	**6**
Niwas	63884	1	2	-	**3**
Nainpur	127718	4	1	1	**6**
Narayanganj	85825	1	2	-	**3**
Total	**924726**	**27**	**15**	**2**	**44**

- In total 813 beds are available in the district with a population of 1.1 million, which are insufficient for the government health facilities, according to the required norm of 500 beds per 1 lakh population.

Information Education Communication

- Display of NHM logo was observed in all the visited facilities except CHC Narayanganj and PHC Pindrai. All the visited health facilities have signage which is clearly displayed in each and every section of the hospital.
- Timing of the health facility, phone numbers, complaint box and list of services available were observed only in DH Mandla, CH Nainpur and CHC Narayanganj among the visited health facilities. While none of the visited facilities have any signage on Citizen Charter.
- Display of partographs, clinical protocols EDL with information on free drug distribution is available, were displayed in all the visited facilities. Protocol posters, awareness generation chart, immunization schedule, FP IEC and JSSK entitlements are displayed at all the visited health facilities except SHC Poundi Mal. List of RKS members and income and expenditure of RKS is not displayed publically in any of the visited health facility except CH Nainpur.

Referral Transport

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

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

Facilities	Pickup (Home to Facility)			Drop Back (Facility to Home)			Total Referred IFT
	Pregnant Women	Infant Sick Child	Total	Mother	Infant Sick Child	Total	PW/Infant
DH MANDLA	125	35	160	87	52	139	16
SDH NAINPUR	134	18	152	98	9	107	25
CHC NARAYANGANJ	24	13	37	18	4	22	8
CHC GHOGHARI	81	25	106	75	9	84	21
CHC NIWAS	85	36	121	81	16	97	21
CHC BIJADANDI	60	8	68	81	24	105	10
CHC MAWAI	55	12	67	29	1	30	5
CHC BAMHANI BANJAR	85	26	111	79	19	98	15
CHC BICHHIYA	73	12	85	62	11	73	23
CHC MOHGAON	47	23	70	40	4	44	17
PHC ANJANIYA	75	17	92	50	11	61	20
PHC BABALIYA	46	21	67	27	4	31	9
SHC MEDHA	68	11	79	38	7	45	7
Total	**958**	**257**	**1215**	**765**	**171**	**936**	**197**

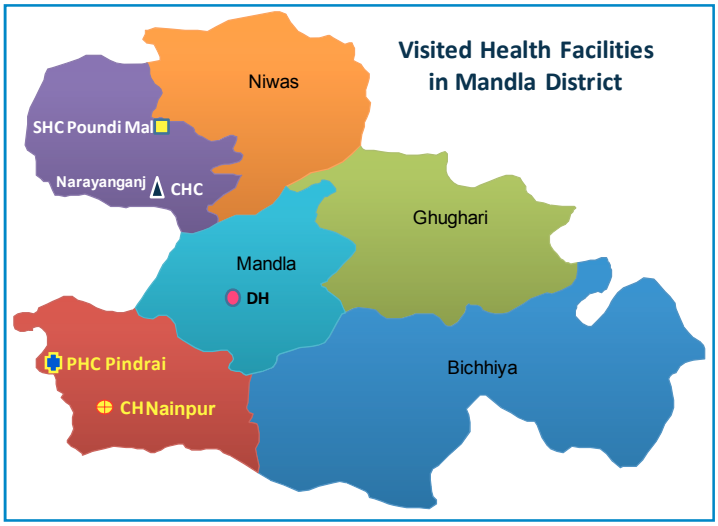
- The referral transport service in the district is running through centralised call centre from state. In Mandla, there are 20 Janani Express and eleven "108" emergency response vehicles and nine Medical Mobile Unit (MMU) functional in the district Mandla. Out of the 20 JEs, seven are placed at visited health facilities (DH:4, CH:2 and CHC:1) in the district. In month of December' 2019, JEs have transported 1723 beneficiaries. Out of these 958 beneficiaries were provided home to facility transport and 765 were provided drop-back facility. There are 197 pregnant woman and infant children referred to higher facility.

4. Status of Visited Health Facilities

- DH Mandla is easily accessible from the main road. DH Mandla caters to around 10.53 lakhs population of Mandla. CH Nainpur, CHC Narayanganj and PHC Pindrai cater to around 169520, 91454 and 15338 populations. SHC Poundi Mal caters to about 4708 populations (data as per HMIS infrastructure, 2019).

- Civil Hospital Nainpur, CHC Narayanganj and PHC Pindrai are located at a distance of 43, 45 and 42 kilometres respectively from the district head quarters and SC Poundi Mal functional as a HWC is located at a distance of 65 kilometres from the district head quarters.

- Staffs quarter is a serious concern in the district; presently DH Mandla has 4 quarter for MOs, 4 quarter for SNs and no quarters for other category. CH Nainpur has some quarter available in old condition. CHC Narayanganj has only 6 staff quarters (2 for MOs, 2 for SN and two for other staffs). PHC Pindrai has one quarter is still empty due to not having a medical officer. Staff quarter for ANM is attached with SHC but ANM not stays in the quarter at SHC. She lives in rented quarter. Presently two CHO has posted in Poundi Mal health and wellness centre (HWC). There is no arrangement of quarter for community health officer (CHO) to stay at SHC. Water connection and electricity facility is available in the HWC Poundi Mal.



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

Visited at DH Mandla	*Meeting with CMHO and DH staff at DH Mandla*
	
Visited at CH Nainpur	*Upcoming new building of CH Nainpur*
	
Visited at PHC Pindrai	*Visited at CHC Narayanganj*
	
Visited at SHC Poundi Mal	*Visited at SHC Luhari*
	

- All the visited health facilities have appropriate drug storage facilities and Water supply is available with overhead tanks in all the visited facilities. All the visited health facilities have no record available of regular fogging except DH and CH Nainpur. Rainwater harvesting is not available any of the visited health facilities. Solar electricity facility is available at DH and CH.
- Facilities for bio-medical waste segregation were observed in all the health facilities. The BMW service is out sourced in the district. Outsourcing of waste management to (Kripa wastage Private Limited, Seoni) at Seoni based private agency has been done and bio-medical waste is collected on alternate day at DH and CH. Disposal of hospital waste in PHC Pindrai and SHC Poundi Mal is being done in closed pits.

5. Status of Human Resources

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

Human Resources	**Required (Sanctioned)**					**Available**				
Health Functionary	**DH**	**SDH**	**CHC**	**PHC**	**SHC**	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
Gynaecologist	4	-	-			1	-	-		
Paediatrician	7	-	-			2	-	-		
Anaesthetists	4	-	-			0	-	-		
Cardiologist	-	-	-			-	-	-		
General Surgeon	4	-	-			1	-	-		
Medicine Specialist	4	-	-			2	-	-		
ENT Specialist	2	-	-			0	-	-		
Orthopaedic	4	-	-			1	-	-		
Dentist	1	-	-			0	-	-		
TB Specialist	1	-	-			0	-	-		
Ophthalmologist	2	-	-			1	-	-		
Ophthalmic Asst.	2	-	-	-		2	2	1	-	
Radiologist	3	-	-			1	-	-		
Radiographer	5	-	-			3	2	-		
Pathologist	3	-	-			1	-	-		
LTs	10	-	-	-		8	3	2	1	
MOs	25	-	-	-		9	4	3	-	
AYUSH MO	1	-	-	-		0	-	-	-	
LHV	-	-	-	-		-	-	1	-	
ANM	-	-	-	-	-	-	3	2	-	1
CHO	-	-	-	-	-	-	-	-	-	2
MPHW (M)	-	-	-	-	-	-	-	-	1	1
Pharmacist	9	-	-	-		7	5	2	1	
Staff nurses	124	-	-	-	-	112	19	5	2	-

DEO	1	-	-	--		1	2	3	-	
Ward boy	-	-	-	-		-	3	6	1	

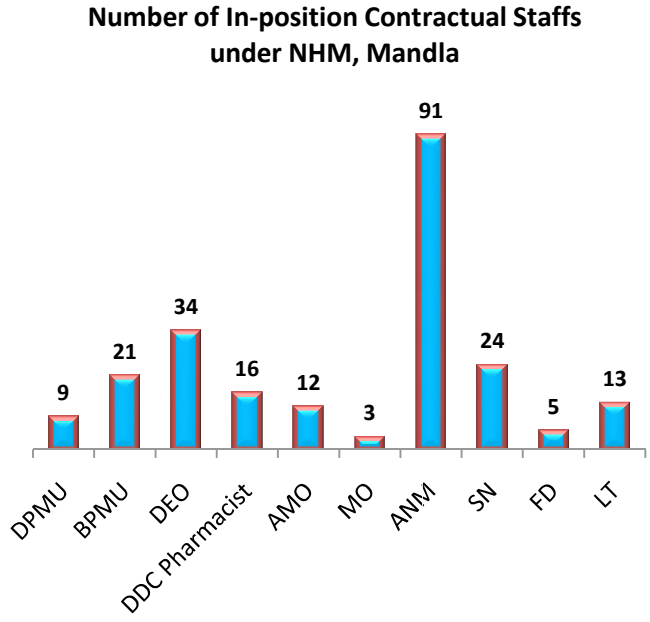
Human Resources in Visited Health Facilities

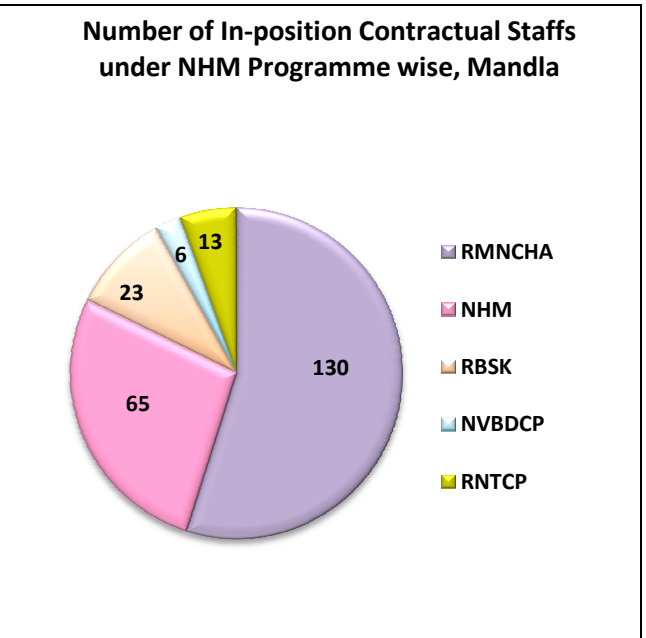
- DH Mandla has one gynaecologist, two paediatricians, one general surgeon, two medicine specialists, one orthopaedic, one ophthalmologist, radiologist and one pathologist posted against the sanctioned 39 specialist post. Nine MOs are in position against 25 sanctioned posts.
- In the DH there are 112 SNs working against its sanctioned post of 124. Eight out of 10 lab technicians and three out of five radiographers are working against their sanctioned posts.
- There is paucity of ENT specialist, anaesthetists, dentist and TB specialist in DH Mandla. CH Nainpur and CHC Narayanganj do not have any specialist.
- At PHC Pindrai, there is one lab technician, two SNs, one pharmacist, and one ward servant are posted for running the 24x7 PHC services. There is no medical officer posted at PHC.

Total Human Resources of District Hospital Mandla			
Post	**Sanctioned**	**In position**	**Vacant**
Specialists	39	10	29
HR Class 2	27	9	18
HR Class 3	241	150	91
HR Class 4	131	79	52
Total	**438**	**248**	**190**
HR NHM		23	-
Security Staff Outsource		14	
Cleaning Staff Outsource		49	-
Supporting Staff Outsource		15	-

- At SHC Poundi Mal, there is one MPW (M) and one ANM providing all the clinical services at the Health and Wellness Centre. Presently two CHO has posted in Poundi Mal, Health and Wellness Centre (HWC). CHOs were present at the time of PRC team visit.
- The staffs position in district and block level PMUs under NHM shows that there are 246 contractual staffs in position in the district. The PMUs have in-charge district program manager (DPM), district monitoring and evaluation officer (M&E), district account manager (DAM) district community Mobilizer (DCM), sub engineer, RBSK coordinator, district data manager IDSP, district AH coordinator, district epidemiologists and 34 data entry operator (DEO), five block programme manager (BPM), seven block community mobilizer (BCM) and nine block accounts manager (BAM) are working. Three STLS, three STS and one TBHV posted in Mandla district.

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 process has completed at the time of visit PRC team in the Mandla 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.
- Trainings in SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- SBA training is taking place at the district level and SBA trained MOs, SNs and ANMs are available in different visited health facilities. IUCD, PPIUCD and NSSK trainings have been

received by LMOs, SNs and ANMs. Cold chain trained ANMs, SNs and MPWs are available in the visited health facilities (except SHC) to maintain cold chain services**.**

- On quality parameter, the staffs (SN, ANM) of DH Mandla, CH Nainpur, CHC Narayanganj and PHC Pindrai 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)

- Mandla district has two functional L3 facilities (DH Mandla & CH Nainpur), fifteen L2 facilities (8 CHCs, 7 PHCs) and twenty seven L1 facilities (12 PHCs, 15 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.

Number of Line Listing of Pregnant Women as per Registration at DH Mandla 2019-20				
ANC Beneficiaries	**2019**			**2020**
	October	**November**	**December**	**January**
Total PW Registered	217	220	200	282
PW Registered in 1st Trimester	171	169	158	242
Total High Risk PW Registered	2	5	4	6
Total Severe Anaemic PW Registered	11	11	25	7
Referral In	93	79	91	104
Referral Out	20	23	12	16

- DH Mandla has reported 304 deliveries among which 137 were between (8pm to 8am) at night deliveries. In CH Nainpur and CHC Narayanganj out of 107 and 144 deliveries, 19 and 7 have been done at night (8pm-8am). In PHC Pindrai out of 10 deliveries, 7 took place between 8 pm to 8 am in month of January' 2020. SHC Poundi Mal a delivery point which is six deliveries performed in month of January' 2020. Hence presently delivery is not performed at SHC Poundi Mal due to labour room is under construction. It is also upgraded to Health and Wellness Centre (HWC).
- 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 visited health facilities except SHC Poundi

Mal. DH Mandla and CH Nainpur have a separate register for anaemic women. CHC Narayanganj and PHC Pindrai are maintaining separate data of pregnant women with anaemia.

Beneficiary Delivery Services adopted at the DH Mandla				
	2019			**2020**
	October	November	December	January
Delivery	323	310	325	288
Alive Male	161	152	160	139
Alive Female	156	152	181	154
LSCS	0	11	27	16
MTP	2	3	12	18
Still Birth	11	19	14	15

Labour room with NBCC corner at CH Nainpur

Labour room at CHC Narayanganj

Labour room at PHC Pindrai

Labour room under rennovation at SHC Poundimal

- 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 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 Mandla 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.
- Under JSSK free transport from home to hospital was provided to 125, 134 and 24 and drop back to 87, 98 and 18 at DH Mandla, CH Nainpur and CHC Narayanganj respectively. Inter hospital transport was provided to 16, 25 and 8 at DH, CH and CHC respectively of December month, 2019.
- It was observed that not all the pregnant women are getting transport services with “108” or ambulances. Due to non-availability of data at district level no assessment could be done for the services provided to pregnant women and newborn children and other patients.

- Beneficiaries interviewed through exit (in-patient) in the visited facilities and they had reported about service availability at the facilities i.e. free meals, drugs, consumables and diagnostics.

Beneficiary interface in PNC ward at DH Mandla	*Beneficiary interface at CHC Narayanganj*
	

- It was observed that all the visited health facilities have free dietary service under JSSK except at SHC Poundi Mal 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) Poundi Mal.

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 271, 184, 40 and 9 registered JSY beneficiaries at DH Mandla, CH Nainpur, CHC Narayanganj and PHC Pindrai. It was found 245 and 37 are the beneficiaries who received JSY benefits at DH and CHC Narayanganj. The PHC Pindrai and SHC Poundi Mal beneficiary's payment done through its block Nainpur and Bijadandi, 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 Mandla has a 20 bedded SNCU, with necessary equipments and availability of trained 13 staff nurses. There is no medical officer posted against 4 sanctioned posts. It was found shortage of MOs and Staff nurse for round the clock of neonatal care at SNCU Mandla. There are two Aaya, two ward boy, one sweeper, three security guards and one data entry operator posted at SNCU Mandla.
- During January month 2020, a total 106 children (inborn-49; outborn-57) have been admitted and as per the records, 79 children were cured after treatment and 15 children were referred to a higher facility and 12 death reported. In DH Mandla it was reported that one children left earlier without informing or left against medical advice (LAMA).
- Among the available 23 radiant warmer and eleven single sided light phototherapy machines only 21 and 10 are functional respectively. None availability of double sided light phototherapy at SNCU. Eleven infusion or syringe pumps are available out of these 10 is functioning. Ventilators are not available at SNCU.

20 bedded SNCU at DH Mandla	*NBSU at CH Nainpur*
	

- CH Nainpur has NBSU with one MO and two staff nurse. CHC Narayanganj, PHC Pindrai and SHC Poundi Mal have only NBCC. There is no paediatrician at CH Nainpur and CHC Narayanganj and some equipment is urgently required for upgraded to NBSU.

- Child health services, particularly sick newborn care are severely affected in CHC Narayanganj and periphery level health institutions due to non-availability of NBSU.

6.4 Nutrition Rehabilitation Centre (NRC)

- M.P. has 10.8 million children of 0-6 years (Census, 2011) out of which an estimated 1.3 million children are Severe Acute Malnourished (SAM) as per the SAM rate of the state.
- There are five NRCs in Mandla district. Total 114 SAM children are admitted in five NRCs in the district in January' 2020 (http://www.nrcmis.mp.gov.in). Overall bed occupancy rate reported in the district is 105.5 percent.
- In Mandla district presently 5 NRCs are functional of which two is located at DH Mandla and CH Nainpur and three is located at CHC Narayanganj, CHC Bichhiya and CHC Niwas. NRC in DH is 20 bedded and 10 beds each are available in one CH and three CHCs. All the visited facilities have NRCs with total 18 staffs in-position out of 8 staff at NRC DH, five staff at NRC Nainpur and five staff at NRC Narayanganj. During January month 2020, 46, 21 and 22 SAM children were admitted in NRCs at DH, CH and CHC respectively. It was observed 15 and 10 SAM children have admitted as on PRC team visit.
- Children beds are not available as per norms in all visited NRCs of Mandla district except DH.

NRC at DH Mandla	*NRC at CH Nainpur and interact with Beneficiary*
	

6.5 Immunization

- CH Nainpur, CHC Narayanganj and PHC Pindrai are focal points for immunization. Micro plans have been prepared for different blocks by DIO for the year 2019-20.
- Alternate vaccine delivery system is in place in the district. MPWs and LHVs have been trained in cold chain handling in the district. The birth dose of immunisation is being ensured for all

newborns delivered before getting discharged at DH, CH, CHC, PHC and SHC. Immunisation services are available in DH Mandla, CH Nainpur, CHC Narayanganj and PHC Pindrai 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 Pindrai reported that immunization services are provided by field ANM in periphery and on fixed days at PHC and SHC. CH Nainpur focal point is cover area of 19 SHC and 15 wards by one AVD. CHC Narayanganj has cold chain and covers 15 SHCs through 3 AVD. PHC Pindrai cold chain has covered 7 SHCs with one AVD.

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 18 teams required, only 12 RBSK teams are operational in the district. None of the RBSK team is complete in all aspects. Twelve AMOs posted against 36 sectioned posts, one pharmacist is in-position against 18 sectioned posts and eight ANMs are in-position against 18 sectioned posts in the district. There is manpower shortage in RBSK teams across all the blocks in Mandla District. All the required staffs need to be posted to provide complete range of RBSK services.

Block-wise status of RBSK team in Mandla district

Blocks	Teams	AMO	ANM	Pharmacist
Bichhiya	Team 1	1	0	0
	Team 2	1	0	0
Bijadandi	Team 1	1	0	1
	Team 2	1	1	0
Ghughari	Team 1	1	1	0
	Team 2	0	0	0
Mohgaon	Team 1	1	1	0
	Team 2	0	0	0
Mawai	Team 1	1	0	0
	Team 2	0	0	0
Niwas	Team 1	0	0	0
	Team 2	1	1	0
Nainpur	Team 1	1	1	0
	Team 2	0	1	0
Narayanganj	Team 1	1	0	0
	Team 2	0	1	0
Bamhani (Mandla)	Team 1	1	1	0
	Team 2	1	0	0
Total		**12**	**8**	**1**

- There are no RBSK team 2 functional in Ghughari, Mohgaon and Mawai blocks due to human resource are not available.
- As per the available data numbers of children screened for any illness were 1907 of Nainpur blocks. A total of 269 children in different age groups were identified with various health

problems and 61 children have been referred to higher facility for treatment from respective blocks in month of January, 2020.

Visit of the Government Middle School at Luhari which benefited students under RBSK program.

- District Early Intervention Centre (DEIC) with separate setup in DH campus is partially functional and two posts namely, DEIC Manager, physiotherapist, one data entry operator and two office support staff are providing their services in the district. There is need of audiologist and speech therapist, psychologist, ophthalmic assistant for fully functioning of DEIC at Mandla.

6.7 Family Planning

- Access to family planning helps in protection from unwanted pregnancies, along with decrease in infant and child mortality.
- Mandla 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 Narayanganj.
- 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.

Beneficiary Family Planning Services received at the DH Mandla				
Services	**2019**			**2020**
	October	November	December	January
Delivery	323	310	325	288
MTP	2	3	12	18
ANTRA	19	21	16	29
LTT	40	167	291	205
NSVT	0	2	21	3

- 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 Pindrai reported that most of the condoms and Oral pills are provided by ANMs in the field.
- Month of January' 2020, 205, 201 and 16 family planning LTT operations done at DH Mandla, CH Nainpur and CHC Narayanganj. At CH CHC & PHC these services are done on fixed day by surgeon from DH. Month of January' 2020, 27, 61, and 28 women were provided PPIUCD services at the DH, CH and CHC respectively.
- During interaction it was found that most of the women in PNC wards were counselled for PPIUCD by doctor or SNs. In spite of counselling, women have some fear in acceptance of PPIUCD.

7. Disease Control Programmes

- Mandla 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 Mandla, CH Nainpur, CHC Narayanganj and PHC Pindrai which are providing services with adequate availability of rapid diagnostic kits and drugs. In month of January 2020, 657, 158, 69, 12 and 54 malaria slides in DH Mandla, CH Nainpur, CHC Narayanganj, PHC Pindrai and SHC Poundi Mal were prepared.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Mandla district are functional in all the visited health facilities. Nine treatment units (TU) and 16 designated microscopic centres (DMC) functional in the Mandla district.
- A total of 213,74,40 and seven sputum tests were reported respectively from DH Mandla, CH Nainpur, CHC Narayanganj and PHC Pindrai and 12, 5, 2and one were reported to be positive at these health facilities.

Number of Patient examined in DMC wise of Mandla district under RNTCP programme in October to December, 2019							
TB Unit	**DMC**	**Adult OPD**	**Presumptive TB examined for diagnosis**	**Total OPD Referral**	**Presumptive TB found to be positive**	**follow-up patients examined**	**Presumptive TB with Known HIV status**
Mandla	DTC-Mandla	24582	489	6.30	28	174	208
	Bamhani	6426	148	6.95	10	18	153
	Katra-NGO	2335	45	5.85	3	0	45
	Mohnia Patpara	437	0	0.00	0	0	0
Mohgaon	Mohgaon	2614	92	10.49	2	53	76
Nainpur	Nainpur	12442	233	5.61	22	142	231
	Pindari	356	13	12.49	2	5	4
Bichhiya	Bichhiya	4574	275	18.34	17	44	48
	Anjania	2518	33	3.93	4	31	22
	Mocha	358	0	0.00	0	0	0
Mawai	Mawai	2093	29	4.05	3	19	30
Ghughari	Ghughari	4602	126	8.08	19	30	117
Niwas	Niwas	4088	146	12.30	7	50	146
Narayanganj	Narayanganj	5806	115	5.84	2	45	115
	Babaliya	944	51	18.55	4	23	51
Bijadandi	Bijadandi	4019	109	8.21	15	42	22
	Total	**78194**	**1904**	**7.31**	**138**	**676**	**1268**

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.
- Mandla has a separate NCD clinic established in the DH Mandla. NCD services are being provided in general OPD at CH Nainpur, CHC Narayanganj and PHC Pindrai. 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.

NCD Screening Services at PHC Pindrai in Mandla district month of January, 2020						
Screening of Patients	**Total**	**Hypertension**	**Diabetes**	**Oral Cancer**	**Breast Cancer**	**Cervical Cancer**
Individuals Screened	Male	81	63	0	0	0
	Female	64	21	0	21	37
	Total	**145**	**84**	**0**	**21**	**37**
New Diagnosed Positive	Male	17	11	0	0	0
	Female	28	17	0	0	0
	Total	**45**	**28**	**0**	**0**	**0**

Individuals on Treatment	Male	81	63	0	0	0
	Female	64	21	0	0	0
	Total	**145**	**84**	**0**	**0**	**0**

- 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 1274 ASHAs (1249-Rural & 25-Urban) and 84 ASHA Sahyogi are presently working in Mandla district and District Community Mobilizer (DCM) is overall in-charge of ASHA programme.

ASHA and ASHA Sahyogi status of Mandla District 2019-20							
Blocks	**ASHA Target**	**Active ASHA**	**Vacant ASHA**	**Target ASHA Sahyogi**	**Active ASHA Sahyogi**	**Vacant ASHA Sahyogi**	**Total Village**
Urban	25	25	0	-	-	-	
Bamhani Banjar	204	203	1	21	16	5	177
Bichhiya	216	216	0	18	12	6	193
Bijadandi	130	130	0	12	9	3	133
Ghughari	97	97	0	8	6	2	96
Mohgaon	90	90	0	11	8	2	87
Mawai	152	152	0	14	11	3	150
Niwas	98	98	0	8	6	2	100
Nainpur	158	158	0	13	8	8	156
Narayanganj	129	129	0	12	8	4	129
Total ASHA	**1274**	**1273**	**1**	**117**	**84**	**35**	**1221**

- There are 1221 villages in the district, as informed by DCM, there are required only one ASHA and 35 ASHA Sahyogi in the district.
- Skill development of ASHAs is a continuous process. Fourth round of training for 6-7th modules have been completed for 1274 ASHAs.
- 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 Nainpur and CHC Narayanganj.
- 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.

- Different programme officers in Mandla 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.
- ANMs and ASHAs have not prompted women about monitoring growth of their children using growth chart in the MCP card. ASHAs have also done household surveys for screening of person age 30 years and above for presence of NCDs through CBAC form.
- It is observed that most of the ASHAs need periodic training on record keeping of services they provide.

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 Mandla, except DH, there is no other public or private health facility empanelled under Ayushman Bharat in the district. Incentives are being distributed to the staffs of DH for services provided under Ayushman Bharat.

- On the day of PRC team visit, as per PMJAY database, on bed patients was 68, 62 patients on waiting for treatment and 443 claims to be settled at DH Mandla under Ayushman Bharat Yojna.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in the Visited Health Facilities in Mandla District	
Beneficiary Identification Number and Transaction Management System	**DH Mandla**
	Overall
Total Patients Registered	2006
Out Patients	115
In Patients	1891
Death Cases	8
Surgeries/Therapies Done	1475
Surgeries/Therapies Done Amount (Rs.)	5462400
Preauthorization Initiated	1891
Claims Submitted	1466
Amount Preauthorized in (Rs.)	7107200
Amount of Claims Submitted in (Rs.)	5571300

Ayushman Bharat Programme Centre functional and awareness chart about AB at DH Mandla

- In all 2006 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 115 were OPD patients and 1891 were IPD patients. Around Rs.71.07 lakhs have been submitted for pre-authorization and claims amounting Rs.55.71 lakhs have been submitted. The district could not provide any information about the beneficiaries registered through Ayushman Mitra. It was informed that none of the private hospital in the district has been empanelled under the scheme.
- District should monitor the services provided under Ayushman Bharat scheme particularly at the public health facilities. Since services under the scheme are incentivised for the service providers, proper implementation of the scheme will be helpful in mitigating shortage of service providers. It will also provide much needed support for sustaining infrastructure created under Kayakalp and LaQshya initiative.

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 65 (33 PHCs, 32 SHCs) HWCs set-up in the district. Branding and necessary infrastructure is being augmented at various health facilities.
- Team visited HWC PHC Pindrai and SHC Poundi Mal. 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 Pindrai and SHC Poundi Mal 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 Poundi Mal has to develop some construction work at the centre as required for HWC services.

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

Blocks	Block Rural Population	PHC HWC	SHC HWC	UPHC	Total
Bamhani (Mandla)	**151026**	4	3	**1**	**8**
Bichhiya	149120	7	3	-	**10**
Bijadandi	75545	4	3	-	**7**
Ghughari	95090	3	4	-	**7**
Mohgaon	77733	2	3	-	**5**
Mawai	98775	2	5	-	**7**
Niwas	63884	3	3	-	**6**
Nainpur	127718	6	5	-	**11**
Narayanganj	85825	1	3	-	**4**
Total	**924726**	**32**	**32**	**1**	**65**

- There are not enough residential quarters. It is necessary to provide accommodation to all the staffs in the HWC premises or in the village to ensure round the clock 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.

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.

Well cleanness at DH Mandla and OPD counter at CHC Narayanganj under Kayakalp Programme

- 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.
- Internal assessment at all the visited health facilities has been completed for the year 2019-20. As per the internal assessment the scoring of the visited facilities are as follows:

Kayakalp Assessment (2019-20) of visited Health Facilities in Mandla District							
The Cleanliness Score Card	**DH Mandla**		**SDH Nainpur**		**CHC Narayanganj**	**PHC Pindrai**	
	Internal	**Peer**	**Internal**	**Peer**	**Internal**	**Internal**	**Peer**
Internal assessment score (2019-20) Percentage	83.3	69.3	77.7	61.5	57.0	88.9	87.8
A. Hospital Upkeep Score	92	72	72	67	72	53	49
B. Sanitation & Hygiene	82	62	71	61	64	53	53
C. Bio-Medical Waste Management	84	75	73	70	48	58	58
D. Infection Control	87	77	48	63	49	51	51
E. Support Service	39	35	73	38	25	27	27
F. Hygiene Promotion	41	36	42	22	29	27	27
G. Beyond Hospital	75	59	87	48	55	51	51

- 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, Mandla has score of 62.2 percent and on 36th rank in the state.
- At PHC Pindrai and SHC Poundi Mal staff is very limited and maintaining all the areas of Kayakalp, has been a challenge due to meagre funds available in RKS.
- State should provide enough funds for maintaining overall cleanliness. Presently RKS funds and OPD income are very meagre while expenditure is high in PHCs.

Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Mandla, CH Nainpur, CHC Narayanganj, PHC Pindrai and SHC Poundi Mal. Facilities have colour coded bins placed in OT, labour room and in laboratory at all the visited facility.
- Outsourcing of waste management to (Kripa wastage management, Seoni) at Seoni 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.

Biomedical Waste Management segregation done at CHC Narayanganj and CH Nainpur

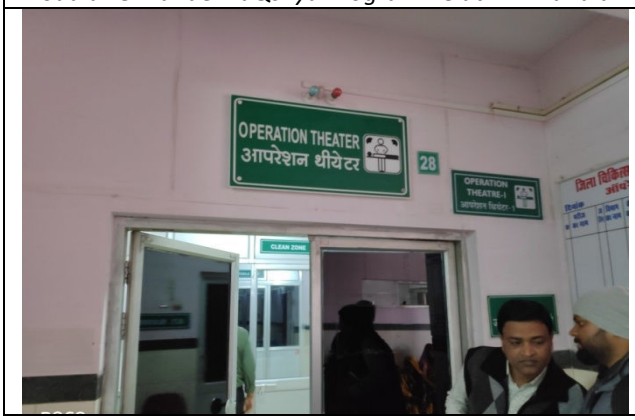
- There are standard protocols for disposal of bio-medical waste management in all level of health care institutions. Awareness amongst staff on cleanliness and hygiene practices is satisfactory in all the visited health facilities. BMW pit is under construction at SHC Poundi Mal because of upgraded to Health and Wellness Centre (HWC).
- Centralised annual maintenance contract is done at state level and one company namely; AIM Healthcare Co. Ltd. is given tender for this financial year.

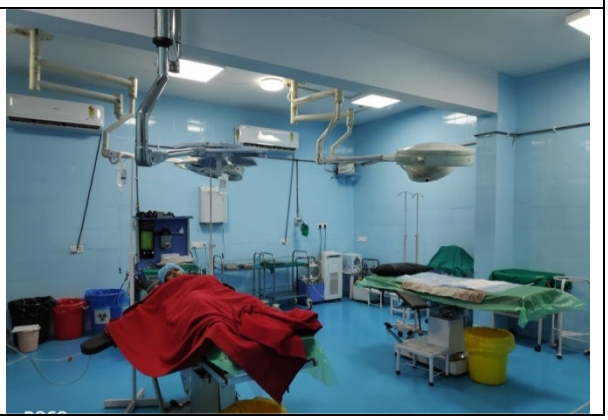
12. LaQshya

- "LaQshya program" is aimed at improving quality of care in labour room and Maternity OTs in public health facilities. It also entails respectful care, particularly during the intra-partum and postpartum periods, which are the most vulnerable periods for a woman and contribute to a significant proportion of maternal deaths.
- Its implementation involves improving Infrastructure upgradation, ensuring availability of essential equipment, providing adequate human resources, capacity building of health care workers, and adherence to clinical guidelines and improving quality processes in labour room and maternity OT. One of the key interventions in LaQshya program is six focused Quality Improvement cycles of two month each in all LaQshya facilities.
- 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.

Labour room with privacy and PNC ward under LaQshya Programme at DH Mandla

Modular OT under LaQshya Programme at DH Mandla





- 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.

Peer assessment score of LaQshya, DH Mandla		
Area of Concern wise Score		**Labour Room**
A	Service Provision	86
B	Patient Rights	88
C	Inputs	73
D	Support Services	73
E	Clinical Services	90
F	Infection Control	78
G	Quality Management	67
H	Outcome	80
	Overall Score	**80**
	Date of assessment	10.08.2019
Labour OT assessment is not done at the DH		

- Presently, the LaQshya programme is implemented at labour room of DH, Mandla only. Peer assessment of Labour room has been completed for 2019-20.

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

13. Data Reporting, HMIS and RCH Portal (MCTS)

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

Status of HMIS and RCH Portal of visited Facilities	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
Dedicated Staff available for HMIS and RCH Portal	Yes	Yes	Yes	Yes	No
Quality of data	Poor	Poor	Poor	Poor	Poor
Timeliness	No	No	No	No	No
Completeness	No	No	No	No	No
Consistent	No	No	No	No	No
Data validation checks (if applied)	Yes	Yes	Yes	Yes	No
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 Mandla, District M&E Officer is in-position. Block programme managers are posted in only five blocks among nine blocks in the district. There are 34 DEOs posted at different places in the district. There is one DPM posted in district, which is over all in-charge of NHM programmes of Mandla district.

Meeting with BPM and Pathology staff about quality of HMIS at CHC Narayanganj	*Meeting with ANMs and Supervisors about data reporting in HMIS at PHC Pindrai*
	

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

Reference is,
DH= District Hospital, Mandla
SDH= Nainpur
CHC= Narayanganj
PHC= Pindrai, HWC (Nainpur)
SHC= Poundi Mal, HWC (Bijadandi)

1. Status of Public health facility in the district

Public Health institutions	Number Functional	Located in government buildings	No. of new facility proposed for 2019-20	No. having in-patient facility	Total No. of beds
District Hospital	1	1	-	1	300
SDH	1*	1	-	1	100*
Exclusive MCH hospital	-	-	-	-	-
Community Health Centre	8	8	-	8	240
Primary Health Centre	33	32	-	19	198
Sub Health Centre	314	297	-	15	45
Delivery Point(L1)			-		
PHC	12	12		12	-
SHC	15	15		15	-
Delivery Point(L2)			-		
CHC	8	8		8	-
PHC	7	7		7	-
Delivery Point(L3)			-		
DH	1	1		1	-
SDH	1	1		1	-
HWC-Primary Health Centre	33	-	-	-	-
HWC-Sub Health Centre	32	-	-	-	-
HWC-UPHCs	1	-	-	-	-
NRC DH	1	1	-	1	20
NRC SDH	1	1		1	10
NRC CHC	3	3		3	30
DEIC	Yes	-	-	-	-

*As per norms 300 bedded DH but actual functioning 350 bedded at DH Mandla. *New building 100 beds construction has been completed of CH Nainpur.*

2. Physical Infrastructure

Infrastructure	DH	SDH	CHC	PHC	SHC
Area of Building (Sq Mt. / Sq. Ft.)	30000	600	399	120	230
Staff Quarters for MOs	4	Yes	2	0	
Staff Quarters for SNs	4	Yes	2	0	
Staff Quarters for other categories	0	Yes	2	0	No
Functional BB/BSU, specify	Yes	Yes	No		
Separate room for RKSK	Yes	Yes	Yes		
Availability of ICTC/ PPTCT Centre	Yes	Yes	Yes		
Regular Fogging (Check Records)	Yes	Yes	No	No	No
Functional Laundry/washing services	Yes	Yes	Yes	Yes	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	No	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	5	5	5	5

3. Availability of Trained Persons

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

4. ANC, DC and PNC

Services Delivered (Data of January month 2020 only)	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
No. of severely anaemic pregnant women(Hb<7) listed	16	0	0	0	0
No. of Identified hypertensive pregnant women	23	6	1	0	0
No. of ANC/PNC women referred from other institution (in-referral)	104	2	0	0	0
No. of ANC/PNC women referred to higher institution (out-referral)	16	20	9	0	0
No. of MTP up to 12 weeks of pregnancy	18	0	0	0	0
No. of MTP more than 12 weeks of pregnancy	-	-	-	-	-
Deliveries conducted	304	107	44	10	6
Deliveries conducted at home				0	0
C- Section deliveries conducted	16	0	0		
Deliveries conducted at night (8 pm-8 am)	137	44	19	7	2
No. of pregnant women with obstetric complications provided EmOC	88	0	9	0	0
No. of Obstetric complications managed with blood transfusion	25	0	0	0	0
No. of Neonates initiated breastfeeding within one hour	255	105	43	9	6
No. of Still Births	15	0	1	0	0

5. <u>Janani Shishu Suraksha Karyakram (JSSK)</u>

Data of January month 2020 only	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section,	Yes	Yes	Yes	Yes	No
Free essential and desirable diagnostics (Blood & urine tests, USG, etc) during Ante Natal Care, Intra Natal Care and Post Natal care	Yes	Yes	Yes	Yes	Yes
Free provision of blood, however relatives to be Encouraged for blood donation for replacement.	Yes	Yes	No	No	No
Free transport –					
home to hospital	125	134	24	-	-
inter-hospital in case of referral	16	25	8	-	-
drop back to home	87	98	18	-	-
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes	Yes

6. <u>Janani Suraksha Yojana (JSY)</u>

Data of January month 2020 only	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
No. of JSY payments made	271	184	40	9	-
Pendency of JSY payments to the beneficiaries.	26	-	3	-	-
Reasons for pendency	Yes*	Yes*	Yes*	-	-
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	-	-
*A*ccount number is not received and some cases under payment process					

7. <u>Special Newborn Care Unit / New Born Stabilized Unit</u>

SNCU / NBSU / NBCC (Data of January month 2020 only)	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
Whether SNCU / NBSU / NBCC exist.	SNCU	NBSU	NBCC	NBCC	NBCC
Necessary equipment available	Yes	Yes	Yes	Yes	-
Availability of trained MOs	0	Yes	-	-	-
No. of trained staff nurses	13	Yes	-	-	-
No. of admissions Inborn	49		-	-	-

	Out Born	57				
No. of Children	Discharge	79		-	-	-
	Referral	15				
	LAMA	1				
	Death	12				

8. Nutrition Rehabilitation Centre

NRC (Data of January month 2020 only)	DH	SDH	CHC
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	5	5
No. of admissions with SAM	46	21	22
No. of sick children referred	1	0	0
Average length of stay	10	14	14

9. Immunization as per RCH Portal of visited health centre

Immunization (Data of January month 2020 only)	DH	SDH	CHC	PHC	SHC
BCG	400	103	-	9	6
Penta1	69	-	-	-	8
Penta2	58	-	-	-	4
Penta3	44	-	-	-	7
Polio0	400	99	-	9	6
Polio1	69	-	-	-	8
Polio2	46	-	-	-	4
Polio3	58	-	-	-	7
Hep 0	400	105	-	9	6
Rotavirus1	69	-	-	-	-
Rotavirus2	58	-	-	-	-
Rotavirus3	44	-	-	-	-
Measles1	45	-	-	-	6
Measles2	37	-	-	-	8
DPT booster	37	-	-	-	8
Polio Booster	37	-	-	-	8
No. of fully vaccinated children	45	-	-	-	6
ORS / Zinc	Yes	Yes	Yes	Yes	Yes
Vitamin – A	Yes	Yes	Yes	Yes	Yes
Maintenance of cold chain. Specify problems (if any)	No	No	No	No	No
Whether micro plan prepared	Yes	Yes	Yes	Yes	Yes
Whether outreach prepared	Yes	Yes	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	No	No	No
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes	Yes

10. RBSK Block Nainpur

No. of Children Screened with 4D (Data of January month 2020 only)	Screened	Identified With problems	Referred higher facility	No. of RBSK team available in Block with staff
Age group				2 team work in block of Nainpur district with insufficient staff
0-6 weeks	333	29	1	
6 weeks-6 years	250	33	2	
6 -18 years	1324	207	58	

Total	**1907**	**269**	**61**	

11. Number of Child Referral and Death

Child Health (Data of January month 2020 only)	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
No. of Sick children referred(up to age 5)	7	6	0	0	0
No. of Neonatal Deaths	12	0	0	0	0
No. of Infant Deaths	1	0	0	0	0

12. Family Planning

Family Planning (Data of January month, 2020)	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
Male Sterilization (VT+NSV)	0	3	0	0	0
Female Sterilization (CTT+LTT)	45	201	16	0	0
Minilap sterilization	-	-	-	-	-
IUCD	0	0	0	0	0
PPIUCD	27	61	28	0	5
Condoms	23	0	440	180	5
Oral Pills	0	0	78	27	7
Antra	21	13	0	0	0

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

Total ambulance Facility wise	**DH**	**SDH**	**CHC**	**PHC**
Number of ambulances				
108 Janani Express/JE	4	2	1	-
108	1	1	1	-
Other	3	2	0	-
MMU*	-*	1	1	-
**Nine MMU functional in blocks of Mandla district.*				

14. Community processes

ASHA (Data of January month 2020 only)	**SDH**	**CHC**	**PHC**	**SHC**
Number of ASHA required	4	1	0	0
Number of ASHA available	156	128	-	7
Number of ASHA left during the quarter	2	0	-	0
Number of new ASHA joined during the quarter	2	0	-	0
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	Yes	Yes	Yes	Yes
Availability of ORS and Zinc to all ASHA	Yes	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHA	Yes	Yes	Yes	Yes
Highest incentive to an ASHA	8425	6875	-	-
Lowest incentive to an ASHA	6550	2150	-	-
Whether payments disbursed to ASHA on time	Yes	Yes	Yes	Yes
Whether drug kit replenishment provided to ASHA	Yes	Yes	Yes	Yes
ASHA social marketing spacing methods of FP	No	No	No	No

15. Disease Control Programmes

Disease Control (Data of January month 2020 only)	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
National Malaria Control Programme					
Number of slides prepared	657	158	69	12	54
Number of positive slides	0	0	0	0	0
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	Yes	Yes	Yes

Availability of drugs	Yes	Yes	Yes	Yes	Yes
Availability of staff	Yes	Yes	No	Yes	Yes
Revised National Tuberculosis Programme (RNTCP)					
Number of sputum tests	213	76	40	7	-
No. of positive tests	12	5	2	1	-
Availability of DOT medicines	Yes	Yes	Yes	-	-
All key RNTCP contractual staff positions filled up	No	Yes	Yes	-	-
Timely payment of salaries to RNTCP staff	Yes	Yes	Yes	-	-
Timely payment to DOT providers	Yes	Yes	Yes	-	-
National Leprosy Eradication Programme (NLEP)					
Number of new cases detected	13	2	1	-	-
No. of new cases detected through ASHA	4	0	1	-	-
No. of patients under treatment	13	2	13	-	-

16. Non Communicable Diseases

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

17. Record maintenance (Verify during facility visit)

Register Record	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
E-Hospital Module functioning	Yes	Yes	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	-
Labour room register	Yes	Yes	Yes	Yes	Yes
Partographs	Yes	Yes	Yes	Yes	Yes
FP-Operation Register (OT)	Yes	Yes	Yes	No	
OT Register	Yes	Yes	Yes	No	
FP Register	Yes	Yes	Yes	Yes	Yes
Immunisation Register	Yes	Yes	Yes	Yes	Yes
Updated Microplan	-	Yes	Yes	Yes	No
Blood Bank stock register	Yes	Yes	No		
Referral Register (In and Out)	Yes	Yes	Yes	Yes	Yes

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

18. HMIS and RCH Portal

Quality of HMIS and RCH Portal	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
Dedicated Staff available for HMIS and RCH Portal	Yes	Yes	Yes	Yes	No
Quality of data	Poor	Poor	Poor	Poor	Poor
Timeliness	No	No	No	No	No
Completeness	No	No	No	No	No
Consistent	No	No	No	No	No
Data validation checks (if applied)	Yes	Yes	Yes	Yes	No
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
Monthly HMIS Reported(Previous month)	Yes	Yes	Yes	Yes	Yes
All the HMIS reports duly signed by facility in-charge	Yes	No	Yes	No	No
A copy of monthly HMIS is kept and signed by facility in-charge	Yes	No	Yes	No	No
Any new construction initiated / completed in the visited facility	No	Yes	Yes	No	Yes
Grants received for new construction/ Upgradation / renovation at facility	No	Yes	Yes	No	Yes
Outsourced HR working in the facility	Yes	Yes	Yes	No	No
E-Aushadhi Functioning	Yes	Yes	Yes	Yes	No
Calibration of equipment is done	Yes	No	No	No	No
When last Calibration was done	Yes	-	-	-	-
Any local tie-up for equipment maintenance at facility	Yes	No	No	No	No
Satisfaction with outsourced equipment maintenance services(AIM)	Yes	Yes	No	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	No	No
Drugs and Equipments available as per facility level	Yes	Yes	Yes	Yes	Yes
Distance of higher referral facility	105	43	45	42	65
Blood Transfusion facility available	Yes	Yes	No	No	No
District coaching team visited for LaQshya implementation? (check documentation)	Yes	No	-	-	-
Baseline assessment conducted for LaQshya	Yes	No	-	-	-
Training on LaQshya given to any staffs	Yes	No	-	-	-
LaQshya manual available in Hindi language at (visited facility)	No	No	-	-	-
Uninterrupted supply of partograph	Yes	Yes	Yes	Yes	Yes
All printed registers and reporting formats available	Yes	Yes	Yes	Yes	Yes
health facility level quality assurance committee formed	Yes	No	No	No	No

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

19. <u>ASHAs interviewed</u>

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

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