

# Population Research Centre

Dept. of General and Applied Geography

Dr. Harisingh Gour Vishwavidyalaya

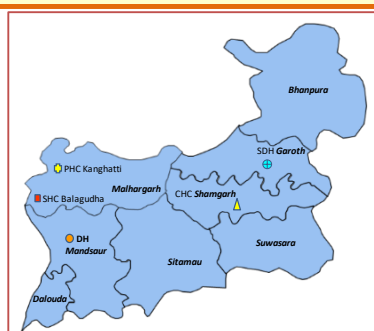
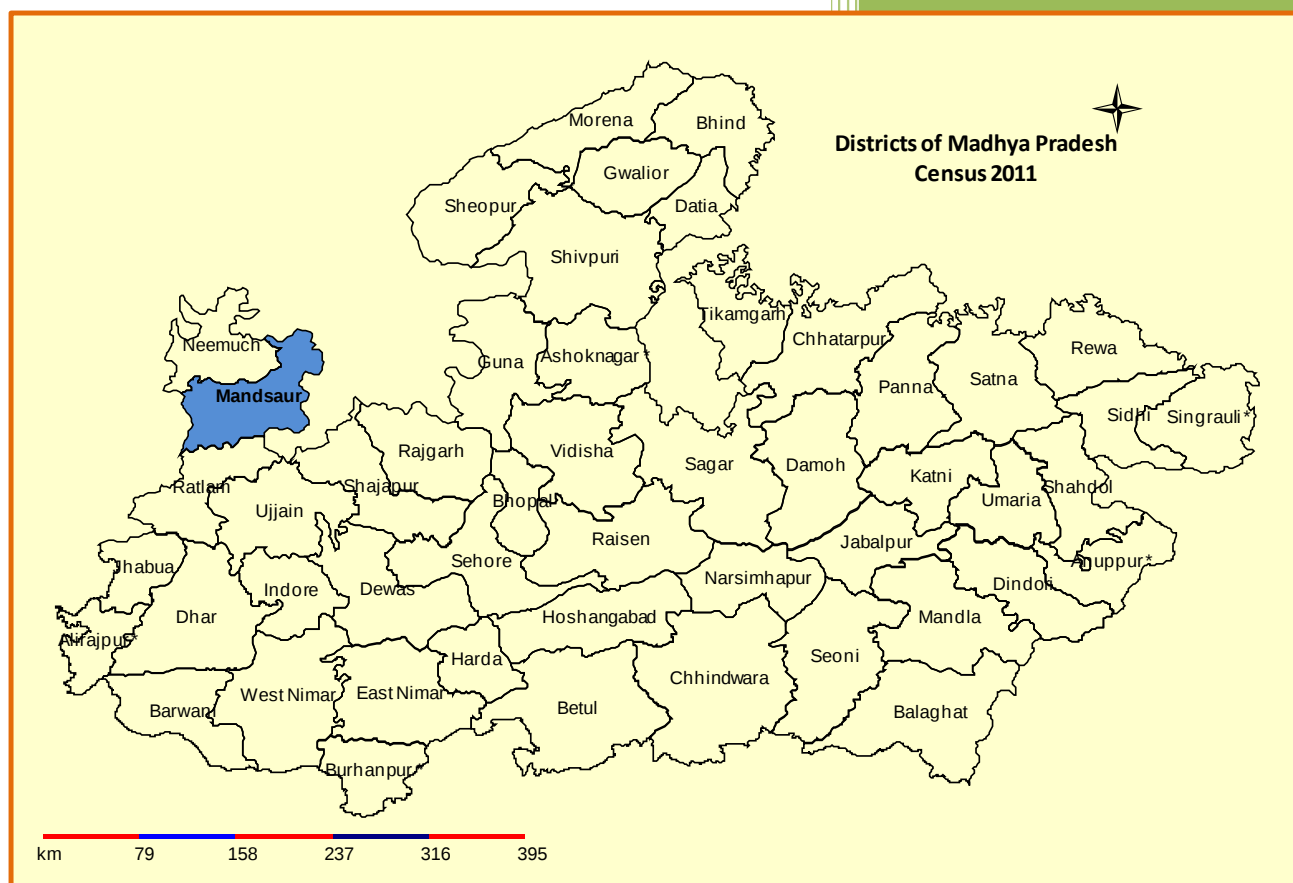
(A Central University)

Sagar (M.P.)



## Quality Monitoring of Programme Implementation Plan (PIP) 2019-20 under National Health Mission in Madhya Pradesh District: Mandsaur

2019-20



Dr. Reena Basu, Assistant Director

Dr. Nikhilesh Parchure, Research Investigator

April, 2020

## Contents

### List of Acronyms

|            |                                                 |    |
|------------|-------------------------------------------------|----|
|            | Key Observations and Action Points -----        | 1  |
| <b>1.</b>  | Introduction -----                              | 12 |
| <b>2.</b>  | State and District Profile -----                | 12 |
| <b>3.</b>  | Health Infrastructure in the District -----     | 13 |
| <b>4.</b>  | Human Resources -----                           | 17 |
| <b>5.</b>  | RMNCH+A -----                                   | 19 |
| <b>6.</b>  | Non-Communicable Disease (NCD) Services -----   | 27 |
| <b>7.</b>  | Community Interface and ASHA -----              | 28 |
| <b>8.</b>  | Aayushman Bharat -----                          | 31 |
| <b>9.</b>  | Health and Wellness Centres -----               | 31 |
| <b>10.</b> | Kayakalp -----                                  | 37 |
| <b>11.</b> | LaQshya -----                                   | 37 |
| <b>12.</b> | Data Reporting, HMIS and RCH Portal (MCTS)----- | 47 |
|            | Annexure -----                                  | 50 |

## List of Acronyms

|          |                                                         |         |                                                             |
|----------|---------------------------------------------------------|---------|-------------------------------------------------------------|
| AFHC     | Adolescent Friendly Health Clinic                       | MMU     | Mobile Medical Unit                                         |
| AHS      | Annual Health Survey                                    | MO      | Medical Officer                                             |
| AMC      | Annual Maintenance Contract                             | MoHEW   | Ministry of Health and Family Welfare                       |
| AMG      | Annual Maintenance Grant                                | MP      | Madhya Pradesh                                              |
| ANC      | Anti Natal Care                                         | MPW     | Multi Purpose Worker                                        |
| ANM      | Auxiliary Nurse Midwife                                 | MWMIS   | Maternity Wing MIS                                          |
| ARSH     | Adolescent Reproductive and Sexual Health               | NBCU    | New Born Care Corner                                        |
| ART      | Anti Retro-viral Therapy                                | NBSU    | New Born Stabilisation Unit                                 |
| ASHA     | Accredited Social Health Activist                       | NCD     | Non Communicable Diseases                                   |
| AVD      | Alternate Vaccine Delivery                              | NFHS-4  | National Family Health Survey-4                             |
| AWW      | Aanganwadi Worker                                       | NHM     | National Health Mission                                     |
| AYUSH    | Ayurvedic, Yoga, Unani, Siddha, Homeopathy              | NLEP    | National Leprosy Eradication Programme                      |
| BAM      | Block Account Manager                                   | NMR     | Neonatal Mortality Rate                                     |
| BB       | Blood Bank                                              | NRC     | Nutrition Rehabilitation Centre                             |
| BCM      | Block Community Mobilizer                               | NRHM    | National Rural Health Mission                               |
| BEE      | Block Extension Educator                                | NSSK    | Navjaat Shishu Suraksha karyakram                           |
| BEmOC    | Basic Emergency Obstetric Care                          | NSV     | No Scalpel Vasectomy                                        |
| BMO      | Block Medical Officer                                   | Ob&G    | Obstetrics and Gynaecology                                  |
| BMW      | Bio-Medical Waste                                       | OCP     | Oral Contraceptives Pills                                   |
| BPM      | Block Programmer Manager                                | OPD     | Outdoor Patient Department                                  |
| BSU      | Blood Storage Unit                                      | OPV     | Oral Polio Vaccine                                          |
| CAD      | Coronary Artery Disease                                 | ORS     | Oral Rehydration Solution                                   |
| CBAC     | Community Based Assessment Checklist                    | OT      | Operation Theatre                                           |
| CBC      | Complete Blood Count                                    | PF      | Plasmodium Falsiperum                                       |
| CEA      | Clinical Establishment Act                              | PFMS    | Public Financial Management System                          |
| CEmOC    | Comprehensive Emergency Obstetric Care                  | PHC     | Primary Health Centre                                       |
| CHC      | Community Health Centre                                 | PICU    | Paediatric Intensive Care Unit                              |
| CMHO     | Chief Medical and Health Officer                        | PIP     | Programme Implementation Plan                               |
| CPAP     | Continuous Positive Airway Pressure                     | PMDT    | Programmatic management of Drug Resistant TB                |
| CRS      | Civil Registration System                               | PMGSY   | Pradhan Mantri Gram Sadak Yojana                            |
| CS       | Civil Surgeon                                           | PMU     | Programme Management Unit                                   |
| CTT      | Conventional Tubectomy                                  | PPE     | Personal Protection Equipment                               |
| DAM      | District Account Manager                                | PPIUCD  | Post-Partum Intra Uterine Contraceptive Device              |
| DAO      | District AYUSH Officer                                  | PRC     | Population Research Centre                                  |
| DBT      | Direct Benefit Transfer                                 | PV      | Plasmodium Vivex                                            |
| DCM      | District Community Mobilizer                            | RBSK    | Rashtriya Bal Swasthya Karyakram                            |
| DEIC     | District Early Intervention Centre                      | RCH     | Reproductive Child Health                                   |
| DEO      | Data Entry Operator                                     | RGI     | Registrar General of India                                  |
| DH       | District Hospital                                       | RHS     | Rural Health Statistics                                     |
| DMC      | Designated Microscopic Centre                           | RKS     | Rogi Kalyan Samiti                                          |
| DMO      | District Malaria Officer                                | RKSK    | Rashtriya Kishor Swasthya Karyakram                         |
| DOT      | Direct Observation of Treatment                         | RMNCH+A | Reproductive, Maternal, Newborn, Child Health & Adolescents |
| DPM      | District Programmer Manager                             | RMO     | Resident Medical Officer                                    |
| EC Pills | Emergency Contraceptive Pills                           | RNTCP   | Revised National Tuberculosis Control Program               |
| EDL      | Essential Drugs List                                    | RPR     | Rapid Plasma Reagin                                         |
| EmOC     | Emergency Obstetric Care                                | RTI     | Reproductive Tract Infection                                |
| FP       | Family Planning                                         | SAM     | Severe Acute Malnourishment                                 |
| FRU      | First Referral Unit                                     | SBA     | Skilled Birth Attendant                                     |
| GNT      | General Nursing Training                                | SDH     | Sub-District Hospital                                       |
| GOI      | Government of India                                     | SDM     | Sub-Divisional Magistrate                                   |
| HDU      | High Dependency Unit                                    | SECL    | South Eastern Coalfields Limited                            |
| HIV      | Human Immuno Deficiency Virus                           | SHC     | Sub Health Centre                                           |
| HMIS     | Health Management Information System                    | SN      | Staff Nurse                                                 |
| ICTC     | Integrated Counselling and Testing Centre               | SNCU    | Special Newborn Care Unit                                   |
| IDR      | Infant Death Review                                     | SSK     | Swasthya Samvad Kendra                                      |
| IEC      | Information, Education, Communication                   | STI     | Sexually Transmitted Infection                              |
| IFA      | Iron Folic Acid                                         | STLS    | Senior Tuberculosis Laboratory Supervisor                   |
| IMEP     | Infection Management Environmental Plan                 | STS     | Senior Treatment Supervisor                                 |
| IMNCI    | Integrated Management of Neonatal and Childhood illness | SWAN    | State-wide Area Network                                     |
| IMR      | Infant Mortality Rate                                   | T.B.    | Tuberculosis                                                |
| IPD      | Indoor Patient Department                               | TT      | Tetanus Toxoid                                              |
| IUCD     | Copper (T) –Intrauterine Contraceptive Device           | TU      | Treatment Unit                                              |
| JE       | Janani Express (vehicle)                                | UPHC    | Urban Primary Health Centre                                 |
| JSSK     | Janani Shishu Surksha Karyakram                         | UPS     | Uninterrupted Power Supply                                  |
| JSY      | Janani Surksha Yojana                                   | USG     | Ultra Sonography                                            |
| LBW      | Low Birth Weight                                        | VHND    | Village Health & Nutrition Day                              |
| LHV      | Lady Health Visitor                                     | VHSC    | Village Health Sanitation Committee                         |
| LMO      | Lady Medical Officer                                    | WIFS    | Weekly Iron Folic-acid Supplementation                      |
| LSAS     | Life Saving Anaesthesia Skill                           |         |                                                             |
| LSCS     | Lower Segment Caesarean Section                         |         |                                                             |
| LT       | Lab Technician                                          |         |                                                             |
| LTT      | Laparoscopy Tubectomy                                   |         |                                                             |
| M&E      | Monitoring and Evaluation                               |         |                                                             |
| MCH      | Maternal and Child Health                               |         |                                                             |
| MCP Card | Mother Child Protection Card                            |         |                                                             |
| MCTS     | Maternal and Child Tracking System                      |         |                                                             |
| MDR      | Maternal death Review                                   |         |                                                             |
| MMR      | Maternal Mortality Ratio                                |         |                                                             |

***Quality Monitoring of Programme Implementation Plan (PIP) 2019-20 under National Health Mission in Mandsaur District (Madhya Pradesh)***

For action based PIP monitoring of NHM proposed by MoHFW (GOI) a field visit was made to Mandsaur district in November, 2019. PRC Team visited District Hospital (DH) Mandsaur, Sub District Hospital (SDH) Garoth, Community Health Centre (CHC) Shamgarh, 24\*7 Primary Health Centre (PHC-HWC) Kanghatti and SHC-HWC Balaguda which is also L-1 delivery point to assess services being provided. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, human resources and programme management, and qualitative interaction with beneficiaries to ascertain quality of services. Secondary data was collected from the state web portal and district HMIS data format that was already available at the respective Programme Management Unit. Primary data was collected for the qualitative responses through interactions with the health staff during the visits to the health facilities. The reference point for examination of issues and status was for the period April, 2019 to January, 2020 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. Beneficiaries were also interviewed for assessing the services received for ANC, delivery and child immunization through both exit and household interviews. Team also assessed the status of implementation of flagship programmes such as Kayakalp, LaQshya, Health and Wellness Centre, good practices adopted, bottlenecks and challenges in sustaining these initiatives at visited health facilities.

**Key Observations and Action Points****District Hospital Mandsaur**

- District Hospital Mandsaur is functioning from a building built in 1986. It is a 500 bedded hospital providing essential services. Expansion of 150 bedded MCH wing is proposed.
- Common Bio-medical Waste Treatment & Disposal Facilities (CBWTFs) is carried out by an NGO *Ms Bio-Medical Waste Management System* based in Ratlam. BMW facilities were observed in different sections of the DH like labour room, labour OT, general OT, SNCU and different wards.
- There is a separate room for storing bio-medical waste. However, the weighing machine for weighing waste is not available and thus the weight estimation of waste is an approximation and not as per protocols.

- A twenty bedded SNCU is functional in DH Mandsaur, with three paediatricians, and one contractual MO for providing services in the inborn and outborn unit. Overall 23 SNs (11 contractual) are providing round the clock services in the SNCU.
- Blood Bank is functional DH Mandsaur but there is no Pathologist but only a contractual MO for the blood bank with a 600 unit capacity. Thalassemia, sickle cell anaemia and BPL patients are provided free blood and other patients are charged Rs. 1050 per unit. Construction of blood component separation unit is complete but needs operationalization. There is paucity of lab technicians and only two of them are available against the seven sanctioned post. Blood bank technician's post are not sanctioned.
- AYUSH services are available in DH Mandsaur. There is an AYUSH wing in the hospital with an Ayurvedic MO, but AYUSH OPD services are not integrated with the general OPD. The AYUSH MO is not a member of the RKS constituted by the DH.
- DH Mandsaur does not have the required human resources as per the level or nature of facility. DH Mandsaur has 347 sanctioned posts (Annual Infrastructure, 2019-2020). Overall, the DH has 77 percent posts of all categories in position.
- There is paucity of specialists in DH Mandsaur and only 36 percent of specialists' are working against their sanctioned posts, but majority of the SNs are working against their sanctioned position. Overall 44 percent of MOs posts are filled up. Only 53 percent of posts of pharmacists, lab technicians, ward boy, dresser, and other category of technical staff, store and support staff are filled up.
- There are 312 additional NHM staff in different categories like medical, paramedical, and programme management in Mandsaur district including a PGMO in Obs & gynae, PGMO medicine and MO for SNCU.
- There is no sanctioned post of hospital administrator in DH Mandsaur and there is no manager to manage the day to day affairs of DH Mandsaur.
- Dialysis services are available in the DH with five functional dialysis machines installed in the hospital in the year 2016. Two technicians are provided by DCDC and two SNs from the DH provide services at the unit. Thirtytwo patients were provided services in November 2019 and 33 were waitlisted. The machines are under warranty for five years.

- Staff of the dialysis unit have received hands on training by the nodal officer of this unit. SNs have received training from MY Hospital and Choitram Hospital Indore. A nephrologist visits the hospital in three months and there is a tie up with Choitram Hospital for video consultations.
- AIMS consultancy Bhopal has been hired by the state for all types of equipment maintenance including diagnostic machines in the laboratory. However, poor technical skills of the technicians and lack of timely repair of machines is an impediment to uninterrupted services.
- Supply of diagnostic kits with their matching reagents and chemicals is a major problem, because the provided instruments do not have matching reagents once the stock is out. There is no separate budget for purchasing chemicals.
- Different category of staff in DH Mandsaur are receiving periodic checkups including hepatitis B vaccine.
- E- aushdhi is functional in DH Mandsaur and there is no break in supply chain. EDL list for DH contains 361 medicines but 200 drugs are available. Some non-essential drugs are not ordered to reduce wastage. The CS has a separate ware house for DH Mandsaur,
- EMMS software is functional and calibration of all equipment is carried out quarterwise. E-aspatal software is functional for OPD, IPD, lab services and billing.
- DH Kayakalp has received '79' scores in internal assessment in 2019-20, which are mentioned in Annual Infrastructure Report (HMIS, 2019). The DH has received seventh rank in the state.
- The internal baseline for Laqshya was completed by DH Mandsaur in July 2019. DH Mandsaur has a nodal officer with a committee for quality circle with a gynaecologist, MOs matron and nursing mentors working towards upgrading labour room / OT facilities infrastructure and services for state certification. However, more SNs are required for providing 24\*7 quality services.
- DH Mandsaur and SDH Garoth and CHC Shamgarh are empanelled under Ayushman Bharat in the district. Ten hospitals are listed by the district for providing referral services, but there are no NABH accredited hospitals in the district.
- Construction and renovation of four wards in the hospital, HDU and hospital boundary have been completed in 2019. The DH has received Rs. 100,00,000 for renovation purposes.
- In case of JSSK and other referral cases, patients visit Jhalawar district in Rajasthan which is close to Mandsaur, but do not receive monetary benefits of JSSK services.

- DH Mandsaur has regular kitchen services with one regular dietician, one regular staff and eight kitchen staff from RKS. The quality of food was ascertained by the PRC team. Diet being provided in the hospital was hygienic and of good quality and staff followed the protocols.
- Latest batches of HBNC training for ASHAs have not been conducted because NGO for imparting training was not available. However, all ASHAs and ANMs are trained in NCD screening provide by the DPM at the district level and MOs and BPMs at the block level.
- Mental Health Programme has been implemented in the district with a nodal officer and one SN trained in mental health services. Till November 2019, 351 cases were screened and 55 were receiving treatment for depression, epilepsy and anxiety disorders.
- ART centre, ICTC centre are functional and RTI/STI services are being provided at DH Mandsaur.

#### **CHC Shamgarh**

- CHC Shamgarh is a 30 bedded health facility is a functional BeMOC L2 facility built ten years ago on the PPP model. Part funds for the building was generated through RKS funds and local funds. The DH receives a monthly rent from 71 shops in its vicinity.
- Two regular MOs and two MOs deputed from other CHCs are providing services at the CHC. CHC Shamgarh has one AYUSH MO (Homeopathy) for past six years, who was previously receiving payments from RKS, which has been discontinued. The MO has not received payments from the outsourced head.
- Medicine, surgery, OB&G paediatrics services are not being provided at the CHC due to non-availability of specialists, although there are sanctioned posts of specialists for the CHC. However, CTT and LTT operations are carried out in the CHC OT.
- Two lab technicians, one contractual and one hired through RKS are providing lab services at the CHC. All 28 diagnostic tests are available at the CHC.
- CHC Shamagarh has purchased a semi auto analyzer and samples are sent on daily basis to DH Mandsaur for analysis.
- Lab technicians reported of mal practices by quacks in the area who directly referred patients for lab tests. The district officials and BMO have been informed about this issue.
- The posts of BPM, BCM and BAM are filled up in the block.
- LaQshya training has been provided to both MOs in Bhopal including OSCE training. Five SNs have also received training in LaQshya by the divisional nodal officer. A peer team was expected to visit the hospital shortly for assessment.

- SNs are also trained in skill lab, SBA, SNCU, NSSK, and bio- medical waste management. There is a separate bio- medical waste room for collection of the waste.
- The CHC has high delivery case load with an average of 177 deliveries (1244 deliveries upto October, 2019) but there is only one cleanliness staff for general cleanliness is a problem in the labour room. The patient satisfaction forms are filled up by the staff of PNC ward.
- Overall a shortage of cleanliness staff was reported in the hospital which is spread out for cleaning.
- CHC Shamgarh has received funds for hospital upkeep under Kayakalp which has been used for white washing, creating an herbal garden and has created awareness to make Shamgarh open defecation free. The hospital has received an amount of Rs. 10 lakhs for hospital upgradation.
- The CHC provides X-ray services 24 \*7 and USG for pregnant women twice a week.
- NRC Shamgarh is functional with ten beds and 124 SAM children were admitted during April- November, 2019 and 14 were LAMA. NRC requires paintings and play items for children.
- The CHC has one vehicle (Maruti van) donated by Red Cross and one jeep. Two '108' ambulances are available in the block and two JE are available for transportation of pregnant women to and from the hospital. The BMO has one vehicle for mobility support.
- Seven residential quarters are available in the hospital vicinity. All quarters are for MOs.
- E-vitta has been integrated with PFMS but must be streamlined to allow multiple or simultaneous payments to single beneficiary which is time taking and repetitious.
- All ANMs and ASHAs have received NCD training of trainers in the block. MOs received master trainers training. FPLMIS and dastak training was given to two batches of ASHAs by BCM (60 ASHAs) and the online reporting has been made functional.
- Labour room is being up graded for LaQshya and has two functional radiant warmers, Printed delivery register is maintained in the labour room, but ANC and lab registers are not legible. Printed ANC and laboratory registers are essential for proper recording.
- Under Ayushman Bharat which was initiated in August 2019, 653 cards have been made. One Ayushman Mitra is appointed and 174 cases received payments of Rs. 1 lakh 70,000.
- CHC Shamgarh is a focal point for AVD for the catchments. The fixed day services are provided in the CHC on Tuesday and Friday, and birth dose of BCG and Hepatitis B on daily basis. A field Supervisor is trained in cold chain by AIMS, who is trained in equipment calibration.
- Shortage of MCP cards was reported and there was hardly 50 percent availability of cards.

- The CHC has received an amount of Rs. three lakhs for RKS and seven lakhs for Kayakalp up gradation. However, due to lack of cleaning staff and other support staff kayakalp could not be properly implemented.
- The MOs of CHC Shamgarh have multiple tasks to perform and are overstretched. For providing services like USG in adjoining SDH, no PoL is paid for visiting the health facility. For conducting post mortem or emergency duties no extra remuneration is paid to them.

**SDH Garoth**

- SDH Garoth is a 60 bedded hospital catering to a local urban population and its catchment. Although SDH Garoth is a designated L3 CEmOC facility, but due to non -availability of specialist services most of the specialist services are not provided. Only one medical specialist is serving at the SDH. An Ayurvedic MO has been collocated at the SDH.
- The signages displayed at the entrance of the hospital are clear and provide direction for different sections of the hospital.
- The quality of construction of the recently constructed male ward indicates of poor construction quality. The NRC building in SDH Garoth is reportedly of poor quality with seepages and is in a dilapidated condition.
- The MO in-charge of SDH Garoth is posted at PHC Satkhera. There are two MOs and one bonded doctor.
- No need assessment was done at the SDH level for the new furniture (bedside benches) which has been sent by the state to the health facility and the quality is reported to be poor. Inline Medicare has been enroped by the state to provide quality medical equipment & furniture at very cost effective rates without compromising on high level standards. New instruments do not have prompt bar coding system.
- One ambulance provided by nagar panchayat is provided for transport services on payment basis, another vehicle has been purchased through RKS is also provided on payment of Rs. 1800.
- Four residential quarters have been handed over to the SDH, which are being occupied by the MOs.
- Under Ayushman Bharat which was initiated in July 2019, 750 cards have been made. One Ayushman Mitra is appointed and after payment of 87 cases remaining money has gone to RKS.
- Contractual pharmacists reported of lower salary than those in regular services.

- There is only one STLS and one STS for providing DOTS services in three blocks and with out reach services field work has increased. Staff for RNTCP services were reported to be insufficient.
- One MO and lab technician are trained for NCD services and these are provided at the PHC and SHC on every Wednesday and Thursday.
- The labour room is extremely congested and the septic tank is just behind the labour room which is not recommended.
- There is one mini operation theatre for CTT operations which are conducted on daily basis. No fumigation or fogging is done only bleaching solution is used as disinfectant. VT and TT sets are required.
- MOs reported of not receiving allowances for emergency services, MLC and PM services. Non confirmation of MOs in regular services for along period was a cause of anxiety for the MOs.

#### **PHC-HWC Kanghatti**

- PHC Kanghatti is a BeMOC L2 ten bedded health facility which has been recently upgraded to HWC in September, 2019. The building has sufficient space for expansion. The PHC has received funds for upgradation. External branding was under process at the time of PRC team visit.
- External branding is being carried out by NHM engineer at the district level, under the guidance of the state to maintain uniformity in exterior design of HWCs.
- PHC Kanghatti has received funds for installing vitrified tiles for labour room, deep pit, construction, whitewash, distemper and colour of the PHC and external branding.
- PHC KanjghCTTi has one MO I/C who is posted at PHC Jharda and visits PHC Kanghatti twice a week on NCD clinic days. Among para-medical staff there are two SNs one regular and contractual, one LT and one pharmacist (both contractual). A ward boy and two cleaning staff (out sourced) are also serving at the PHC.
- There are six SHCs in catchment under PHC Kanghatti, with six ANMs and four MPWs serving in the SHCs.
- MO of PHC Kanghatti has received NCD training at Ujjain and Gwalior. PW at district level. Many features of NCD portal were not clear to MO of the PHC which required hand holding for proper implementation. Screening camps for NCD are organized every Wednesday.

- NCD screening of patients for which target set in PHC KnaghCTTi is 1943, screening of 347 cases (17.9) done by MPW and ANM and 97 cases are referred to the PHC of which 19 ( 19.6 percent) have received treatment upto November 2019.
- Earlier 16 types of tests were conducted at the PHC which have increased to 22 types. VDRL kit and reagent supply were reported to be irregular.
- Under PMSMY the lab tests for pregnant women are conducted at the PHC, but checkup is provided by the SN.
- MDs have not been reported at the PHC in last five years, but five deaths have been reported in the community.
- E-aushdhi software is functional and indenting is done at the PHC, but supply of medicines is not regular which is a cause of concern.
- The pharmacist has been provided FP training by the district for PHC OPD. However. ASHAs will receive FPLMIS training at the block level.
- There is no DEO available for NCD data entry at the PHC.
- JSY payments are made at the block level but JSY payment register is maintained at the PHC.
- PHC- HWC are providing limited services but duty to the absence of a regular MO and other staff the full range of services are not being provided at the HWC. Laundry services are outsourced but no records are maintained at the PHC.
- There is one residential quarter for MO and other staff members reside in the old PHC building.
- The PHC boundary wall needs construction to prevent encroachment by the local villagers.
- **SHC- HWC Balaguda**
- SHC-HWC Balaguda caters to a population of 4146 in its catchment area. SHC falls under Kanghatti sector under Malhargarh block. The SHC is at a distance of 18 kms from CHC Malhargarh and 8 kilometers from PHC Kanghatti.
- SHC- HWC Balaguda is a designated L1 facility for which upgradation is proposed. There is sufficient space for expansion in the SHC campus. SHC Balaguda building was developed by Unicef in 2009 for delivery purposes.
- Under JSSK, dietary services for pregnant women is being provided by an SHG which also provides food to the local school, but the NGO has not received payments since April, 2019.

- CBAC forms are filled by ASHAs who have received 1235 family folders. NCD screening of patients target set is 1651, complete screening of 519 cases and 179 cases are referred to the PHC of which 126 have received services upto November 2019.
- Many of the new instruments/ equipment supplied from Malhargarh CHC are of poor quality and the SHC has not been able to repair them. The concerned ANM should have knowledge of the agency which repairs instruments
- The ANM of the SHC has received training in SBA and immunization, dastak and refresher training in NSSK. But skill lab training is required by the ANM.
- The MPW of the SHC has been trained in TB, vaccination and NCD by DEO from the DPMU who is a master trainer. One lab technician conducts tests at the SHC every Thursday for NCD cases. Both ANM and MPW have received ANMOL training at PHC Kanghatti and block level by BMO.
- Interaction with a PNC mother indicated that she was satisfied with the staff behaviour and services, but there was no bed sheet on the hospital bed inspite of availability of fresh bedsheet at the SHC.
- All 24 medicines as per EDL list is available at the SHC.
- **Action Points for Mandsaur District**
- Mandsaur district needs to expand its service delivery specially CPHC in terms of manpower, by roping in staff as per norms, infrastructure upgradation, IT support and teleconsultation services, adequacy of medicines and diagnostics and staff training in NCD.
- BMOs have received NCD training in Ujjain at the regional level whereas BPMs, and BCMs were trained at Mandsaur. ANMs, MPWs and ASHAs have received training at the block level.
- More lab technicians have to be appointed if the 'hub and spoke' model has to be augmented. There are sixteen lab technicians (12: PHCs; 3: CHCs, 1 CH) in the periphery at present in Mandsaur district. Hardly one- third PHCs have lab technicians which need more lab technicians for diagnostic services.
- It is important to note that in the absence of reliable laboratory support, it will not be possible to ensure rational use of blood bank without well trained technical staff and pathologist.
- All facilities did not have the required human resources as per their level or nature of facility. It is essential to fill up vacant posts immediately.

- The Kayakalp flagship programme needs more IEC, training and involvement of all categories of staff as they are the stake holders in keeping their health facilities clean and infection free. Efforts towards 'Kayakalp' implementation in all its dimensions needs CTention and involvement of hospital staff.
- RMNCHA counsellor who oversees all aspects of maternal, child and adolescent health is urgently required is not appointed in Mandsaur district.
- HMIS data needs immediate attention, orientation and training amongst the health staff at all levels as they are the actual owners of the data as well as the service providers. Anomalies in HMIS data when compared with data from other sources needs correction to reduce data errors.
- A close coordination of RKSK, RBSK with AWCs is essential because services being provided at the grass roots is not being reported in HMIS. Mandsaur is a district with high incidence of HIV and therefore regular counselling and clinical services and its reporting is urgently required for adolescents for ensuring safe reproductive and sexual health.
- Mandsaur district has received an amount of Rs.200,00,000 for upgrading 47 health facilities into HWCs (PHCs: 39; SHC:7) in 2019. The process of upgradation has just started. The process of branding must be expedited at the earliest.
- Staff for HWCs are not appointed as per the norms as observed in PHC Kanghatti, which does not have a regular MO. For CPHC to be rolled out adequate staff is necessary and DEO for data entry of NCD data is essential.
- Preparedness for wellness activities have not been initiated and needs augmentation.
- ASHAs need additional support, in their emerging role in delivery of comprehensive primary health care such as correct filling up of CBAC form for common NCDs.
- Augmentation of mental health services is essential with growing mental health challenges.
- SHCs functioning as delivery point need more untied funds for facility upkeep and meet extra contingency expenditures.
- Equipment calibration issues and maintenance was stated by majority of the health facilities and must be attended to on priority basis.
- Majority beneficiaries at facilities were satisfied with OPD, JSSK services received but ANMs need orientation on providing bed sheets as per protocols.
- Administrative issues of remuneration of MOs, payments to SHGs for dietary services need immediate attention.

- RBSK teams without necessary staff are not being able to conduct screening of children in the field. Necessary staff may be employed immediately to provide impetus to the programme. The DEIC also should be established with technical staff for proper referral linkage.
- At the grass roots RBSK, RKSK and AWCs need to collaborate for providing an integrated service to adolescent health at the grassroots.
- DH Mandsaur which is a 500 bedded hospital needs more MOs for providing emergency services because very few MOs are multitasking and the quality of clinical services get affected.

## Quality Monitoring of Programme Implementation Plan (PIP) 2019-20 under National Health Mission in Mandsaur District (Madhya Pradesh)

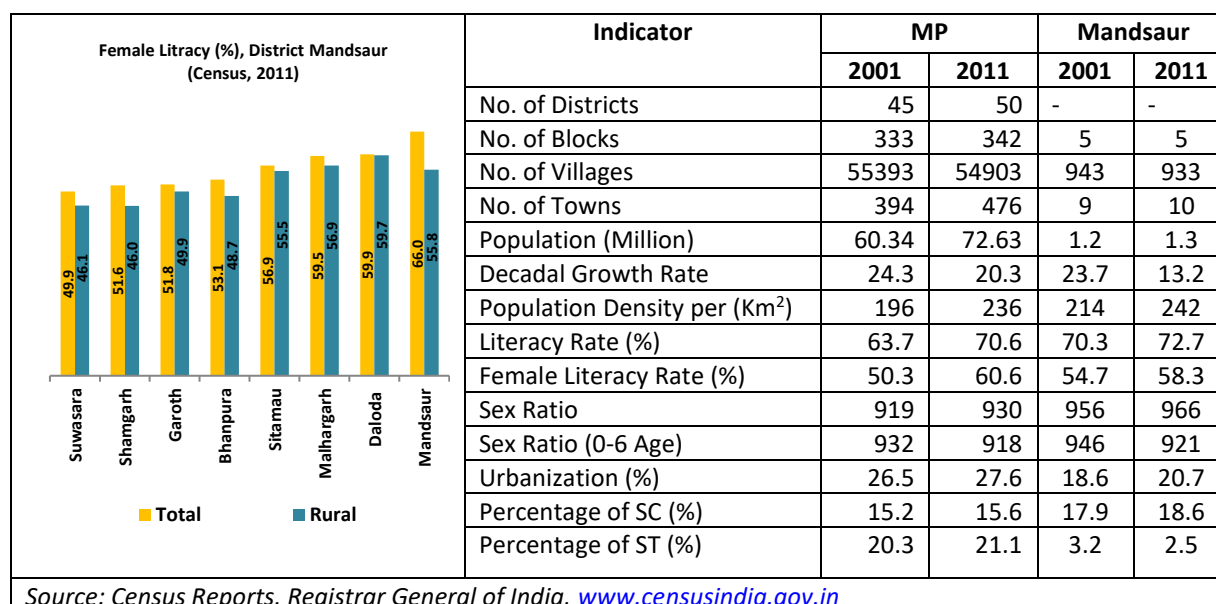
### 1. Introduction

For action based PIP monitoring of NHM proposed by MoHFW (GOI) a field visit was made to Mandsaur district in November, 2019. PRC Team visited District Hospital (DH) Mandsaur, Sub District Hospital (SDH) Garoth, Community Health Centre (CHC) Shamgarh, 24\*7 Primary Health Centre (PHC-HWC) Kanghatti and SHC-HWC Balaguda which is also L-1 delivery point to assess services being provided to assess services being provided.

This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Mandsaur district. This include areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management and status of HMIS and RCH Portal data.

The report also provides key observations and action points pertaining to flagship programmes such as Health and Wellness Centre, Ayushman Bharat, LaQshya, Kayakalp and NPCCDC. Team also interacted with beneficiaries to ascertain quality of services. The report also provides critical insight and action points based on information collected from the service providers and programme managers during the visits to different health facilities in the district. Primary data was collected for the qualitative responses through interactions with the health staff during the visits to the health facilities. Secondary data was collected from the state web portal and HMIS data from programme management unit (PMU).

### 2. State and District Profile



Mandsaur is a city in the **Malwa** region and district of **Madhya Pradesh** state of central **India**. It is the administrative headquarters of **Mandsaur District**. The ancient **Pashupatinath Temple** is located in Mandsaur. The District is an average size district of Madhya Pradesh. It extends for about 142 km. from north to south and 124 km. from east to west. The total area is 5521 km<sup>2</sup> with a population of 116483 in 2001. There are 8 tahsils and five number of CD blocks, in the district. Tehsilwise Bhanpura, Malhargarh, Garoth , Sharmgarh, Mandsaur, Dalod, Sitamau and Suwasara are eight tehsils. As per urban classification, the district has ten towns, which one Mandsaur municipality and nine nagar panchayats i.e., Bhanpur, Malhargarh, Narayangarh, Pipaliyamandi, Garoth, Shamgarh, Nagri, Sitamau and Suwasara. Twenty one percent of the population is urban.

As of 2011 India **census**, Mandsaur had a population of 13,40,411. Males population is 682,851 (52 percent) and females is 657,560 (48 percent). Mandsaur has an average literacy rate of 71.8 percent, and female literacy is 58 percent. In Mandsaur, 13 percent of the population is under 6 years of age. The sex ratio of children in the 0-6 years age group is 921 females per 1000 males

| Key Health and Service Delivery Indicators                                                                |                                                                |         |          |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------|----------|
| Sr.                                                                                                       | Indicator                                                      | MP      | Mandsaur |
| 1                                                                                                         | Expected number of Pregnancies for 2019-20 <sup>@</sup>        | 2297647 | 40390    |
| 2                                                                                                         | ANC Registration Upto Nov.' 2019                               | 1446656 | 19872    |
| 3                                                                                                         | 1 <sup>st</sup> Trimester ANC Registration (%) Upto Nov.' 2019 | 68.5    | 78.9     |
| 4                                                                                                         | OPD cases per 10,000 population Upto Nov.' 2019                | 5794    | 6090     |
| 5                                                                                                         | IPD cases per 10,000 population Upto Nov.' 2019                | 465     | 460      |
| 6                                                                                                         | Estimated number of deliveries for 2019-20 <sup>@</sup>        | 2088795 | 36718    |
| 7                                                                                                         | SBA Home Deliveries (%) Upto Nov.' 2019                        | 11.5    | 10.1     |
| 8                                                                                                         | Reported Institutional Deliveries (%) Upto Nov.' 2019          | 95.6    | 99.3     |
| 9                                                                                                         | Sex Ratio                                                      | 948     | 983      |
| 10                                                                                                        | Sex Ratio at Birth                                             | 927     | 817      |
| 11                                                                                                        | Female Literacy Rate (%)                                       | 59.4    | 54.4     |
| 12                                                                                                        | Unmet Need for Family Planning (%)                             | 12.1    | 14.9     |
| 13                                                                                                        | Postnatal Care received within 48 Hrs. after delivery          | 55.0    | 55.8     |
| 14                                                                                                        | Fully Immunized Children age 12-23 months (%)                  | 53.6    | 43.5     |
| <i>*Source: Sr. 1-8 HMIS and 9-14: NFHS-4 @: Calculated assuming CBR 24.8 for MP (SRS Bulletin, 2019)</i> |                                                                |         |          |

### 3. Health Infrastructure in the District

- Mandsaur district is providing health services in urban areas through DH Mandsaur, two SDHs Bhanpura and Garoth respectively and UPHC Mandsaur. Seven CHCs two each in Mandsaur, Malahargarh and Sitamau and one in Garoth, 43 PHCs and 200 SHCs are mapped in HMIS 2019, for providing services in rural areas and peripheries.



District Hospital Mandsaur



OPD, DH Mandsaur



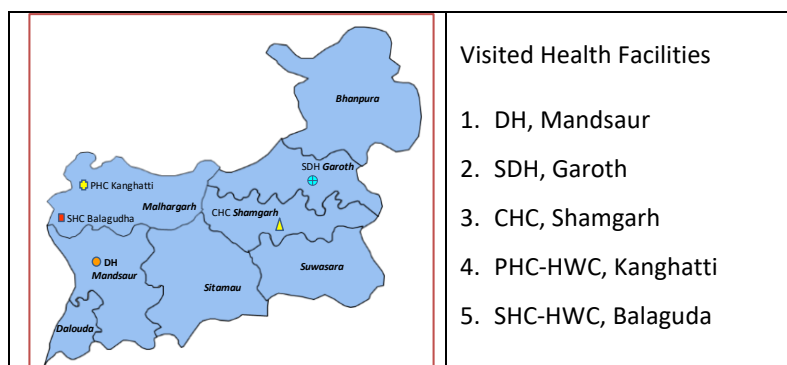
Registration Counter DH Mandsaur



Ayushman Bharat, DH Mandsaur



IEC Swachh Bharat, DH Mandsaur



- The district has 256 health facilities mapped in HMIS including 250 for rural areas (DH-1, SDH-4, CHC-8, PHC-43 and SHC-200) public health facilities. As per RHS 2018 data, 191 SHCs, 40 PHCs, 5 CHCs, 2 SDH and DH Mandsaur are functional. The state website <http://www.health.mp.gov.in/> shows that 180 SHCs, 39 PHCs, 7 CHCs, 2 SDH and DH Mandsaur are the functional health facilities in the district.
- Annual Infrastructure data has been uploaded in HMIS for 2019-20 by 224 health facilities out of the total mapped facilities (DH-1, SDH-2, CHC-7, PHC-41 and SHC-173).
- DH Mandsaur is a designated 500 bedded hospital and currently more than 500 beds are available. Two SDH Bhanpur and Garoth are 39 and 60 bedded respectively, whereas the seven CHCs are thirty bedded each. All the PHCs are six bedded except PHC Kanghatti which is 10 bedded. Twenty six SHCs for which buildings have been sanctioned are functional, but for only two constructions have started in Bhanpur block.
- The total bed strength in the public health facilities altogether is insufficient as per the population norms. Presently, Mandsaur district has total sanctioned bed strength of 1037 beds (DH-500; CH:99; CHC-210, PHC-238). The bed capacity in the district is insufficient according to the required norm of 500 beds per 1 lakh population.
- A separate 30 bedded Ayurvedic hospital is functional with panchakarma services. Under NHM homeopathy services are collocated in two PHCs. There are separate 44 government Ayurvedic dispensaries in Mandsaur district providing services.

#### Status of visited health facilities

- DH Mandsaur, SDH Garoth, CHC Shamgarh, PHC-HWC Kanghatti, SHC-HWC Balaguda, are easily accessible from the main road. The DH caters to around 13.4 lakh population in the district including Mandsaur town. Area of the hospital in sq. meters is 10584. SDH Garoth caters to

approximately 1,89,729 population, CHC Shamgarh caters to around 38,637 population, PHC-HWC Kanghatti caters to 4749 rural population and SHC- HWC to 2612 population in the periphery.

- DH Mandsaur does not currently have any residential quarters for the hospital staff. Twenty-six staff quarters are proposed for construction in the hospital vicinity for MOs and other category of staff, through Police Housing Corporation. A few old quarters are in a dilapidated condition.
- The state has created an asset register (<http://health.mp.gov.in/en/asset-register>) for all the health facilities in all the districts of M.P. There has been updation of the asset register from time to time, which has provided information about the class, type of building, material used, cost of building, maintenance and repair work undertaken. Updated information of constructions up to the year 2014 is maintained in the asset register. For many of the constructions there are no entries of records such as date of construction etc, which indicates non availability/ non sharing of land records regarding buildings especially SHCs by RES, PWD and panchayat.
- Further updated data of assets for Mandsaur district needs to be documented and verified in the asset register.

| Distribution of rural public health facilities in Mandsaur |             |            |           |          | Block-wise status of SHCs* |            |           |                      |
|------------------------------------------------------------|-------------|------------|-----------|----------|----------------------------|------------|-----------|----------------------|
| Block                                                      | Population# | SHC        | PHC       | CHC      | Required                   | Available  | Shortfall | New SHC <sup>5</sup> |
| Bhanpura                                                   | 130284      | 22         | 12        |          | 25                         | 20         | 5         | 3                    |
| Malhargarh                                                 | 170330      | 35         | 7         | 2        | 34                         | 34         | 0         | 0                    |
| Garoth                                                     | 221270      | 42         | 12        | 1        | 44                         | 30         | 14        | 10                   |
| Mandsaur                                                   | 297259      | 52         | 7         | 2        | 59                         | 39         | 20        | 8                    |
| Sitamau                                                    | 240842      | 49         | 5         | 2        | 50                         | 36         | 14        | 11                   |
|                                                            |             | <b>200</b> | <b>43</b> | <b>7</b> | <b>212</b>                 | <b>159</b> | <b>53</b> | <b>32</b>            |

Source: \*<http://health.mp.gov.in/sites/default/files/documents/shc-2000-21-6-16.pdf>, # Census 2011, <sup>5</sup> SHCs Proposed# HMIS 2019-20

- District Hospital Mandsaur is functioning from a building built in 1986. It is a 500 bedded hospital providing essential services. Expansion of MCH wing to 150 beds is proposed.
- Institutionalizing effective waste management systems in all healthcare facilities is a key prerequisite to improving efficiency and effectiveness of healthcare. Thus Infection Management and Environment Plan is an important area of training. Indifferent sections of the hospital doctors and paramedical staff have received training.
- Common Bio-medical Waste Treatment & Disposal Facilities (CBWTFs) is carried out by an NGO *Ms Bio-Medical Waste Management System* based in Ratlam. BMW facilities were observed in different sections of the DH like labour room, labour OT, general OT, SNCU and different wards.

- There is a separate room for storing bio-medical waste. However, the weighing machine for weighing waste is not available and thus the weight estimation of waste is an approximation and not as per protocols.
- A twenty bedded SNCU is functional in DH Mandsaur, with three paediatricians, and one contractual MO for providing services in the inborn and outborn unit. In all 23 SNs (11 contractual) are providing round the clock services in the SNCU.
- Blood Bank is functional DH Mandsaur but there is only a contractual MO for the blood bank with a 600 unit capacity. Thalassaemia, sickle cell anemia and BPL patients are provided free blood and other patients are charged Rs. 1050 per unit. Blood component analysis unit under construction has been completed.
- AYUSH services are available in DH Mandsaur. There is an AYUSH wing in the hospital with an Ayurvedic MO, but AYUSH OPD services are not integrated with the general OPD. The AYUSH MO is not a member of the RKS constituted by the DH.

#### 4. Human Resources

- Madhya Pradesh has to a large extent mitigated the gap of inadequate staff in their rural health facilities (RHS, 2018). Total shortfall of MOs in rural public health facilities is only five percent, and that of nursing staff is less than one percent. But there is an acute shortfall of specialists (80 percent) and lab technicians (16 percent).

| Medical and Paramedical Staff in DH Mandsaur |                    |                     |                |               |             |             |              |              |           |            |
|----------------------------------------------|--------------------|---------------------|----------------|---------------|-------------|-------------|--------------|--------------|-----------|------------|
|                                              | Medical Specialist | Surgical Specialist | O&G specialist | Paediatrician | Anesthetist | ENT Surgeon | Radio logist | Patho logist | MOs       | SNs        |
| <b>Sanctioned</b>                            | <b>4</b>           | <b>4</b>            | <b>5</b>       | <b>8</b>      | <b>4</b>    | <b>2</b>    | <b>2</b>     | <b>2</b>     | <b>23</b> | <b>200</b> |
| <b>In- position</b>                          | <b>1</b>           | <b>2</b>            | <b>1</b>       | <b>4</b>      | <b>3</b>    | <b>0</b>    | <b>0</b>     | <b>0</b>     | <b>10</b> | <b>196</b> |

- DH Mandsaur does not have the required human resources as per the level or nature of facility. DH Mandsaur has 347 sanctioned posts (Annual Infrastructure, 2019-2020). Overall, the DH has 77 percent posts in all categories in position. However, there is paucity of specialists in DH Mandsaur and only 36 percent of specialists' are working against their sanctioned posts, but majority of the SNs are working against their sanctioned position. Overall 44 percent of MOs posts are filled up. Only 53 percent of posts of pharmacists, lab technicians, ward boy, dresser, and other category of technical staff, store and support staff are filled up.



Staff for Labour Room DH Mandsaur



Labour Room Registers, DH Mandsaur

- There are 312 additional NHM staff in different categories like medical, paramedical, and programme management in Mandsaur district including a PGMO in Obs & gynae, PGMO medicine and MO for SNCU.
- AYUSH services are available in the DH with an Ayurvedic MO and two dressers providing services in the DH.
- There is no sanctioned post of hospital administrator in DH Mandsaur and there is no manager to manage the day to day affairs of DH Mandsaur.

**Training and Capacity building**

- Training MIS has been initiated at the national level for training load assessment but is not yet operational in Mandsaur district.
- In 2019-20 NCD trainings have received priority in the district. In the PHCs, and SHCs which are HWCs MOs and paramedical staff (ANM & MPW) have received trainings in NCD and ANMs have received trainings in ANMOL 2019-2020.
- DH Mandsaur has trained MOs and SNs in, BEmOC, SBA, MTP, NSV, NSSK, IMNCI, FBNC IUCD, PPIUCD and NCD. Laqshya, Kayakalp and HWC trainings are being provided for skill up gradation of different category of health staff in the district.

**5. RMNCHA+ services**

- RMNCHA envisages a comprehensive and integrated health services most importantly for the adolescents, mothers and children. indicators. which includes integrated service delivery in various life stages including the adolescence, pre-pregnancy, childbirth and postnatal period, childhood and through reproductive age. The RMNCH+A strategy aims to reduce child and maternal mortality through strengthening health care delivery system. In view of this, the Score Card developed by MoHFW is in use to assess & improve the service delivery through routine monitoring system.
- Madhya Pradesh is amongst states with high infant and maternal mortality and constant monitoring is being done by introducing interventions like PMSMA, training staff in SBA at periphery, skill lab at district level, EmNOC training to MOs, Obst and Gynae refresher courses for specialists, operationalizing delivery points by posting trained staff, creating infrastructure MCH wings, upgrading maternal and child health services by upgrading maternity OT and labour through LaQshya, four bedded HDU in 25 district hospitals, and MC Jabalpur, SNCUs and NRCs for neonates and SAM children.



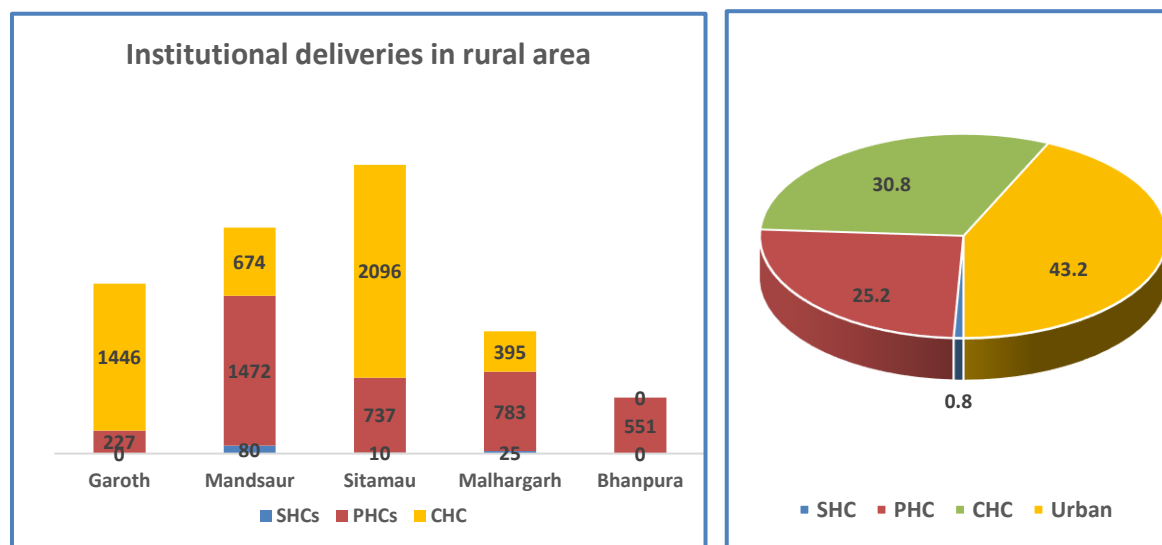
Mother with CTtendant, DH Mandsaur



New born Stabilization Unit, DH Mandsaur

- Except for DH Mandsaur, most of the visited health facilities in the district are not fully equipped to provide full range of all the RMNCH+A services. There are no RMNCHA counsellors in the district. DH Mandsaur does not have an MCH coordinator for DH but four nursing mentors are available for delivery points in the district.
- Except for DH Mandsaur which is L3 facility two more designated facilities SDH Garoth and SDH Bhanpura do not have any paediatrician, gynaecologist or functional BSU, and hardly any capacity for providing FRU services. C- section deliveries are not being conducted in this SDH or any of the CHCs.
- As per the HMIS monthly consolidated report for April to November, 2019 there were 17756 ANC registered and 79 percent of them were registered in the first trimester in Mandsaur district.
- It was observed that ANC registration has not been uniform across all the health facilities. ANC registration is primarily done at periphery (94 percent) and first trim registrations were also reported from rural health facilities (94 percent) to mitigate overlapping and duplication of ANC registration. Pregnant women are then advised to visit nearby health facility to avail ANC services.
- HMIS monthly consolidated report for April to November, 2019 shows that 86 percent of pregnant women were given 180 IFA tablets and 86 percent received 360 calcium tablets but actually only half or even less IFA and calcium tablets are provided during each ANC check-up.
- No mechanism is in place to maintain track of 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. ANMs at PHC and SHC pointed out that usually calcium tablets are always in short supply.
- Distribution of institutional deliveries in rural areas shows that there is uneven distribution of deliveries conducted at SHCs, PHCs and CHCs in all the blocks. This shows that availability of delivery services is not distributed equally in rural area. Out of total 14951 institutional deliveries in the district, 43 percent were conducted at urban health institutions. which include DH, SDH and private health institutions.

## Distribution of Institutional Deliveries, Mandsaur, HMIS (April-November, 2019)



- Out of total 2007 c-section deliveries conducted in the district nearly three fourths (71 percent) were conducted at DH Mandsaur, whereas 29 percent of the c-section deliveries were conducted at private institutions during April-November 2019. No other designated L3 facility has conducted any c- section delivery.
- HMIS during April-November 2019 shows that only 555 c-section deliveries (28 percent) were conducted in the night (8 pm-8 am), which signifies insufficient provision for emergency delivery care services in the district.
- There were 1722 IUCD and 4450 PPIUCD insertions reported by the district. It is observed that in HMIS out of 1061 IUCD removal in the district during April-November, 2019 Majority (95 percent) IUCD removals were reported from rural areas. Of the total removals 9 percent was reported from Bhanpura block, 17 percent in Garoth, 32 percent in Malhargarh, 27 percent in Mandsaur (Dhundharka) and 15 percent in Sitamau block. There were 161 cases of complications due to IUCD reported in the district.
- There were 250 women who were given first dose of injectable contraceptive under Antara programme and 39, 27, and 143 women were given second, third and fourth dose respectively (HMIS, 2019).
- It was observed that proper records are not maintained with respect to supply and distribution of oral pill, condom, weekly pill and emergency contraceptive pill to users at any of the visited health institutions and reporting is done without any verification. Health care providers are also unaware about significance of reporting of spacing methods.

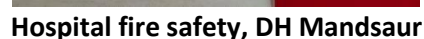
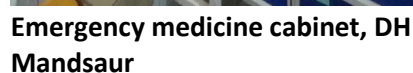
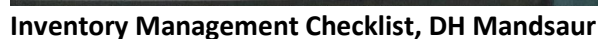
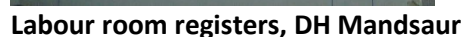
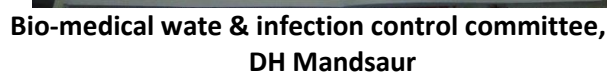
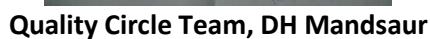


SNCU, DH Mandsaur



Kangaroo Mother Care Unit, DH Mandsaur

- The ART centre is functional and services are being provided at DH Mandsaur. Mandsaur total HIV 248793 (between 2005-2020) and one percent of the cases (2486) are HIV positive.
- Total 967 males and 1756 female cases were tested for HIV at the ICTC centre during April-October 2019 in DH Mandsaur and 55 males and 37 females tested positive during this period. Total 2848 pregnant women were tested for HIV and five women tested positive during this period.



- Adolescent health services are available in DH Mandsaur. The HMIS data from April- October 2019 for DH Mandsaur shows that overall 342 adolescent girls were registered at the AFHC, all 342 received clinical services and counselling at the DH. No Adolescent boys were registered or received any clinical services or counselling at the DH.
- HMIS data between April- October, 2019 indicates that 405 adolescent girls in the district were registered, 410 received clinical services and 421 were counselled during April-October 2019. In comparison only five boys received clinical services and eight boys received counselling services in the whole district which is only reported in Mandsaur block .
- The HMIS data from April- October 2019 shows that SDH Garoth, CHC Shamgarh and PHC Kanghatti have reported 'zero' for adolescent girls and boys were registered in AFHC, received clinical services and received counselling services.
- There is one nodal officer and a district counsellor for RTI/STI services in DH Mandsaur. Total 63 male and 4009 female cases were identified for RTI/STI and provided treatment for these (HMIS April-October 2019). In SDH Garoth 130 male and 245 female cases of RTI/STI were identified and the same number of cases were treated, and PHC Kanghatti reported 22 female cases which identified and treated. No RTI/STI cases were reported from CHC Shamgarh in HMIS.
- Neonatal health is a crucial dimension towards achieving goals pertaining to reducing infant mortality and share of neo-natal mortality in infant deaths. SNCUs are neonatal units which should be established at the district hospital in the vicinity of the labor room which provides special care to both inborn and out born sick neonates (all care except assisted ventilation and major surgery) for sick newborns.
- A 20 bedded Special new-born Care Unit (SNCU) is functional in DH Mandsaur, since April 2015. Three paediatricians and one MO are providing services in the SNCU. There are 23 SNs (12: regular; 11: contractual) for round the clock services. MOs and SNs are trained in FBNC. MOs are trained in observership and majority SNs are trained in Continuous Positive Airway Pressure (CPAP).
- The various services included in new born care were neonatal resuscitation, providing warmth, initiation of breastfeeding within an hour of birth and exclusive breastfeeding, screening for congenital anomalies, weighing of newborns, administering antenatal corticosteroids to the mother in case of pre-term babies, Respiratory Distress Syndrome (RDS), immediate care of LBW newborns

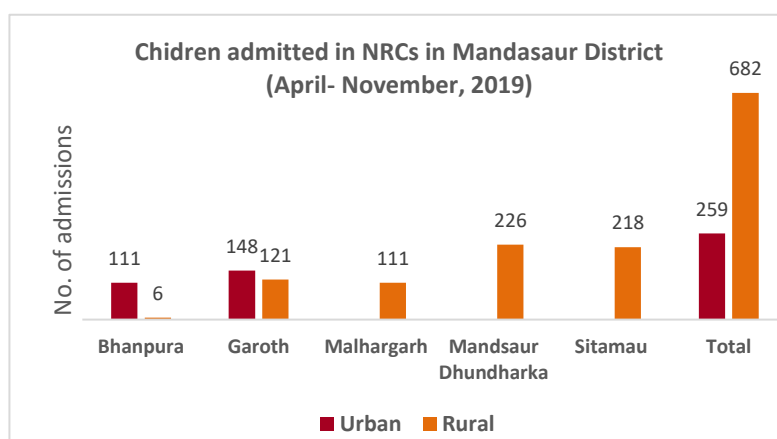
| <b>SNCU performance DH Mandsaur (October, 2019)</b>    |     |
|--------------------------------------------------------|-----|
| In-born admission                                      | 90  |
| Out-born admission                                     | 143 |
| Died                                                   | 15  |
| Number of newborns admitted in SNCU - referred by ASHA | 0   |
| <i>HMIS (2019-20)</i>                                  |     |

and Sick Newborn Care Unit (SNCU). These activities were reported by the staff at SNCU of DH Mandsaur.

- Mother Care Ward is functional for kangaroo mother care (KMC) to provide special care to Low Birth Weight babies. This ward has KMC chairs, audio visual aids for education of mother and services of dedicated ANMs.
- Child malnutrition is a major challenge in Madhya Pradesh. NRCs are already established and are providing services at the specific health institutions in the district. RBSK teams are also assigned to identify severely malnourished children during visit to AWC and refer them to NRCs. Additionally, AWWs and ASHAs are trained to identify SAM children and bring them to NRCs. More SAM children are admitted during Dastak Abhiyan.

| Performance of NRCs in Mandsaur District (April – November, 2019-20)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |   |     |   |   |    |        |     |   |     |    |    |    |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|-----|---|---|----|--------|-----|---|-----|----|----|----|----|----|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1  | 2 | 3   | 4 | 5 | 6  | 7      | 8   | 9 | 10  | 11 | 12 | 13 | 14 | 15 |
| DH Mandsaur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20 | 3 | 233 | 3 | 0 | 23 | 69.41  | 381 | 0 | 118 | 55 | 0  | 55 | 0  | 5  |
| CHC Malhargarh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10 | 1 | 111 | 0 | 0 | 23 | 65.88  | 83  | 0 | 71  | 37 | 1  | 0  | 0  | 2  |
| CHC Sitamau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10 | 6 | 167 | 2 | 0 | 4  | 101.76 | 35  | 0 | 46  | 95 | 7  | 17 | 0  | 2  |
| CHC Shamgarh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10 | 6 | 125 | 0 | 0 | 17 | 77.06  | 114 | 0 | 102 | 20 | 0  | 0  | 0  | 3  |
| CHC Nahargarh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10 | 0 | 71  | 0 | 0 | 3  | 41.76  | 91  | 0 | 44  | 27 | 0  | 0  | 0  | 0  |
| SDH Garoth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10 | 2 | 147 | 2 | 0 | 10 | 87.65  | 127 | 0 | 90  | 52 | 0  | 0  | 0  | 5  |
| SDH Bhanpura                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10 | 0 | 100 | 1 | 0 | 4  | 58.82  | 83  | 0 | 55  | 39 | 2  | 0  | 0  | 4  |
| Beds 2. Previous Admissions 3. Children Admitted During the Period 4. Medical Transfer during the period 5. Deaths during the period 6. Defaulter during the period. 7. Bed occupancy rate 8. Mothers Counselling for FP 9. Mothers adopted FP 10. children referred by AWW 11. children referred by A 12. Children referred by self. 13. Children referred by doctor 14. Children referred by RBSK 15. Children referred by others. source <a href="http://www.nrcmis.mp.gov.in/Report.aspx">http://www.nrcmis.mp.gov.in/Report.aspx</a> |    |   |     |   |   |    |        |     |   |     |    |    |    |    |    |

- There are seven NRCs in the district with total bed strength of 80 beds. One twenty bedded NRC is functional in DH and six ten bedded NRCs in CHCs Malhargarh, Sitamau, Shamgarh, Nahargarh and SDH, Bhanpura and Garoth. NRC in DH Mandsaur is under the charge of a nodal officer with one FD, ANM, cook, and caretaker.
- FDs are also in position in the NRCs of SDH Bhanpura, SDH Garoth, CHC Sitamau, and CHC Shamgarh.
- During April- November 2019, 954 children were reported admitted in the NRCs of District Mandsaur (NRC MIS, 2019), but in HMIS the total admissions reported during this period were 941. Similarly, number of admissions in NRC of SDH Garoth was reported as 147 in NRCMIS whereas in HMIS facility reporting 269 admissions were reported during April-November, 2019. Data anomalies were observed in NRC MIS and HMIS reporting.
- It was reported by the NRC staff at DH Mandsaur that ASHAs were not screening SAM children as per the criteria specified.



- NRC staff of the visited DH informed that MCP cards were not being supplied to the DH.
- Mothers are being provided FP counselling (SN I/C) but none of the mothers adopted FP on advice from SN in NRC.
- Patient Satisfaction Score of the facility is not being reported.
- RBSK teams have not referred any SAM children for rehabilitation in NRCs in any of the blocks in the district.

#### **RBSK**

- There are four RBSK teams in Mandsaur district. Two teams are in Mandsaur block and one each in Malhargarh and Sitamaui blocks. The visited CHC Sitamaui had no functional RBSK team. Previously there were two teams with ANMs and pharmacists in position who were then posted elsewhere. Therefore the screening of children in Shamgarh block for Defects at Birth is being done by other teams in the block for 4 Ds and their identification and management- deficiencies, diseases, developmental delays including disabilities. In the three blocks screening target for four D's early of, RBSK doctors were also involved in other national programmes.
- There are six AMOs in three blocks Malhargarh (3), Sitamaui (2) and Mandsaur(1).
- There are five pharmacists in three blocks Malhargarh (1), Sitamaui (3) and Mandsaur(1).
- The teams are incomplete in different blocks of Mandsaur district and without complete teams screening of children is a difficult task.
- There is a RBSK coordinator and audiologist & speech therapist are in position. All other posts in the DEIC are lying vacant.

#### **6. Non-Communicable Disease (NCD) Services**

- With the new initiatives of population-based screening for non-communicable diseases and referrals of acute illnesses from peripheral centres; the high-risk patients are being identified and referred to higher level health facilities and district hospitals.

- Under Comprehensive Primary Healthcare Programme (CPHC) the state has prioritized community based screening of NCDs at all the SHCs and PHCs. DH Mandsaur has a designated NCD clinic. MOs in DH Mandsaur, and BMO at CHC Shamgarh, SDH Garoth have received three days training in NCD in hypertension, diabetes, oral and cervical cancer at regional level.
- ANMs and MPWs have received two trainings at DH Mandsaur. ASHAs have been provided orientation and training on surveying households for screening and filling up of CBAC forms. Family folders have been provided to ASHAs.
- It was observed that, in periphery MOs have received NCD training along with SNs but there are no specialists for advanced screening and treatment of NCDs, and neither do any of the other health institutions have complete range of NCD services.
- MPWs and supervisors have received NCD s/w for reporting of NCD screening cases. None of health facility in the periphery had NCD manual in Hindi language, which need to be supplied. The district is also reporting daily details of screened cases for each facility.
- Continuous supply of drugs, equipments and other consumables for routine screening and treatment of persons is essential. Regular calibration of equipments needs to be ensured along with prompt replacement of faulty equipments, due to high screening load. Health personnel including ASHAs need to be properly trained for taking measurements, noting measurements and reporting identified cases correctly.

| NCD Services in different blocks of Mandsaur District (HMIS April- November, 2019) |          |       |        |       |            |       |          |       |         |       |                   |       |
|------------------------------------------------------------------------------------|----------|-------|--------|-------|------------|-------|----------|-------|---------|-------|-------------------|-------|
| NCD                                                                                | Bhanpura |       | Garoth |       | Malhargarh |       | Mandsaur |       | Sitamau |       | Mandsaur District |       |
|                                                                                    | Rural    | Total | Rural  | Total | Rural      | Total | Rural    | Total | Rural   | Total | Rural             | Total |
| Diabetes                                                                           | 880      | 1445  | 2420   | 2452  | 5104       | 5104  | 5463     | 5463  | 323     | 323   | 14190             | 14787 |
| Hypertension                                                                       | 1039     | 1851  | 3375   | 3598  | 5031       | 5031  | 5486     | 5486  | 314     | 314   | 15245             | 16280 |
| Stroke (Paralysis)                                                                 | 13       | 13    | 47     | 47    | 4          | 4     | 86       | 86    | 0       | 0     | 150               | 150   |
| Acute Heart Diseases                                                               | 4        | 4     | 84     | 86    | 8          | 8     | 242      | 242   | 0       | 0     | 338               | 340   |
| Mental illness                                                                     | 4        | 4     | 123    | 124   | 11         | 11    | 2309     | 2309  | 3       | 3     | 2450              | 2451  |
| Epilepsy                                                                           | 1        | 1     | 30     | 30    | 12         | 12    | 39       | 39    | 0       | 0     | 82                | 82    |

## 7. Community Interface and ASHA

- PRC team interacted with mothers at DH Mandsaur, SDH Garoth, CHC Shamgarh PHC-HWC Kanghatti, SHC-HWC Balaguda those who had come to the visited facilities for ANC, delivery, and immunization services and OPD services.
- Patients who had come for services at the DH, and the PHCs were interviewed to assess patient satisfaction at services' availability in different sections of the visited facilities. Mothers/patients were satisfied with the treatment and medicines received and behaviour of the staff.

- Majority respondents had MCP card with basic information about the clients, name and mobile number of ANM and ASHA mentioned on it. Most of the women had received payments for JSSK services.
- It was found that women had not been oriented properly about information in the MCP card and its significance.
- Patients did not report out of pocket expenditure for treatment and medicines. Medicines, food and others services were reported
- There are 1447 ASHAs registered in the state web portal <http://asha.mp.gov.in/>. There are 57 urban ASHAs working in 26 urban wards.
- Total 1331 ASHAs were trained in the first round, 980 in second, 704, third round and 348 received fourth round training of module 6-7. Total 308 ASHAs received refresher trainings. At the block level the ASHAs received trainings in NCD in filling up CBAC forms along with their regular work. Batching matching and tracking training in NCD was provided to ASHAs.
- ASHAs were involved in HBNC (third round), JSY, VHND, RKSK and NCD with a focus on coverage of community at village level. They are assisted by ASHA Sahyogis in their respective areas during HBNC visits who monitor their work and provide assistance.
- ASHAs need additional support, in their emerging role in delivery of comprehensive primary health care such as universal screening of common NCDs. ASHAs have been provided printed registers.
- There are 87 ASHA Sahayogis who keep record of services provided by the ASHAs in her catchment villages. Based on this record ASHAs their payment voucher which is then submitted to ASHA Sahayogi for payment. It is observed that most of the ASHAs need periodic training on record keeping of services they provide. ASHAs do not keep any records about the amount they received and amount due to be paid.
- During July – September, 2019 e- vitta software related issues were reported in single window payment. The system does not show the amount ASHAs receive for different types of services. However, no pendency was reported regarding ASHA payments.
- ASHAs interviewed at PHC Kanghatti and SHC- HWC Balaghuda have complete kits, printed registers, do reporting of SAM children to RBSK team. ASHAs were aware of the number of home visits to be made for HBNC. ASHAs have received trainings in NCD and have filled up CBAC forms.



IEC Swachh Bharat, DH Mandsaur



Kitchen at DH Mandsaur



Kitchen staff at DH Mandsaur

## 8. 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](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.
- DH Mandsaur and CHC Shamgarh and CH Garoth are empanelled to provide smart cards for Ayushman Bharat. Private hospital in the district have not been empanelled for services under the scheme, because none of these are NABH accredited.
- In all 2725 patients were registered for treatment under Ayushman Bharat in the district (November, 2019). Out of registered patients 251 were OPD patients, 2474 IPD patient and pre-authorization initiated for 2472 cases. In all an amount of Rs. 1,27,56300 lakhs crores have been pre-authorized and claims amounting to Rs. 1,19,82,600 have been submitted. Total 2336 claims were submitted. Total 2346 surgeries / therapies were done worth Rs. 1, 20, 25, 400. Overall, 2800 golden cards have been distributed.
- Ayushman coordinator for district Mandsaur reported that the process of incentivization has been initiated since September- October, 2018, and first incentives March- April, 2019 A n amount of Rs. 5.28 lakhs have been deposited in RKS for 508 cases .
- Ayushman Mitra have reported that patients do not come to the DH with cards, and thus they do not get services timely. They suggested that a proper flow should be maintained between patient registration
- Only 180 clinical staff received incentives and non-clinical staff have not been included.



## 9. Health and Wellness Centres

- In February 2018, the Government of India announced that, 1,50,000 Health & Wellness Centers would be created by transforming existing Sub Centers (SC) and Primary Health Centers (PHC) to deliver Comprehensive Primary Health Care are the key components of Ayushman Bharat. For a package of services that cover reproductive, maternal child and adolescent health, communicable and non-communicable diseases, management of acute simple illnesses, enabling continuum of care for chronic illnesses, including care for the elderly.
- Primary Health Centers (PHC) have been identified to deliver Comprehensive Primary Health Care which are the key components of Ayushman Bharat. For a package of services that cover



P

CHC Shamgarh



PRC Team with BMO Shamgarh



Patient at CHC Shamgarh



Staff of CHC Shamgarh with DPM Mandsaur



Waiting area of CHC Shamgarh



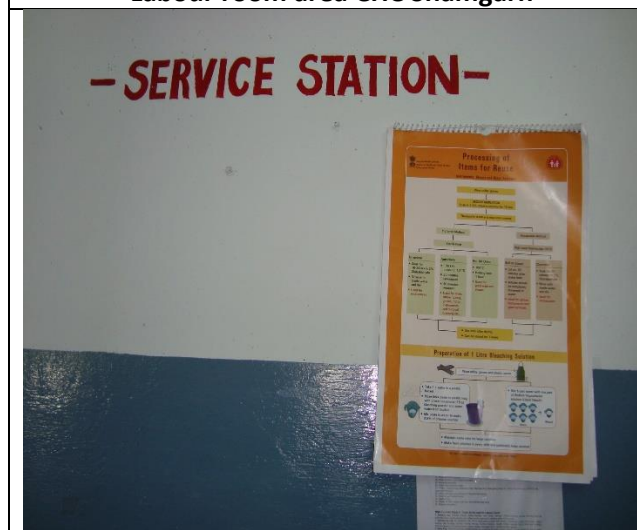
LMO with labour room staff CHC Shamgarh



Labour room area CHC Shamgarh



Buckets for bleaching solution CHC Shamgarh



Processing of items of Reuse CHC Shamgarh



Preparation for CTT operations CHC Shamgarh



Family with mother in PNC ward, CHC Shamgarh



AYUSHMAN Bharat, CHC Shamgarh



CTT operation patients at CHC Shamgarh



Patient in ANC ward at CHC Shamgarh



NRC CHC Shamgarh



Mother with SAM children CHC Shamgarh



Sulabh complex CHC Shamgarh



Lab & Immunization room CHC Shamgarh

- maternal child and adolescent health, communicable and non-communicable diseases, management of acute simple illnesses, enabling continuum of care for chronic illnesses, including care for the elderly.

| Health and Wellness Centre proposed in Madhya Pradesh |                   |                |             |                                          |             |            |
|-------------------------------------------------------|-------------------|----------------|-------------|------------------------------------------|-------------|------------|
| Year                                                  | Districts Covered | Blocks Covered | Total       | No. of Facilities to be upgraded to HWCs |             |            |
|                                                       |                   |                |             | SHC                                      | PHC         | UPHC       |
| 2018-19                                               | 25                | 75             | 700         | 354                                      | 296         | 50         |
| 2019-20                                               | 25                | 146            | 926         | 499                                      | 231         | 196        |
| 2020-21                                               | 51                | 313            | 820         | 175                                      | 645         |            |
|                                                       |                   |                | <b>2446</b> | <b>1028</b>                              | <b>1172</b> | <b>246</b> |

- Total Health and Wellness Centre proposed for the year 2019-20 in M.P. are 926, (UHC: 36; SHC HWC: 499; PHC HWC: 231).
- Mandsaur district has identified, 39 PHCs and 8 SHCs which are proposed for renovation and external branding and being upgraded as HWCs. The district has received an amount of Rs. 2 crores for upgradation of selected PHCs and SHCs into HWCs.
- Sub engineer NHM has taken up the branding of HWCs based on standard design provided by the state.
- Currently in Mandsaur district, 41 PHCs and 14 SHCs (15 Nov, 2019) have identified households with 37 percent estimated 30+ population, who were screened for NCD. Till November 2019, 22 percent screening was completed. But for PHC-HWC only 10 percent of screening was completed in PHC Kanghatti.
- One MO is posted at PHC Jharda visits PHC Kanghatti twice a week. Thus, a regular MO is essential who is trained in NCD for providing comprehensive primary health care.
- In Mandsaur district in ten SHCs community health officer were expected to join for upgradation of these SHCs as HWCs.

| Status of Visited PHC/SHC-HWCs in Mandsaur District |                   |                  |
|-----------------------------------------------------|-------------------|------------------|
| Areas of Upgradation                                | PHC-HWC Kanghatti | SHC-HWC Balaguda |
| Staff as per norms                                  | No                | No               |
| Infrastructure upgradation                          | Partial           | No               |
| IT Support and Teleconsultation Services            | Partial           | Partial          |
| Medicines and diagnostics                           | Yes               | Yes              |

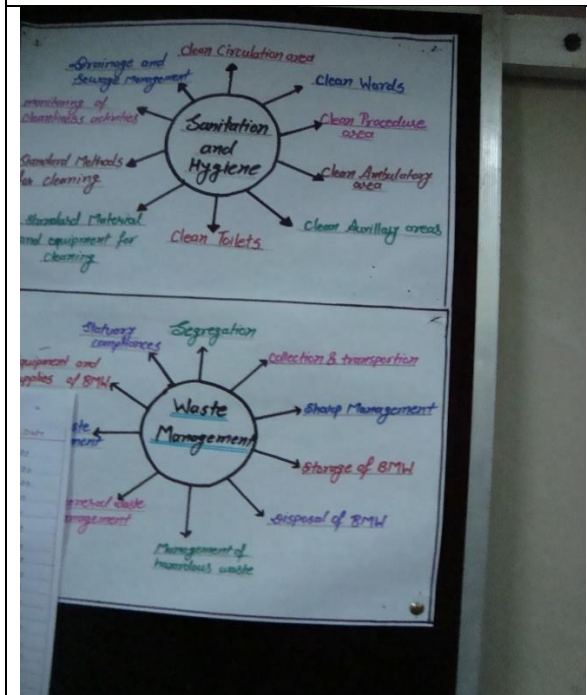
- A batch of 54 SNs selected as Community Health Officer (CHO) for HWC received training for a bridge course of six months through virtual classes in higher secondary government excellence school in Mandsaur.



Fire Safety DH Mandsaur



Hand washing DH Mandsaur



IEC Sanitation, hygiene and waste management DH Mandsaur



Autoclaving process DH Mandsaur



Three bucket cleanliness process



5 Ss explanation DH Mandsaur

**10. Kayakalp**

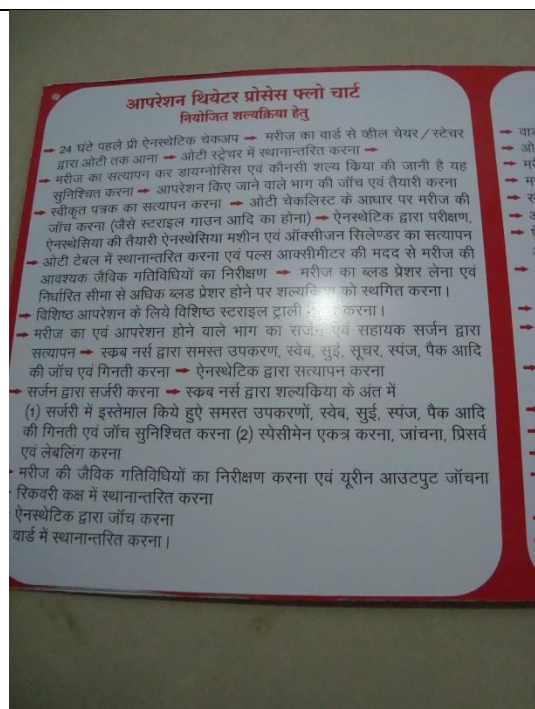
- Ministry of Health and Family Welfare, Government of India, has launched a national initiative on 15th of May, 2015 to promote cleanliness and enhance the quality of public health facilities. The purpose of this initiative is to appreciate and recognise their effort to create a healthy environment. The name of this initiative is “KAYAKALP”. Swachhta guidelines for health facilities.
- Seven areas hospital upkeep, sanitation and hygiene, waste management infection control, support services, hygiene promotion and beyond hospital boundary are observed and assessed, first internally, then by peer team and finally by an external team of the state. Facilities which outshine and excel against the predefined criteria are awarded.
- Mandsaur district has made headway in kayakalp scores. It has received seventh rank among 51 districts in M.P with 79 scores for DH Mandsaur in SQAC which is mentioned in the HMIS Annual Infrastructure report of 2019-20. It has received an overall kayakalp score of ‘79’ (internal assessment) and has gradually made a headway in all areas of hospital upkeep, sanitation and hygiene and bio-medical waste management. From 34 average scores in 2015, 70 in 2016, 72.2 in 2017 DH Mandsaur has continuously improved its Kayakalp scores.
- CHC Shamgarh has received more than Rs. one lakh in last five years for improvement in hospital upkeep.
- Gunak app is not being used by any of the visited health facilities.

**11. LaQshya**

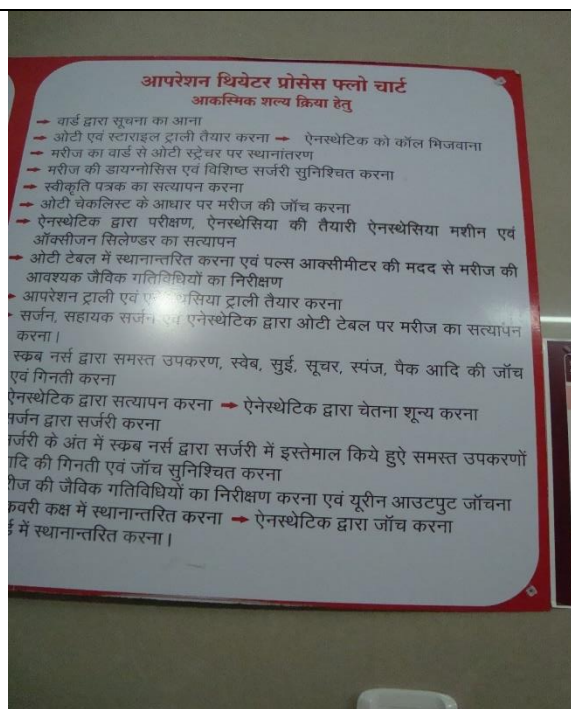
- Under the LaQshya initiative, multi-pronged strategy has been adopted for ensuring the identified gaps in labour rooms and maternity OT. LaQshya guidelines implementation and NQAS certification, dakshata/ skill lab training, formation of district coaching time, conducting of baseline, implementation of rapid improvement cycles are steps to provide quality maternal services. DH Mandsaur has a nodal officer one RMO and one gynae cologist, one hospital matron, one sister in charge and five SNs who received three days training for NQAC at Bhopal. two nursing mentors are waiting for training for LaQshya. The first training took place in 2016.
- DH Mandsaur hospital alone has been selected for implementation of LaQshya program. The internal baseline assessment was completed by the DH in November, 2019.
- PDCA (plan–do–check–act or plan–do–check–adjust) process is used for all the processes in labour room and labour OT.

- Two MOs from CHC Shamgarh have also received training in LaQshya at Bhopal and the internal assessment team from Ratlam was expected to visit CHC Shamgarh for internal baseline assessment of LaQshya.
- Gap analysis has been carried out for MCH wing including labour room, operation theatre, maternity OPD and maternity ward in CHC Shamgarh.
- Recommendations were daily round of matrons, checked log books and records and give proper instructions, allow birth companions, allow birth companions, improve timely c-section deliveries.
- Referral audit gaps identified were mobile number of patients not mentioned, partographs not filled, type of vehicle used by the patient 108/ JE or personal, higher facility not informed and no followup of referral patient

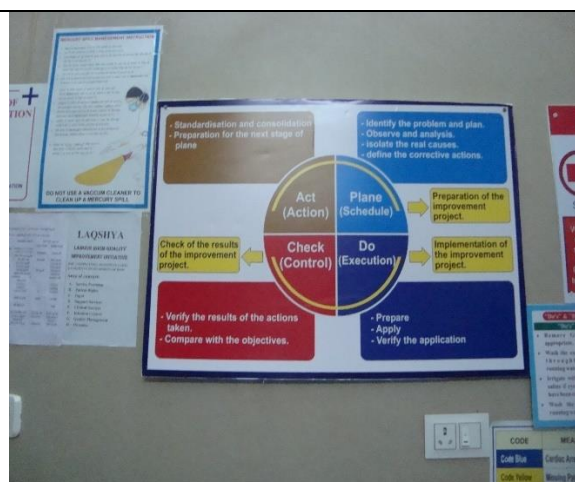
| Indicators for LaQshya at, DH Mandsaur                                                         |     | Remark |
|------------------------------------------------------------------------------------------------|-----|--------|
| Baseline assessment completed                                                                  | Yes |        |
| Quality Circle in Labour Room constituted                                                      | Yes |        |
| Quality Circle in Maternity OT constituted                                                     | Yes |        |
| Whether SOPs made for LR?                                                                      | Yes |        |
| Whether SOPs made for OT?                                                                      | Yes |        |
| Non rotation of nurses followed                                                                | Yes |        |
| Has QI cycles initiated at the facility?                                                       | Yes |        |
| Using partograph for all cases                                                                 | Yes |        |
| Case sheets used including Safe Child birth Checklist/Safe Surgical Checklist orientation done | Yes |        |
| Triaging                                                                                       | Yes |        |
| Birth companion in all deliveries                                                              | Yes |        |
| Visual privacy in LR                                                                           | Yes |        |
| Patient satisfaction/feedback system (paper based) in place                                    | Yes |        |
| Signage in local language                                                                      | Yes |        |
| IEC material displayed                                                                         | Yes |        |
| Dakshata Training completed                                                                    | Yes |        |
| Functional HDU/ICU                                                                             | Yes |        |
| Functional New born care corner (functional radiant warmer with neo-natal ambu bag)            | Yes |        |
| KMC being done at facility                                                                     | Yes |        |
| Biomedical waste management (BMW) at facility                                                  | Yes |        |
| Is the LR and OT staff trained on infection prevention                                         | Yes |        |
| <b>Prevalence of outdated practices</b>                                                        |     |        |
| Shaving of perineum before delivery                                                            | No  |        |
| Enema given to Labouring Women                                                                 | No  |        |
| Routine episiotomy done                                                                        | No  |        |
| Induction of labour                                                                            | No  |        |
| Augmentation of labour                                                                         | No  |        |



### OT process flowchart for planned operations



### OT process flowchart for emergency operations



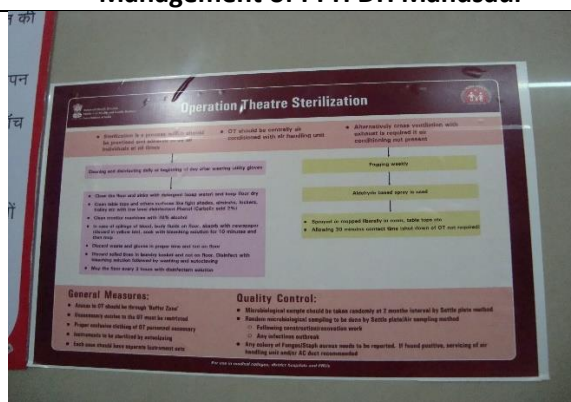
## PDCA in Gynaa OT DH Mandsaur



## Management of PPH DH Mandsaur



## Spill Management kit DH Mandsaur



## Operation theatre sterilization DH Mandsaur



SDH Garoth



Signages for different sections of the hospital at SDH Garoth

|                                                                                     |                                                                                      |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
|    |    |
| <p>PRC Team with MO I/C SDH Garoth</p>                                              | <p>Labour Room SDH Garoth</p>                                                        |
|   |   |
| <p>Emergency tray labour room DH Garoth</p>                                         | <p>New born Stabilization Unit SDH Garoth</p>                                        |
|  |  |
| <p>Female ward, DH Mandsaur</p>                                                     | <p>OPD registration counter SDH Garoth</p>                                           |



Transport Ambulance SDH Garoth



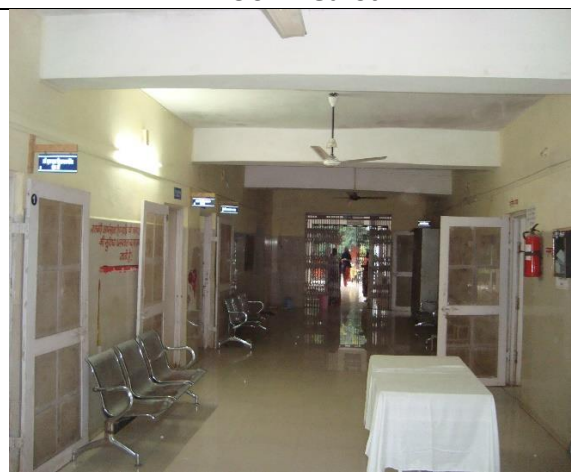
TB Unit SDH Garoth



NRC SDH Garoth



Drug storage SDH Garoth



Patient Waiting Area SDH Garoth



Hospital area SDH Garoth



Residential area SDH Garoth



PRC team with a JSSK beneficiary SDH Garoth



Minor OT, SDH Garoth



IPD patients, SDH Garoth



New furniture, SDH Garoth



PRC Team with staff of PHC-HWC Kanghatti



## Block Malhargarh 30-11-2019 12:06 AM

| Rank | Health & Wellness Centre | Annual Target | Digitization Above 30+ | % of Digitization Annual Target | Screening by ANM /MPW | % of Screening by ANM/MPW | Refer by ANM/MPW | % of Refer against Screening | Examination by Doctors at PHC | % of Examination by MO at PHC |
|------|--------------------------|---------------|------------------------|---------------------------------|-----------------------|---------------------------|------------------|------------------------------|-------------------------------|-------------------------------|
| 1    | PHC Jharda               | 1943          | 1722                   | 88.65                           | 1267                  | 65.2                      | 231              | 18.2                         | 58                            | 25.1                          |
| 2    | SHC Umariya              | 1624          | 1596                   | 98.28                           | 1048                  | 64.5                      | 180              | 17.2                         | 159                           | 88.3                          |
| 3    | PHC Budha                | 1943          | 2150                   | 110.68                          | 1239                  | 63.8                      | 425              | 34.3                         | 131                           | 30.8                          |
| 4    | SHC Billod               | 1624          | 1679                   | 103.39                          | 826                   | 50.9                      | 101              | 12.2                         | 99                            | 98.0                          |
| 5    | SHC Munderi              | 1624          | 1707                   | 105.12                          | 813                   | 50.1                      | 342              | 42.1                         | 78                            | 22.8                          |
| 6    | PHC Takrawad             | 1943          | 1549                   | 79.74                           | 430                   | 22.1                      | 97               | 22.6                         | 111                           | 114.4                         |
| 7    | PHC Pipliya Mandi        | 1943          | 1200                   | 61.78                           | 388                   | 20.0                      | 121              | 31.2                         | 61                            | 50.4                          |
| 8    | PHC Kanghatti            | 1943          | 1236                   | 63.63                           | 347                   | 17.9                      | 97               | 28.0                         | 19                            | 19.6                          |
| 9    | PHC Sanjeet              | 1943          | 1358                   | 69.91                           | 200                   | 10.3                      | 43               | 21.5                         | 499                           | 1160.5                        |
|      | Malhargarh               | 16527         | 14197                  | 85.9                            | 6558                  | 39.7                      | 1637             | 25.0                         | 1215                          | 74.2                          |

## NCD Sreening data PHC -HWC Kanghatti



Register verification PHC Kanghatti



Labour Room PHC Kanghatti



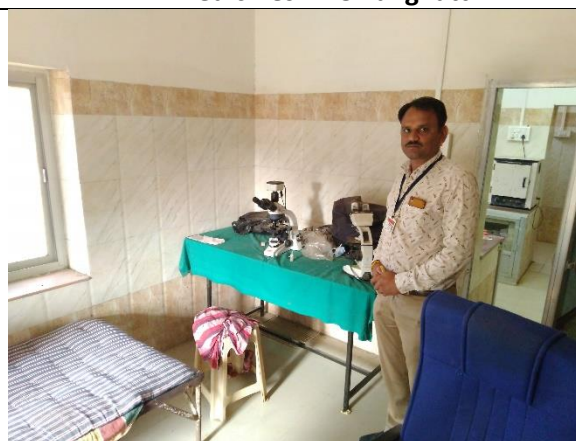
Lab services in PHC Kanghatti



EDL medicines PHC Kanghatti



Zinc-ORS corner PHC Kanghatti



Diagnostic services PHC Kanghatti



SHC -Balaguda



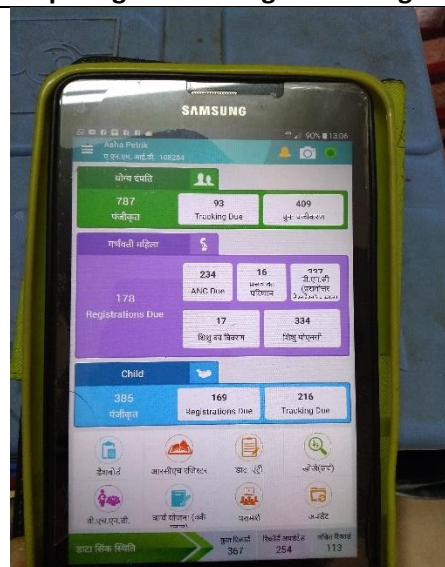
PNC mother SHC -Balaguda



Mamta Card SHC -Balaguda



Preparing for meeting SHC -Balaguda



NCD Tablet SHC Balaguda

- Laqshya staff have received training in different aspects of quality management and BMW and labour room quality circle committee has been set up in DH Mandsaur.
- Patient satisfaction forms are being filled by patients who come for delivery on different aspects like signages, availability of drinking water, behaviour of hospital staff, quality of food etc.
- DH Mandsaur received an amount of Rs. four lakhs in 2018-19 for upgradation of labour room.
- MOs and SNs have received training in Objective Structured Clinical Examination (OSCE).

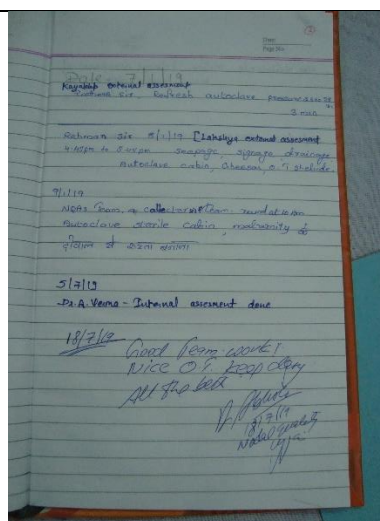
## **12. Data Reporting under HMIS and RCH Portal (MCTS)**

- 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 in the district. It also helps in supervision and planning for areas to be strengthened.
- Data collection for health services has been systematised through HMIS and tracking of services provided to individual mothers and children is done using 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.
- Recent changes in HMIS and MCTS (now RCH Portal) has been informed to all the districts and all the facilities are required to submit their service delivery data only through new HMIS reporting formats and RCH Portal. 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 required.
- In Mandsaur district, M&E officer of HMIS is incharge DPM. The block headquarters and PHC-HWCs have been provided computers and necessary infrastructure for data uploading on HMIS and RCH Portal yet there are software related issues.
- In the DH different sections of the hospital are given data sheets to provide data for entry in HMIS. The data is verified by the hospital matron and is compiled by the DEO. The DEO has recently been CTTached to Collector's office. The DEO and other staff need regular orientation on HMIS data.
- There are 33 DEOs in Mandsaur district, working in the DH, CMHO office, DPMU and at the block level and in the PHCs. There are single DEOs at the block level who have to do multiple data entry and are left with little time to monitor data quality.

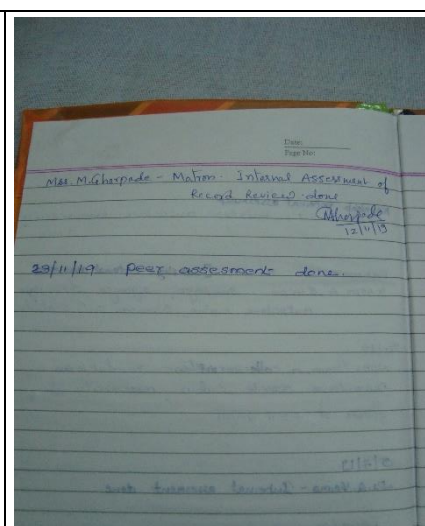
- All the health facilities have reported annual infrastructure data for 2019-20. However, critical MCH services are not being recorded in the RCH portal, Both delivery and delivery complications are not being recorded in the RCH portal for DH.
- In SHC Balaguda old age death reporting is not been done due to incorrect understanding of the data element. The ANM needs orientation on correct reporting of HMIS data.
- None of the visited health facilities have any manual for HMIS or RCH Portal. DEOs are just engaged in data entry of HMIS and RCH Portal without adequate training.
- It is observed that all the visited health facilities have no uniformity in HMIS reporting. HMIS reports of PHC-HWC Kanghatti could not be verified because a hard copy of the report is not maintained at the HWCs. It was observed that authenticated signed copies of HMIS monthly reports and annual infrastructure reports are not kept at any of the visited health facility.
- Data reported by different health facilities shows that HMIS reporting is not properly monitored by health facility in-charge. Data reporting for different types of programmes for the state portal varies from the data available on HMIS portal.
- There are multiple issues in data synchronization of ANMOL tab with RCH portal. Master data under RCH portal is not updated because location is not visible, RCH portal does not show data when the ANMOL tab is started the data is not visible.
- The monthly consolidated and facility wise data are inconsistent and anomaly is observed in data reporting in adolescent health.



BMW waste management



Internal Assessment LaQshya



Peer Assessment LaQshya

DH Mandsaur



Dialysis Unit DH Mandsaur



Bridge Course for Community Health Officers for HWCs in Mandsaur

## Annexure

## Health Infrastructure available in District

| No. of institutions        | Number Functional | Located in government buildings | No. of new facility proposed | No. having in-patient facility | Total No. of beds |
|----------------------------|-------------------|---------------------------------|------------------------------|--------------------------------|-------------------|
| District Hospital*         | 01                | 01                              | --                           | 01                             | 500               |
| Exclusive MCH hospital     | --                | --                              | --                           | --                             | --                |
| Sub District Hospital / CH | 02                | 02                              |                              | 2                              | 99                |
| Community Health Centre    | 07                | 07                              |                              | 7                              | 210               |
| Primary Health Centre      | 43                |                                 |                              | 43                             | 238               |
| Sub Health Centre          | 200               | 174                             | 32                           | 7                              |                   |
| AYUSH Ayurvedic            |                   |                                 |                              |                                |                   |
| AYUSH(Homoeopathic)        | 2                 |                                 |                              |                                |                   |
| AYUSH (Others)             |                   | --                              | --                           | --                             | --                |
| Delivery Point(L1)         |                   |                                 |                              |                                |                   |
| PHC                        | 12                | Yes                             | --                           |                                | 72                |
| SHC                        | 7                 | Yes                             | --                           |                                | 7                 |
| Delivery Point(L2)         |                   |                                 |                              |                                |                   |
| CHC                        | 7                 | Yes                             | --                           | 7                              | 210               |
| PHC                        | 16                | Yes                             | --                           | 16                             | 96                |
| SDH                        | 1                 | Yes                             | --                           | 1                              | 39                |
| Delivery Point(L3)         |                   |                                 |                              |                                |                   |
| DH                         | 1                 | Yes                             | --                           | 1                              | 500               |
| SDH                        | 1                 | Yes                             | --                           | 1                              | 60                |
| CHC                        | 0                 | Yes                             | --                           |                                | 0                 |
| HWC-Primary Health Centre  | 41                | Yes                             |                              | 41                             | 246               |
| HWC-Sub Health Centre      | 14                | Yes                             |                              | 14                             |                   |
| NRC                        |                   |                                 |                              |                                |                   |
| CHC                        | 4                 | Yes                             | --                           | 10                             | 40                |
| SDH                        | 2                 | Yes                             | --                           | 10                             | 20                |
| DH                         | 1                 | Yes                             | --                           | 20                             | 20                |
| ODEIC                      | Nil               | Nil                             | Nil                          | Nil                            | Nil               |

| Key observations for Visited health facilities (Y/N)                                                  | DH<br>Mandsaur | CHC<br>Shamgarh | SDH<br>Garoth | PHC- HWC<br>Kanghatti | SHC- HWC<br>Balaguda |
|-------------------------------------------------------------------------------------------------------|----------------|-----------------|---------------|-----------------------|----------------------|
| Monthly HMIS Reported (Previous month)                                                                | Y              | Y               | Y             | Y                     | Y                    |
| All the HMIS reports duly signed by facility in-charge                                                | Y              | Y               | Y             | N                     | N                    |
| A copy of monthly HMIS is kept and signed by facility in-charge                                       | Y              | N               | N             | N                     | Y                    |
| Any new construction initiated / completed in the visited facility                                    | Y              | Y               | Y             | N                     | N                    |
| Grants received for new construction / Upgradation / renovation at facility                           | Y              | Y               | Y             | Y                     | Y                    |
| Outsourced HR working in the facility                                                                 | Y              | Y               | Y             | Y                     | Y                    |
| SDMIS functioning/)                                                                                   | Y              | Y               | Y             | Y                     | Y                    |
| Calibration of equipment is done                                                                      | Y              | Y               | Y             | N                     | N                    |
| Any local tie-up for equipment maintenance at facility                                                | N              | N               | N             | N                     | N                    |
| Satisfaction with outsourced equipment maintenance services (AIMS/Mediciti)                           | N              | N               | N             | N                     | N                    |
| Maternal Death Review done in last one year / current year                                            | Y              | Y               | Y             | N                     | N                    |
| JSSK report of the facility is prepared (collect copy – if available)                                 | Y              | Y               | Y             | Y                     | Y                    |
| Records and registers for each JSSK services prepared                                                 | Y              | Y               | Y             | Y                     | Y                    |
| Availability of dedicated staff for LR and OT at visited health facility                              | Y              | Y               | N             | N                     | N                    |
| Drugs and Equipments available as per facility level                                                  | Y              | Y               | Y             | Y                     | Y                    |
| Distance of higher referral facility                                                                  | 160 kms        | 17 kms          | 87 kms        | 6 km                  | 19 kms               |
| Travel time to reach higher referral facility                                                         | 4 hrs          | 30 mins         | 120 mins      | 20 mins               | 38 mins              |
| Blood Transfusion facility available                                                                  | Y              | Y               | N             | N                     | N                    |
| District coaching team visited for LaQshya implementation? (check documentation)                      | N              | N               | --            | --                    | --                   |
| Baseline assessment conducted for LaQshya                                                             | Y              | N               | --            | --                    | --                   |
| Training on LaQshya given to any staffs                                                               | Y              | Y               | --            | --                    | --                   |
| Whether LaQshya manual available in Hindi language at (visited facility)                              | N              | N               | --            | --                    | --                   |
| Uninterrupted supply of partograph                                                                    | Y              | Y               | Y             | Y                     | Y                    |
| All printed registers and reporting formats available                                                 | Y              | N               | N             | N                     | N                    |
| health facility level quality assurance committee formed (Collect list and meeting details)           | N              | N               | N             | N                     | N                    |
| RBSK team is complete in all aspects                                                                  | N              | N               | N             | N                     | N                    |
| HR                                                                                                    | N              | N               | N             | N                     | N                    |
| Separate Mobility support                                                                             | --             | Y               |               |                       |                      |
| Route chart available and being followed                                                              | --             | Y               |               |                       |                      |
| Sufficient medicine and consumables supplied                                                          | --             | Y               |               |                       |                      |
| RBSK team linkages with referral facilities, schools, AWC for services                                | N              | Y               | N             | Y                     | Y                    |
| ASHA received HBNC /HBYC training                                                                     | --             | N               | Y             | Y                     | Y                    |
| ASHA filling forms for HBCN/HBYC visit                                                                | --             | Y               | Y             | Y                     | Y                    |
| ASHA reporting SAM and 4Ds to ANM                                                                     | --             | Y               | N             | Y                     | N                    |
| ASHA has sufficient reporting and visit formats                                                       | --             | N               | N             | N                     | N                    |
| Annual Infrastructure MIS 2019-20 reported for all the visited facilities                             | Y              | Y               | Y             | Y                     | Y                    |
| Data display initiated at Facility level – key indicators                                             | Y              | Y               | N             | N                     | N                    |
| Whether Kayakalp assessment has been done for visiting facility                                       | Y              | Y               | Y             | Y                     | Y                    |
| Areas-wise score or overall score obtained by health facility (Collect a copy of Kayakalp assessment) | 79             | --              | --            | --                    | --                   |
| GUNAK app is used / known to facility in-charge                                                       | N              | N               | N             | N                     | N                    |