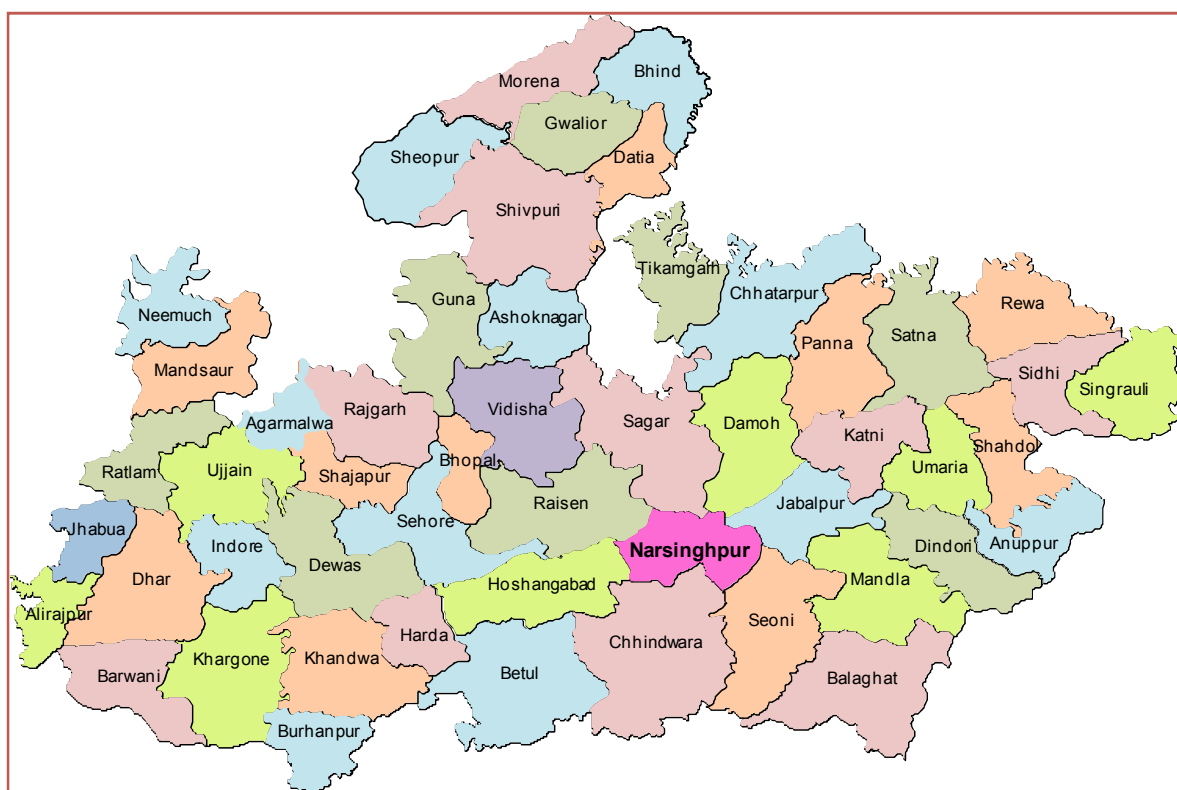


Quality Monitoring of Programme Implementation Plan 2019-20 in Madhya Pradesh

District: Narsinghpur



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List of Acronyms

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

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

Executive Summary

The Ministry of Health and Family Welfare, Government of India, has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2019-20, PRC Sagar is engaged in carrying out PIP monitoring in several districts of Madhya Pradesh. In this context a field visit was made to Narsinghpur district in MP in third week of October, 2019. PRC team visited District Hospital (DH) Narsinghpur, Civil Hospital (CH) Gadawara, Community Health Centre (CHC) Kareli, 24*7 Primary Health Centre (PHC) Chichli and SHC Mungwani, which are functioning as delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Narsinghpur District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, RCH portal data, LaQshya, Kayakalp, Ayushman Bharat (PMJAY) and Health and Wellness Centre (HWC) in the district. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Narsinghpur, CH Gadawara, CHC Kareli, 24*7 PHC Chichli and SHC Mungwani for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received. Secondary information was collected from the state web portal and district HMIS data available at the Programme Management Unit in the district.

Key Observations, Recommendations and Action Points of visited facilities

Field visit observations and information gathered during interaction with the field staffs at visited health facilities by PRC team leads to point out some important recommendation/action points, which needs to be address on priority basis. Following action points suggested to the district.

District Hospital, Narsinghpur

- ✓ Narsinghpur district provides health services through rural and urban health facilities both in rural and urban areas of Narsinghpur. In total 1 DH, 1 CH, 7 CHCs, 22 PHCs and 156 SHCs are providing health services in Narsinghpur district.
- ✓ Total functional bed capacity reported in rural health facilities i.e. CHCs, CH, PHCs and SHCs in Narsinghpur district is 708 which is less and insufficient according to the desired norm of 500 beds per 1 lakh population.

- ✓ Total functional bed capacity in different government health facilities in urban area i.e. DH is 300 which is grossly insufficient to cater the urban population in the district. The newly constructed 200 bedded MCH wing is now functional in the DH campus.
- ✓ Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- ✓ In DH Narsinghpur surgery, medicine, emergency, ophthalmology, ENT are available along with ancillary services of radiology, pathology etc. Facility of obstetrics and gynaecology, emergency and family planning services are now started in newly constructed MCH wing.
- ✓ DH Pathology department has need of Automatic Bio-chemistry Analyser, Thyroid analyser and Electrolyte analyser. There is no AC at the lab, at least four split AC is needed for pathological laboratory. At DH around 1250 pathological tests done per day with just having 3 LT and 2 assistant. More LT is needed on urgent basis.
- ✓ LaQshya is implemented at DH and labour room and labour OT has been upgraded accordingly. All the 54 LaQshya registers (LR+OT) are being filled by SNs. One big double door refrigerator is needed at LR. There is huge shortage of sweeper and class IV staffs at DH and especially at LR. At least 3 sweeper is needed for LR and delivery care ward.
- ✓ In NRC some equipment like fly catcher, television, DVD, Ro water machine were not working, which needs to be repaired immediately. All staffs of NRC are not posted. Electric point and plugs are out of wall, needs to be repaired immediately.
- ✓ As informed by civil surgeon, there is huge shortage of staffs especially doctors. Only four class one doctor and 12 MOs are posted at DH. Out of seven sanctioned post of matron only one is posted and she also going to retired in near future. Staffs issue needs to be address on most priority.
- ✓ Staff quarters are a serious concern in the district; especially at DH there is no staff quarter.
- ✓ Majority of the essential drugs are available in all the health facilities and there was computerized inventory management system in place upto CHC level among all the visited health facilities.
- ✓ Dialysis service is very good at DH and having very high patient load with waiting of 45-47 patients. It is informed that as per present available space setup two more dialysis machine can be accommodated, which will be very helpful. Electrification issue of water pump house needs to be address urgently.
- ✓ 'DASTAK' program has been launched in the district on 15th June 2017 along with whole state. This program is a joint initiative of WCD & HFW. Under this program 10 tests is getting done to the children of 0-5 years to identify the problems related to malnutrition, pneumonia, anaemia, by birth disabilities, breast feeding etc.
- ✓ 'Pradhanmantri Matritwa Suraksha Yojna' is running all over in the district and gynaecologists of private hospital; nursing homes are providing services to pregnant women on 9th of every month in the district.

- ✓ It is informed by almost all the visited facility that, one private hospital named, Metro Hospital, Jabalpur, registered under Ayushman Bharat (PMJAY) scheme, took money from the beneficiaries after treatment, which needs to be address by state authority.
- ✓ HMIS data reporting has mismatch issues with register data and Government of India HMIS portal data among all the visited facilities including DH.

Civil Hospital, Gadarwara

- ✓ CH building is very old (estd. 1974) and in very poor condition and any renovation work will not help much, so new CH building with enhance bed capacity of at least 150 beds is needed as per present patient flow and population load in this area.
- ✓ There is huge encroachment of CH land and PRC team along with BMO met with local MLA to look into this matter and she assured to do whatever possible for her to address this issue as well as upliftment of the CH.
- ✓ LaQshya is not implemented in CH Gadarwara, which needs to address by district authority.
- ✓ X-ray machine is very old (model- ELPRO 50MA of year 1972) at CH. Renewal registration has not been done for more than six years by the Radiation Evaluation Agency (AREB) due to its oldness. Radiographer neither has any X-ray protection (TLD batch) nor getting protection allowances. CH does not have supply of lead wall or lead apron for protection. So this machine needs to replace immediately with new digital x-ray machine.
- ✓ Solar power system has been established at CH around six years back and no maintenance has been done. As informed by senior officials, if new solar grid with 15KV capacity gets installed at the civil hospital, then it may reduce the electricity bill upto 50 percent.
- ✓ Pathology doesn't have Cell counter, Bio-chemistry analyser, Semi Auto Analyser and CBC Counter Machine (3/5 parameter), only 28 types of test is being done at civil hospital.
- ✓ ICTC centre run through one lab technician only. Around 25-30 test done every day and on ANC day (Wed & Friday) it goes to around 50. Since starting of this ICTC centre (January 2009), total 105 HIV positive tests found at CH.

CHC Kareli

- ✓ There are huge shortages of medical and para-medical staffs at the CHC. Even at NBSU and NRC shortage of staffs is being found.
- ✓ LaQshya is not implemented in CHC Kareli, although BPM is trying to train their CHC delivery care staffs on LaQshya service process to practice at the centre.
- ✓ As reported by Labour room in-charge, there is need of labour table, delivery instrument locker, emergency tray table and autoclave drum for labour room at CHC Kareli.
- ✓ Some of the equipments like one radiant warmer are found non functional during team visit.

- ✓ At CHC Kareli security service is outsourced and there are four security guards posted at CHC. Contractor is not giving timely salary to these security staffs. They didn't given uniform for last four years too. The outsource company is "X-Servicemen Security Force, Jabalpur". BMO inform that, we are not able to take any steps for outsource person, although regularly inform contractor to provide timely salary to the staffs.
- ✓ X-ray service is available at CHC. Blood storage unit is under registration process, however BSU infrastructure and related HR is available. Sonography service is also under registration process.
- ✓ It is informed by RBSK team that many essential drugs for RBSK are not available at CHC Kareli. Reporting of RBSK is a problem as one available laptop was not working for many days, so it has been submitted to district, but no replacement is given till now. RBSK team is only reporting through their CHETNA App software. This app is also not working properly; all data get uploaded but many data not showing on the app post uploading.
- ✓ ANMOL app service is running in the CHC block for last one year. Twenty six ANM has been given Tablet for ANMOL data uploading in the visited CHC area. RCH portal is creating problem in updating ASHA's details on it. For putting village level map all data needs to be refilled on the portal.
- ✓ CHC staff informed that equipment maintenance outsourced company (AIM Pvt. Ltd.) technician took very much time to done the repairing work.
- ✓ There is a government provision to pay rupees 30,000 to the beneficiaries, who gone with LTT operation at government facility and later found it failed, but none of these cases got any money from central government as reported cases at CHC.
- ✓ Facility official suggested that, for special program, like child health, family planning etc, there should be separate coordinators and they should be given complete responsibility for these programs.
- ✓ In pathological lab, platelet count test not done, CBC count machine is also needed at CHC Kareli.
- ✓ At CHC, pendency of payment to the mother of SAM children admitted in the NRC has been found.

PHC Chichli

- ✓ In PHC Chichli area, there is one NTPC factory and under its CSR scheme NTPC giving support to PHC. Some building repairing and rooms has been constructed by NTPC. PHC Chichli has good land area and by NTPC willing support it can be developed as a model PHC in the district.
- ✓ At PHC, there is only one full time Ayush MO (regular) is posted, two MOs from periphery serve in OPD on alternate day at PHC.
- ✓ Although PHC building is new but there is water leakage issue in the building which needs to be address.
- ✓ Electricity fitting have some major issue, which leads to regular short circuit at the centre. This issue needs to rectify urgently.

✓ In spite of having good covered land area, there are no staff quarters at PHC. As informed by MO, NTPC is ready to give financial support, so staff quarters should be constructed at the centre.

SHC Mungwani

✓ SHC Mungwani had been upgraded as PHC on record, but physically it is functioning as SHC, neither any staff has been posted nor infrastructural development has been done as PHC norms.

✓ At SHC, only one SN and one ANM are posted, there is urgent need of one sweeper at SHC, as per delivery load and maintaining cleanliness and hygiene at the facility.

✓ As informed by the SHC staffs, there are requirement of complete delivery instrument, seven labour room tray, big tray, RO with water cooler, big almirah, cooler and furniture i.e. chair, table etc. at the facility.

✓ Some visiting ASHAs has been interviewed by PRC team at SHC Mungwani, as informed by ASHAs, they are getting their minimum pay and incentives on time.

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

1. Introduction

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2. State and District Profile

- Madhya Pradesh located in central India with 50 districts and 342 blocks has a total population of 7.2 crores (Census, 2011). Narsinghpur district is a district of Madhya Pradesh state in central India. The town of Narsinghpur is administrative headquarters of the district.
- The district has an area 5,125 km². The district is part of the Jabalpur Division. It is bounded by Sagar and Damoh districts on the north, by Jabalpur district on the east, Seoni district on the southeast, Chhindwara district on the south, Hoshangabad district on the west and by Raisen district on the northwest.

- The Narsinghpur district lies in the extreme south-west of the Jabalpur division. The district comprises of five tehsils and six community development blocks, which are Narsinghpur, Babai Chichli, Chawarpatha, Gotegaon, Kareli, Saikheda, with a population of 10, 92,141 and population density 213 persons per sq. km as compared to 236 persons per sq. km of M.P.
- The decadal growth rate has decreased from 21.9 percent in 2001 by 7 point to 14 percent in census 2011. The male-female ratio of Narsinghpur is 917 females per thousand males in comparison to 930 per 1000 males for M.P. state, the child sex ratio is less and also decreased by 17 percentage points from 917 in 2001 to 900 in 2011 census. It is also lower than the child sex ratio of the state (912/1000).
- There are four Nagar Parishad and two Nagar Palika and three Census Town in the district. As per Census 2011 Narsinghpur has 1067 villages, out of which 1035 are inhabited and 32 are uninhabited villages. Narsinghpur district has total 446 Gram Panchayats.

Key socio-demographic indicators

Sr.	Indicator	MP		Narsinghpur	
		2001	2011	2001	2011
1	No. of Districts	45	50	-	--
2	No. of Blocks	333	342	5	6
3	No. of Villages	55393	54903	1079	1067
4	No. of Towns	394	476	5	8
5	Population (Million)	60.34	72.52	0.95	1.09
6	Decadal Growth Rate	24.3	20.3	21.9	14.0
7	Population Density (per (Km ²))	196	236	187	213
8	Literacy Rate (%)	63.7	70.6	77.7	76.8
9	Female Literacy Rate (%)	50.3	60.6	68.5	67.6
10	Sex Ratio	919	930	909	917
11	Sex Ratio (0-6 Age)	918	912	917	900
12	Urbanization (%)	26.5	27.6	16.0	18.6
13	Percentage of SC (%)	15.2	15.4	16.1	16.9
14	Percentage of ST (%)	20.3	21.1	13.2	13.4

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

- In Narsinghpur district, literacy rate (76.8 percent) as well as female literacy rate (67.6 percent) has decreased by around one point from census 2001 (77.7 & 68.5 percent respectively) to census 2011. However it is more than the state average of 60.6 percent (Census 2011).

Temporal Variation in some service delivery indicators for Narsinghpur district					
Sr.	Indicators	MP		Narsinghpur	
		HMIS/AHS Census	NFHS-4	HMIS/AHS Census	NFHS-4
1	Sex Ratio	930 [#]	948	917 [#]	901
2	Sex Ratio at Birth	905 [§]	927	875 [§]	881
3	Female Literacy Rate (%)	60.6 [#]	59.4	67.6 [#]	66.0
4	Infant Mortality Rate (per 1000 live births)	62 [§]	51	62 [§]	-
5	Unmet Need for Family Planning (%)	21.6 [§]	12.1	19.3 [§]	8.7
6	Postnatal Care received within 48 Hrs. after delivery	80.5 [§]	55.0	87.4 [§]	57.1
7	Fully Immunized Children age 12-23 months (%)	66.4 [§]	53.6	70.5 [§]	54.2
8	1 st Trimester ANC Registration (%)	66.0 [^]	53.1	68.0 [^]	43.8
9	Reported Institutional Deliveries (%)	95.0 [^]	80.8	98.0 [^]	85.8
10	SBA Home Deliveries (%)	3.0 [^]	2.3	1.0 [^]	2.4
Source: [#] Census 2011, [§] AHS 2012-13 [^] HMIS report April-March 2018-19.					

3. Health Infrastructure in the District

• Narsinghpur district provides health services in both rural and urban areas through rural and urban health facilities. District is providing health services in urban areas through District Hospital and one urban PHC. In rural areas one Civil Hospital, 7 CHCs, 22 PHCs and 156 SHCs are providing health services.

• DH Narsinghpur and CH Gadarwara, 7 CHCs, 20 PHCs and 144 SHCs are functioning from government buildings.

• DH Narsinghpur is sanctioned as 300 bedded hospital and presently serving as 325 bedded. The newly

Health Facility	Number	Facility Visited
District Hospital	1	DH Narsinghpur
Civil Hospital	1	CH Gadarwara
Community Health Centre	7	CHC Kareli
Primary Health Centre	22	PHC Chichli
Sub Health Centre	156	SHC Mungwani

constructed MCH building is operational now, with labour room and SNCU along with MCH ward. Although newly constructed advanced modular OT is still not operational due to lack of proper advanced HR for operating the OT. However one OT is operational.

• All the three L3 facilities share 430 beds, with one DH having 300 beds, CH Gadarwara having 100 beds and CHC Kareli is 30 bedded. Seventeen L2 facilities with six CHCs and eleven PHCs are 30 and 6 bedded each in respective CHC and PHC.

• There are eight facilities, four PHCs and four SHCs functional as level 1 delivery points with having total 32 functional beds. SHC Mungwani also upgraded as PHC since September, 2019.

- In total 708 beds are available in the district with a population of 10.9 lakhs, which are insufficient for the district, according to the required norm of 500 beds per 1 lakh population.

Information Education Communication

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

Referral Transport

- In Madhya Pradesh referral transport has been an integral part of health care services. This is very essential for access to critical health care, emergencies, trauma care for remote and outreach areas and in rural areas.
- During 2017-18, referral transport services have been centralised at state level and outsourced to a new agency and services under 'National Ambulance Services' has been implemented.
- The referral transport service in the district is running through centralised call centre from state. Apart from this centralised '108' service, there are two ambulance at DH among the visited health facility.
- It was observed that not all the pregnant women are getting transport services with "108" or ambulances. Due to non-availability of data at district level no assessment could be done for the services provided to pregnant women and newborn children and other patients.

4. Status of Visited Health Facilities

- DH Narsinghpur is easily accessible from the main road. As per HMIS infrastructure data, DH Narsinghpur caters to around 10.92 lakhs population of Narsinghpur. CH Gadarwara and CHC Kareli cater to around 5.1 lakhs and 54 thousands population each respectively. PHC Chichli caters around 45 thousands populations in the periphery and SHC Mungwani caters to about 8072 populations.

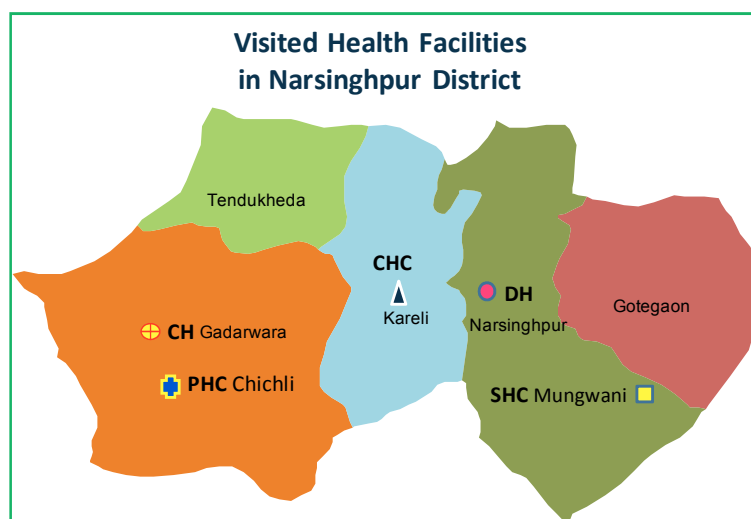
- CH Gadarwara and CHC Kareli are located at a distance of 57 and 21 KMs respectively from the district head quarters. PHC Chichli is located 64 KMs from the district head quarters and functional as 24*7 delivery point with 6 beds and SHC Mungwani functional as a delivery point is located at a distance of 35 KMs from the district head quarters.

- Staffs quarter is a serious concern in the district, especially at DH, only two MOs and 4 SNs are residing in very old quarters which are in very bad condition. There is urgent need of quarters at DH. Multi-storey quarters can be constructed by dismantling all the old quarters at DH. CH Gadarwara has nine MO quarters, 10 SNs quarters and 15 quarters for other category. CHC Kareli has two MO quarters, two SNs quarters and 17 quarters for other category while PHC Chichli has one MO quarter, two SNs quarters and four quarters for other category. No quarter available at SHC Mungwani, although one room provided to ANM for reside in SHC. The condition of most of these quarters is not good especially at CH Gadarwara and CHC Kareli.

- All the visited health facilities have appropriate drug storage facilities and Water supply is available with overhead tanks in all the visited facilities. There is no record available of regular fogging in any of the visited

health facility. Rainwater harvesting facility is not available at any of the visited health facilities.

- Facilities for bio-medical waste segregation were observed in all the health facilities. The BMW service is out sourced in the district. Collection of waste by E-Lite Company,



Jabalpur is done on alternate day basis at DH and twice in a week at CH and CHC. Disposal of hospital waste in PHC Chichli and SHC Mungwani is being done in closed pits.

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



5. Status of Human Resources

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

Human Resources	Required (Sanctioned)					Available				
Health Functionary	DH	CH	CHC	PHC	SHC	DH	CH	CHC	PHC	SHC
Gynaecologist	4	2	-			0	0	-		
Paediatrician	7	2	-			1	0	-		
Anaesthetists	2	1	-			2	0	-		
Cardiologist	-	-	-			-	-	-		
General Surgeon	2	2	-			2	2	-		
Medicine Specialist	3	2	-			0	2	-		
ENT Specialist	2	-	-			0	-	-		
Orthopaedic	2	1	-			1	0	-		
Dentist	1	-	-			0	-	-		
TB Specialist	1	-	-			0	-	-		
Ophthalmologist	2	1	-			2	0	-		
Ophthalmic Asst.	1	2	1	-		1	1	1	-	
Radiologist	2	1	-			0	0	-		
Radiographer	3	2	1			3	1	1		
Pathologist	2	1	-			0	0	-		
LTs	13	6	3	-		9	3	2	1	
MOs	17	11	6	-		14	11	2	1	
AYUSH MO	-	-	-	-		-	-	-	-	
LHV	-	-	-	-		-	-	-	1	
ANM	-	1	4	-	-	-	3	4	1	2
MPHW (M)	-	-	-	-	-	-	-	-	-	1
Pharmacist	8	5	5	-		6	2	3*	2	
Staff nurses	124	50	12	-	-	109	26	9	1	1
DEO	1	0	3	-		1	2	3	1	
Ward boy	29	11	3			16	6	2	1	

*Both Compounder and Pharmacist post are the combined.

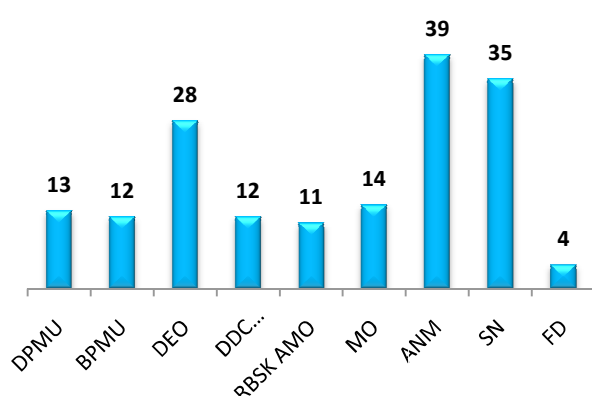
Human Resources in Visited Health Facilities

- DH Narsinghpur has two anaesthetists, two general surgeon, two ophthalmologists, one orthopaedic specialist and one paediatrician posted against the sanctioned 30 specialist post. Fourteen MOs are in position against 17 sanctioned posts.
- In the DH there are 109 SNs working against its sanctioned post of 124. Nine out of 13 lab technicians and three radiographers are working against their sanctioned posts.
- At PHC Chichli, there is one MO, one LT, one SN, one LHV, two pharmacists and one ANM are posted for running the 24x7 PHC services.

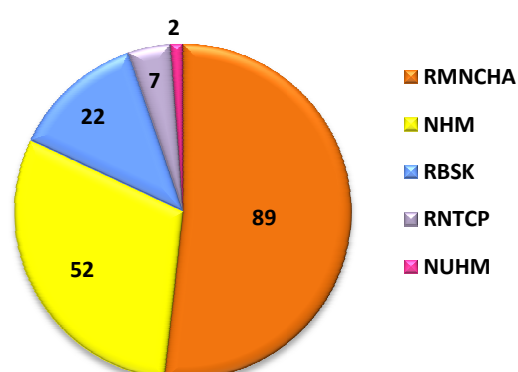
- There is paucity of lady MOs, Paediatrician, Anaesthetists, Ophthalmologist and Gynaecologist in CH Gadarwara. CHC Kareli does not have any specialist posted at the facility.
- At SHC Mungwani, there is one MPW (M), two ANM and one staff nurse providing all the clinical services at the delivery point.
- There are 813 regular staffs available in the district in peripheral health institutions. This information is available at the web-site of state health department <http://www.nhmmp.gov.in/WebContent/md/HR/Regular-Facility-Wise.xls> (accessed on 06.02.2020) but this information is not updated. There are only 42 medical officers posted in periphery health institutions.
- The staffs position in district and block level PMUs under NHM shows that there are 186 contractual staffs in position in the district. The PMUs have one district monitoring and evaluation officer (M&E), one district community Mobilizer (DCM), one sub engineer, one routine immunization data manager, 12 DDC pharmacists and 28 data entry operator (DEO), three block programme manager (BPM), three block community mobilizer (BCM) and six block accounts manager (BAM) are working. There is no DPM in Narsinghpur and DCM is working as in-charge DPM and most of the work related to DPM is done by him.

Below chart shows the NHM staffs detail and their division under different health programme:-

Number of In-position Contractual Staffs under NHM, Narsinghpur



Number of In-position Contractual Staffs under NHM Programme wise, Narsinghpur



- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility. DMPU has maintained complete information about the contractual staff of the district.

- State government has initiated the process of consolidating and compiling information related to each and every employee working in the health department by way of a comprehensive HR Portal <http://hrmis.nhmmp.gov.in/Home/Login> for management of existing HR. The HRMIS is not yet functional with all its modules. HRMIS has 49 data fields covered in 9 modules – Bank Details, Posting, Family Details, Education, Finance, Contact, Training, Document and Summary.
- District has limited human resources compared to sanctioned strength for different health facilities. Majority posts of specialist cadre are vacant.
- At visited health facilities many staffs are holding charge of multiple tasks. Contractual staffs are also engaged in many administrative and other related works.

Training Status/Skills and Capacity Building

- NHM focuses on capacity building and skill upgradation of the existing staff, for which there are provisions for trainings at all levels. Under NHM, several training programmes are organized for medical and paramedical staff at district and state level.
- The state health department web-site <http://health.mp.gov.in/en/training-orders> provides orders pertaining to nominations of various health personnel for different types of training programmes.
- Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- SBA training is taking place at the district level and SBA trained MOs, SNs and ANMs are available in different visited health facilities.
- IUCD, PPIUCD and NSSK trainings have been received by LMOs, SNs and ANMs. Cold chain trained ANMs, SNs and MPWs are available in the visited health facilities (except SHC) to maintain cold chain services.
- On quality parameter, the staffs (SN, ANM) of DH Narsinghpur, CH Gadarwara, CHC Kareli, PHC Chichli and SHC Mungwani are skilled in management of high risk pregnancy, providing essential newborn care (thermoregulation, breastfeeding and asepsis) etc.
- Knowledge of managing sick neonates and infants, correct use of partograph, correct insertion of IUCD/PPIUCD, correctly administer vaccines, segregation of waste in colour coded bins.

6. Maternal and Child Health (ANC, Delivery and PNC Care)

- Narsinghpur district has three functional L3 facilities (DH Narsinghpur, CH Gadarwara & one CHC), seventeen L2 facilities (6 CHCs, 11 PHCs) and eight L1 facilities (4 PHCs & 4 SHCs) providing maternal health services in the district.
- All designated delivery points are not fully functional as per IPHS, either due to lack of manpower, diagnostic facilities or specialists and infrastructure. Among the visited facilities only DH has USG testing facility.
- DH Narsinghpur has reported 477 deliveries among which 118 were caesarean and 31 were between 8 pm to 8 am deliveries. In CH Gadarwara 204 and in CHC Kareli 137 deliveries conducted in September 2019. In PHC Chichli out of 40 deliveries, 19 took place between 8 pm to 8 am and in SHC Mungwani no delivery reported in September 2019 although 2 home deliveries registered during this period in SHC area.
- SHC Mungwani does not have 24*7 running water facility.
- Line listing of severely anaemic pregnant woman with haemoglobin below 7 (Hb<7) is being done and treatment of iron sucrose is given at all the health facilities. All the visited health facilities are maintaining the separate register for anaemic women (Hb<7).
- All mothers in post natal ward reported about initiation of breastfeeding within one hour of delivery in the visited health facilities.
- New comprehensive primary health care approach envisaged to provide quality health care services at the door-step has expanded the range of health services at periphery level primary health care institutions, whereas secondary and tertiary care institutions are being equipped to provide critical and more sophisticated treatments without economically hurting health care seeker at public health institutions.
- Madhya Pradesh has witnessed high infant and maternal mortality in the country. District level diversity in available health care service makes it even more challenging. Under comprehensive primary health care, HWCs are being operational for providing RMNCH+A services under one roof.
- Madhya Pradesh state has created necessary infrastructure and implemented programmes such as Mission Indradhanush, PMSMY, MMSSPSY, Dastak Abhiyan, Roshani Clinic, RKSK, RSBY etc. aimed at directly reaching to community level. While SNCU and NRC have been functional since a decade, the state has initiated more sophisticated health

services at tertiary care facilities such as PICU and HDU for arresting critical illness and emergencies pertaining to MCH services.

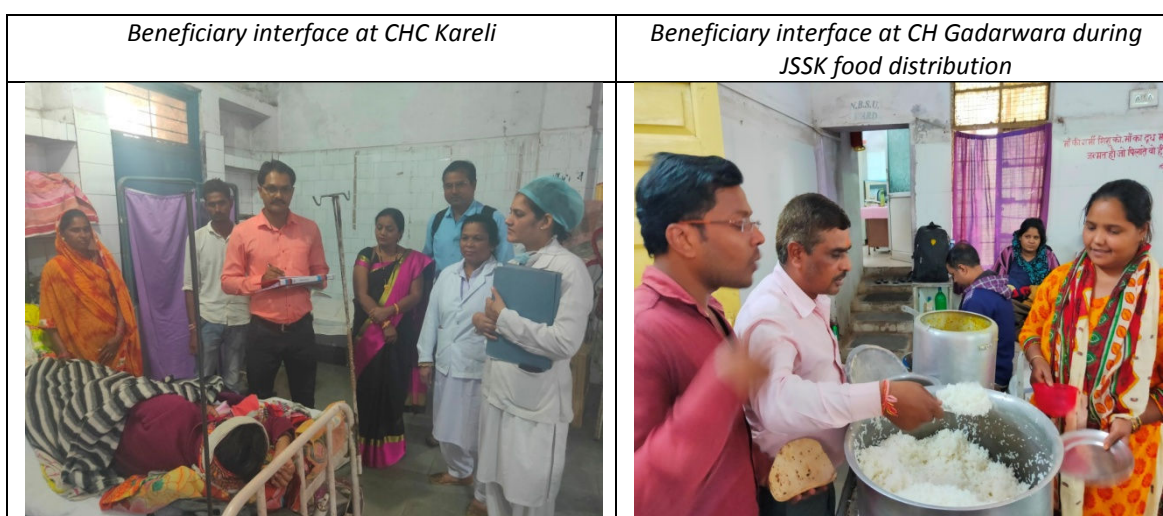
- It was informed by the service providers that pregnant women are never given 180 IFA tablets and 360 calcium tablets in one go and only 30-60 IFA/Calcium tablets are provided during each ANC check-up. It was observed that there is no mechanism to track the number of pregnant women completing the IFA/Calcium tablet, however, all the ANC registered pregnant women are reported to have received full course of 180 IFA and 360 Calcium tablets during the reporting months.
- It was observed that most of the visited health facilities in Narsinghpur district are not fully equipped to provide full range of all the maternal and child health services.
- NRCs are not optimally utilized in the district. In all visited health facilities – DH, SDH Gadawara and CHC Kareli, bed occupancy was found to be minimal.
- Neonatal health is a crucial dimension towards achieving goals pertaining to reducing infant mortality and share of neo-natal mortality in infant deaths. A 20 bedded Special New-born Care Unit (SNCU) has been set-up in the DH Narsinghpur.
- The SNCU has five MOs, 20 staff nurses for round the clock services. All SNCU staffs are trained in FBNC and 10 of them are also trained in Continuous Positive Airway Pressure (CPAP). SNCU monitors its services during weekly review meetings and appropriate corrective steps are taken to ensure quality services. There were 147 admissions and 18 deaths in September 2019.
- All the visited health facilities are maintaining maternal death registers and line listing of maternal deaths.





6.2 Janani Shishu Suraksha Karyakram (JSSK)

- JSSK is implemented at all levels of health facility and free entitlements are provided.
- Display of all JSSK benefits components was observed in all the visited health facilities, but JSSK was not mentioned.
- Beneficiaries in the exit interviews have reported to have received free (JSSK) services including free drugs and consumables, free diet, free diagnostics etc. in all the health facilities but didn't know about JSSK program name.
- Sixteen beneficiaries interviewed through exit (in-patient) in the visited facilities and they had reported about service availability at the facilities i.e. free meals and diagnostics.
- It was observed that all the visited health facilities have free dietary service under JSSK except at SHC, Mungwani and all the women utilise the delivery care at these facilities, stay for minimum 48 hours as per norms except SHC Mungwani, where some mother go home before 48 hours due to none availability of water and dietary service.



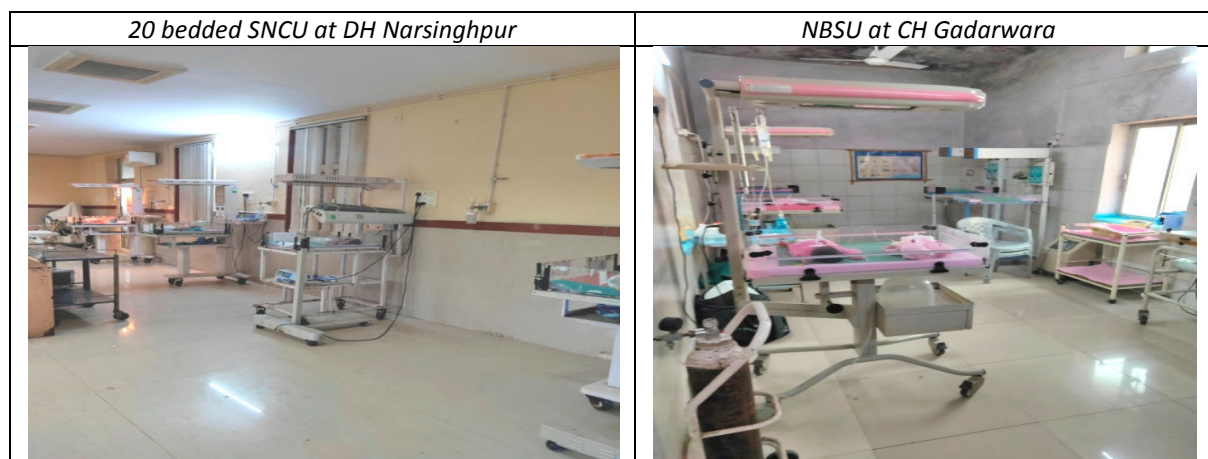
6.3 Janani Suraksha Yojana(JSY)

- JSY is implemented and payments are made as per eligibility criteria, since the payment done through E-vitta (DBT) no physical verification of beneficiaries' upto 5% is done by district authorities.
- Among the visited facilities, there are 477 JSY beneficiaries at DH Narsinghpur, 137 at CHC Kareli and 7 at SHC Mungwani for the month of September 2019.
- No proper grievance redressal mechanism for JSY has been initiated in the visited health facilities, but beneficiaries may visit to the facility office if money not transferred within a month after depositing all the required documents in Narsinghpur district.
- When asked the officials about late credit of JSY benefits to the beneficiaries account, they told that mostly it is happening due to non deposit of correct documents and bank details of the beneficiaries at the concerned centre.

6.4 Special Newborn Care Unit (SNCU)

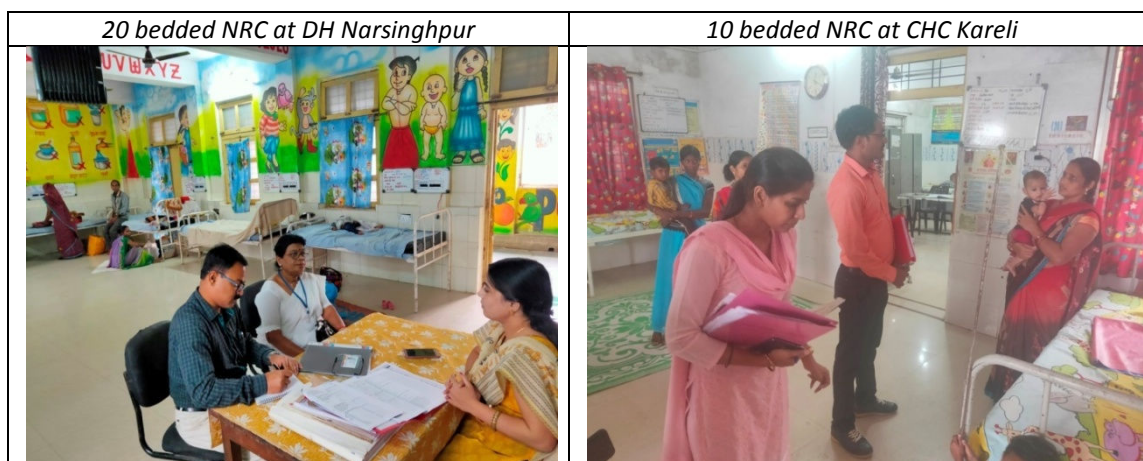
- In every district SNCU has been established in Madhya Pradesh. These SNCUs are established with an objective to reduce neo-natal mortality from preventable causes.
- In all delivery points in M.P., NBCC have been made functional to prevent infection, to regulate the body temperature of neonates and resuscitation.
- DH Narsinghpur has a 20 bedded SNCU, with necessary equipments and availability of five trained MOs and 20 staff nurses.
- There are three ward boys, four Aayas, two sweepers, three security guards and one data entry operator posted at SNCU Narsinghpur.
- During September month 2019, a total 147 children (inborn-72; outborn-75) have been admitted and as per the records, 108 children were cured after treatment and 17 children were referred to a higher facility and 18 death reported. In DH Narsinghpur it was reported that two children left earlier without informing or left against medical advice (LAMA).
- Among the available 21 radiant warmer and nine phototherapy machine only 12 and four are functional respectively. Around eight infusion or syringe pumps are not in working condition.

- CHC Kareli has NBSU with 2 SNs. There is no paediatrician at CHC. There are five radiant warmer but one is functional only. It was found shortage of Staff nurse for round the clock of neonatal care at NBSU Kareli. Radiant warmer are urgently required at NBSU.
- NBCC is functional in PHC Chichli and SHC Mungwani.



6.5 Nutrition Rehabilitation Centre (NRC)

- M.P. has 10.8 million children of 0-6 years (Census, 2011) out of which an estimated 1.3 million children are Severe Acute Malnourished (SAM) as per the SAM rate of the state.
- There are six NRCs functional in Narsinghpur district, one is located at DH Narsinghpur, one at CH Gadarwara, one each in four CHCs Kareli, Gotegaon, Saikheda and Tendukheda.. Total 127 SAM children are admitted in six NRCs in the district in September' 2019 (<http://www.nrcmis.mp.gov.in>). Overall bed occupancy rate reported in the district is 109.5 percent.
- NRC in DH is 20 bedded and 10 beds each are available in one CH and four CHCs. Total 70 beds are available in these six NRCs.
- DH Narsinghpur has 20 bedded NRC with eight staffs. CH Gadarwara and CHC Kareli have each 10 bedded NRC with six and four staff respectively. Among the visited three NRCs during total 38, 17 and 20 SAM children were admitted at DH, CH and CHC respectively in September 2019.
- Although all the visited NRCs are found to be fully functional, but there is lack of trained staffs in some NRC, i.e. no FD at CH Gadarwara, no SN at CHC Kareli. There is need of breast feeding and SSC corner at NRC.



6.6 Rashtriya Baal Surksha Karyakram (RBSK)

- RBSK programme in the district is being implemented as per guidelines. A district RBSK coordinator has been appointed for monitoring and supervision of RBSK programme.
- Out of 12 teams required, only 6 RBSK teams are operational in the district. One RBSK team also functional at Narsinghpur urban. None of the RBSK team is complete in all aspects. Eleven AMOs posted against 26 sectioned posts, No ANMs are in-position against 13 sectioned posts and 3 pharmacists are in-position against 13 sectioned posts in the district. There is manpower shortage in RBSK teams across all the blocks in Narsinghpur District. All the required staffs need to be posted to provide complete range of RBSK services.

- As per the available data numbers of children screened for any illness were 2127 at CHC Kareli. A total of 322 children in different age groups were identified with various health problems and 101 children have been referred to higher facility for treatment from CHC Kareli.
- District Early Intervention Centre (DEIC) is not operational in DH Narsinghpur.

Block-wise status of RBSK team in Narsinghpur district				
Blocks	Teams	AMO	ANM	Pharmacist
Chawarpatha	Team 1	0	0	0
	Team 2	1	0	0
Kareli	Team 1	1	0	0
	Team 2	1	0	0
Gotegaon	Team 1	1	0	1
	Team 2	0	0	0
Narsinghpur	Team 1	1	0	0
	Team 2	1	0	0
Salichuaka	Team 1	1	0	0
	Team 2	1	0	1
Saikheda	Team 1	1	0	0
	Team 2	1	0	0
Narsinghpur Urban	Team 1	1	0	1
Total		11	0	3

Visit of the school which benefited under RBSK programme



6.7 Family Planning

- Access to family planning helps in protection from unwanted pregnancies, along with decrease in infant and child mortality.
- Narsinghpur district has facility of providing full range of family planning services at most of the health institutions. All family planning services are available at the visited DH, CH Gadarwara and CHC Kareli.
- LTT camps are organized at visited CHC and PHC on fixed days on weekly and fortnightly basis. DH is the only health facility where FP operations are also done on regular basis.
- Supply of modern family planning methods, i.e. OP, condom, antra dose, copper T etc. are regular in the district and none of the visited health facilities informed about any scarcity. PHC Chichli reported that most of the condoms and Oral pills are provided by ANMs in the field.
- During September 2019 total 34, 58, 44 and 14 women were provided PPIUCD services at the DH, CH, CHC and PHC respectively.
- During interaction it was found that most of the women in PNC wards were counselled for PPIUCD by doctor or SNs. In spite of counselling, women have some fear in acceptance of PPIUCD.

7. Disease Control Programmes

- Narsinghpur district has a district program officer each in-charge of Malaria, TB and Leprosy disease programs. The FRUs and PHCs in the district have adequate laboratory facilities and technicians, drugs and infrastructure resources for providing preventive and

curative services against the three communicable diseases, staffs are effectively providing outreach services.

- The malaria control initiatives are reported to be progressing satisfactorily in the district. Periodic surveillance is carried out by respective MOs and program officers. Under national malaria control programme DH Narsinghpur, CH Gadarwara, CHC Kareli and PHC Chichli which are providing services with adequate availability of rapid diagnostic kits and drugs. In September 2019, total 1473, 860 and 1760 slides in CH Gadarwara, CHC Kareli and SHC Mungwani respectively were prepared.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Narsinghpur district are functional in all the visited health facilities.
- A total of 176, 138 and 80 sputum tests were reported respectively from CH Gadarwara, CHC Kareli & SHC Mungwani and two, one and zero were reported to be positive at these health facilities.
- National Leprosy Eradication Programme (NLEP) is functional and two and nine new cases each were detected at CH Gadarwara and CHC Kareli and two and one patients are being treated respectively at these facilities.

Non-Communicable Disease (NCD) Services

- Under Ayushman-Bharat programme the state has prioritized community based screening of NCDs at all the SHCs and PHCs. District hospital has designated NCD clinic. None of the other health institutions have complete range of NCD services. It was observed that, in periphery health institutions specialists are not posted for advanced screening and treatment of NCDs.
- In the month of September-October, 2019 special campaign for population based NCD screening was conducted in the district. ASHAs were trained for filling-up CBAC forms. It was observed that ASHAs have filled-up CBAC forms, however, not all the information pertaining to breast cancer and cervical cancer was ascertained from women in the community. ASHAs need to be oriented for proper risk assessment for breast and cervical cancer among women.
- Medical officers at the visited PHCs have been provided laptops and 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.

- State need to ensure continuous supply of drugs, equipments and other consumables for routine screening and treatment of persons. During interaction with the health personnel, it was pointed-out that electronic BP instruments are not very reliable and give faulty reading when battery gets discharged. Calibration of equipments needs to be ensured along with prompt replacement of faulty equipments. Health personnel including ASHAs need to be properly trained for taking measurements, noting measurements and reporting identified cases correctly.

8. Community Interface and Accredited Social Health Activist (ASHA)

- Team interacted with women who had come to the visited facility for ANC, delivery, and immunization services and few of them were also contacted at NRC at DH, SDH Gadawara and CHC Kareli.
- Majority respondents had MCP card with basic information about the women, name and mobile number of ANM and ASHA mentioned on it.
- Women were aware about incentives under JSY and availing free transport service under JSSK. It was found that women had not been oriented properly about information contained in the MCP card.
- Majority women had no idea about the HWCs in their village or in nearby village.
- ANMs and ASHAs have not prompted women about monitoring growth of their children using growth chart in the MCP card.
- Interaction with ASHAs revealed that monthly salary incentives of rupees 2000 are now regularly paid to them. However, their monthly incentives take 2-3 months for clearing pendency.
- ASHAs have also done household surveys for screening of person age 30 years and above for presence of NCDs through CBAC form.
- Most of the ASHAs do not keep any records about the amount they received and amount due to be paid.
- ASHA Sahayogi keeps record of services provided by the ASHAs in her catchments area. Based on this record ASHAs made their payment voucher which is then submitted to ASHA Sahayogi for payment.

- It is observed that most of the ASHAs need periodic training on record keeping of services they provide.
- Total 1254 ASHAs (1207-Rural & 47-Urban) are presently working in Narsinghpur district and District Community Mobilizer (DCM) is overall in-charge of ASHA programme.
- There are 1041 villages in the district, as informed by DCM, there are requirement of eight ASHAs in the district.
- Skill development of ASHAs is a continuous process. Fourth round of training for 6-7th modules have been completed for almost all the ASHAs (30 ASHAs remains) but many ASHA have not received ID cards and uniforms.
- Different programme officers in Narsinghpur district are providing orientation to ASHAs for National Health Programmes like TB, Malaria, Leprosy etc. at the block level. ASHA Resource Centre at the state level monitors the progress of ASHAs. Mentoring Group for Community Action provides supportive services.
- Drug kit replenishment is done based on demand and availability of drugs. Payments to ASHAs have been regularized based on verification by the concerned ANM. It was reported by the BMO that presently all ASHA's receive a minimum amount of Rs. 2000 for MCH services. ASHA payments are regular but depending on availability of funds.

9. Ayushman Bharat (PMJAY)

- The state has branded the Ayushman Bharat as "Niramayam".
- As per the Ayushman Bharat web portal there are 338 (https://www.pmjay.gov.in/madhya_pradesh_profile) public and 94 private hospitals empanelled in the state and 13.57 million e-cards are generated for families under the scheme.
- Under Ayushman Bharat district has taken all round efforts to initiate the beneficiary registration. Ayushman Bharat help-desk has been functional at the district hospital. All the inpatients are enquired about the registration under Ayushman Bharat, and Ayushman Bharat cards are made immediately in case the patients don't have it.
- In Narsinghpur, except DH, there is no other public or private health facility empanelled under Ayushman Bharat in the district. Incentives are being distributed to the staffs of DH for services provided under Ayushman Bharat.



- On the day of PRC team visit, as per PMJAY database, on bed patients was 91, 85 patients on waiting for treatment and 115 claims to be settled at DH Narsinghpur under Ayushman Bharat Yojna.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in the Visited Health Facilities in Narsinghpur District		
Beneficiary Identification Number and Transaction Management System	DH Narsinghpur Overall	CHC Kareli Overall
Total Patients Registered	929	34
Out Patients	195	15
In Patients	734	19
Preauthorization Initiated	728	18
Amount Preauthorized in (Rs.)	7237700	110400
Surgeries/Therapies Done	573	16
Surgeries/Therapies Done Amount (Rs.)	5918400	98600
Death Cases	0	0
Claims Submitted	544	16
Amount of Claims Submitted in (Rs.)	5581100	98600

- In all 929 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 195 were OPD patients and 734 were IPD patients. Around Rs.72.38 lakhs have been submitted for pre- authorization and claims amounting Rs.55.81 lakhs have been submitted. The district could not provide any information about the beneficiaries registered through Ayushman Mitra. It was informed that none of the private hospital in the district has been empanelled under the scheme.
- District should monitor the services provided under Ayushman Bharat scheme particularly at the public health facilities. Since services under the scheme are incentivised for the service providers, proper implementation of the scheme will be helpful in mitigating shortage of service providers. It will also provide much needed support for sustaining infrastructure created under Kayakalp and LaQshya initiative.

Ayushman Bharat Programme Centre functional at CH Gadarwara



10. Health and Wellness Centres (HWC)

- HWC are envisaged to deliver expanded range services that go beyond Maternal and child health care services to include care for non -communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma, including free essential drugs and diagnostic services.
- In state of Madhya Pradesh total 2458 HWCs has been created till December 2019 among which 1142 are PHCs, 1184 are SHCs and 132 are UPHCs.
- The district has prioritized the setting-up of health and wellness centres in the periphery health institutions. Presently there are 36 (22 PHCs, 14 SHCs) HWCs set-up in the district. Branding and necessary infrastructure is being augmented at various health facilities.
- Team visited PHC-HWC Chichli and SHC Mungwani. These HWC have been upgraded as per the guidelines of Health and Wellness centres. The required staffs are recruited and are being trained. However, as per the extended list of services, only NCD services are initiated at the PHC-HWCs.
- PHC Chichli and SHC Mungwani have initiated wellness activities such as Yoga sessions and awareness activities. PHC premises is being developed which will include open area for Yoga sessions, however SHC Mungwani has to develop some construction work at the centre as required for HWC services.
- A DEO is urgently required for documentation and preparation and uploading all the reports on HWC portal. There is limited internet connectivity in all the visited HWCs. This is need immediate attention.
- There are not enough residential quarters for all the staffs. It is necessary to provide accommodation to all the staffs in the HWC premises or in the village to ensure round the clock services.

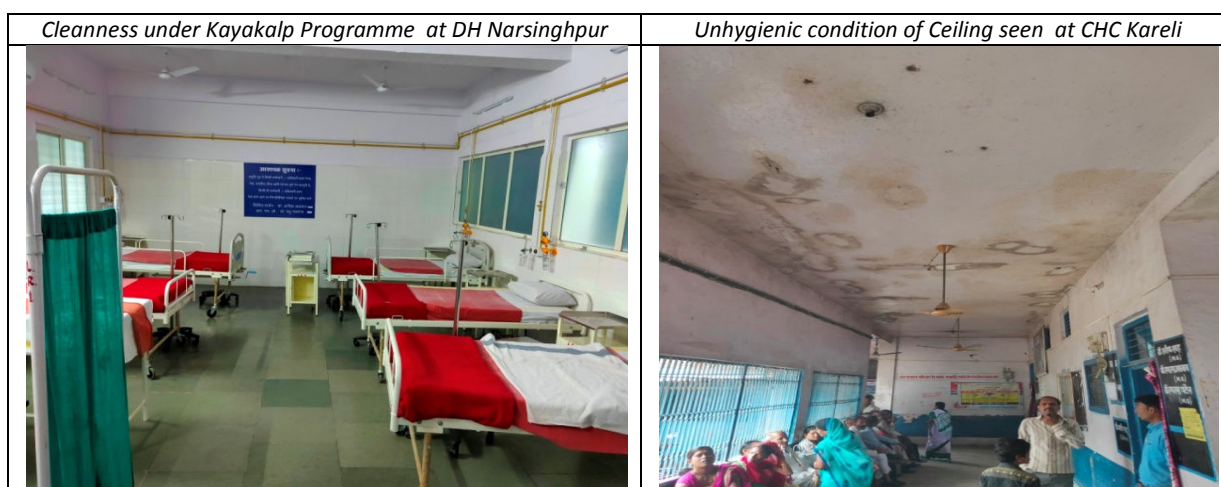
11. Kayakalp Programme

- “Kayakalp” is an initiative to promote cleanliness, sanitation, hygiene and infection control practices in public health care institutions. Facilities which outshine and excel against the predefined criteria are awarded.
- Every year each health facility is required to assess their “Kayakalp” score based on status of maintaining cleanliness, sanitation and hygiene.

- Review of Kayakalp for year 2019-20, internal review teams in the district have been constituted and they are very minutely observing the resources and services available at the facility and scoring as per the prescribed norms.
- It is observed that all the staffs need to be oriented repeatedly for all the SOPs and protocols to be followed for maintaining Kayakalp standards.
- As per peer assessment of Kayakalp, Narsinghpur has score of 42.7 percent and on 47th rank in the state.
- Internal assessment at all the visited health facilities has been completed for the year 2019-20. As per the internal assessment the scoring of the visited facilities are as follows:

Kayakalp Internal Assessment Score of Visited Facilities in Narsinghpur District (2019-20)				
The Cleanliness Score Card	DH Narsinghpur	CH Gadarwara	CHC Kareli	PHC Chichli
A. Hospital Upkeep Score (%)	46	32	79	32
B. Sanitation & Hygiene	63	37	73	25
C. Bio-Medical Waste Management	37	60	74	60
D. Infection Control	69	16	72	25
E. Support Service	50	30	76	30
F. Hygiene Promotion	27	11	78	14
G. Beyond Hospital	19	0	0	0
Target for 2019-20 Final assessment (%)	70	70	80	70
Internal assessment score (2019-20) (%)	51.8	62	75	62
Peer Assessment Score (2019-20) (%)	42.7	-	-	-

- At PHC Chichli and SHC Mungwani staff is very limited and maintaining all the areas of Kayakalp, has been a challenge due to meagre funds available in RKS.
- State should provide enough funds for maintaining overall cleanliness. Presently RKS funds and OPD income are very meagre while expenditure is high in PHCs.



Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Narsinghpur, CH Gadarwara, CHC Kareli, PHC Chichli and SHC Mungwani. Facilities have colour coded bins placed in labour room, OT and in laboratory at all the visited facility.
- Outsourcing of waste management to (E-Lite) at Jabalpur based private agency has been done and bio-medical waste is collected on alternate day at DH, CH and CHC. There are availability of pit and burning facility for waste management in the visited PHC and SHC.
- There are standard protocols for disposal of bio-medical waste management in all level of health care institutions. Awareness amongst staff on cleanliness and hygiene practices is satisfactory in all the visited health facilities.
- Centralised annual maintenance contract is done at state level and one company namely; AIM Healthcare Co. Ltd. is given tender for this financial year.

Biomedical Waste Management at DH Narsinghpur



12. LaQshya Programme

- “LaQshya program” is aimed at improving quality of care in labour room and Maternity OTs in public health facilities. It also entails respectful care, particularly during the intra-partum and postpartum periods, which are the most vulnerable periods for a woman and contribute to a significant proportion of maternal deaths.
- Its implementation involves improving Infrastructure upgradation, ensuring availability of essential equipment, providing adequate human resources, capacity building of health care workers, and adherence to clinical guidelines and improving quality processes in

labour room and maternity OT. One of the key interventions in LaQshya program is six focused Quality Improvement cycles of two month each in all LaQshya facilities.

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

External state level assessment score of LaQshya, DH Narsinghpur			
Area of Concern wise Score		Labour Room	Operation Theatre
A	Service Provision	100%	78%
B	Patient Rights	78%	91%
C	Inputs	81%	84%
D	Support Services	84%	74%
E	Clinical Services	84%	78%
F	Infection Control	81%	83%
G	Quality Management	69%	80%
H	Outcome	88%	71%
Overall Score		82%	80%
Date of assessment		02.12.2019	03.12.2019

- An assessment of LaQshya initiatives indicate that Dakshata training has been received by only few staff nurses. Records regarding various SOPs were maintained and updated.
- Birth companion programme is also implemented. The health staffs asks pregnant women who are willing to have their relatives present during labour, and advised relatives to follow all the protocols.

Facility level indicators for LaQshya Narsinghpur District		Remark
Baseline assessment completed	Yes	
Quality Circle in Labour Room constituted (check documentation)	Yes	
Quality Circle in Maternity OT constituted (check documentation)	Yes	
Whether SOPs made for LR? (Standard Operating Procedure/Protocol)	Yes	
Whether SOPs made for OT?	Yes	
Non rotation of nurses followed	Yes	
Has QI cycles initiated at the facility? (Quality Improvement)	Yes	Partial
Using partograph for all cases	Yes	
Case sheets including Safe Child birth Checklist/Safe Surgical Checklist orientation done and are brought in use	Yes	
Birth companion in all deliveries	Yes	
Visual privacy in LR	Yes	
Patient satisfaction/feedback system (paper based/online/telephonic) in place	Yes	
Signage in local language	Yes	
IEC material displayed	Yes	
Triage system in place	Yes	
Dakshata Training completed	Yes	
Functional HDU/ICU (High Dependency Unit/Intensive Care Unit)	No	

Functional New born care corner (functional radiant warmer with neo-natal ambubag)	Yes	
KMC being done at facility (Kangaroo Mother Care)	Yes	
Biomedical waste management (BMW) at facility	Yes	
Is the LR and OT staff trained on infection prevention	Yes	
Prevalence of outdated practices		
Shaving of perineum before delivery	Yes	As per need
Enema given to Labouring Women	No	
Routine episiotomy done	Yes	As per need
Induction of labour	No	
Augmentation of labour	No	

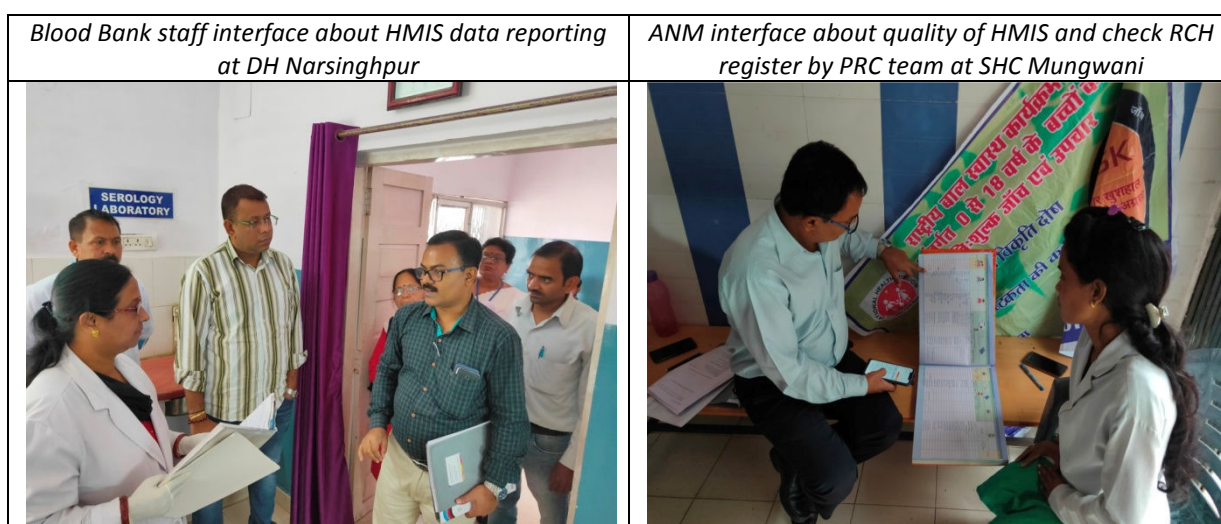


13. Data Reporting, HMIS and RCH Portal (MCTS)

- Monitoring and Evaluation (M&E) of all the health care services are essential not only to review the progress of the existing services but also to augment existing services and initiate new services. It also helps in supervision and planning for areas to be strengthened. Data gathering for health services has been systematized through HMIS and

tracking of services provided to individual mother and children is done through RCH Portal. Data capturing for these online services is done through service registers, which are designed to provide individual level information for tracking of service delivery. This also provides aggregate level data for each health facility.

- In order to achieve complete and accurate data reporting training at all levels is essential. For computer based data reporting system – computer, internet and data entry operators are also essential.
- In Narsinghpur, District M&E Officer is in-position. Block programme managers are posted in only three blocks among six blocks in the district. There are 28 DEOs posted at different places in the district. There is one DCM posted in district, who is also working as in-charge DPM.



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

Reference is,

DH= District Hospital, Narsinghpur

CH= Gadarwara

CHC= Kareli

PHC= Chichli (Babai Block)

SHC= Mungwani (Dhamna Block)

1. Status of Public health facility in the district

Public Health institutions in Narsinghpur	Number Functional	Located in government buildings	No. of new facility proposed for 2019-20	No. having in-patient facility	Total No. of beds
District Hospital	1	1	0	1	300
Exclusive MCH hospital	Yes*	1	0	Yes	-
Sub District Hospital / CH	1	1	0	1	100
Community Health Centre	7	7	0	7	210
Primary Health Centre	22	20	0	15	90
Sub Health Centre	156	144	0	4	8
Delivery Point(L1)					
PHC	4	4	-	4	8
SHC	4	4	-	4	24
Delivery Point(L2)					
CHC	6	6	-	6	180
PHC	11	11	-	11	66
Delivery Point(L3)					
DH	1	1	-	1	300
CH/CH	1	1	-	1	100
CHC	1	1	-	1	30
HWC-Primary Health Centre	22	20	-	-	-
HWC-Sub Health Centre	14	14	-	-	-
NRC					
CHC	4	4	-	4	40
CH/CH	1	1	-	1	10
DH	1	1	-	1	20
DEIC	No	-	-	-	-

*MCH wing sited with Labour room, modular OT and SNCU under renovation in the new DH building.

2. Physical Infrastructure

Infrastructure	DH	CH	CHC	PHC	SHC
Staff Quarters for MOs	-	9	2	1	
Staff Quarters for SNs	-	10	2	2	
Staff Quarters for other categories	-	15	17	4	No
Functional BB/BSU, specify	Yes	Yes	No		
Separate room for RKSK	No	No	No		
Availability of ICTC/ PPTCT Centre	Yes	Yes	Yes		
Regular Fogging (Check Records)	No	No	No	No	No
Functional Laundry/washing services	Yes	No	Yes	Yes	No
Availability of dietary services	Yes	Yes	Yes	Yes	No
Appropriate drug storage facilities	Yes	Yes	Yes	Yes	Yes

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

3. Availability of Trained Persons

Training programmes	DH	CH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	-	Yes	No		
LSAS (Life Saving Anaesthesia Skill)	Yes	Yes	No		
BEmOC (Basic Emergency Obstetric Care)	Yes	Yes	Yes	-	
SBA (Skill Birth Attended)	Yes	Yes	Yes	Yes	Yes
MTP (Medical Termination of Pregnancy)	Yes	Yes	Yes	Yes	
NSV (No Scalpel Vasectomy)	-	Yes	Yes	-	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	-	Yes	Yes	-	-
FBNC (Facility Based Newborn Care)	-	Yes	Yes	-	Yes
HBNC (Home Based Newborn Care)	-			-	Yes
NSSK (Navjaat Shishu Surakasha Karyakram)	-	Yes	Yes	Yes	Yes
Mini Lap-Sterilisations	-	Yes	-	-	
Laparoscopy-Sterilisations(LTT)	-	Yes	-		
IUCD (Intrauterine Contraceptive Device)	-	Yes	Yes	Yes	Yes
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	-	Yes	Yes	Yes	-
Blood Bank / BSU	-	Yes	Yes		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	-	Yes	Yes	-	-
IMEP (Infection Management Environmental Plan)	-	Yes	Yes	-	-
Immunization and cold chain	-	Yes	Yes	Yes	-
RCH Portal (Reproductive Child Health)	Yes	Yes	Yes	Yes	-
HMIS (Health Management Information System)	Yes	Yes	Yes	-	Yes
RBSK (Rashtriya Bal Swasthya Karyakram)	-	No	Yes		
RKSK (Rashtriya Kishor Swasthya Karyakram)	-	No	No	No	No
Kayakalp	-	Yes	Yes	-	
NRC and Nutrition	-	Yes	Yes	-	
PPTCT (Prevention of Parent to Child Transmission of HIV)	-	Yes	-	-	
NCD (Non Communicable Diseases)	Yes	Yes	Yes	-	2
Nursing Mentor for Delivery Point	Yes	No	Yes		
Skill Lab	Yes	Yes	Yes	-	-
LaQshya	Yes	Yes	-	-	-
NQAC	-	No	-	-	-
NVHCP	-	No	-	-	-
Equipment Calibration	-	Yes	-	-	-
PFMS / E-Vitta	Yes	No	Yes	-	1
Equipment handling	Yes	Yes	-	-	-

4. ANC, DC and PNC

Services Delivered (Data of September month 2019 only)	DH	CH	CHC	PHC	SHC
No. of severely anaemic pregnant women(Hb<7) listed	260	7	9	1	2
No. of Identified hypertensive pregnant women	28	4	-	5	-

No. of ANC/PNC women referred from other institution (in-referral)	233	33	3	-	-
No. of ANC/PNC women referred to higher institution (out-referral)	19	71	25	19	3
No. of MTP up to 12 weeks of pregnancy	3	6	0	0	1
No. of MTP more than 12 weeks of pregnancy	3	2	0	0	-
Deliveries conducted	477	204	137	40	-
Deliveries conducted at home				-	2
C- Section deliveries conducted	118	0	0		
Deliveries conducted at night (8 pm-8 am)	31	0	0	19	-
No. of pregnant women with obstetric complications provided EmOC	11	8	2	-	-
No. of Obstetric complications managed with blood transfusion	-	-	0	-	-
No. of Neonates initiated breastfeeding within one hour	431	198	136	38	-
No. of Still Births	21	5	1	2	1

5. JSSK (Data of September month 2019 only)

JSSK	DH	CH	CHC	PHC	SHC
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section,	Yes	Yes	Yes	Yes	No
Free essential and desirable diagnostics (Blood & urine tests, USG, etc) during Ante Natal Care, Intra Natal Care and Post Natal care	Yes	Yes	Yes	Yes	No
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	Yes	Yes	Yes	No
Free transport –					
home to hospital	Yes	Yes	Yes	Yes	Yes
inter-hospital in case of referral	Yes	Yes	Yes	Yes	Yes
drop back to home	Yes	Yes	Yes	Yes	Yes
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes	Yes

6. Janani Suraksha Yojana (JSY)

Data of September month 2019 only	DH	CH	CHC	PHC	SHC
No. of JSY payments made	477	-	137	-	7
Pendency of JSY payments to the beneficiaries.	373	-	11	-	-
Reasons for pendency	Yes*	Yes*	Yes*	-	-
Proper record maintained for beneficiaries receiving the Benefit	Yes	Yes	Yes	-	-
*Account validation check delayed					

7. Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU / NBCC (Data of September month 2019 only)	DH	CH	CHC	PHC	SHC
Whether SNCU / NBSU / NBCC exist. (Yes/No)	Yes	Yes	Yes	NBCC	NBCC
Necessary equipment available (Yes/No)	Yes	Yes	Yes	-	-
Availability of trained MOs	5	2	1	-	-
No. of trained staff nurses	20	4	1	-	-
No. of admissions					
Inborn	72	55	36	-	-
Out Born	75	20	1		
No. of Children					
Discharge	108	46	26	-	-
Referral	17	21	10		

LAMA	2	6	0		
Death	18	2	0		

8. Nutrition Rehabilitation Centre

NRC (Data of September month 2019 only)	DH	CH	CHC	PHC
No. of functional beds in NRC	20	10	10	-
Whether necessary equipment available	Yes	Yes	Yes	-
No. of staff posted in NRC FD/ANM and other	Yes	6	4	-
No. of admissions with SAM	38	17	20	-
No. of sick children referred	0	1	1	-
Average length of stay	9.6	13.8	13	-

9. Immunization as per RCH Portal of visited health centre

Immunization (Data of September month 2019 only)	DH	CH	CHC	PHC	SHC
BCG	464	199	136	32	3
Penta1	93	50	48	-	15
Penta2	88	35	38	-	9
Penta3	107	48	36	-	9
Polio0	464	199	136	32	3
Polio1	93	50	48	-	15
Polio2	88	35	38	-	9
Polio3	107	48	36	-	9
Hep 0	464	199	136	32	-
Rotavirus1	93	50	48	-	-
Rotavirus2	88	35	38	-	-
Rotavirus3	107	48	36	-	-
Measles1	80	65	-	-	15
Measles2	100	66	52	-	13
DPT booster	100	66	52	-	13
Polio Booster	100	66	52	-	13
No. of fully vaccinated children	80	65	58	-	15
ORS / Zinc	Yes	Yes	Yes	Yes	-
Vitamin – A	Yes	Yes	Yes	Yes	Yes
Maintenance of cold chain. Specify problems (if any)	No	No	No	No	No
Whether micro plan prepared	Yes	Yes	Yes	Yes	Yes
Whether outreach prepared	Yes	Yes	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	Yes	No	No
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes	Yes

10. RBSK

No. of Children Screened with 4D (Data of September 2019 only)	Screened	Identified with Problems	Referred higher facility	No. of RBSK team available in Block with staff
Age group				Two team work at Kareli block with insufficient staff
0-6 weeks	0	0	0	
6 weeks-6 years	632	95	18	
6 -18 years	1495	227	83	
Total	2127	322	101	

11. Number of Child Referral and Death

Child Health (Data of September month 2019 only)	DH	CH	CHC	PHC	SHC
No. of Sick children referred(up to age 5)	14	-	-	0	0
No. of Neonatal Deaths	18	-	0	0	0
No. of Infant Deaths	3	-	2	0	0

12. Family Planning

Family Planning (Data of September month 2019 only)	DH	CH	CHC	PHC	SHC
Male Sterilization (VT+NSV)	0	-	0	-	-
Female Sterilization (CTT+LTT)	7	-	16	-	-
Minilap sterilization	0	-	0	-	-
IUCD	0	1	14	-	-
PPIUCD	34	58	44	14	-
Condoms	370	294	829	1200	15
Oral Pills	36	169	559	200	10
Antra	10	1	13	8	-
No. of Camps	-	-	1	-	-
FP Cases in camps	-	-	4	-	-

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

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

14. Community processes

ASHA (Data of September month 2019 only)	CH	CHC	PHC	SHC
Number of ASHA required	26	-	1	-
Number of ASHA available	23	172	43	9
Number of ASHA left during the quarter	No	1	No	-
Number of new ASHA joined during the quarter	No	1	No	-
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	Yes	Yes	Yes	Yes
Availability of ORS and Zinc to all ASHA	Yes	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHA	Yes	Yes	Yes	Yes
Highest incentive to an ASHA	Yes	17500	7575	-
Lowest incentive to an ASHA	Yes	2200	2900	-
Whether payments disbursed to ASHA on time	Yes	Yes	Yes	Yes
Whether drug kit replenishment provided to ASHA	No	Yes	Yes	Yes
ASHA social marketing spacing methods of FP	No	No	No	No

15. Disease Control Programmes

Disease Control (Data of September month 2019 only)	DH	CH	CHC	PHC	SHC
National Malaria Control Programme					
Number of slides prepared	-	1473	860	-	1760
Number of positive slides	-	2	1	-	0
Availability of Rapid Diagnostic kits (RDK)	-	Yes	Yes	Yes	Yes

Availability of drugs	-	Yes	Yes	Yes	Yes
Availability of staff	-	Yes	Yes	Yes	Yes
Revised National Tuberculosis Programme (RNTCP)					
Number of sputum tests	-	176	138	80	-
No. of positive tests	-	10	4	2	-
Availability of DOT medicines	-	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	-	No	Yes	No	-
Timely payment of salaries to RNTCP staff	-	No	Yes	No	-
Timely payment to DOT providers	-	No	Yes	No	-
National Leprosy Eradication Programme (NLEP)					
Number of new cases detected	-	2	9	-	-
No. of new cases detected through ASHA	-	2	1	-	-
No. of patients under treatment	-	15	13	2	-

16. Non Communicable Diseases

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

17. Record maintenance (Verify during facility visit)

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

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

18. HMIS and RCH Portal

Reporting of HMIS and RCH Portal	DH	CH	CHC	PHC	SHC
Dedicated Staff available for HMIS and RCH Portal	Yes	Yes	Yes	Yes	Yes
Quality of data	Poor	Poor	Good	Good	Good
Timeliness	No	No	Yes	Yes	Yes
Completeness	No	No	No	No	No
Consistent	No	No	Yes	No	No
Data validation checks (if applied)	No	No	No	No	No
Computer available for Data entry	Yes	Yes	Yes	Yes	No
ANMs have tablets for RCH Portal	Yes	Yes	Yes	Yes	Yes
ASHAs have smart phones for data entry	No	No	No	No	No
Monthly HMIS Reported(Previous month)	Yes	Yes	Yes	No	No
All the HMIS reports duly signed by facility in-charge	Yes	No	No	No	No
A copy of monthly HMIS is kept and signed by facility in-charge	Yes	No	No	No	No
Any new construction initiated / completed in the visited facility	Yes	No	No	No	No
Grants received for new construction / Upgradation / renovation at facility	No	No	Yes	No	Yes
Outsourced HR working in the facility	Yes	Yes	Yes	Yes	No
E-Aushadhi Functioning	Yes	Yes	Yes	Yes	No
Calibration of equipment is done	Yes	No	No	No	No
Any local tie-up for equipment maintenance at facility	No	No	No	No	No
Satisfaction with outsourced equipment maintenance services AIM	Yes	No	No	No	No
Maternal Death Review done in last one year / current year	Yes	Yes	Yes	No	No
JSSK report of the facility is prepared (collect copy – if available)	No	No	No	No	No
Records and registers for each JSSK services prepared	Yes	Yes	Yes	Yes	No
Availability of dedicated staff for LR and OT at visited health facility	Yes	Yes	Yes	Yes	Yes
Drugs and Equipments available as per facility level	Yes	Yes	Yes	Yes	Yes
Distance of higher referral facility	103	50	18	13	31
Blood Transfusion facility available	Yes	Yes	No	No	No
District coaching team visited for LaQshya implementation? (check documentation)	Yes	-	-	-	-
Baseline assessment conducted for LaQshya	Yes	-	-	-	-
Training on LaQshya given to any staffs	Yes	-	-	-	-
LaQshya manual available in Hindi language at (visited facility)	No	-	-	-	-
Uninterrupted supply of partograph	Yes	Yes	Yes	Yes	Yes
All printed registers and reporting formats available	Yes	Yes	Yes	Yes	Yes

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

19. ASHAs interviewed

ASHA Services (Yes/No)	1	2	3	4	5	6	7	8
ASHAs have complete kit?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Printed registers	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Updated and filled-up registers?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ASHA has sufficient reporting and visit formats	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry about SAM children in ASHA register*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry of LBW children	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry of SNCU discharged children	No	No	No	No	No	No	No	No
Received HBNC /HBYC training	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Filling forms for HBCN/ HBYC visit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Reporting SAM and 4Ds to ANM [#]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry of severely anaemic pregnant women	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry on eligible couple	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry about NCD screening	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
How many beneficiaries have revised MCP cards in locality	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Revised MCP cards are available with ANM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Toilets are constructed in community / village	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
People using toilets*	Partially	Partially	Partially	Partially	Partially	Partially	Partially	Partially

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