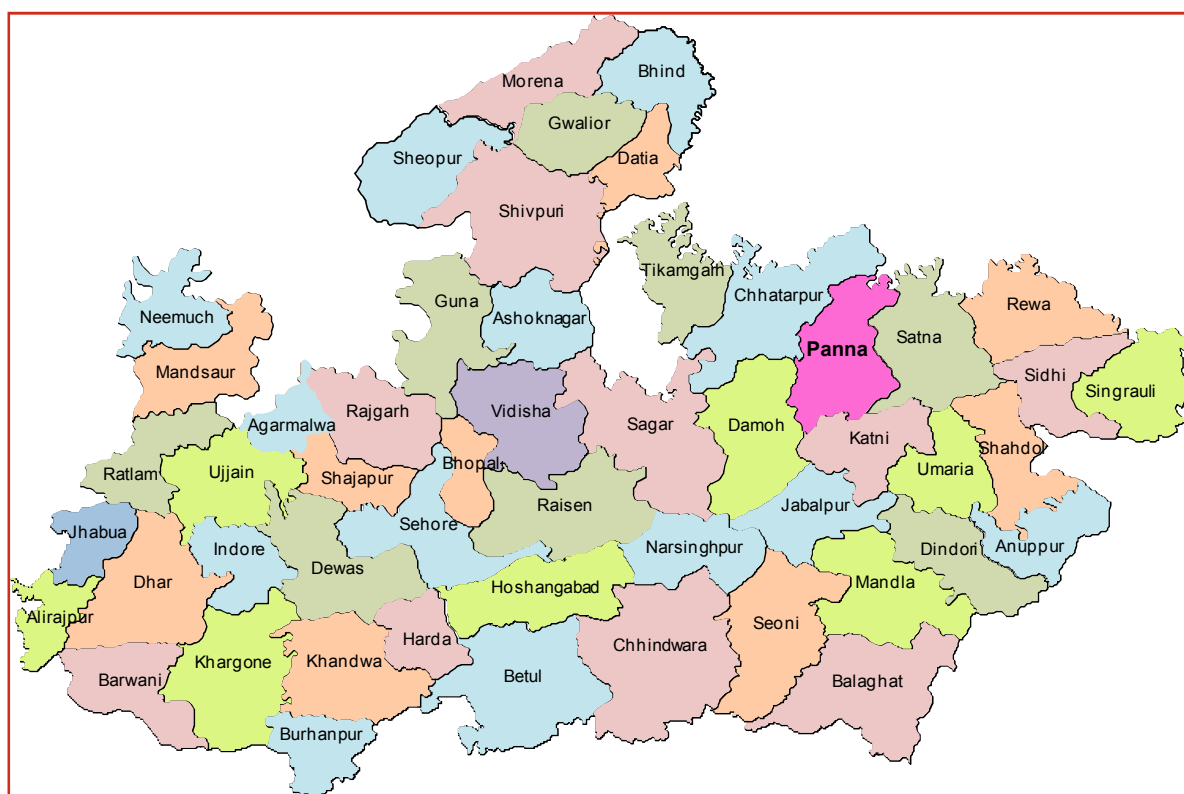


Quality Monitoring of Programme Implementation Plan 2019-20 in Madhya Pradesh

District: Panna



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December, 2019

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List of Acronyms

AB	Ayushman Bharat	LHV	Lead Health Visitor
AFHS	Adolescent Friendly Health Clinic	LSAS	Life Saving Anaesthesia Skill
AHS	Annual Health Survey	LSCS	Lower Segment Caesarean Section
AMC	Annual Maintenance Contract	LT	Lab Technician
AMG	Annual Maintenance Grant	LTT	Laparoscopy Tubectomy
ANC	Anti Natal Care	MCH	Maternal and Child Health
ANM	Auxiliary Nurse Midwife	MCP Card	Mother Child Protection Card
ARSH	Adolescent Reproductive and Sexual Health	MCTS	Maternal and Child Tracking System
ART	Anti Retro-viral Therapy	MDR	Maternal death Review
ASHA	Accredited Social Health Activist	M&E	Monitoring and Evaluation
AWW	Aanganwadi Worker	MMR	Maternal Mortality Ratio
AYUSH	Ayurvedic, Yoga, Unani, Siddha, Homeopathy	MMU	Medical Mobile Unit
BAM	Block Account Manager	MP	Madhya Pradesh
BCM	Block Community Mobilizer	MPW	Multi Purpose Worker
BEmOC	Basic Emergency Obstetric Care	MO	Medical Officer
BIS	Beneficiary Identification System	MoHFW	Ministry of Health and Family Welfare
BMO	Block Medical Officer	NBCC	New Born Care Corner
BMW	Bio-Medical Waste	NBSU	New Born Stabilisation Unit
BPM	Block Programmer Manager	NCD	Non Communicable Diseases
BB	Blood Bank	NFHS-4	National Family Health Survey-4
BSU	Blood Storage Unit	NHCU	Neonatal High Dependency Unit
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	OC	Oral Contraceptives Pills
DCM	District Community Mobilizer	OPD	Outdoor Patient Department
DEIC	District Early Intervention Centre	OPV	Oral Polio Vaccine
DEO	Data Entry Operator	ORS	Oral Rehydration Solution
DH	District Hospital	OT	Operation Theatre
DIO	District Immunization Officer	PFMS	Public Financial Management System
DM	District Magistrate	PHC	Primary Health Centre
DMC	Designated Microscopic Centre	PIP	Programme Implementation Plan
DMO	District Malaria Officer	PMU	Programme Management Unit
DOT	Direct Observation of Treatment	PMDT	Programmatic management of Drug Resistant TB
DPM	District Programmer Manager	PPIUCD	Post-Partum Intra Uterine Contraceptive Device
DTO	District Tuberculosis Officer	PRC	Population Research Centre
EAG	Empowered Action Group	PRI	Panchayati Raj Institution
EC Pills	Emergency Contraceptive Pills	PV	Plasmodium Vivax
EDL	Essential Drugs List	RBSK	Rashtriya Bal Swasthya Karyakram
EmOC	Emergency Obstetric Care	RCH	Reproductive Child Health
ENT	Ear, Nose, Throat	RGI	Registrar General of India
FP	Family Planning	RKS	Rogi Kalyan Samiti
FRU	First Referral Unit	RKSK	Rashtriya Kishore Swasthya Karyakram
GOI	Government of India	RMNCH+A	Reproductive, Maternal, Newborn, Child Health & Adolescent
HDU	High Dependency Unit	RNTCP	Revised National Tuberculosis Control Program
HFW	Health & Family Welfare	RPR	Rapid Plasma Reagen
HIV	Human Immuno Deficiency Virus	RTI	Reproductive Tract Infection
HMIS	Health Management Information System	SAM	Severe Acute Malnourishment
HPD	High Priority District	SBA	Skilled Birth Attendant
HWC	Health & Wellness Centre	SHC	Sub Health Centre
ICTC	Integrated Counselling and Testing Centre	SN	Staff Nurse
IDR	Infant Death Review	SNCU	Special Newborn Care Unit
IEC	Information, Education, Communication	STI	Sexually Transmitted Infection
IFA	Iron Folic Acid	T.B.	Tuberculosis
IMEP	Infection Management Environmental Plan	TBHV	Tuberculosis Health Visitor
IMNCI	Integrated Management of Neonatal and Childhood illness	TMS	Transaction Management System
IMR	Infant Mortality Rate	TT	Tetanus Toxoide
IPD	Indoor Patient Department	UPHC	Urban Primary Health Centre
IPHS	Indian Public Health Standard	USG	Ultra Sonography
IUCD	Copper (T) -Intrauterine Contraceptive Device	WIFS	Weekly Iron Folic-acid Supplementation
JE	Janani Express (vehicle)	VHND	Village Health & Nutrition Day
JSSK	Janani Shishu Surksha Karyakram	VHSC	Village Health Sanitation Committee
JSY	Janani Surksha Yojana	WCD	Women & Child Development
LBW	Low Birth Weight		

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

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 Panna district in MP in third week of December, 2019. PRC team visited District Hospital (DH) Panna, Community Health Centre (CHC) Ajaygarh, 24*7 Primary Health Centre (PHC) Saleha and SHC Brijpur, 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 Panna District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS and RCH portal data. Also evaluated new programme implemented like LaQshya, Kayakalp, Ayushman Bharat and Health and Wellness Centre (HWC) in the district. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the month of November, 2019 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Panna, CHC Ajaygarh, 24*7 PHC Saleha and SHC Brijpur 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, Panna

- Panna district provides health services through rural and urban health facilities both in rural and urban areas of Panna. In total 1 DH, 6 CHCs, 15 PHCs and 159 SHCs are providing health services in Panna district. Among all SHCs, 40 are newly sanctioned and functional but don't

have any buildings for physically functioning. Also 14 AYUSH Ayurvedic centres functioning in Panna district.

- Total functional bed capacity reported in rural health facilities i.e. CHCs, PHCs and SHCs in Panna district is 590 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. DH is running from both old and new building.
- Baseline of LaQshya program is done at three facilities namely DH Panna, CHC Devendranagar and Pawai. However LaQshya is implemented at DH and CHC Devendranagar.
- There is requirement of six delivery tables, baby towels, baby dresses for labour room. There is requirement of bed sheets for ward. It is advisable that disposable bed sheets should be supplied, if not completely then in the ratio of 60:40 at DH.
- There is lack of medical and para-medical staffs in the district. Many doctors recently posted to Panna district, but some of them either not joined and some given their joining and left. This is a backward district, so it is advisable that health staffs posted in this district should be given some extra incentives.
- Hub and spoke model has been identified in the district, but it is yet to start. Diagnostic service is not upto mark at DH, as only X-ray service is available. Sonography is done only on Sunday at DH by radiologist from Satna district.
- Dialysis service is available and functional at DH, however as per waiting patient load one more machine and one technician is urgently required to provide better service care in the district.
- There is issue with medicine storage at DH as the present given space; it is very difficult to manage the proper storage mechanism and protocol for medicines and other equipments at DH. More bigger and spacious drug storage is needed at DH.
- SNCU is functional at DH. During the team visit, it is found that ventilator and c-pap machine was not working. Staff informed that equipment maintenance company namely AIM Healthcare service is not upto the mark; they are taking long time to address the issue. Salary of SNCU cadre staff is very less, it should be increase as per their work load.

- DH has fully functional OTs for caesarean, eye, general and PPT service, however all these surgery done in maternal OT. Blood bank is also functional at DH.
- Twenty bedded NRC is fully functional at DH with availability of all designated staffs. However, there is requirement of television; also PRC team found that computer was not working at the time of visit, which needs to be repaired urgently.
- It is informed by CS that all the critical cases are referred to Rewa Medical College, Rewa (around 120KMs) from DH, however almost all these referred cases later referred from Rewa to Jabalpur Medical College. So it is advisable that, we should be allowed to refer the critical cases directly to Jabalpur Medical College (around 200 KMs) considering the patients betterment.

CHC Ajaygarh

- CHC Ajaygarh is running in a very old building, constructed even before independence. OPD load is very high, after DH this CHC has the highest OPD load (more than 54000 OPDs in Jan to Dec 2019). Whole CHC is running on one doctor, who does the OPD, blood transfusion, administrative work as he is BMO too.
- There is 14 staff quarters available at CHC among which six are doctor's quarter, however only one doctor (BMO) is posted here. These quarters are outside of CHC campus.
- Delivery load is very high at CHC. LaQshya is not implemented at this CHC. Total 5 SNs are giving round the clock service at CHC.
- Staffs is a major concerned for functioning of this CHC and this huge shortage needs to be address on most immediate basis. Security staff is also a urgent need as per huge patient flow at CHC.
- There is functional NBSU and NRC at CHC. NRC has requirement of new TV, RO with cooler, fly catcher. BSU is also available at CHC.
- Pathological service is available with two LTs posted at CHC. At the time of PRC team visit, one microscope, one analyser and one incubator were non functional and informed that repairing is pending for many months. The AIM Healthcare maintenance agency service is not good, especially for remote area.
- The cold chain service is available at CHC for vaccines storage and all the ILR, deep freezer are functional.

- It is recommended that new CHC building with multi-storeys is needed on most priority and all the sanctioned staff positions needs to be posted for smooth functioning of the facility.
- In drug store all the medicines are available as per CHC protocol, it is found that no pharmacist is posted at CHC and presently one pharmacist is attached from nearby PHC for running the CHC drug storage.

PHC Saleha

- There is one MO I/c and other para-medics staff posted at facility. Like CHC Ajaygarh, this PHC is also run completely on the shoulder of MO I/c. PHC is serving around 1 lakh population of Saleha and its nearby block and also many villages of Satna district.
- As informed the female staffs of facility are not taking their work responsibility properly, which is very much affecting the service care facility at PHC.
- Labour room is functional, but not functioning as per LR protocol. There is no availability of sanitary pad at LR. Requirement of delivery kit and repairing of two emergency lights is needs to be done on most priority.
- There are no staffs quarters available at PHC. One MO quarter, which got dismantled, has been encroachment by local people.
- Cold chain service is available at PHC for storage of vaccination. It is found that one ILR is very old, which needs to be replaced with new one on immediate basis.

SHC Brijpur

- SHC Brijpur is a health and wellness centre. There is one CHO and two ANMs are posted at the SHC.
- There is good delivery load at this SHC with 30-35 deliveries per month, but neither NBCC nor radiant warmer is available at the CHC.
- The SHC is needed complete boundary wall construction and Yoga surface construction for functioning as HWC. There is no toilet facility at the SHC. These constructions are urgently needed at the SHC.

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

1. Introduction

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

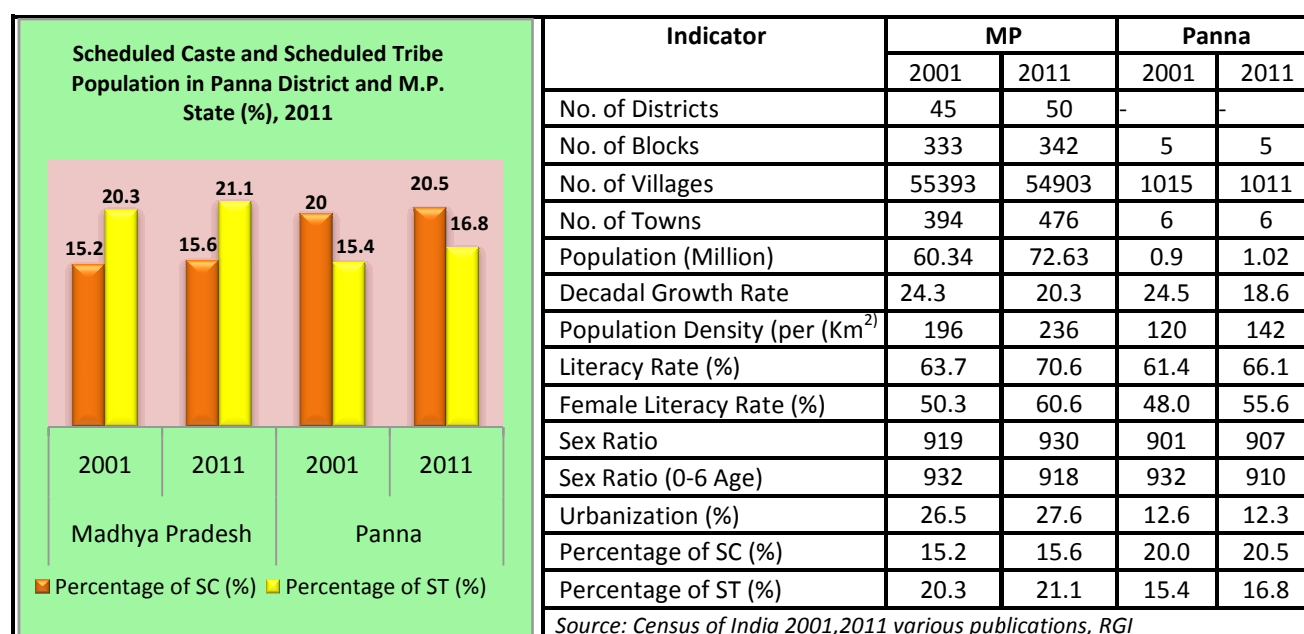
2. State and District Profile

- Madhya Pradesh located in central India with 50 districts and 342 blocks has a total population of 7.2 crores (Census, 2011). Panna district is a district of Madhya Pradesh state in central India. The town of Panna is administrative headquarters of the district.
- Panna District is situated in the North- Eastern part of Madhya Pradesh provinces of India. The district is part of Sagar division. The area of the district is 7135 Sq. Kilometer. It is surrounded by Chhatarpur in the north-west, Satna in the east and katni in the south and Damoh in the south-west of Madhya Pradesh, on the north by Banda district of Uttar Pradesh.
- The district is divided into five blocks namely Ajaygarh, Gunnor, Panna, Pawai and Shahnagar with a population 1016520 (Male: 533480, Female: 483040) and density of Panna is 142

persons per sq. km as compared to 236 persons of M.P. The percentage of Scheduled Caste population is 20.5 whereas, that of the Scheduled Tribes is 16.8 in the district.

- There are one Nagar Parishad and five Nagar Palika and six statutory towns in the District. As per Census 2011 Panna has 1011 villages, out of which 947 are inhabited and 64 are uninhabited villages. Panna district has total 395 Gram Panchayats.

Key socio-demographic indicators



Sr.	Indicators	MP		Panna	
		HMIS /AHS Census	NFHS-4	HMIS/AHS Census	NFHS-4
1	Sex Ratio	930 [#]	948	907 [#]	924
2	Sex Ratio at Birth	905 ^{\$}	927	959 ^{\$}	790
3	Female Literacy Rate (%)	60.6 [#]	59.4	55.6 [#]	57.4
4	Infant Mortality Rate (per 1000 live births)	62 ^{\$}	51	85 ^{\$}	-
5	Unmet Need for Family Planning (%)	21.6 ^{\$}	12.1	30.9 ^{\$}	17.8
6	Postnatal Care received within 48 Hrs. after delivery	80.5 ^{\$}	55.0	77.1 ^{\$}	45.4
7	Fully Immunized Children age 12-23 months (%)	66.4 ^{\$}	53.6	38.4 ^{\$}	26.6
8	1 st Trimester ANC Registration (%)	66.0 [^]	53.1	66.0 [^]	39.9
9	Reported Institutional Deliveries (%)	95.0 [^]	80.8	94.0 [^]	74.4
10	SBA Home Deliveries (%)	3.0 [^]	2.3	3.0 [^]	2.0

Source: [#]Census 2011, ^{\$}AHS 2012-13 [^]HMIS report April-March 2018-19.

- The decadal growth of Panna has decreased from 24.5 to 18.6 percent during 2001-2011. The literacy rate of the district has increased by 4.7 percentage point during the decade. Total literacy rate is now 66.1 percent. Female literacy rate has increased by 7.6 points in Panna district from 48.0 percent in 2001 to 55.6 in 2011 which is lower than the state average (M.P. 60.6 percent).

- The male-female ratio of Panna is 907 females per thousand males in comparison to 930 per 1000 males for M.P. state, but the child sex ratio to 910 in 2011, lower than the child sex ratio of the state (912/1000).

3. Health Infrastructure in the District

- Panna 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. In rural areas 6 CHCs, 15 PHCs and 159 SHCs are providing health services. DH Panna and 6 CHCs, 15 PHCs and 119 SHCs are

functioning from government buildings. DH Panna is sanctioned as a 300 bedded hospital and

Health Facility	Number	Health Facility Visited
District Hospital	1	DH Panna
Community Health Centre	6	CHC Ajaygarh
Primary Health Centre	15	PHC Saleha
Sub Health Centre	159	SHC Brijpur

presently it is functional as 330 bedded. All the two L3 facilities with one DH are 300 bedded and one CHC is 30 bedded. Nineteen L2 facilities with six CHCs and thirteen PHCs are 30 and 6 bedded respectively. There are twelve L1 facilities, two PHCs and ten SHCs functional as level 1 delivery points with having total 32 functional beds.

- In total 590 beds are available in the district with a population of 1.02 million, which are insufficient for the government health facilities, according to the required norm of 500 beds per 1 lakh population.

Information Education Communication

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

Referral Transport

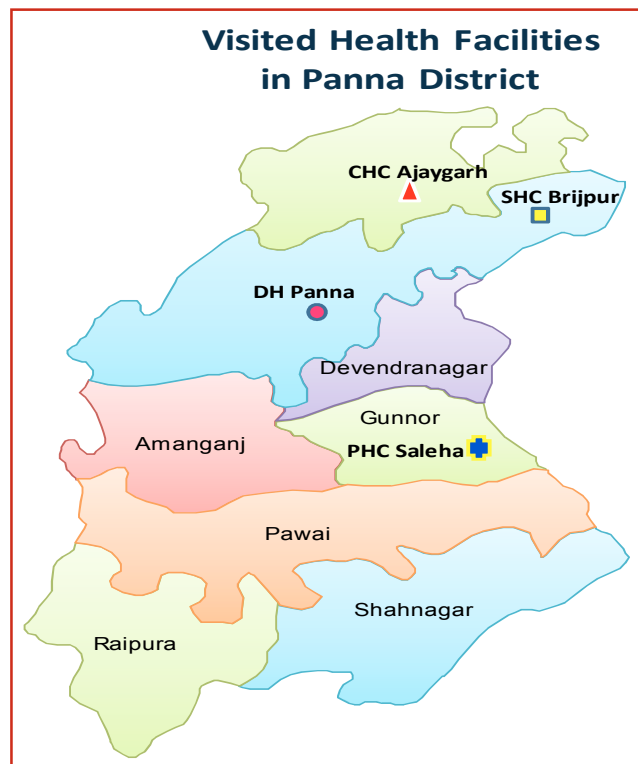
- In Madhya Pradesh referral transport has been an integral part of health care services. This is very essential for access to critical health care, emergencies, trauma care for remote and outreach areas and in rural areas.

Number of Beneficiary facilitate through 'Janani 108' of Panna District as on November,2019							
Facilities in the district	Pickup (Home to Facility)			Drop Back (Facility to Home)			Facility to Facility
	Pregnant Women	Infant Sick Child	Total	Mother	Infant Sick Child	Total	PW/Infant
DH Panna	108	22	130	108	18	126	17
CHC Ajaygarh	104	8	112	58	3	61	22
CHC Devendra Nagar	77	3	80	108	7	115	12
CHC Amanganj	31	3	34	21	0	21	3
CHC Gunor	106	6	112	55	1	56	27
CHC Pawai	112	7	119	54	1	55	13
CHC Shahnagar	86	7	93	44	1	45	10
PHC Dharampur	81	6	87	59	3	62	27
PHC Mohandra	41	4	45	14	0	14	8
PHC Raipura	52	25	77	63	3	66	6
SHC Brijpur	52	12	64	57	7	64	13

- The referral transport service in the district is running through centralised call centre from state. In Panna, there are 12 Janani Express and ten “108” emergency response vehicles and four Medical Mobile Unit (MMU) functional in the district. Out of the 12 JEs, four are placed at visited health facilities (DH:2, CHC:1 and SHC:1) in the district. In month of November’ 2019, JEs have transported 1491 beneficiaries. Out of these 850 beneficiaries were provided home to facility transport and 641 were provided drop-back facility. There are 158 pregnant woman and infant children referred to higher facility.
- Under JSSK free transport from home to hospital was provided to 130, 112 and 64 and drop back to 126, 61 and 64 at DH Panna, CHC Ajaygarh and SHC Brijpur respectively. Inter hospital transport was provided to 17, 22 and 13 at DH, CHC and SHC respectively of November month, 2019.
- It was observed that not all the pregnant women are getting transport services with “108” or ambulances. Due to non-availability of data at district level no assessment could be done for the services provided to pregnant women and newborn children and other patients.

4. Status of Visited Health Facilities

- DH Panna is easily accessible from the main road. DH Panna caters to around 10.16 lakhs population of Panna. CHC Ajaygarh and PHC Saleha cater to around 53411 and 55433 populations. SHC Brijpur caters to about 9064 populations (data as per HMIS infrastructure, 2019).
- CHC Ajaygarh and PHC Saleha are located at a distance of 35 and 55 kilometers respectively from the district head quarters and SC Brijpur functional as a HWC is located at a distance of 30 kilometres from the district head quarters.
- Staffs quarter is a serious concern in the district; presently DH Panna has 14 quarter for MOs, 10 quarter for SNs and four quarters for other category. CHC Ajaygarh has only 14 staff quarters (six for MOs and eight for other staffs). It has no quarters for staff nurse. Only two staff quarters are available for other category at PHC Saleha. Staff quarter for ANM is attached with SHC, but ANM stays in her own house in Brijpur. Water connection and solar system is available in the SHC.
- All the visited health facilities have appropriate drug storage facilities and Water supply is available with overhead tanks in all the visited facilities. All the visited health facilities have no record available of regular fogging except DH and CHC Ajaygarh. Rainwater harvesting and solar electricity facility is available only at the DH and SHC Brijpur.
- Facilities for bio-medical waste segregation were observed in all the health facilities. The BMW service is not available in the district. Disposal of DH waste is done in the tank outside DH and later Nagarpalika took it as garbage. This issue needs to address on most urgent basis. Disposal of hospital waste in PHC Saleha and SHC Brijpur is being done in closed pits.



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

Visited at DH Panna 	Meeting with CMHO and DPMU staff at DH Panna 
Visited at CHC Ajaygarh 	BMO attend the patient in OPD at CHC Ajaygarh 
Visited at PHC Saleha 	list of Staff name at PHC Saleha 
Visited at SHC Brijpur 	Interaction with Staff at SHC Brijpur 

5. Status of Human Resources

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

Human Resources	Required (Sanctioned)				Available			
Health Functionary	DH	CHC	PHC	SHC	DH	CHC	PHC	SHC
Gynaecologist	4	1			2	0		
Paediatrician	7	1			0	0		
Anaesthetists	2	1			0	0		
Cardiologist	-	-			-	-		
General Surgeon	2	1			2	0		
Medicine Specialist	3	1			2	0		
ENT Specialist	2	-			0	-		
Orthopaedic	2	-			0			
Dentist	3	-			1	-		
TB Specialist	1	-			0	-		
Ophthalmologist	2	-			0	-		
Ophthalmic Asst.	2	1	-		0	1	-	
Radiologist	2	-			0	-		
Radiographer	4	-			3	-		
Pathologist	2	-			0	-		
LTs	9	2	-		7	2*	-	
MOs	15	3	-		13	1	1	
AYUSH MO	-	-	-		-	-	-	
LHV	2	3	-		2	2	-	
ANM	9	4	-		6	4*	3	2
CHO								1
MPHW (M)	-	2	-		-	1	1	1
Pharmacist	8	2	-		2	2*	1	
Staff nurses	100	5	-		89	5*	1	-
DEO	4	1	-		0	1	1	
Ward boy	-	6	-		-	5	1	

*At CHC Ajaygarh 2 SN, 1 LT, 1 ANM and 2 Pharmacist are posted through NHM.

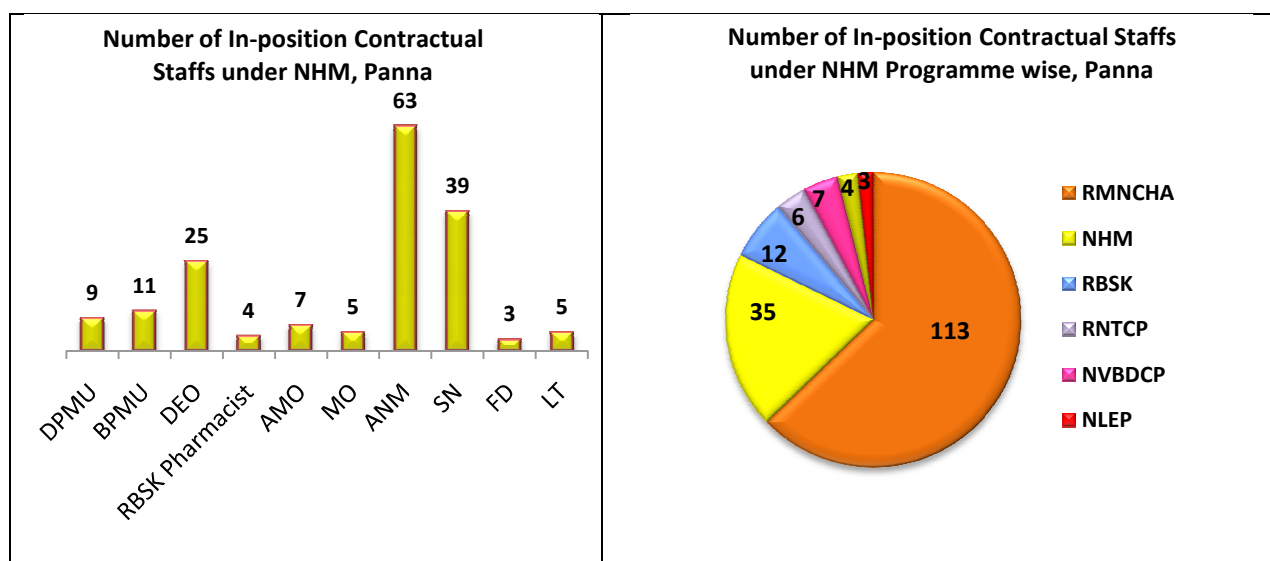
Human Resources in Visited Health Facilities

- DH Panna has two gynaecologists, two general surgeons, two medical specialists and one dentist posted against the sanctioned 32 specialist post. Thirteen MOs are in position against 15 sanctioned posts.
- In the DH there are 89 SNs working against its sanctioned post of 100. Seven out of 9 lab technicians and three out of four radiographers are working against their sanctioned posts.

- There is paucity of Paediatrician, Anaesthetists, Ophthalmologist, and Radiologist in DH Panna and CHC Ajaygarh does not have any specialist.
- At PHC Saleha, there is one MO, one SNs, three ANMs, one Pharmacist and one ward boy are posted for running the 24x7 PHC services.
- At SHC Brijpur, there is one MPW (M), two ANM and one CHO and providing all the clinical services at the Health and Wellness Centre. CHO post recruitment has completed also posting has been done in HWC PHCs and SHCs.
- The staffs position in district and block level PMUs under NHM shows that there are 182 contractual staffs in position in the district. The PMUs have one District Program Manager (DPM), district monitoring and evaluation officer (M&E), district community mobilizer (DCM), district account manager, RI data manager, RBSK coordinator, district AH coordinator, district leprosy consultant, sub engineer, 4 RBSK pharmacists and 25 data entry operator (DEO), four block programme manager (BPM), two block community mobilizer (BCM) and five block accounts manager (BAM) are working. One TBHV and STS posted at DH Panna.

Total Human Resources of Panna District			
Post	Sanctioned	In position	Vacant
Specialist	59	3	56
Medical Officer	63	26	37
Staff Nurse	160	106	54
SNs Contractual	42	42	0
ANM	167	150	17
ANM Contractual	-	89	-
Supervisor	37	23	14
LHV	24	9	15
MPW	115	42	73
Pharmacist	22	11	11
Lab Technician	17	10	7
ASHA Sahyogi	113	82	31
ASHA	1300	1265	35

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



- Number of sanctioned posts and in-position staffs including their details are not displayed at any of the visited health facility. DMPU has maintained complete information about the contractual staff of the district.
- At visited health facilities many staffs are holding charge of multiple tasks. This is due to non-availability of designated staffs. Contractual staffs are also engaged in many administrative and other related works.

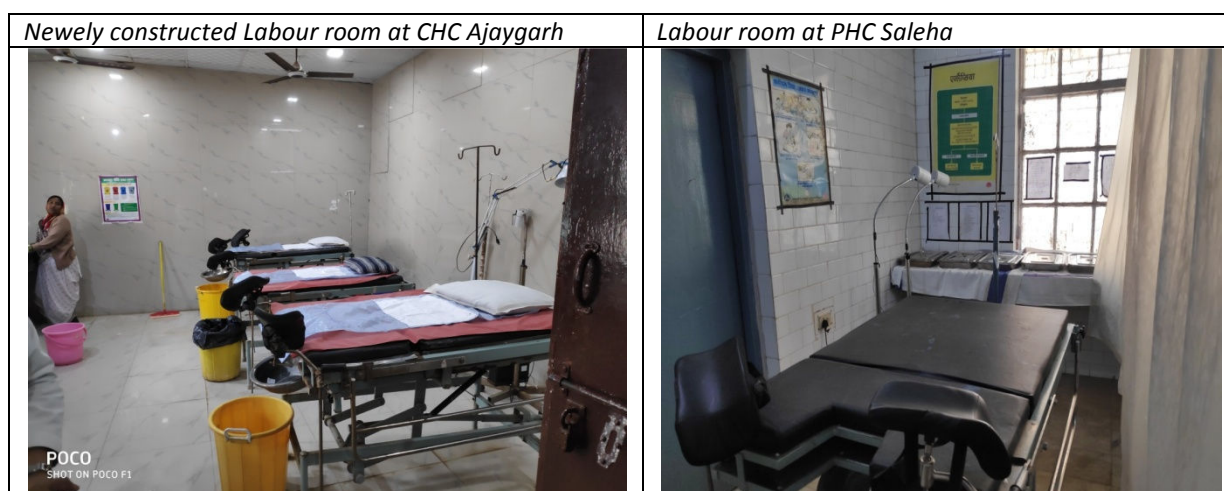
Training Status/Skills and Capacity Building

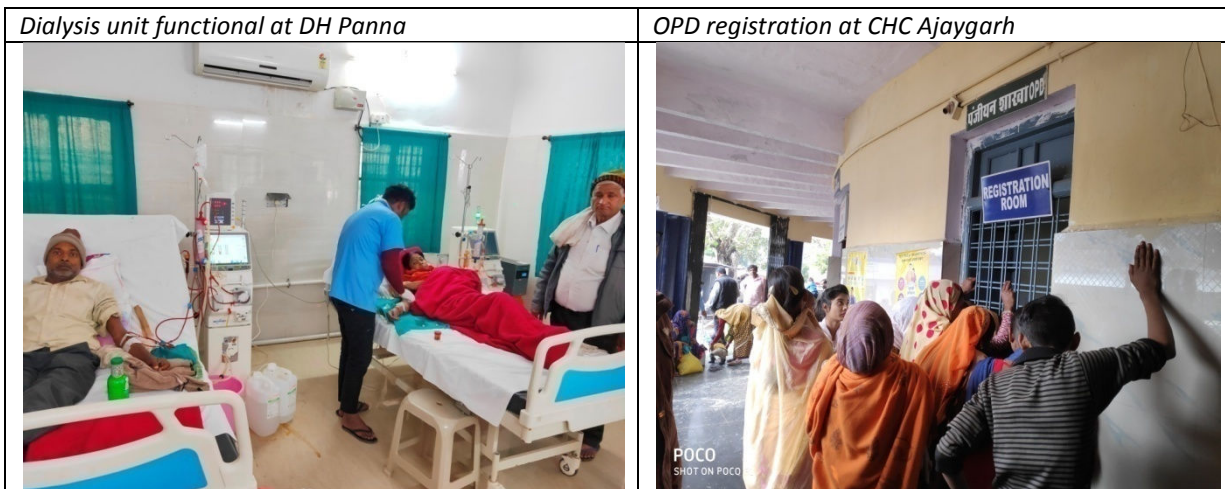
- NHM focuses on capacity building and skill upgradation of the existing staff, for which there are provisions for trainings at all levels. Under NHM, several training programmes are organized for medical and paramedical staff at district and state level.
- Trainings in SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- SBA training is taking place at the district level and SBA trained MOs, SNs and ANMs are available in different visited health facilities. IUCD, PPIUCD and NSSK trainings have been received by LMOs, SNs and ANMs. Cold chain trained ANMs, SNs and MPWs are available in the visited health facilities (except SHC) to maintain cold chain services.
- On quality parameter, the staffs (SN, ANM) of DH Panna, CHC Ajaygarh, PHC Saleha and SHC Brijpur 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)

- Panna district has two functional L3 facilities (DH Panna & CHC Ajaygarh), nineteen L2 facilities (6 CHCs, 13 PHCs) and twelve L1 facilities (2 PHCs, 10 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.

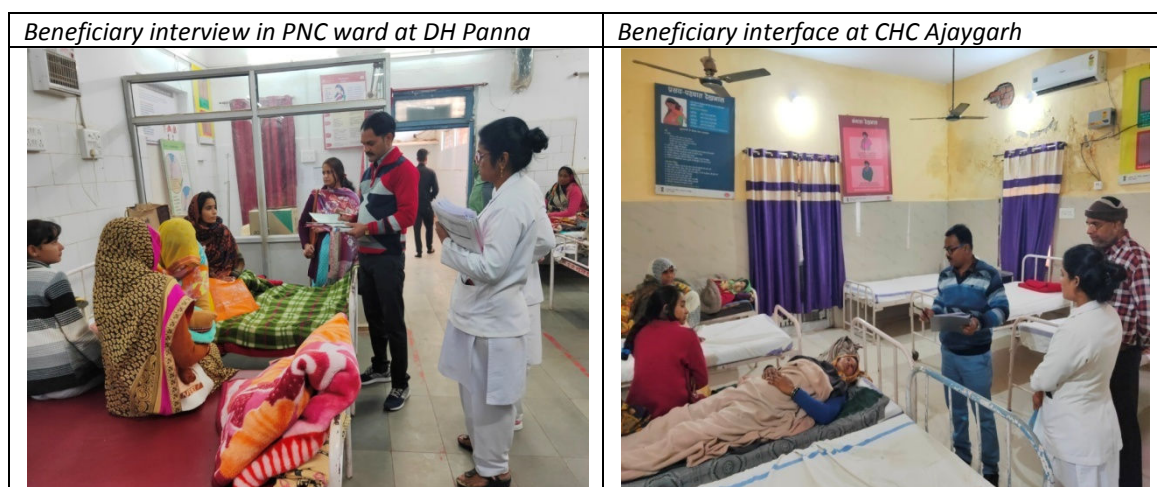
- DH Panna has reported 229 deliveries among which 114 were between (8pm to 8am) at night deliveries and 33 caesarean section conducted at the DH. In CHC Ajaygarh, PHC Saleha and SHC Brijpur reported 210, 83 and 35 deliveries, out of 129, 27 and 13 have been done at night (8pm-8am) in month of November' 2019.
- Line listing of severely anaemic pregnant woman with haemoglobin below 7 (Hb<7) is being done and treatment of iron sucrose is given at all the health facilities. All the visited facilities have a separate register for severely anaemic women. DH Panna, CHC Ajaygarh, PHC Saleha and SHC Brijpur are maintaining separate data of pregnant women with anaemia. PHC Saleha and SHC Brijpur no separate data maintain in register but it is reported in labour room register.
- Madhya Pradesh state has created necessary infrastructure and implemented programmes such as Mission Indradhanush, PMSMY, MMSSPSY, Dastak Abhiyan, Roshani Clinic, RKSK, RSBY etc. aimed at directly reaching to community level. While SNCU and NRC have been functional since a decade, the state has initiated more sophisticated health services at tertiary care facilities such as PICU and HDU for arresting critical illness and emergencies pertaining to MCH services.
- It was informed by the service providers that pregnant women are never given 180 IFA tables and 360 calcium tablets in one go and only 30-60 IFA/Calcium tablets are provided during each ANC check-up. It was observed that there is no mechanism to track the number of pregnant women completing the IFA/Calcium tablet, however, all the ANC registered pregnant women are reported to have received full course of 180 IFA and 360 Calcium tablets during the reporting months.





6.1 Janani Shishu Suraksha Karyakram (JSSK)

- JSSK is implemented at all levels of health facility and free entitlements are provided. Display of all JSSK benefits components was observed in all the visited health facilities, but JSSK was not mentioned.
- Beneficiaries in the exit interviews have reported to have received free JSSK services including free drugs and consumables, free diet, free diagnostics etc. in all the health facilities. 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.
- Under JSSK free transport from home to hospital was provided to 130, 112 and 64 and drop back to 126, 61 and 64 at DH Panna, CHC Ajaygarh and SHC Brijpur respectively. Inter hospital transport was provided to 17, 22 and 13 at DH, CHC and SHC respectively of November month, 2019.



- It was observed that not all the pregnant women are getting transport services with “108” or ambulances. Due to non-availability of data at district level no assessment could be done for the services provided to pregnant women and newborn children and other patients.
- It was observed that all the visited health facilities have free dietary service under JSSK except at SHC Brijpur and all the women utilise the delivery care at these facilities, stay for minimum 48 hours as per norms including Health and Wellness Centre (HWC) Brijpur.

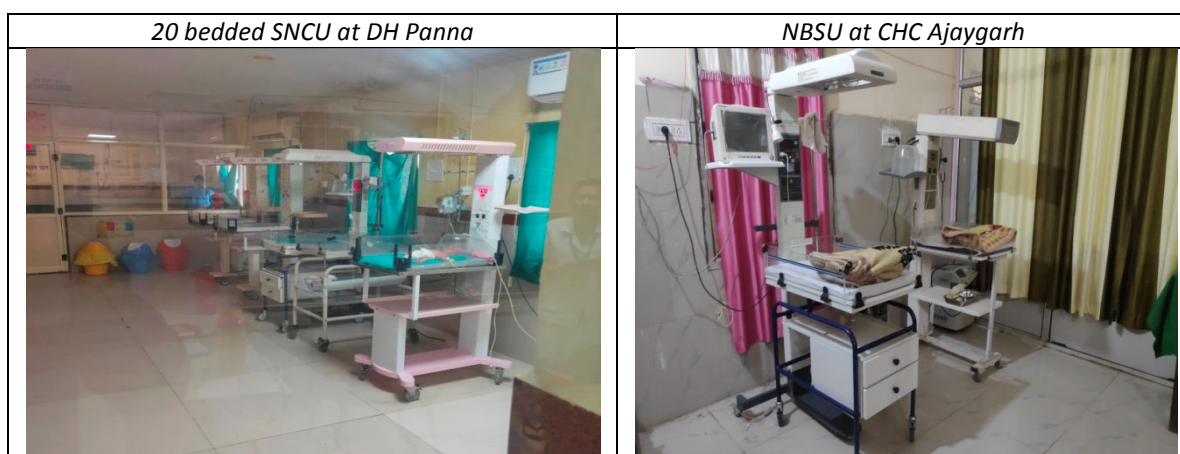
6.2 Janani Suraksha Yojana(JSY)

- JSY is implemented and payments are made as per eligibility criteria, since the payment done through PFMS no physical verification of beneficiaries’ upto 5% is done by district authorities. Physical verification has been done by PRC Team at the time of visit respective facility.
- Among the visited facilities, there are 110, 52 and 35 registered JSY beneficiaries at CHC Ajaygarh, PHC Saleha and SHC Brijpur, 204 and 28 are the beneficiaries who received JSY benefits at CHC and PHC respectively. The SHC Brijpur beneficiary’s payment done through its block Devendranagar, so no data available for the same.
- No proper grievance redressal mechanism for JSY has been initiated in the visited health facilities, if money not transferred within a month after depositing all the required documents in respective facility than after beneficiaries complained to Jan Sunwai and CM helpline in the state.
- When asked the officials about late credit of JSY benefits to the beneficiaries account, they told that mostly it is happening due to non deposit of correct documents and bank details of the beneficiaries at the concerned centre. Sometimes it might due to non availability of the fund from the state too.

6.3 Special Newborn Care Unit (SNCU)

- In every district SNCU has been established in Madhya Pradesh. These SNCUs are established with an objective to reduce neo-natal mortality from preventable causes.
- In all delivery points in M.P., NBCC have been made functional to prevent infection, to regulate the body temperature of neonates and resuscitation.
- DH Panna has a 20 bedded SNCU, with necessary equipments and availability of two trained MOs and 17 staff nurses. It was found shortage of Staff nurse for round the clock of neonatal

care at NBSU Panna. There are two ANMs, one ward boy, one sweeper, one security guards and one data entry posted at SNCU Panna. Aaya is not available against three sanctioned post at SNCU.



- During November month 2019, a total 111 children (inborn-48; outborn-63) have been admitted and as per the records, 68 children were cured after treatment and 16 children were referred to a higher facility and 21 death reported. In DH Panna it was reported that one children left earlier without informing or left against medical advice (LAMA).
- Among the available 21 radiant warmer and six phototherapy machine only 13 and four are functional respectively. Fourteen infusion or syringe pumps are available but all of these are not working condition. Two ventilators available and functional at SNCU.
- CHC Ajaygarh has NBSU with one MO and 2 SNs. There is no paediatrician at CHC Ajaygarh. It was found shortage of Staff nurse for round the clock of neonatal care at NBSU Ajaygarh. Some equipment is urgently required at NBSU.
- Child health services, particularly sick newborn care are severely affected in CHC Ajaygarh and periphery level health institutions due to non-availability of NBSU. NBCC is functional in PHC Saleha and SHC Brijpur.

6.4 Nutrition Rehabilitation Centre (NRC)

- M.P. has 10.8 million children of 0-6 years (Census, 2011) out of which an estimated 1.3 million children are Severe Acute Malnourished (SAM) as per the SAM rate of the state.
- There are six NRCs in Panna district. Total 110 SAM children are admitted in six NRCs in the district in November' 2019 (<http://www.nrcmis.mp.gov.in>). Overall bed occupancy rate reported in the district is 84.16 percent.



- In Panna district presently 6 NRCs are functional of which one is located at DH Panna, five is located at CHC Ajaygarh, CHC Amanganj, CHC Gunnor, CHC Pawai and CHC Shahnagar. NRC in DH is 20 bedded and 10 beds each are available in five CHCs. Total 70 beds are available in these six NRCs. All the visited facilities have NRCs with all total 14 staffs in-position, among these 14 staffs, eight staffs posted at NRC DH and six staffs at NRC Ajaygarh. During November 2019, 27 and 15 SAM children were admitted in NRCs at DH and CHC respectively.
- The NRC Amanganj data is not reported in NRCMIS software during this month.

6.5 Immunization

- CHC Ajaygarh and PHC Saleha are focal points for immunization. Micro plans have been prepared for different blocks by DIO for the year 2019-20.
- Alternate vaccine delivery system is in place in the district. MPWs and LHVs have been trained in cold chain handling in the district. The birth dose of immunization is being ensured for all newborns delivered before getting discharged at DH, CHC, PHC and SHC Brijpur.
- Immunization services are available in DH Panna, CHC Ajaygarh and PHC Saleha on daily basis and on fixed days in the periphery. VHND sessions are being held on regular basis for immunization of pregnant women and children. PHC Saleha reported that immunization services are provided by field ANM in periphery and on fixed days at PHC.

6.6 Rashtriya Baal Surkasha Karyakram (RBSK)

- RBSK programme in the district is being implemented as per guidelines. A district RBSK coordinator has been appointed for monitoring and supervision of RBSK programme.

- District Early Intervention Centre (DEIC) is not operational in DH Panna due non availability of staff. All the required staffs need to be posted at DEIC Panna.

- Out of 10 required teams, only 7 RBSK teams are operational in the district. None of the RBSK team is complete in all aspects. Seven AMOs posted against 20 sanctioned posts, six ANMs are in-position

Block-wise status of RBSK team in Panna district				
Blocks	Teams	AMO	ANM	Pharmacist
Ajaygarh	Team 1	1	0	1
	Team 2	1	1	1
Amanganj	Team 1	2	1	1
	Team 2	1	1	0
Devendranagar	Team 1	1	1	1
	Team 2	1	1	0
Pawai	Team 1	0	1	0
	Team 2	0	0	0
Shahnagar	Team 1	0	0	0
	Team 2	0	0	0
Total		7	6	4

against 10 sanctioned posts and four pharmacists are in-position against 10 sanctioned posts in the district. There is manpower shortage in RBSK teams across all the blocks in Panna District. All the required staffs need to be posted to provide complete range of RBSK services. One pharmacist of Shahnagar block RBSK team has been transferred to Chhatarpur, so now no RBSK team is functional in Shahnagar block.

- As per the available data numbers of children screened for any illness were 2584 at CHC Ajaygarh. A total of 216 children in different age groups were identified with various health problems and 9 children have been referred to higher facility for treatment from CHC Ajaygarh.

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



6.7 Rashtriya Kishor Swasthya Karyakram (RKSK)

- RKSK is a health promotion and community based approach for providing counselling services to adolescents about nutrition, sexual & reproductive health, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse.

- The new adolescent health (AH) strategy focuses on age groups 10-19 years with universal coverage, i.e. males and females; urban and rural; in school and out of school; married and unmarried; and vulnerable and under-served.

Status of Adolescent Friendly Health Clinic data base in Panna District 2019-20								
In District	CHCs	Ajaygarh	Amanganj	Gunor	Devendra Nagar	Pawai	Shahnagar	Total
	Total PHC	4	1	0	4	4	2	15
	Total SHC	30	20	13	32	34	30	159
	Total Village	180	152	92	235	275	158	1092
	Total ASHA	205	197	111	209	314	215	1251
	Total AF	10	15	9	13	24	15	86
Intervention (RKS)	Total PHC	2	1	0	3	2	1	9
	Total SHC	20	12	13	23	18	24	110
	Total Village	124	110	97	135	124	124	714
	Total ASHA	132	128	111	138	149	169	820
	Total AF	7	10	9	10	13	13	62
	Peer Educator	264	256	222	276	298	338	1640
	Trained Peer educator	220	195	170	248	298	252	1383

- There are seven AFHC (Adolescent Friendly Health Clinic) running in the district, one at DH and other six in six CHCs. Five blocks, six CHCs, nine PHCs, 110 SHCs, 714 villages, 820 ASHAs and 1383 trained Peer Educator's (PE) covered under RKS programme in Panna district.
- District RBSK coordinator is over all in-charge of RKS programme for monitoring and supporting supervision of field visit in the district.

6.8 Family Planning

- Access to family planning helps in protection from unwanted pregnancies, along with decrease in infant and child mortality. Panna district has facility of providing full range of family planning services at most of the health institutions. All family planning services are available at the visited DH and CHC Ajaygarh.
- LTT camps are organized at visited DH and CHC on fixed days basis on weekly and fortnightly respectively. DH is the only health facility where FP operations are also done on regular basis.
- Supply of modern family planning methods, i.e. OP, condom, antra dose, PPIUCD and IUCD etc. are regular in the district and none of the visited health facilities informed about any scarcity. PHC Saleha reported that most of the condoms and Oral pills are provided by ANMs in the field.
- Month of November' 2019, 161 and 100 family planning LTT operations done at DH and CHC Ajaygarh. At CHC Ajaygarh these services are done on fixed day by surgeon from DH. Month of

November' 2019, 55, 56, 6 and 29 women were provided PPIUCD services at the DH, CHC, PHC and SHC respectively.

- During interaction it was found that most of the women in PNC wards were counselled for PPIUCD by doctor or SNs. In spite of counselling, women have some fear in acceptance of PPIUCD.

7. Disease Control Programmes

- Panna district has a district program officer each in-charge of Malaria and TB and disease programs. The FRUs and PHCs in the district have adequate laboratory facilities and technicians, drugs and infrastructure resources for providing preventive and curative services against the three communicable diseases, staffs are effectively providing outreach services.
- The malaria control initiatives are reported to be progressing satisfactorily in the district. Periodic surveillance is carried out by respective MOs and program officers. Under national malaria control programme DH Panna, CHC Ajaygarh, PHC Saleha and SHC Brijpur which are providing services with adequate availability of rapid diagnostic kits and drugs. In month of November'2019, 448 and 268 slides in CHC Ajaygarh and PHC Saleha respectively were prepared.
- Treatment units under Revised National Tuberculosis Programme (RNTCP) in Panna district are functional in DH, CHC and PHC health facilities. A total of 271, 38 and 10 sputum tests were reported respectively from DH Panna, CHC Ajaygarh and PHC Saleha and 23, 5 and 2 were reported to be positive at these health facilities.

Non-Communicable Disease (NCD) Services

- Under Ayushman-Bharat programme the state has prioritized community based screening of NCDs at all the SHCs and PHCs. District hospital has designated NCD clinic. None of the other health institutions have complete range of NCD services. It was observed that, in periphery health institutions specialists are not posted for advanced screening and treatment of NCDs.
- Panna has a separate NCD clinic established in the DH Panna. NCD services are being provided in general OPD at and CHC Ajaygarh and PHC Saleha. It is observed that NCD related data is being recorded and reported in NCD software in the district. Health personnel including ASHAs

need to be properly trained for taking measurements, noting measurements and reporting identified cases correctly.

Block wise Number of CBAC form enrolment in Panna District under NCD Programme, Sept-Oct, 2019						
Blocks	Ajaygarh	Amanganj	Devendranagar	Shahnagar	Pawai	Total
PHC HWC	4	1	4	2	4	15
PHC HWC Population	22634	11348	29104	12398	13945	89429
SHC HWC	5	4	7	6	6	28
SHC HWC Population	27285	31121	44735	31292	53305	187738
SHC HWC No. of Village	59	39	68	35	61	262
37 % Target age of above 30	18470	15714	27320	16165	24883	102552
Screening of Target	9235	7857	13660	8083	12441	51276

- In the month of September-October, 2019 special campaign for population based NCD screening was conducted in the district. ASHAs were trained for filling-up CBAC forms. It was observed that ASHAs have filled-up CBAC forms, however, not all the information pertaining to breast cancer and cervical cancer was ascertained from women in the community. ASHAs need to be oriented for proper risk assessment for breast and cervical cancer among women.

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

- Total 1340 ASHAs (1318-Rural & 22-Urban) and 87 ASHA Sahyogi are presently working in Panna district and District Community Mobilizer (DCM) is overall in-charge of ASHA programme.
- There are 1078 villages in the district, as informed by DCM, there are required 39 ASHAs in the district.

- Skill development of ASHAs is a continuous process. Fourth round of training for 6-7th modules have been completed for 1340 ASHAs.

ASHA status of Panna District 2019-20					
Blocks	ASHA target	Total Active ASHA	Total Inactive ASHA	Total ASHA Sahyogi	Total Village
Amanganj-Gunnor	309	316	5	24	241
Devendranagar	245	207	19	13	235
Shahnagar	215	213	13	14	159
Ajaygarh	224	222	2	10	202
Pawai	325	321	21	26	241
Total ASHA	1318	1279	60	87	1078

- 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.
- 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 and CHC Ajaygarh. Majority respondents had MCP card with basic information about the women, name and mobile number of ANM and ASHA mentioned on it.
- ASHAs have also done household surveys for screening of person age 30 years and above for presence of NCDs through CBAC form.
- Most of the ASHAs do not keep any records about the amount they received and amount due to be paid. ASHA Sahayogi keeps record of services provided by the ASHAs in her catchments area. Based on this record ASHAs made their payment voucher which is then submitted to ASHA Sahayogi for payment.
- It is observed that most of the ASHAs need periodic training on record keeping of services they provide.
- Different programme officers in Panna district are providing orientation to ASHAs for National Health Programmes like HWC, NCD, Dastak, MR, TB, Malaria and Leprosy etc. at the block level. ASHA Resource Centre at the state level monitors the progress of ASHAs. Mentoring Group for Community Action provides supportive services.
- Drug kit replenishment is done based on demand and availability of drugs. Payments to ASHAs have been regularized based on verification by the concerned ANM. ASHA payments are regular but depending on availability of funds.

9. Ayushman Bharat (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.

- The District Ayushman Bharat Coordinator is over all in-charge of public health facility for facilitating the people from registration to claim under this scheme in the district.
- On the day of PRC team visit, as per PMJAY database, on bed patients was 46, 43 patients on waiting for treatment and 818 claims to be settled at DH Panna under Ayushman Bharat Yojna.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in the Visited Health Facilities in Panna District			
Beneficiary Identification Number and Transaction Management System	DH Panna	CHC Amanganj	CHC Devendra Nagar
	Overall		
Total Patients Registered	2497	157	314
Out Patients	545	13	29
In Patients	1952	139	345
Death Cases	0	0	0
Surgeries/Therapies Done	1605	138	345
Surgeries/Therapies Done Amount (Rs.)	3987900	243400	62600
Preauthorization Initiated	1949	139	345
Claims Submitted	1602	137	341
Amount Preauthorized in (Rs.)	5356800	250200	626000
Amount of Claims Submitted in (Rs.)	3969500	246600	618100

- In all 2497 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 545 were OPD patients and 1952 were IPD patients. Around Rs.53.56 lakhs have been submitted for pre- authorization and claims amounting Rs.39.69 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.

Ayushman Bharat Programme Centre functional at DH Panna and awareness about AB at PHC Saleha



- In Panna, 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.
- District should monitor the services provided under Ayushman Bharat scheme particularly at the public health facilities. Since services under the scheme are incentivised for the service providers, proper implementation of the scheme will be helpful in mitigating shortage of service providers. It will also provide much needed support for sustaining infrastructure created under Kayakalp and LaQshya initiative.

10. Health and Wellness Centres (HWC)

- HWC are envisaged to deliver expanded range services that go beyond Maternal and child health care services to include care for non-communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma, including free essential drugs and diagnostic services.
- In state of Madhya Pradesh total 2458 HWCs has been created till December 2019 among which 1142 are PHCs, 1184 are SHCs and 132 are UPHCs.
- The district has prioritized the setting-up of health and wellness centres in the periphery health institutions. Presently there are 43 (15 PHCs, 28 SHCs) HWCs set-up in the district. Branding and necessary infrastructure is being augmented at various health facilities.
- Team visited PHC-HWC Saleha and SHC Brijpur. 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 Saleha and SHC Brijpur 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 Brijpur has to develop some construction work at the centre as required for HWC services.
- A DEO is urgently required for documentation and preparation and

Block wise status of HWCs in Panna District, 2019-20				
Block	Block Population	PHC	SHC	Village under HWC
Ajaygarh	170457	4	5	59
Amanganj	248215	4	7	68
Devendranagar	245018	1	4	39
Shahnagar	185252	2	6	35
Pawai	167578	4	6	61
Total	1016520	15	28	262

uploading all the reports on HWC portal. There is limited internet connectivity in all the visited HWCs. This need immediate attention.

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

11. Kayakalp 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. As per peer assessment of Kayakalp, Panna has score of 72.8 percent and on 18th 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 Assessment (2019-20) of Visited Facilities in Panna District				
The Cleanliness Score Card	DH Panna		CHC Ajaygarh	PHC Saleha
	Internal	Peer	Internal	Internal
Internal assessment score (2019-20) (%)	89.2	72.8	45.5	45.0
Total Score	535	437	273	162
A. Hospital Upkeep Score (%)	95	80	60	35
B. Sanitation & Hygiene	99	64	52	35
C. Bio-Medical Waste Management	78	82	46	32
D. Infection Control	91	74	59	30
E. Support Service	44	36	29	15
F. Hygiene Promotion	44	36	27	15
G. Beyond Hospital	84	65	46	45

- 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.
- At PHC Saleha and SHC Brijpur staff is very limited and maintaining all the areas of Kayakalp, has been a challenge due to meagre funds available in RKS.

- State should provide enough funds for maintaining overall cleanliness. Presently RKS funds and OPD income are very meagre while expenditure is high in PHCs.

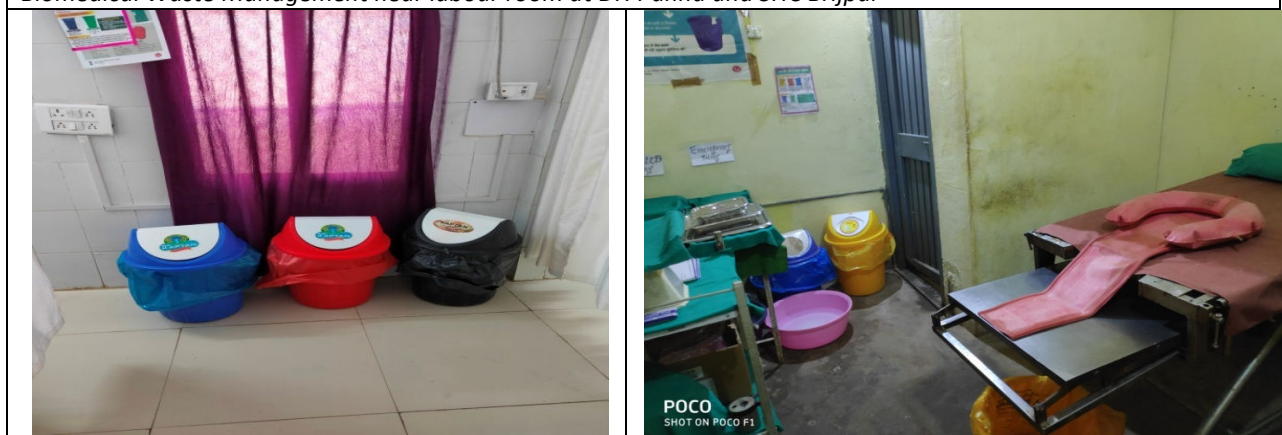
Well cleanness & local language signage and sterile zone at DH Panna under Kayakalp Programme



Biomedical Waste Management

- Segregation of bio-medical waste is being done at DH Panna, CHC Ajaygarh, PHC Saleha and SHC Brijpur. Facilities have colour coded bins placed in labour room, OT and in laboratory at all the visited facility.
- The BMW service is not available in the district. Disposal of DH waste is done in the tank outside DH and later Nagarpalika took it as garbage. This issue needs to be address on most urgent basis. Disposal of hospital waste in PHC Saleha and SHC Brijpur is being done in closed pits.
- 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.

Biomedical Waste Management near labour room at DH Panna and SHC Brijpur



- Centralised annual equipment maintenance contract is done at state level and one company namely; AIM Healthcare Co. Ltd. is given tender for this financial year.

12. LaQshya Programme

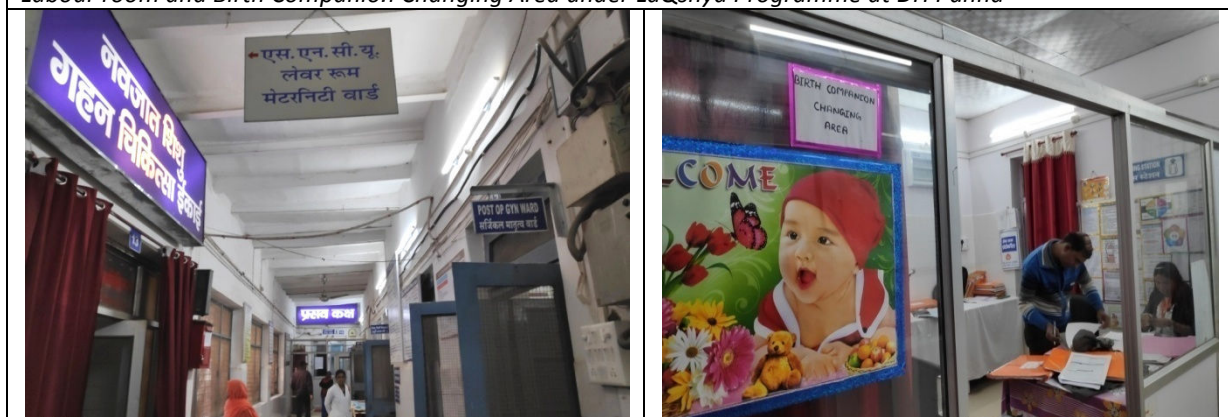
- “LaQshya program” is aimed at improving quality of care in labour room and Maternity OTs in public health facilities. It also entails respectful care, particularly during the intra-partum and postpartum periods, which are the most vulnerable periods for a woman and contribute to a significant proportion 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, Panna only. Internal assessment and peer of both LR and OT has been completed for 2019-20.

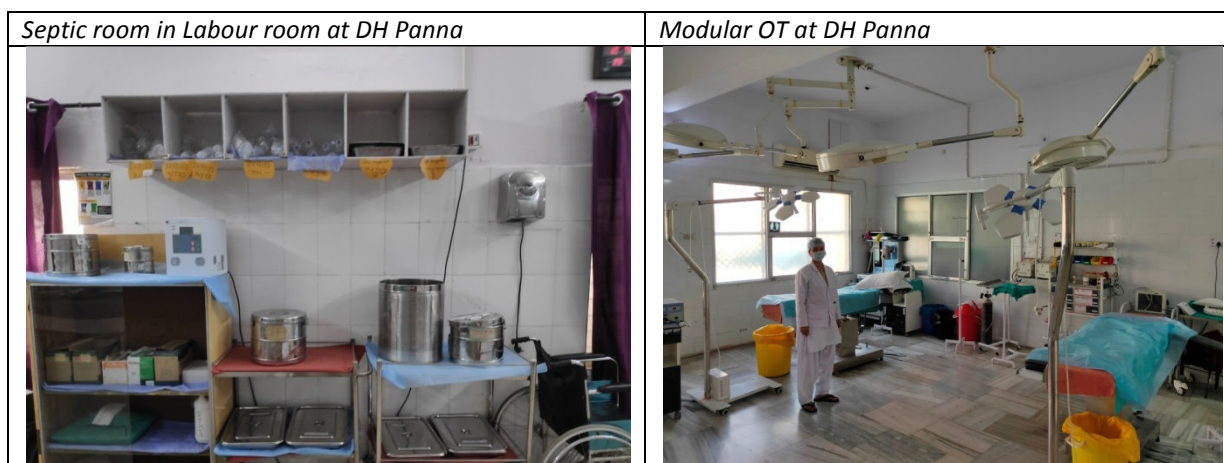
Peer assessment score of LaQshya, DH Panna			
Area of Concern wise Score		Labour Room	Operation Theatre
A	Service Provision	95	89
B	Patient Rights	93	100
C	Inputs	81	84
D	Support Services	84	87
E	Clinical Services	90	89
F	Infection Control	88	84
G	Quality Management	74	70
H	Outcome	100	92
Overall Score		87	87
Date of assessment		06.08.2018	06.08.2018

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

Labour room and Birth Companion Changing Area under LaQshya Programme at DH Panna





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

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

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

- In Panna, District M&E Officer is in-position. Block programme managers are posted in only four blocks among five blocks in the district. There are 25 DEOs posted at different places in the

district. There is one DPM posted in district, it is over all in-charge of NHM programmes of Panna district.

Meeting with MO and staff about quality of HMIS at PHC Saleha



Dastak Abhiyan Inauguration with CMHO and DH staff at DH Panna



- 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, Panna

CHC= Ajaygarh

PHC= Saleha HWC

SHC= Brijpur HWC

1. Status of Public health facility in the district

Public Health institutions	Number Functional	Located in government buildings	No. of new facility proposed for 2019-20	No. having in-patient facility	Total No. of beds
District Hospital	1	1	-	1	300
Exclusive MCH hospital	-	-	-	-	-
Sub District Hospital / CH	-	-	-	-	-
Community Health Centre	6	6	-	6	180
Primary Health Centre	15	15	2	15	90
Sub Health Centre	159	119	40	10	20
Delivery Point(L1)					
PHC	2	2	-	2	12
SHC	10	10	-	10	20
Delivery Point(L2)					
CHC	6	6	-	6	180
PHC	13	13	-	13	78
Delivery Point(L3)					
DH	1	1	-	1	300
CHC	1	1	-	1	30
HWC-Primary Health Centre	15	15	-	-	-
HWC-Sub Health Centre	28	28	-	-	-
NRC					
DH	1	1	-	-	20
CHC	5	5	-	-	50
DEIC	1	1	-	-	2

2. Physical Infrastructure

Infrastructure	DH	CHC	PHC	SHC
Area of Building (Sq Mt. / Sq. Ft.)	40000	24500	290	1500
Staff Quarters for MOs	14	6	0	
Staff Quarters for SNs	12	0	0	
Staff Quarters for other categories	4	8	2	No
Functional BB/BSU, specify	Yes	Yes		
Separate room for RKSK	Yes	Yes		
Availability of ICTC/ PPTCT Centre	Yes	No		
Regular Fogging (Check Records)	Yes	Yes	No	No
Functional Laundry/washing services	Yes	Yes	Yes	No
Availability of dietary services	Yes	Yes	Yes	Yes
Appropriate drug storage facilities	Yes	Yes	Yes	Yes
Solar electricity	Yes	No	No	Yes
Rainwater Harvesting	Yes	No	No	Yes
Equipment maintenance and repair mechanism AIMS (MP)	Yes	Yes	Yes	No

Grievance Redressal mechanisms 1-Mera Aspatal, 2-Feedback form, 3-Jan Sunwai (Public hearing), 4-Complaint box, 5-Online complaint	4,5	3,5	4,5	No
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3. Availability of Trained Persons

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

4. ANC, DC and PNC

Services Delivered (Data of November month 2019 only)	DH	CHC	PHC	SHC
No. of severely anaemic pregnant women(Hb<7) listed	57	0	0	0
No. of Identified hypertensive pregnant women	10	6	0	3
No. of ANC/PNC women referred from other institution (in-referral)	106	11	0	0
No. of ANC/PNC women referred to higher institution (out-referral)	25	40	13	5
No. of MTP up to 12 weeks of pregnancy	17	0	12	-
No. of MTP more than 12 weeks of pregnancy	0	0	-	-
Deliveries conducted	229	210	83	35

Deliveries conducted at home		2	0	0
C- Section deliveries conducted	33	0		
Deliveries conducted at night (8 pm-8 am)	114	129	27	13
No. of pregnant women with obstetric complications provided EmOC	153	-	-	-
No. of Obstetric complications managed with blood transfusion	86	-	-	-
No. of Neonates initiated breastfeeding within one hour	220	180	83	35
No. of Still Births	12	4	0	0

5. Janani Shishu Suraksha Karyakram (JSSK)

JSSK (Data of November month 2019 only)	DH	CHC	PHC	SHC
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section,	Yes	Yes	Yes	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	No
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	No	No	No
Free transport –				
home to hospital	130	112	-	64
inter hospital in case of referral	17	22	-	13
drop back to home	126	61	-	64
Exemption of all kinds of user charges	Yes	Yes	Yes	Yes

6. Janani Suraksha Yojana (JSY)

Data of November month 2019 only	DH	CHC	PHC	SHC
No. of JSY payments made	-	110	52	35
Pendency of JSY payments to the beneficiaries.	-	204	28	-
Reasons for pendency	-	_*	_*	-
Proper record maintained for beneficiaries receiving the benefit	Yes	Yes	Yes	No
*Network problem and beneficiary account is not verified				

7. Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU / NBCC (Data of November month 2019 only)	DH	CHC	PHC	SHC
Whether SNCU / NBSU / NBCC exist. (Yes/No)	SNCU	NBSU	NBCC	NBCC
Necessary equipment available (Yes/No)	Yes	Yes	Yes	Yes
Availability of trained Mos	2	1	-	-
No. of trained staff nurses	17	2	-	-
No. of admissions				
Inborn	48	18	-	-
Out Born	63	-	-	-
No. of Children				
Discharge	68	11	-	-
Referral	16	7	-	-
LAMA	1	-	-	-
Death	21	-	-	-

8. Nutrition Rehabilitation Centre

NRC (Data of November month 2019 only)	DH	CHC	PHC
No. of functional beds in NRC	20	10	No
Whether necessary equipment available	Yes	Yes	-
No. of staff posted in NRC FD/ANM and other	8	6	-

No. of admissions with SAM	27	15	-
No. of sick children referred	0	0	-
Average length of stay	10.2	11.7	-

9. Immunization as per RCH Portal of visited health centre

Immunization (Data of November month 2019 only)	DH	CHC	PHC	SHC
BCG	252	198	80	35
Penta1	114	52	3	21
Penta2	98	56	4	19
Penta3	92	36	2	23
Polio0	252	198	80	35
Polio1	114	52	3	21
Polio2	98	56	4	19
Polio3	92	36	2	23
Hep 0	237	198	80	35
Rotavirus1	114	52	-	21
Rotavirus2	98	56	-	19
Rotavirus3	92	36	-	23
Measles1	97	11	7	13
Measles2	79	32	4	20
DPT booster	56	32	4	20
Polio Booster	79	32	4	20
No. of fully vaccinated children	79	46	7	13
ORS / Zinc	Yes	Yes	Yes	Yes
Vitamin – A	Yes	Yes	Yes	Yes
Maintenance of cold chain. Specify problems (if any)	No	No	Yes	-
Whether micro plan prepared	Yes	Yes	Yes	Yes
Whether outreach prepared	Yes	Yes	Yes	Yes
Stock management hindrances (if any)	No	No	No	-
Is there an alternate vaccine delivery system	Yes	Yes	Yes	Yes

10. RBSK Team Ajaygarh Block

No. of Children Screened with 4D (Data of November month 2019)	Screened	Identified with problems	Referred higher facility	No. of RBSK team available in Block with staff
Age group				two team work at Ajaygarh block with insufficient staff
0-6 weeks	309	0	0	
6 weeks-6 years	1123	42	3	
6 -18 years	1052	174	6	
Total	2584	216	9	

11. Number of Child Referral and Death

Child Health (Data of November month 2019 only)	DH	CHC	PHC	SHC
No. of Sick children referred(up to age 5)	4	0	0	0
No. of Neonatal Deaths	0	0	0	0
No. of Infant Deaths	1	0	0	0

12. Family Planning

Family Planning (Data of November month 2019 only)	DH	CHC	PHC	SHC
Male Sterilization (VT+NSV)	0	0	-	-
Female Sterilization (CTT+LTT)	161	100	-	-
Minilap sterilization	0	-	-	-
IUCD	23	8	1	12
PPIUCD	55	56	6	29
Condoms	1440	50	30	57
Oral Pills	83	46	24	37
Antra	24	48	7	-
No. of Camps	-	7	-	-
FP Cases in camps	-	102	-	7

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

Total ambulance Facility wise	DH	CHC	PHC
Number of ambulances			
108 Janani Express/JE	2	1	1
108	1	1	-
Other	2*	-	-
MMU	4 [#]	-	-
*Two general ambulances provided through red-cross one is death vehicle with charges 10 Rs. Per K.M. #Total four MMU available in Panna district.			

14. Community processes

ASHA (Data of November month 2019 only)	CHC	PHC	SHC
Number of ASHA required	7	0	1
Number of ASHA available	217	4	10
Number of ASHA left during the quarter	No	No	No
Number of new ASHA joined during the quarter	15	No	No
All ASHA workers trained in module 6&7 for implementing home based newborn care schemes	Yes	Yes	Yes
Availability of ORS and Zinc to all ASHA	Yes	Yes	Yes
Availability of FP methods (condoms and oral pills) to all ASHA	Yes	Yes	Yes
Highest incentive to an ASHA	-	6000	5000
Lowest incentive to an ASHA	-	3700	2000
Whether payments disbursed to ASHA on time	No	Yes	Yes
Whether drug kit replenishment provided to ASHA	Yes	Yes	Yes
ASHA social marketing spacing methods of FP	No	No	No

15. Disease Control Programmes

Disease Control (Data of November month 2019 only)	DH	CHC	PHC	SHC
National Malaria Control Programme				
Number of slides prepared	-	448	268	-
Number of positive slides	-	5	0	-
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	Yes	Yes
Availability of drugs	Yes	Yes	Yes	Yes
Availability of staff	Yes	Yes	MPW	Yes
Revised National Tuberculosis Programme (RNTCP)				
Number of sputum tests	271	38	10	4
No. of positive tests	23	5	2	3

Availability of DOT medicines	Yes	Yes	Yes	-
All key RNTCP contractual staff positions filled up	No	No	No	-
Timely payment of salaries to RNTCP staff	Yes	No	Yes	-
Timely payment to DOT providers	Yes	No	Yes	-
National Leprosy Eradication Programme (NLEP)				
Number of new cases detected	-	-	-	-
No. of new cases detected through ASHA	-	-	-	-
No. of patients under treatment	-	-	-	-

16. Non Communicable Diseases

NCD	DH	CHC	PHC
Establishment of NCD clinics	Yes	No	No
Type of NCD Services			
Hypertension	Yes	Yes	Yes
Diabetes	Yes	Yes	Yes
Cancer	Yes	No	-
Chronic Obstructive Pulmonary diseases (COPD)	Yes	No	-
Chronic Kidney diseases (COD)	Yes	No	-
Mental Health	Yes	No	-
Availability of drugs	Yes	Yes	Yes
Type of IEC material available for prevention of NCDs	Yes	Yes	No
Poster Audio-Visual	Yes	No	No
Flipbook Special Awareness and screening session at facility	-	-	-
No. of staff trained in NCD			
MO	1	1	1
SN	4	1	-
Other	-	-	-

17. Record maintenance (Verify during facility visit)

Register Record	DH	CHC	PHC	SHC
E-Hospital Module functioning	Yes	No	No	No
Mera Aspatal registration for patient feedback	No	No	No	No
ANC Register	Yes	Yes	Yes	Yes
PNC Register	Yes	Yes	Yes	Yes
Line listing of severely anaemic pregnant women	Yes	Yes	Yes	Yes
Labour room register	Yes	Yes	Yes	Yes
Partographs	Yes	Yes	Yes	Yes
FP-Operation Register (OT)	Yes	Yes	No	
OT Register	Yes	Yes	No	
FP Register	Yes	Yes	Yes	Yes
Immunisation Register	Yes	Yes	Yes	Yes
Updated Microplan	Yes	Yes	Yes	No
Blood Bank stock register	Yes	Yes		
Referral Register (In and Out)	Yes	Yes	Yes	Yes
MDR Register	Yes	Yes	No	No
Infant Death Review and Neonatal Death Review	Yes	No	No	No
Drug Stock Register	Yes	Yes	Yes	Yes
Payment under JSY	Yes	Yes	Yes	-
Untied funds expenditure (Check % expenditure)	Yes	Yes	-	Yes

AMG expenditure (Check % expenditure)	Yes	-	-	-
RKS expenditure (Check % expenditure)	Yes	Yes	-	-
Death Register	Yes	Yes	No	Yes

18. HMIS and RCH Portal

Reporting of HMIS and RCH Portal	DH	CHC	PHC	SHC
Dedicated Staff available for HMIS and RCH Portal	Yes	Yes	Yes	Yes
Quality of data	Poor	Poor	Yes	Yes
Timeliness	Yes	Yes	Yes	Yes
Completeness	Poor	Poor	No	No
Consistent	Poor	Poor	No	No
Data validation checks (if applied)	Yes	Yes	Yes	Yes
Computer available for Data entry	Yes	Yes	No	No
ANMs have tablets for RCH Portal	Yes	Yes	Yes	Yes
ASHAs have smart phones for data entry	No	No	No	No
Monthly HMIS Reported(Previous month)	Yes	Yes	Yes	Yes
All the HMIS reports duly signed by facility in-charge	No	No	Yes	No
A copy of monthly HMIS is kept and signed by facility in-charge	No	No	No	No
Any new construction initiated / completed in the visited facility	No	Yes	No	No
Grants received for new construction / Upgradation / renovation at facility	No	No	No	No
Outsourced HR working in the facility	Yes	Yes*	Yes*	No
E-Aushadhi Functioning	Yes	Yes	Yes	No
Calibration of equipment is done	Yes	Yes	No	No
Any local tie-up for equipment maintenance at facility	No	No	No	No
Satisfaction with outsourced equipment maintenance services AIM	Yes	No	No	No
Maternal Death Review done in last one year / current year	Yes	Yes	Yes	Yes
JSSK report of the facility is prepared (collect copy – if available)	No	No	No	No
Records and registers for each JSSK services prepared	Yes	Yes	Yes	No
Availability of dedicated staff for LR and OT at visited health facility	Yes	Yes	Yes	No
Drugs and Equipments available as per facility level	Yes	Yes	Yes	Yes
Distance of higher referral facility	-	35	55	30
Blood Transfusion facility available	Yes	Yes	No	No
District coaching team visited for LaQshya implementation? (check documentation)	Yes	-	-	-
Baseline assessment conducted for LaQshya	Yes	-	-	-
Training on LaQshya given to any staffs	Yes	-	-	-
LaQshya manual available in Hindi language at (visited facility)	No	-	-	-
Uninterrupted supply of partograph	Yes	Yes	Yes	Yes
All printed registers and reporting formats available	Yes	Yes	No	No
health facility level quality assurance committee formed (Collect list and meeting details)	Yes	No	No	No
RBSK team is complete in all aspects				
HR	No	No	-	-
Separate Mobility support	Yes	Yes	-	-
Route chart available and being followed	Yes	Yes	-	-
Sufficient medicine and consumables supplied	Yes	Yes	-	-

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

*Presently RKS employee working at CHC and PHC

19. ASHAs interviewed

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