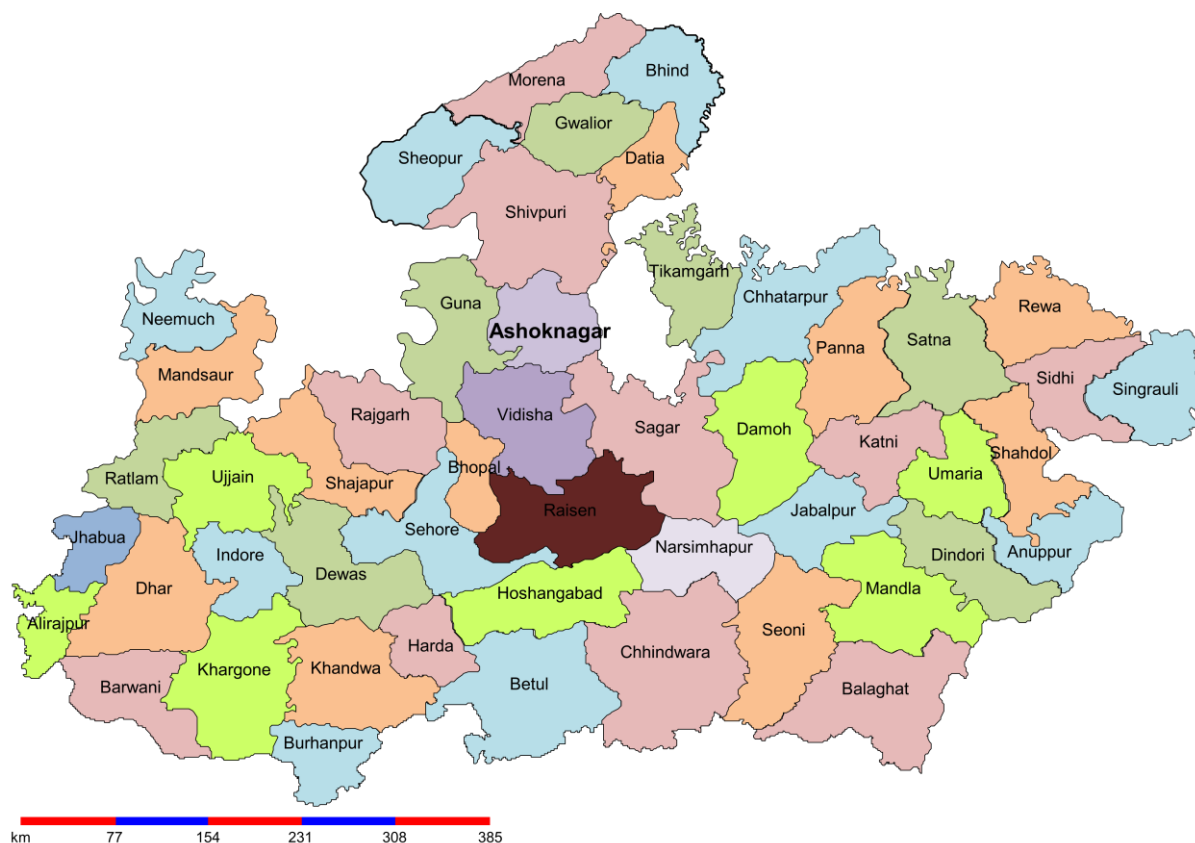


Quality Monitoring of Programme Implementation Plan 2019-20 in Madhya Pradesh

District: Raisen



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2019-20

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

Executive Summary

The Ministry of Health and Family Welfare has involved 18 Population Research Centers (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 engaged in carrying out PIP monitoring of several districts of Madhya Pradesh. In this context a field visit was made to Raisen district in MP in third week of November, 2019. PRC team visited District Hospital (DH) Raisen, CH Begamganj, Community Health Centre (CHC) Sanchi, 24*7 Primary Health Centre (PHC) Devnagar and SHC Naktara, 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 Raisen District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, and status of HMIS and MCTS data. 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 period October 2019 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Raisen, CH Begamganj, CHC Sanchi, 24*7 PHC Devnagar and SHC Naktara for delivery care, ANC care 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.

- Raisen district provides public health services in urban areas through DH and CH Begumganj. In the periphery 8 CHCs, 21 PHCs and 190 SHCs are providing health services.
- DH Raisen, CH Begumganj, all the CHCs and PHCs in the district are functioning from government buildings. There are 16 SHCs designated as delivery point.
- Presently, there is no exclusive maternity hospital in Raisen. Line listing of severely anaemic pregnant women is not separately reported by any of the health facilities. Among designated delivery points, very few are actually functional either due to shortage of manpower, diagnostic facilities or specialists and infrastructure.

- Free JSSK services are provided including free drugs and consumables, free diet, free diagnostics, free blood transfusion and free transport to women with exemption of user charges in DH Raisen. Kitchen facility is available at DH and CHC Silwani among the visited facilities. Free transport is provided by all the facilities except SHC. Display of JSSK benefits for all components was observed at visited facilities.
- The trainings on EmOC, LSAS, BEmOC, SBA, F-IMNCI, MTP, NSV, NSSK, IUCD and PPIUCD, Minilap, BSU have been received by different category of staff including doctors, SNs and paramedics
- Beneficiaries received JSY payments at the time of discharge through an account payee cheque in the visited facilities.
- A 20 bedded SNCU is functional in DH Raisen. However, there is a shortage of essential staffs including MOs and Staff nurse.
- DH Raisen has facilities for sterilization including post partum sterilization on daily basis. In all the CHCs and few PHCs sterilization services provided on camp basis.
- General cleanliness, practices of health staff, protocols, disinfection, autoclave functioning are being maintained at the visited facilities. Awareness of protocols among staff in periphery is relatively low.
- Display of IEC material for MCH, FP, different services available, hospital timings, phone numbers are being maintained in the visited health facilities. Display of partographs, clinical protocols, EDL with free drug distribution caption was observed in all the health facilities
- Clinical Establishment ACT is yet to be implemented in the state for the registration and regulation of clinical establishments.
- Referral transport services are being provided in Raisen district through '108' emergency response ambulance, 22 Janani Express and other regular ambulance vehicles. One Mobile Medical Units functional in the district. This mobile medical unit is catering two blocks – Silwani and Begumganj.
- Ministry of Health and Family Welfare has recently announced the launch of program 'LaQshya', aimed at improving quality of care in labour room and maternity Operation Theatre (OT). The Program will improve quality of care for pregnant women in labour room, maternity Operation Theatre and Obstetrics Intensive Care Units (ICUs) and High Dependency Units (HDUs).
- The LaQshya program is being implemented at all Medical College Hospitals, District Hospitals and First Referral Unit (FRU), and Community Health Centre (CHCs) and will benefit every pregnant woman and new-born delivering in public health institutions.
- In Raisen LaQshya programme is functioning in district hospital.
- **Kayakalp scheme**, an initiative taken under the Central Governments flagship programme **Swachh Bharat Abhiyan**, aims to improve cleanliness, hygiene and waste management practices at public health facilities. Facilities go through internal and external assessment process against predetermined criteria.

Action Points

- Specialist vacancies must be filled up on priority basis to improve quality of services. Adequate recruitment of staff nurses to suffice the requirements of PHCs and CHCs is essential especially in FRU.
- All vacancies at district and block PMU must to be filled up immediately. PMU at district and block level need orientation to ensure that processes of planning, organizing and monitoring are carried out efficiently in the district.
- Proper facilities for blood storage is lacking at FRUs which needs immediate attention.
- Records of inservice training and training under different programmes for different category of staff must be maintained at facility level.
- Lack of residential quarters at CHCs need to be addressed to ensure availability of staff at headquarters. In Silwani, most of the staffs daily commute from district headquarter due to non availability of residential quarters.
- Under JSSK, all the facilities are not being provided at various delivery points. Kitchen facility is available only at DH and CHC Silwani among the visited facilities.
- Monitoring mechanisms through supervisory visits are weak in the district. In none of the visited facilities visits by higher authorities for corrective action are recorded. It is essential to strengthen the monitoring chain to track the progress of the different health facilities.
- It was observed that CHCs designated as CEmOC facilities are not able to provide full range of CEmOC services due to lack of staff and insufficient infrastructure.
- Line listing of severely anaemic pregnant women is not separately reported by any of the institutions. In case of pregnant women with anaemia a separate column in the register was suggested for tracking severely anaemic women.
- Management of untied and maintenance grant at various facilities are not found to be updated. It is necessary to monitor the utilization of untied and maintenance grants for betterment of health facilities.
- CMHO informed that district does not have any laparoscopic surgeon. For LTT operations surgeon needs to be called from other districts. It is necessary to train few surgeons in the district for LTT operations.
- Strengthening of specialty services at CHC and PHC is urgently needed.
- HIMS training is recommended at facility level.
- It is noted that the LaQshya programme is functioning at district level. The efforts be done so that LaQshya programme be implemented at facility level.
- RBSK team should be made more effective.
- For success of Kayakalp programme the sustainability of staff be improved.
- It is recommended that an awareness programme regarding GUNAK app is to be started.
- It was observed that CHC designated as CEmoc facilities are not able to provide full range of CEmOC services due to lack of staff and insufficient infrastructure.

Monitoring of PIP, 2019-20

District Raisen, Madhya Pradesh

1. Introduction

This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Raisen District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, and status of HMIS and MCTS data. 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 period October 2019 for all selected facilities. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Raisen, CH Begamganj, CHC Sanchi, 24*7 PHC Devnagar and SHC Naktara for delivery care, ANC care received, child immunization and general health services, to ascertain their opinion about the quality of services received. Secondary information was collected from the state web portal and district HMIS data available at the Programme Management Unit in the district.

2. State and District Profile

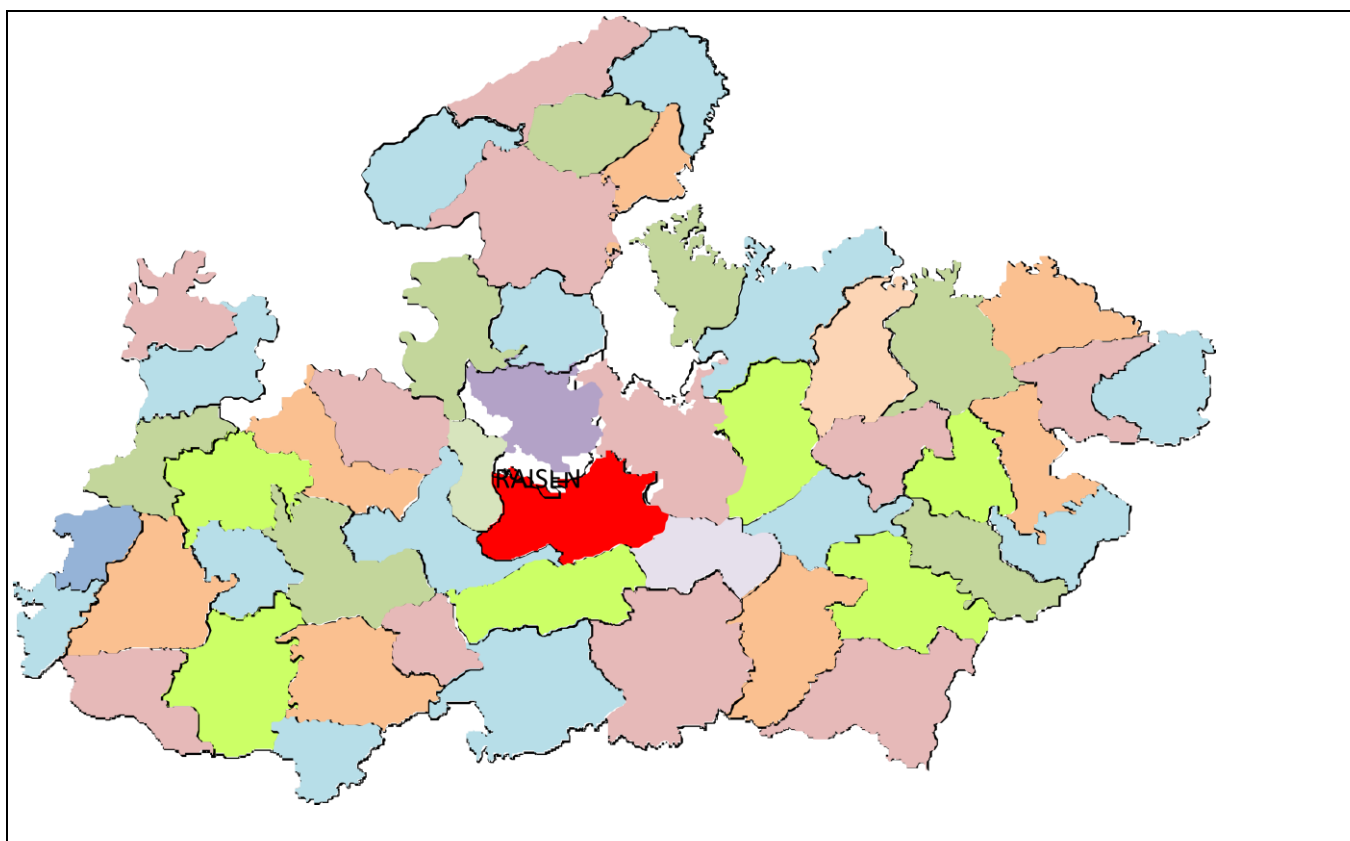
Madhya Pradesh located in central India has 50 districts and 342 blocks with a total population of 7.2 crores (Census, 2011). Raisen district is located at a distance of 52 kms from the state capital Bhopal and caters to a population of 13.3 lakhs. Raisen is one of the districts in Bhopal health division comprises of 8 districts of central M.P. The district is divided into 8 blocks namely, Raisen, Silwani, Sanchi, Begumganj, Gairatganj, Badi-Bareli, Obaidullaganj and Udaipura.

The population density of Raisen district is 157 persons per sq. km as compared to 236 of M.P. The decadal growth rate of Raisen has decreased from 28 to 18 percent during 2001-2011. Female literacy rate has increased by 10 percent points in the state, however, in Raisen district female literacy is higher than the state average. The male-female ratio Raisen is 901 females per thousand males in comparison to 931 of M.P. The sex ratio for 0-6 years of age group in Raisen district has decreased from 936 in 2001 to 932 in 2011 but is higher than the average child sex ratio of M.P.

Raisen District: Key Indicators

	Indicator	MP		Raisen	
		2001	2011	2001	2011
1	No. of Districts	45	50	--	--
2	No. of Blocks	333	342	08	08
3	No. of Villages	55393	54903	1501	1485
4	No. of Towns	394	476	10	12
5	Population (Million)	60.34	72.52	1.13	1.33
6	Decadal Growth Rate	24.3	20.3	28.4	18.4
7	Population Density (per Sq km)	196	236	133	157
8	Literacy Rate (%)	63.7	70.6	72.2	74.3
9	Female Literacy Rate (%)	50.3	60.0	61.3	65.1
10	Sex Ratio	919	912	881	901
11	Sex Ratio (0-6 Age)	918	912	936	932
12	Urbanization (%)	26.5	27.6	18.4	22.8
13	Percentage of SC (%)	15.2	15.6		
14	Percentage of ST (%)	20.3	21.1		

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



3. Health Infrastructure in Raisen District

- Raisen district provides public health services in urban areas through DH Raisen and CH Begumganj. In the periphery 7 CHCs, 14 PHCs and 211 SHCs are providing health services.

Existing Health Facilities and Health Facilities Visited

Health Facility	Number	Health Facility Visited
District Hospital	1	DH Raisen
Sub District Hospital/CH	3	CH Begumganj
Community Health Center	7	CHC Sanchi
Primary Health Center	14	PHC Devnagar (24*7)
Sub Health Center	211	SHC Naktara

- Raisen district provides health services in both rural and urban areas through rural and urban health facilities.

- Total bed strength in public health institutions is 694 in the district. Nearly one-fifth of the bed strength are available at CHC level. There are 6 SHCs having in-patient facility which mainly cater to the delivery cases under JSY.
- Three CH, 7 CHC, 14 PHC and 164 SHCs are functioning from government building. Out of 211 SHCs 47 do not have a building of their own.

Status of Visited Health Facilities

- The building of DH Raisen and CHC Sanchi are in good condition whereas that of CH Begumganj is partially good. Building of DH Raisen in a new building is under construction.
- Staff quarters are available in all the health facilities for MOs, SNs and other categories but do not fulfil the requirements of all the staff. More over most of the quarters are old and in poor condition.
- All the visited health facilities have power back up in the form of generator or inverter. Water supply is available with overhead tanks in the DH, CH and CHC.
- All the visited health facilities have clean and functional labour room but attached clean toilets were observed only in the DH, CH and CHC. Although PHC Devnagar and SHC Naktara have attached toilets with labour room they were in poor condition.
- **DH Sagar** has a bed capacity of 220 beds and there is additional NRC, SNCU beds available. CH Begumganj although has 50 beds sanctioned. CHC Sanchi has 30 beds, PHC Devnagar six and SHC Naktara has three beds for inpatients.
- Total bed capacity reported in the DH, CH, CHCs, PHCs and SHCs in Raisen district is 694 which is less and insufficient according to the desired norm of 500 beds per 1 lakh Population.
- Facilities for bio-medical waste segregation were observed in all the health facilities but there is no out sourcing of waste. Collection of waste by municipality is not on regular basis. Disposal of hospital waste in all the health facilities is being done in either closed pits or open pits.
- Functional help desk was seen only in DH Raisen and other facilities did not have this service to facilitate visiting patients.

5. Human Resources

- In DH Raisen only 3 specialists are working out of 27 sanctioned posts. DH has one gynaecologists, and one specialist each for, Anaesthesia, Pathology, Radiology, Medicine and Ophthalmology.
- There are 126 Staff Nurses and 15 other staff such as lab technician, pharmacist, ophthalmic assistant etc presently in position in DH Raisen.
- In CH Begumganj only 2 specialists are working out of 9 sanctioned posts. CH has one surgeon, one paediatrics in working posts.

- There are 11 staff Nurses and 8 other staff such as lab technician, pharmacist, etc. presently in position in CH Begumganj.
- Except DH none of the visited secondary care facilities i.e. CH and CHC have specialists for providing MCH services. Key MCH specialists such as Gynaecologist, Paediatrician, Anaesthetist, General Surgeon are not in position. In CHC Sanchi none of the sanctioned specialists' posts are in-position,
- Two medical officers have resigned from services in DH. Two medical officers are now working as senior position in medical college. Three medical officers are absent since long period. One medical officer under suspension. At present 14 medical officers working in which two medical officers are attended to CHC Sanchi.
- In the PMU DPMs, M&E officer, DAM, RBSK coordinator, MCH coordinator, DCM are Posted.

6. District Level Health Infrastructure Assessment

- It is physically confirmed that all the annual HMIS Infrastructural data is verified through HMIS portal and district reporting, and the process of verification of annual infrastructural report are completed by BMO/Institutional head. The physical verification of the same is performed with the support and supervision of district level officers.
- It is observed that the section in charge has verified reported data. It is also noted that the district consolidated HMIS reports are duly signed by the CMHO.
- It is verified that the quarterly data of service & training is uploaded quarterly, and the data compilation is done by DM & E.
- The district MIS report is verified by CMHO. The District Quarterly MIS reports are verified by the team, and the all quarterly MIS reports are seen by the research investigator, P.R.C.(team) during visit.
- In the district, 15 buildings are under construction as reported by the DPM.
- At the level of VHSC, Asha workers faces some problems & hindrance in utilization of grants received for infrastructure.
- It is reported that 1 crore and 5 lakhs is allotted for new construction.
- Mudiakhera is identified as a hub and spoke model for pathological services.
- The district has updated the complete list of all the health employees in HIMS.
- The vacant positions in different level of health institutions is assessed.
- No issues are reported related to payments to contractual & other staffs.
- Social security like EPF, medical/Death insurance must be started for contractual employees.
- In HR policy the incentives & service benefit & promotions needs to be initiated. For retention of HR, proper HR policy in favor of employees is needed. It is reported that at D.H., working conditions are heavy pressured & stressed for employees.

- For contractual employees, the HR policy should be in favor of sustaining the staff.
- In specific health programs, like NHM, RNTCP etc, the maximum posts are vacant, so existing staff is under extra pressure in terms of work load. It is reported by DPM that the payment to employees should be as per nature of the work & caliber of the employee.
- Due to the Outsourcing of HR, to employees feel insecure towards the family and social security.
- A significant number of outsource employees are working in the district (see annexure/table). There is no problem regarding appointment of staff. In the case of non-availability of staff, the vacant position situations reported to the state.
- The SN and ANM at maternity at DH is needed.
- The lists of all HR as per HR portal (latest & updated) are attached. The updating in HR portal is done time to time in regular manner.
- It is noted that SDNIS and E-Aushadhi are found functioning properly.
- No problem is reported regarding supply chain of medicines. It is fulfilled as per requirements. Also the X ray service is available at the DH and other services CT scan/USG are reported not available. Therapist services are also available at DH.
- Physiotherapy/pan chakanma/playlists are available at DH. Calibration of available equipments is done regularly.
- The outsourced equipment maintenance services by AIMS/ Medicity are satisfactory. No issues regarding maintenance & periodic repair. Equipment maintenance is done by local. Notice up from state level is reported.
- Critical cases are referred Hamidia Bhopal. It is reported that JSSK services are enclose dated from each department & facilities level (copy enclosed). The listing data as per RCH portal facility is attached.
- It is reported that the Dakshata training is service in the district.
- It is reported that the coaching team formed by LaQshya faces some problems, in order of smooth transportation, unavailability of doctors, distance of sub centre from DH, also the material do not receive in time. The proper training is needed for the LaQshya incharge.
- It is reported that the district coaching team visited the Mandideep, Begumganj, Garatganj and Abdulaganj.
- It is observed that the base line has been conducted for all LaQshya facilities.
- It is reported that the coordinator of LaQshya did not receive any specific training.
- In the regular manner, assessment of LaQshya program is done, time to time. Its problems are shorted out by discussing with civil surgeon.
- The LaQshya manual is also available in Hindi.
- The district coaching team is formed by LaQshya.
- LR and 04 OT are visited by the district coaching team.
- It is reported that the 04 health facilities have LaQshya assessment of LR and OT.
- It is noted that the rapid improvement cycles are being implement.
- No reporting is provided about six rapid improvement cycles.

- The activities under LaQshya are documented on weekly basis.
- LaQshya program is implemented at district Headquarter level only.
- To maintain the standards of SNCU and NBCC we need some more health infrastructure.
- The health facility level quality assurance committee, discusses in regular manner.
- AWW, ASHA and ANM identify and refer SAM children to NRC.
- There are 09 RBSK team functioning properly in the district.
- RBSK team is complete in almost all aspects. No significant HR is provided for RBSK team. The separate mobility support for RBSK team is available. Rout chart is available for RBSK team, and is being followed properly. Supply of medicines & consumable items is sufficient. Even Some issues regarding mobility support in terms of the services provided by RBSK team the there.
- The linkage of RBSK team with referral facilities, school, AWC for services are available.
- Deficiency & development delays issues are not reported.
- ASHAs' are trained in HBNC's. CB forms are filled by 273 ASHA's and they will get trained in NCD screening. The same 273 ASHA's trained in wellness & preventive practices under HWC.
- All ASAH's have complete kits and printed registers. Further no issues regarding service & training of ASHA are reported there.
- NCD program is running effectively in the district.
- There are 93 ANM and MPW who got trained in the district.
- No specialty services for NCD are available in the district. In NCD it is reported that some problems are there about supply of medicine & diagnostics.
- HIMS manual and HIMS reporting formats are available in Hindi and English both. Also the correct Hindi translation from English is reviewed.
- The DH reports are prepared in MIS quarterly.
- The questions regarding "Changes in HMIS for HWC facilities are done" is not responded. The HMIS training in 2 batches have been conducted, at district headquarter.
- Computer & Internet facilities are available at PHC level.
- Registration, and updating, at visited facility is functioning through ANMOL, and it is run by ANM. It is verified that verification of beneficiary mobile number is reflecting in RCH portal.
- No information is provided for data display, at facility level- key indicator, and also no information is provided for all data reporting s/w, their functional status, monitoring and feedback.
- It is reported that the **Kayakalp** score is provided for all health facilities.
- To improve the overall diversion, the following initiatives are taken.
 - (i) For hospital/facility upkeep, the checklist is prepared & displayed. A facility upkeep committee is also formed.

(ii) The sanitation committee is formed. Regular meetings of the said committee are also conducted & supervision of supply of items is also done regularly.

(iii) Waste management committee is formed. Regular training on eco-medical management is also being done. The review is done at regular intervals.

In all facilities, the infection control committee is also formed. Regular training is also done from district headquarter support services.

For support services, specific committees are formed. Review & supportive supervision is done. To assess beyond hospital boundary involvement of community, RKS meeting is reviewed continuously.

Hygiene promotion committee is formed. Review of supportive supervision is done continuously.

- With reference to the staff behaviour, patient satisfaction & infection control, some significant visible changes are recorded after **Kayakalp**. For sustaining achievements through **Kayakalp**, adequate staff is provided proper training & Budget allocation was done for the same. Some incentives are also received for health facilities.
- For continuous monitoring, feedback, mentoring and support monthly review is done in DHS supporting supervision is done continuously. Cleanliness & infection control committees are formed.
- List of members & meeting held; ATR are not given but these committees are functioning. No major issues are observed regarding good practices & sustainability issues.
- GUNAK app awareness use at facilities is not reported.
- Selection criterion for HWC up gradation is based on the physical infrastructure & manpower. It is not reported in numbers that how many health personals are registered for Community Health Officer (CHO) at SHC-HWC some personnel are registered for bridge courses as per verbal discussion.
- For diagnostic services planned in HWCS there is functioning hub spoke model.
- Catch meetings were held for villages regarding mapping with HWC. There are 48 HWC's functioning with RMNCHA and NCD both. Some HWC's are fully functional in establishment of HWC's but still some manpower requirement is reported.
- Medicine supply for patients in NCD is sufficient, and for continuity of care in NCD the regular follow-up is ensured.
- For assessing training quality of bridge course, the concerned team has visited the sites.
- For LaQshya, district coaching team is formed. Required number of LR and OT are visited by district coaching team.

7. Assessment of Health Infrastructure and Services at facility level:

- The process of verification of annual infrastructure reports is performed by constituting a community for physical verification of all units (VIZ DH, SDH, CHC, PHC and SHC).
- Civil surgeon duly verifies the completed data of all units SDH, CHS, PHC, SHC and DH. The record is maintained & necessary submission is done
- Only at DH and SDH, the outsourcing employees are working. It is reported that the less salary & heavy work load are the main issues of their employees.
- Outsource company directly provides outsource employees as per requirement. There should be a say of concerned facility for appointment. In the case of non-availability of outsource employees, the regular employees perform the duties. The outsource employees should be selected & appointed as per the requirement and nature of specific work.
- For all human resource information see annexure/table number
- At facilities, there is no problem in supply chain management of medicines. It is reported that only digital x ray is available at DH, the CT Scan & USG are not available. Also the threptic services such as Physiotherapy/ Panchakarma/dialysis at DH are available.
- Equipment maintenance is done with the collaboration of AIIMS & medicity. Small maintenance is being done by contingency at local level.
- The 108, and ambulance, in case 108 is not available, is used for maternal case services at DH. At SDH and SHC, the maternal cases are referred to the DH Raisen.
- Relevant immunization data list is obtained and enclosed
- For ICU, and for maternal cases, referral facilities are available.

Table :Indicators for LaQshya at facility :

	DH	CH	CHC
Baseline assessment completed	Yes	No	No
Quality Circle in Labor Room constituted (check documentation)	Yes	No	No
Quality Circle in Maternity OT constituted (check documentation)	Yes	No	No
Whether SOPs made for LR? (Standard Operating Procedure/Protocol)	Yes	No	No
Whether SOPs made for OT?	Yes	No	No
Non rotation of nurses followed	Yes	No	No
Has QI cycles initiated at the facility? Quality Improvement	Yes	No	No
Using partograph for all cases	Yes	No	No
Case sheets including Safe Child birth Checklist/Safe Surgical Checklist orientation done and are brought in use	Yes	No	No
Birth companion in all deliveries	Yes	No	No

Visual privacy in LR	Yes	No	No
Patient satisfaction/feedback system (paper based/online/telephonic)	Yes	No	No
Signage in local language	Yes	No	No
IEC material displayed	Yes	No	No
Triage system in place	Yes	No	No
Dakshata Training completed	Yes	No	No
Functional HDU/ICU (High Dependency Unit/Intensive Care Unit)	Yes	No	No
Functional New born care corner (functional radiant warmer with neo-natal ambu bag)	Yes	No	No
KMC being done at facility (Kangaroo Mother Care)	Yes	No	No
Biomedical waste management (BMW) at facility	Yes	No	No
Is the LR and OT staff trained on infection prevention	Yes	No	No
Prevalence of outdated practices			
Shaving of perineum before delivery	Yes	No	No
Enema given to Labouring Women	Yes	No	No
Routine episiotomy done	Yes	No	No
Induction of labour	Yes	No	No
Augmentation of labour	Yes	No	No

Analysis of LaQshya indicators as reported in the above Table. The findings are reported as follows.

- (a) It is observed from the above table that the LaQshya programme is functioning only at district headquarter level.
- (b) It is noted that almost all indicators of LaQshya are properly functioning at the district headquarter level. It indicates that the Laqshya program is quite successful at district headquarter with all specific indicators. As per the report the LaQshya programme do not exist at facility level, other than district headquarter.
- (c) It is reported that the functional HDU/CU/high dependency unit/ICU is not available.
- (d) Induction of labour is not provided.
 - District coaching team has visited the Garatganj, Begumganj and Badi Bareli facilities. The feedback of beneficiaries is obtained time to time & the suggestions are incorporated in the day to day functioning of LaQshya to improve it.
 - All the 22 Beds SNCU are functioning. The SNCU data is reported in HMIS, as per information provided by SNCU in charge. No discrepancy is found in SNCU and HMIS data. At the district level SNCU, it is reported that 22 beds are functioning properly. No NBSU is working due to non-availability of staff.
 - It is found that RBSK team-I, is not working at SDH, still team is formed. Whereas RBSK team II is working properly at PHC-Dehgaon.
 - From Aunganwadi and school, it is informed that the team care & at school provided health check up for all students & given them medicines. No issue

was found regarding ASHA's training & services. Further it is observed that the Asha's needs some special training for casing the information & pregnant women.

- For Dialysis services at DH, the existing patient load is 09, and there are two dialysis machines, available at DH. There are some patients of diabetes observed, and the 23 patients are reported for continuing services for dialysis .
- Regarding HIMS format, there is no problem reported at all facilities (including DH & SDH).It is reported that the BPM and ANM, collects the data at respective facilities (SDH and SHC), and at the DH, the section in charge collects the data. The data is verified & finally submitted by civil surgeon for the needful.
- The HIMS data is updated by the data entry operator for all centres. (DH, HDH, SHC, etc.).The monthly review meetings are held for feedback purposes at various health centres. The HIMS portal is monitored for timelines & completeness of HIMS data. It is reported that, at SDH the HIMS reporting is done at 25th of every month & at SHC, it is done on 26th day of the month or on the fourth Saturday of the month. The other DH/CHC/PHC function in the same manner.
- No anomalies are found at all health centres in the previous month's format. The HIMS training content should include computer operator training & HIMS format filling training was given at the facilities.
- No computer and internet facility is available at PHC. It is reported that at SHC level due to HCD the RCM portal do not load properly. At CHC some entry are found mismatch.
- It is verified by calling to some beneficiary that they received the services at health facility. List of all data reporting software, their functional status/monitoring/feedback is found in good working state.

Table A:Assessment of beneficiary feedback & Asha Services during visit

(Yes/No)	DH	SDH	CHC	PHC	SHC
Monthly HMIS Reported (Previous month)	Yes	Yes	Yes	Yes	No
All the HMIS reports duly signed by facility in-charge	Yes	Yes	Yes	Yes	Yes
A copy of monthly HMIS is kept and signed by facility in-charge	Yes	Yes	Yes	Yes	Yes
Any new construction initiated / completed in the visited facility	Yes	No	No	No	No
Grants received for new construction / Up gradation / renovation at Facility	Yes	No	No	No	No
Outsourced HR working in the facility	Yes	Yes	Yes	Yes	No
SDMIS functioning (<i>State Drug Management Information System</i>)	Yes	Yes	Yes	Yes	No
E-Aushadhi Functioning	Yes	Yes	Yes	Yes	No
Calibration of equipment is done le; le; ij Bhd djrs gSa D;k	Yes	Yes	Yes	Yes	Yes
When last Calibration was done	Yes	Yes	Yes	Yes	No
Any local tie-up for equipment maintenance at facility	Yes	Yes	Yes	Yes	Yes
Satisfaction with outsourced equipment maintenance services (AIMS/Mediciti)	Yes	Yes	Yes	Yes	Yes

Maternal Death Review done in last one year / current year	Yes	Yes	Yes	Yes	Yes
JSSK report of the facility is prepared (collect copy – if available)	Yes	No	Yes	Yes	Yes
Records and registers for each JSSK services prepared	Yes	No	Yes	Yes	Yes
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	Yes	Yes	Yes	Yes	Yes
Travel time to reach higher referral facility	–	–	–	–	–
District coaching team visited for LaQshya implementation?(check documentation)	Yes	No	No	No	No
Blood Transfusion facility available	Yes	Yes	No	No	No
Baseline assessment conducted for LaQshya	Yes	No	No	No	No
Training on LaQshya given to any staffs	Yes	No	No	No	No
LaQshya manual available in Hindi language at (visited facility)	Yes	No	No	No	No
Uninterrupted supply of partograph	Yes	Yes	Yes	Yes	Yes
All printed registers and reporting formats available	Yes	Yes	No	Yes	Yes
health facility level quality assurance committee formed (Collect list and meeting details)	Yes	No	No	No	No
RBSK team is complete in all aspects	Yes	No	No	No	No
HR	Yes	Yes	Yes	Yes	Yes
Separate Mobility support	Yes	Yes	Yes	Yes	Yes
Route chart available and being followed Sufficient medicine and consumables supplied	Yes	Yes	Yes	Yes	Yes
RBSK team linkages with referral facilities, schools, AWC for services	Yes	Yes	Yes	Yes	Yes
ASHA received HBNC /HBYC training	Yes	Yes	Yes	Yes	Yes
ASHA filling forms for HBCN/HBYC visit	Yes	Yes	Yes	Yes	Yes
ASHA reporting SAM and 4Ds to ANM	Yes	Yes	Yes	Yes	Yes
ASHA has sufficient reporting and visit formats	Yes	Yes	Yes	Yes	Yes
Annual Infrastructure MIS 2019-20 reported	Yes	Yes	Yes	Yes	Yes
(Yes/No)	DH	SDH	CHC	PHC	SHC
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	Yes	Yes
Whether Kayakalp assessment has been done for visiting facility	Yes	Yes	Yes	No	No
Areas-wise score or overall score obtained by health facility (Collect a copy of Kayakalp assessment)	Yes	Yes	Yes	No	No
GUNAK app is used / known to facility in-charge mi;ksx djrs gks D;k@vkidks tkudkj gS D;Ka	No	No	No	No	No

Table A (1): ASHA Services

ASHA Services (Yes/No)	1	2	3	4	5	6	7	8	9	10
ASHAs have complete kit?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Printed registers	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes
Updated and filled-up registers?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ASHA has sufficient reporting and visit formats	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry about SAM children in ASHA register	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Any entry of LBW children	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes

Any entry of SNCU discharged Children	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Received HBNC /HBYC training	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Filling forms for HBCN/ HBYC visit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Reporting SAM and 4Ds to ANM	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Any entry of severely anemic pregnant women	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Any entry on eligible couple	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Any entry about NCD screening	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
How many beneficiaries have revised MCP cards in locality	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Revised MCP cards are available with ANM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Toilets are constructed in community / village	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
People using toilets	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
How much incentives have you received in last installment	15,000(3month)	13,000(3month)	5,000	4,000	3,800	4,295	3,000	45,00	6,000	4,000	

We observe the following findings regarding beneficiary feedback & Asha Services
All the 39 indicators shown in the table-A-are reported properly functioning in the DH, except Gunak App.

At the SDH facility approximate 10 indicators not functioning ,and remaining 29 parameters are also reported functioning.

At CHC facility 29 indicators are in favor of good functioning and remaining are not up to the level.

At PHC it is reported that at PHC, 11 indicators are not in favor, and remaining 28 are functioning properly.

At SHC, 16 are reported not functioning & remaining 23 are working properly.

All 18 questions regarding ASHA services are answered & most of them are responded positively. Some ASHA's do not answer positively regarding entry about SAM children in ASHA register, entry of LBW children, printed register, entry of severely anemic pregnant women.

8. Table : Assessment of beneficiary checklist

PIP 2019-20 Beneficiary checklist Village/Ward/Facility:

Indicators	Knowledge and Awareness Families with 0-6 years children	1	2	3	4	5	6	7	8	9	10	Total (Y)
Breast Feeding	Awareness on Breast feeding initiation within an hour after birth	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
	Adherence to Initiating BF within an hour of birth	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
	Awareness on Exclusive Breast feeding for Six months and continued BF till 2 years	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10

	Adherence to Exclusive Breast feeding for Six months and continued BF till 2 years	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9
Complementary Feeding Practices	Awareness on initiating CF from 6 months onwards	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
	Adherence on initiating CF from 6 months onwards	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
	Awareness about monitoring growth of child using growth chart in MCP Card?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
Diarrhoea	Awareness about ORS+ Zinc	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
	Availability of the above with ASHAs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
Pneumonia	Awareness about danger signs	No	No	No	Yes	No	Yes	No	No	Yes	Yes	Yes	5
	Awareness about whom to approach on recognizing the danger signs	No	No	No	Yes	No	Yes	No	No	Yes	Yes	Yes	5
Immunization	Did newborn get BCG, Birth dose Polio, Hap-B	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
	Did the child have any health problem after immunization	No	No	No	No	No	No	No	No	No	No	No	0
	Did your child admitted in SNCU/NBSU/NRC after birth	No	No	No	No	No	No	No	No	No	Yes	Yes	1

Key Questions <u>ANC/PNC Women</u>	1	2	3	4	5	6	7	8	9	10	Total (Y)
Is the MCP card being regularly filled? *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
Is it the first time that you delivered at this facility	No	Yes	No	No	Yes	Yes	No	No	Yes	Yes	5
Did the toilets cleaned regularly in this facility	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
Did you get food from the hospital during your stay?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
Did you get clean drinking water in the hospital?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
Does the Pregnant Woman have knowledge of JSY and JSSK?	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	8
Did ASHA visited for HBNC within first week after the birth of child?*	No	No	No	No	No	No	No	No	No	No	0
Did ANM provide information about NCD?	No	No	No	No	No	No	No	No	No	No	0
Did the ANM / ASHA informed about services available at HWC in your village/locality	No	No	No	No	No	No	No	No	No	No	0
Did your family registered under Ayushman bharat (See AB Card)?	No	No	Yes	Yes	No	No	No	No	Yes	No	3
Did you avail free transport to come to this facility	No	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	6
Did anybody from health facility demand money for any services	Yes	No	No	No	No	No	No	No	No	No	1
Did ASHA/ANM/SN/MO gave counselling for accepting FP	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9

(Probe by questions and verify through filled up MCP card)

Observation:

The Beneficiaries are not familiar with the danger signs, about whom to approach on recognition of danger signs. After immunization if child have any health problem then what to do is not known. They also do not know about if the child was admitted in SNCU/NBSU/NRC or not, after birth.

The beneficiaries are familiar by key questions related with ANC/PNC women.

Almost all beneficiaries responded key questions. ASHA visited to HBNC within five weeks after birth of the child. The ANM provide information about NCD.

The ANM/ASHA informed about the services available at HWC in the village/locality. They do not know, about family register under Ayushman Bharat card (AB card), and about transport facility available.

It is also reported that no one demands money.

Further it is noted that other key questions are also answered almost positively.

9. Training Status/Skills and Capacity Building

- Under NHM, several training programmes are organized for medical and para-medical staff at district and state level from time to time to strength and upgrade the skills of number of medical and other Para-medical staff.
- Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU ,RCH portal, **HJMS**,RBSK, Kayakalp, NRC, NCD, Skill lab, Lakshya are being continuously provided for skill up gradation of different category of staff in the district.
- BEmOC trained MO one each are available in DH Raisen, CH Begumganj and CHC Sanchi, PHC Naktara have trained BEmOC and LSAS doctors in their facilities.
- MTP, and NSV trained doctors are available in all the visited health facilities NSSK, IUCD and PPIUCD, and Mini-lap trainings have been received by LMOs and SNs.
- Cold chain trained ANMs, SNs and MPWs are available in the visited health facilities to maintain cold chain services.
- It is suggested that training status calendar need to be maintained and updated on regular basis. This will enable district health managers such as CMHO/ CS/BMOs to increase the trained and skilled manpower and utilize the existing skilled manpower at the required health facilities.

10. Other Health Systems Input

- **Health Service Availability:** Availability of public health services is limited in Raisen district. In DH Raisen surgery, medicine, obstetrics and gynaecology,

emergency, ophthalmology and family planning services are available along with ancillary services of blood bank, radiology and pathology. At CHC Sanchi and CH Begumganj special care services are not available except minor surgery such as LTT, emergency services and ophthalmic screening for cataract etc. In both the facilities blood storage units are also not available.

- **Availability of diagnostics:** Most of the diagnostic tests are available in the DH except for CT scan endoscopy, ultrasound (general) and RPR test. USG facility is not available at CEmONC Sanchi. PHC Devnagar has facility for only Hb and Urine sugar testing.
- **Availability of Essential Equipments:** DH has most of the essential equipments except mobile OT lights, ventilators, multi-para monitors, surgical diathermies, c-arm unit etc. CHCs have most of the equipment for providing delivery services and minor surgical procedures.

Maternal Health

10.1 ANC and PNC

- Raisen district has three functional L3 facilities (1DH, 3 SDH,) L2 facilities (7 CHCs, 11 PHCs) and nine L1 facilities (6 SHCs) providing maternal health services in the district.
- Estimated pregnancies for 2018-19 for Raisen district is 44477 of which 35205(78 percent) have been registered for ANC during October 2019. As per HMIS, 78 percent of the registered ANCs were 1st trimester ANCs.
- Line listing of severely anaemic pregnant women is not separately done at PHC and SHC. In case of pregnant women with anaemia a separate column in the register was suggested. Mandatory stay of 48 hours after delivery is not being followed at any visited health institutions except DH because of inadequate staff and care facilities.

10.2 Child Health

SNCU

- MP is among the EAG states with a high share of neonatal mortality in IMR and lack of post delivery care of sick children which is a major cause of neo-natal deaths (NMR: 42, AHS, 2012-13) in MP.
- In MP the children under six years of age contribute 14.5 percent to the total population of the state with 10.8 million total child population of 0-6 years (Census, 2011).
- To mitigate this problem the state has pioneered special newborn care with assistance from UNICEF and so far 53 SNBCUs and 99 NBSUs have been made functional.

Most of these units have been established in district hospitals and some in the Medical Colleges under the joint effort of MP Government with UNICEF.

- In M.P. in 1296 delivery points NBCC have been made functional to prevent infection, to regulate the body temperature of neonates and resuscitation. NBCCs are available in all the visited health facilities in Raisen district.
- In Raisen a 20 bedded SNCU is functional in DH. No other facilities have SNCU or NBSU except the DH. SNCU has 1 MOs and 18 staff nurses for round the clock health care delivery Both inborn and outborn children are treated in the SNCU.
- It has all the necessary equipments available for effective services. During October' 2019 a total of 136 children (Inborn-33; Outborn-103) have been admitted in the SNCU.
- As per the records provided by SNCU, 124 children were cured after treatment and 56 children were referred to higher facility. There have been 55 reported so far in the SNCU during this period.

Institutional deliveries

- A total of 19463 deliveries were reported in the district during October 2019. Proportion of institutional deliveries in the reported total delivery is 95 percent during this period.
- There were 247 deliveries reported in the DH upto October 2019. Out of these 31 were c-section deliveries. At CHCs Sanchi and CH Begumganj there were 48 and 115 deliveries were reported respectively. At PHC Devnagar 26 and SHC Naktara 5 deliveries were conducted October 2019.

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 were observed in the DH, CH and CHC but not o at PHC Devnagar and SHC Naktara.
- Provision of food is being made from the DH kitchen. At the other health facilities food is outsourced. JSSK menu is planned as per the prescribed diet chart for three meals.
- Beneficiaries in the exit interviews have reported to have received free JSSK services including free drugs and consumables, free diet, free diagnostics, free blood transfusion and free transport with exemption of user charges in all the health facilities.
- Twenty beneficiaries interviewed through exit and house hold questionnaire reported about services available at the facilities, use of '108' for transport to health facility, free meals and diagnostics. Some mothers did not receive drop back facilities

Janani Suraksha Yojana(JSY)

- JSY is implemented and payments are made as per eligibility criteria, physical verification of beneficiaries up to 5% is done by district authorities.
- It was observed that most of the beneficiaries in PHC Devnagar, and SHC Naktara leave the health facility before 48 hours except DH Raisen.
- A grievance redressed mechanism for JSY has been initiated in all the facilities in Raisen District.
- It was reported that due to non receipt of grants and flexi funds for the financial year **2018-19** delays in payments was taking place. This pendency was observed highest in CHC Sanchi.
- It was reported by MOs that direct transfer of JSY incentives in beneficiaries account at times creates problems due to wrong account numbers provided by them, lack of core banking in rural areas and wrong mobile numbers provided by beneficiaries.
- Although the Lok Seva Guarantee Adhinyam which ensures resolving cases of non-payment's of JSY benefits to beneficiaries within seven days has been implemented, high pendency of 60-70 percent payments was observed.

11. 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.
- The state has 280 functional NRCs. In Raisen, NRC is functional at visited DH, CH and CHC. During October 2019, 13 SAM children have been admitted in the NRC at DH, whereas in CHC 117 SAM children got admitted.
- A daily diet comprising of three meals is provided to mothers of SAM children.
- In DH Raisen it was reported that some children leave earlier without informing or leave against medical advice the average length of stay decreases with increase in lama or Defaulter.

11.1 Immunization

- Government of India has selected 201 districts of the country for Mission Indradhanush including 15 top priority districts of Madhya Pradesh, Alirajpur, Anuppur, Chhatarpur, Damoh, Jhabua, Mandla, Panna, Raisen, Sagar, Rewa, Satna, Tikamgarh, Shahdol, Umaria and Vidisha. The first programme was launched in April 2015 to save lives of children through vaccination in these districts which have 50 to 55 percent complete immunization.
- Under this mission, children up to two years of age and pregnant women are vaccinated against deadly diseases. The campaign in four phases of one week each in the months of April, May, June and July, is undertaken on State level especially in the fifteen districts.

- The pockets of low immunization coverage in Raisen district have been identified and district and block level plans have been prepared for immunization. CHC Sanchi and PHC Devnagar 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 LHV's have been trained in cold chain handling in the district. The birth dose of immunisation is being ensured for all newborns delivered before discharge at DH, CH and CHC.
- Immunisation services are available in DH Raisen and CH Begumganj on daily basis and on fixed days in the periphery.
- VHNDs sessions are being held on regular basis for immunization of pregnant women and children

11.2 Rashtriya Baal Swasthya Karyakram (RBSK)

- RBSK has been launched by the state from 2nd **October, 2013**. In Raisen required staff for RBSK has been appointed. In Raisen RBSK teams are being formed for different blocks.
- Fourteen MOs, 5 pharmacists and 13 ANMS have been deployed in Raisen district and constant screening treatment and referral services are being provided.

12. Family Planning

- Access to family planning helps in protection from unwanted pregnancies, along with decrease in infant and child mortality.
- Raisen district is presently providing full range of family planning services at the DH, CH and CHC all the health facilities in the district. All family planning services are available at the visited DH, CH and CHC.
- Emphasis on insertion of PPIUCD was observed in the district. A survey by PRC team in shows lack of counselling, not seeking informed consent and lack of follow up by service providers after insertion of PPIUCD. This has generated a negative opinion about this spacing method among users.

13. Adolescent Reproductive and Sexual Health (ARSH)

- In Raisen district ARHS services are available at few facilities due to limited staff availability. At CHC Sanchi and PHC Devnagar only counseling services are provided. It was observed that ARHS services are not being monitored properly and ARHS services are kept at low priority.

14. Quality in Health services

- **Infection Control:** General cleanliness, practices of health staff, protocols, fumigation, disinfection, autoclave functioning are observed in DH and other visited health facilities. Fumigation records are not being maintained by DH and CHC.
- **Biomedical Waste Management:** Segregation of bio medical waste is being done at all the visited facilities except PHC Devnagar and SHC Naktara. In DH, CH Begumganj and CHC Sanchi bio-medical waste management is outsourced. At PHC Devnagar and SHC Naktara bio-medical waste is disposed of by dumping in burial pits and burning.
- **IEC:** All the visited facilities have displayed necessary IEC regarding services being provided at facility, timings of facility, NRHM logo in both Hindi and English languages, protocol posters, JSSK entitlements in in-patient wards and OPDs, immunization schedule, FP IEC and user charges. It was observed that complaint/suggestion box was available at DH Raisen, CH Begumganj and CHC Sanchi.
- CH Begumganj displayed available MCH, FP services, management of anaemia during labour and kangaroo care and waste management.
- SHC Naktara displayed charts on new born resuscitation, ANC examination ante-natal hemorrhage, PNC, ANC, neonatal infection, eclampsia, and breastfeeding.
- Display of JSSK entitlements was observed in all the facilities except SHC Naktara.

Essential Skills of Staff

- On quality parameter, the staff (SN, ANM) DH Raisen, CHC Sanchi, CH Begumganj, PHC Devnagar and SHC Naktara are skilled in management of high risk pregnancy, providing essential newborn care (thermoregulation, breastfeeding and asepsis) .
- Knowledge of managing sick neonates and infants, correct use of partograph, correct insertion of IUCD, correctly administer vaccines, segregation of waste in colour coded bins.
- Knowledge on RCH data entry is there but problems of updating services on the mobile was problematic for ANMS, and the system needs simplification.

Additional Support Services

- Provisions of fogging were not reported by DH Raisen or any of the other health facilities. Laundry facilities are available in DH Raisen, and in all the facilities through outsourcing.
- Annual maintenance for important equipments like x-ray machine and OT equipments are very few. Tally soft ware has been implemented in DH Raisen in the district.

15. Referral Transport

- M.P. has a total of 604, '108' Sanjeevani ambulances, 553 Basic Life Support Vehicles, and 51 Advance Life Support Vehicles across 51 districts. These vehicles are functioning under the PPP model in which the manpower, vehicle and services are being provided by a private agency GVK EMRI.
- The POL and maintenance of vehicles is being carried out by the state government. Emergency Medical Technicians (EMT) are appointed in all 51 districts and life saving equipments is available in all these vehicles (www.health.mp.gov.in).
- In Raisen district there are eight '108' vehicles functioning and 22 Janani Express and one mobile medical unit named as Sanjivani express are providing services for referral transport.
- The only MMU functional in the district caters two blocks namely Silwani and Begumganj. Apart from this few of the health facilities such as DH and CHCs have ambulance vehicles available for transporting patients in the emergencies.
- It was observed data regarding ambulance services monitoring is lacking at the facilities. Indicators such as number of times ambulance services used during night, average kilometres per day and average kilometres per visit are not being ascertained due to lack of record keeping and paucity of staffs at programme management units at the district level and periphery.

16. Community Processes

Accredited Health Social Activist (ASHA)

- In Raisen district village level health services are being strengthened through selection and continuous training of ASHAs. In Sanchi block, 210 ASHAs are working and 175 ASHAs have been trained in module 6 & 7 till date.
- At PHC Devnagar 29 ASHAs are reported to be working in the catchments villages and SHCs. At SHC Naktara nine ASHAs are working against the required 11. It is observed that monitoring of incentives received by ASHA workers are not being done at any level. The block level accountant keeps account of payments made to ASHAs in consolidated manner.
- The BPM at Sanchi informed that on average ASHAs are getting about Rs.2500 per month. Some of the ASHAs in bigger villages are able to receive upto Rs..10000 per month for their community work. In Raisen district most of the ASHAs are receiving incentives directly in their bank accounts.
- **Functionality of the ASHAs:** Drug kit replenishment is done based on demand and availability of drugs. Payments to ASHAs have been regularized based on certification by the concerned ANM. However, analysis of highest and lowest paid ASHA has not been carried out by the district although population norms and activeness of ASHA are the deciding factors.
- Different programme officers in Raisen district are providing orientation to ASHAs for National Health Programmes like TB, Malaria, Leperosy, 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.

Urban Health

- The urban health programme is at an elementary stage in 12 wards of Raisen city. City programme manager and one DEO have not yet been appointed. In all 36 urban ASHAs' have been selected and three batches have received induction training in module six.
- **MAS formations** have been made in all the wards as reported by the nodal officer incharge. One urban PHCs have been established. This urban PHC functional and OPD services are being provided. Only one doctor and two SNs have been appointed at the one UPHCs.

17. Disease Control Programmes

- Raisen 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, staff for 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 Raisen, and CH Begumganj, CHC Sanchi and PHC Devnagar which are providing services with adequate availability of rapid diagnostic kits and drugs. In October 2019, 1016, 956, 1009,135 slides in DH Raisen, CH Begumganj, CHC Sanchi and PHC Devnagar respectively were prepared.
- A total of 63, 24, 15 and sputum tests were reported respectively from CH Begumganj, and CHC Sanchi , and PHC Devnagar and 8, 3, and 5 were reported to be positive at these health facilities.
- National Leprosy Eradication Programme (NLEP) is functional and one new case eachwere detected at DH Raisen, and CH Begumganj and 8 and 9 patients are being treated respectively at these two facilities.

18. Non-Communicable Diseases

- The Non-Communicable Disease (NCD) clinic is functioning in DH Raisen. NCD services are provided for cancer, sickle cell, cardio-vascular diseases, thalesemia, sickle-cell anaemia, diabetes, hypertension, and geriatric diseases, daily except for Sundays. There are trained doctors and SNs for providing chemotherapy for cancer patients, and dialysis or kidney patients.

19. MCTS and HMIS

- In Raisen district presently 236 health facilities (1DH, 3CH, 7 CHCs, 14 PHCs and 211 SHCs) are reporting online for HMIS. Raisen district has a regular Monitoring and Evaluation Officer to monitor HMIS and MCTS.
- The M& E officer in the district and DEOs at CH, CHC and PHC level need detailed training and orientation to improve consistency and quality of data reporting.
- DH Raisen has a DEO for HMIS who is unable to verify data from different sections of the hospital or from the registers. The DEO is multi-tasking in the DH and therefore has less time to focus on HMIS data.

Annexure

1. Health Infrastructure available in District

No. of 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	0	1	220
Exclusive MCH hospital					
Sub District Hospital / CH	3	3	0	3	50
Community Health Centre	7	7	0	7	30
Primary Health Centre	14	14	0	11	6
Sub Health Centre	211	164	0	6	3
AYUSH Ayurvedic					
AYUSH(Homoeopathic)					
AYUSH (Others)					
Delivery Point(L1) PHC SHC	6	6	0	6	3
Delivery Point(L2) CHC PHC	7 11	7 11	0 0	7 11	30 6
Delivery Point(L3) DH SDH CHC	1 3 0	1 3 0	0 0 0	1 3 0	40 50 0
HWC-Primary Health Centre	16	14	0	11	6
HWC-Sub Health Centre	32	32	79	6	3
NRC CHC SDH DH	2 3 1	2 3 1	0 0 0	2 3 1	10 10 10
DEIC	0	0	0	0	0

2. Physical Infrastructure

Infrastructure	DH	SDH	CHC	PHC	SHC
Area of Building (Sq Mt. / Sq. Ft.)	-	-	-	-	-
Staff Quarters for Mos	6	4	3	1	
Staff Quarters for SNs	9	1	2	0	
Staff Quarters for other categories	15	2	5	1	
Functional BB/BSU, specify	Yes	Yes	No		
Separate room for RKSK	Yes	Yes	No		
Availability of ICTC/ PPTCT Centre	Yes	No	No		
Regular Fogging (Check Records)	Yes	Yes	Yes	No	No
Functional Laundry/washing services	Yes	Yes	Yes	Yes	Yes
Availability of dietary services	Yes	Yes	Yes		
Appropriate drug storage facilities	Yes	Yes	Yes	Yes	Yes
Solar electricity	Yes	Yes	Yes	Yes	
Rainwater Harvesting	Yes	No	No	Yes	
Equipment maintenance and repair mechanism AIMS (MP) / Mediciti (CG)	Yes	Yes	Yes	Yes	

Infrastructure	DH	SDH	CHC	PHC	SHC
Grievance Redressal mechanisms 1-Mera Aspatal / 2-Feedback form / 3-Jan Sunwai (Public hearing) / 4-Complaint box / 5-Online complaint	Yes	Yes	Yes	Yes	Yes

3. No. of Trained Persons

Training programmes	DH	SDH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	0	0	0		
LSAS (Life Saving Anaesthesia Skill)	0	0	0		
BEmOC (Basic Emergency Obstetric Care)	0	3	5	0	
SBA (Skill Birth Attended)	-	-	-	--	-
MTP (Medical Termination of Pregnancy)	1	2	2	-	
NSV (No Scalpel Vasectomy)	-	-	-	-	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	-	-	-	-	-
FBNC (Facility Based Newborn Care)	-	-	-	-	-
HBNC (Home Based Newborn Care)				-	-
NSSK (Navjaat Shishu Suraksha Karyakram)	-	-	-	-	-
Mini Lap-Sterilisations	-	-	-	-	
Laprosopy-Sterilisations(LTT)	2	0	1		
IUCD (Intrauterine Contraceptive Device)	17	30	48	20	0
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	19	32	47	22	0
Blood Bank / BSU	1	3	0		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	-	--	-	-	-
IMEP (Infection Management Environmental Plan)	-	-	-	-	-
Immunization and cold chain	5	10	25	10	247
RCH Portal (Reproductive Child Health)	5	9	21	28	247
HMIS (Health Management Information System)	5	9	21	28	247
RBSK (Rashtriya Bal Swasthya Karyakram)	5	1	12		
RKSK (Rashtriya Kishor Swasthya Karyakram)	-	-	-	-	-
Kayakalp	5	9	21	28	-

NRC and Nutrition	1	6	4	-	
PPTCT (Prevention of Parent to Child Transmission of HIV)	-	-	-	-	
NCD (Non Communicable Diseases)	2	6	0	14	
Nursing Mentor for Delivery Point	3	0	0		
Skill Lab	17	23	27	15	-
LaQshya	3	0	0	0	0
NQAC	-	-	-	-	-
NVHCP	-	-	-	-	-
Equipment Calibration	-	-	-	-	-
PFMS / E-Vitta	1	2	5	-	-
Equipment handling	-	-	-	-	-

Specialty Care Services Available in the District	D H	SD H	CH C
Separate Women's Hospital	No	No	No
Surgery	Yes	Minor	No
Medicine	Yes	Yes	Yes
Ob&G	Yes	No	Yes
Cardiology	No	No	No
Emergency Service	Yes	Yes	Yes
Trauma Care Centre	Yes	Yes	No
Ophthalmology	Yes	Yes	No
ENT	Yes	Yes	Yes
Radiology	Yes	Yes	No
Pathology	Yes	Yes	No

4. AYUSH services

	DH	SDH	CHC	PHC	SHC
AYUSH Services available	Yes	No	Yes	Yes	No
If yes, what type of facility available Ayurvedic – 1 /Homoeopathic -2 / Others _____-3	1	No	2	1	No
AYUSH MO is a member of RKS at facility	No	No	No	No	No
OPDs integrated with main facility / common registration	Yes	Yes	Yes	Yes	No
Sufficient AYUSH medicine stock at the facility	Yes	Yes	Yes	Yes	No

5. Laboratory Tests available

Services	DH	SDH	CHC	PHC	SHC
Haemoglobin Hb test	Yes	Yes	Yes	Yes	Yes
Urine Pregnancy Test	Yes	Yes	Yes	Yes	Yes
Malaria PF/PV testing	Yes	Yes	Yes	Yes	Yes
Urine (Microscopy, Acetone)	Yes	Yes	Yes	No	No
Slide Collection for PBF & Sputum AFB	Yes	Yes	Yes	Yes	Yes
Blood Sugar	Yes	Yes	Yes	Yes	No
Serum Urea	Yes	Yes	Yes	No	No
Serum Cholesterol	Yes	Yes	Yes	No	No
Serum Bilirubin	Yes	Yes	Yes	No	No
Typhoid Card Test/Widal	Yes	Yes	Yes	No	No
Blood Typing	Yes	Yes	Yes	No	No
Stool Examination	Yes	Yes	Yes	No	No
ESR	Yes	Yes	Yes	No	No
Complete Blood Picture/skilling	Yes	Yes	Yes	Yes	No

Platelet Count	Yes	Yes	Yes	Yes	No
PBF for Malaria	Yes	Yes	Yes	No	No
Sputum AFB	Yes	Yes	Yes	Yes	No
SGOT liver function test	Yes	Yes	Yes	Yes	No
SGPT blood test	Yes	Yes	Yes	No	No
G-6 PD Deficiency Test	Yes	Yes	Yes	No	No
Serum Creatine / Protein	Yes	Yes	Yes	No	No
RA factor (Blood Grouping)	Yes	Yes	Yes	No	No
HBsAG	Yes	Yes	Yes	No	No
VDRL	Yes	Yes	Yes	No	No
Semen Analysis	Yes	Yes	Yes	No	No
X-ray	Yes	Yes	Yes	No	No
ECG	Yes	Yes	Yes	No	No
Liver Function Test	Yes	Yes	Yes	No	No
RPR for syphilis	Yes	Yes	Yes	No	No
RTI/STI Screening	Yes	Yes	Yes	No	No
HIV	Yes	Yes	Yes	Yes	
Indoor Fees	30 Rs.	No	No	No	No
Services	DH	SDH	CHC	PHC	SHC
OPD fees	15	2	10	No	No
Ambulance	Yes	Yes	Yes	Yes	Yes
Food for Inpatients	Yes	Yes	Yes	No	No

6. ANC , NC and PNC

Services Delivered	DH	SDH	CHC	PHC	SHC
No. of severely anaemic pregnant women(Hb<7) listed	45		0	0	0
No. of Identified hypertensive pregnant women	23	26	0	1	0
No. of ANC/PNC women referred from other institution (in-referral)	161	-	2	2	0
No. of ANC/PNC women referred to higher institution (out-referral)	48	13	5	8	0
No. of MTP up to 12 weeks of pregnancy	2	2	10	No	No
No. of MTP more than 12 weeks of pregnancy	0	0	No	No	No
Deliveries conducted	Yes	Yes	Yes	Yes	Yes
Deliveries conducted at home					
C- Section deliveries conducted	31	No	No		
Deliveries conducted at night (8 pm-8 am)	152	69	34	25	5
No. of pregnant women with obstetric complications provided EmOC	167	0	2	No	No
No. of Obstetric complications managed with blood transfusion	32	No	No	No	No
No. of Neonates initiated breastfeeding within one hour	247	115	48	26	5
No. of Still Births	6	2	No	1	No

JSSK	DH	SDH	CHC	PHC	SHC
Free and zero expense delivery & caesarean section	Yes	Yes	Yes	Yes	Yes
Free drugs and consumables	Yes	Yes	Yes	Yes	Yes
Free diet up to 3 days during normal delivery and up to 7 days for C-section,	Yes	Yes	Yes	Yes	Yes
Free essential and desirable diagnostics (Blood & urine tests, USG, etc) during Ante Natal Care, Intra Natal Care and Post Natal care	Yes	Yes	Yes	Yes	Yes

Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes	No	No	No	No
Free transport – Home to hospital inter-hospital in case of referral drop back to home					
Exemption of all kinds of user charges					

7. Janani Suraksha Yojana

	DH	SDH	CHC	PHC	SHC
No. of JSY payments made	Yes	Yes	Yes	Yes	Yes
Pendency of JSY payments to the beneficiaries.	2%	2%	2%	2%	5%
Reasons for pendency					
Proper record maintained for beneficiaries receiving the Benefit	Yes	Yes	Yes	Yes	Yes

8. Special Newborn Care Unit / New Born Stabilized Unit

SNCU / NBSU / NBCC	DH	SDH	CHC	PHC	SHC
Whether SNCU / NBSU / NBCC exist. (Yes/No)	Yes	Yes	No	No	No
Necessary equipment available (Yes/No)	Yes	Yes			
SNCU / NBSU / NBCC	DH	SDH	CHC	PHC	SHC
Availability of trained Mos	1	Yes			
No. of trained staff nurses	19				
No. of admissions	Inborn Out Born	29 99			
No. of Children	Cured Not cured Referred Others (death) LAMA	98 20 10 0			

9. Nutrition Rehabilitation Centre

NRC	DH	SDH	CHC	PHC
No. of functional beds in NRC	10	10	No	No
Whether necessary equipment available	Yes	Yes		
No. of staff posted in NRC FD/ANM and other	7	Yes		
No. of admissions with SAM	13	9		
No. of sick children referred	0	2		
Average length of stay	14	14-21		

10. Immunization as per RCH Portal of visited health centre

Immunization	DH	SDH	CHC	PHC	SHC
BCG	240	103	47		
Penta1	102	11	08		
Penta2	82	09	08		
Penta3	92	10	09		
Polio0	247	103	47		
Polio1	102	11	08		
Polio2	82	09	08		

Polio3	92	10	09		
Hep 0	234	103	43		
Hep 1	102	0	-		
Hep 2	82	0	-		
Hep 3	92	0	-		
Measles1	98	07	01		
Measles2		05	-		
DPT booster	93	05	02		
Polio Booster	93	05	02		
No. of fully vaccinated children	98	07	-		
ORS / Zinc	-	-	-		
Vitamin – A	-	-	-		
Maintenance of cold chain. Specify problems (if any)	Yes		Yes		
Whether micro plan prepared	Yes		Yes		
Whether outreach prepared	Yes		Yes		
Stock management hindrances (if any)	No		No		
Is there an alternate vaccine delivery system	Yes		Yes		

No. of Children Screened (Give Number)	Screened	Identified with problems	Referred higher facility	No. of RBSK team available in Block with staff
Age group				
0-6 weeks				
6 weeks-6 years				
6 -18 years				
Total				

11. Number of Child Referral and Death

Child Health	DH	SDH	CH C	PHC	SHC
No. of Sick children referred(up to age 5)	20	17	5	3	No
No. of Neonatal Deaths	11	0	No	No	No
No. of Infant Deaths	0	0	No	No	No

Family Planning (Give Numbers)	DH	SDH	CH C	PHC	SHC
Male Sterilization (VT+NSV)	0	0	No	0	0
Female Sterilization (CTT+LTT)	2	19	10	4	0
Minilap sterilization	0	0	No	No	0
IUCD	0	1	14	0	0
PPIUCD	39	21	11	5	0
Condoms	108	56	28	22	0
Oral Pills	84	44	20	15	0
Antra	2	5	0	1	0
No. of Camps	0	1	0	0	0
FP Cases in camps	0	0	0	0	0

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

	DH	SDH	CHC	PHC
--	----	-----	-----	-----

Number of ambulances 102 Mahtari Express/JE 108 Other MMU	1 Ambu.	1 1	1 1	1

13. Community processes Accredited Social Health Activist

ASHA	SDH	CHC	PHC	SHC
Number of ASHA required	No	No	2	No
Number of ASHA available	171	234	4	2
Number of ASHA left during the quarter	No	No	No	No
Number of new ASHA joined during the quarter	No	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	10000	12000	7000	5000

Lowest incentive to an ASHA	5000	5000	4000	3000
Whether payments disbursed to ASHA on time	No	No	Yes	Yes
Whether drug kit replenishment provided to ASHA	Yes	Yes	Yes	Yes
ASHA social marketing spacing methods of FP	No	No	Yes	Yes

14. Disease Control Programmes

Disease Control	DH	SDH	CHC	PHC	SHC
National Malaria Control Programme					
Number of slides prepared	1200	956	1009	135	12
Number of positive slides	0	Nil	Nil	0	0
Availability of Rapid Diagnostic kits (RDK)	Yes	Yes	Yes	Yes	Yes
Availability of drugs	Yes	Yes	Yes	Yes	Yes
Availability of staff	Yes	Yes	Yes	Yes	Yes
Revised National Tuberculosis Programme (RNTCP)					
Number of sputum tests	79	63	24	15	5
No. of positive tests	16	8	3	5	0
Availability of DOT medicines	Yes	Yes	Yes	Yes	Yes
All key RNTCP contractual staff positions filled up	Yes	Yes	Yes	Yes	Yes
Timely payment of salaries to RNTCP staff	Yes	Yes	Yes	Yes	Yes
Timely payment to DOT providers	Yes	Yes	Yes	Yes	Yes
National Leprosy Eradication Programme (NLEP)					
Number of new cases detected	13	9	No	No	No
No. of new cases detected through ASHA	8	4	0	0	0
No. of patients under treatment	5	3	0	0	0

15. Non Communicable Diseases

NCD	DH	SDH	CHC	PHC
Establishment of NCD clinics	Yes	Yes	Yes	Yes

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

**16. Record maintenance (Verify during facility visit) M=manual/P=printed
C=computerized 1= Available and undated/ correctly filled;
2=Available but not updated; 3=Not available**

Record	DH	SDH	CHC	PHC	SHC
E-Hospital Module functioning	Yes	No	No	No	No
Mera Aspatal registration for patient feedback	1	1	3	3	3
ANC Register	P	P	P	P	P
PNC Register	P	P	P	3	3
Indoor bed head ticket	P	P	P	P	P
Line listing of severely anaemic pregnant women	P	M	P	P	M
Labour room register	P	P	P	P	P
Partographs	P	P	P	P	P
FP-Operation Register (OT)	P	3	3	3	
OT Register	P	3	3	3	
FP Register	P	3	3	3	3
Immunisation Register	P	P	P	P	P
Updated Microplan	P	P	P	P	P
Blood Bank stock register	P	P	3		
Referral Register (In and Out)	P	P	2	P	P
MDR Register	M	M	3	3	3
Infant Death Review and Neonatal Death Review	M	M	P	3	3
Drug Stock Register	P	P	P	P	3
Payment under JSY	P	P	P	P	3
Untied funds expenditure (Check % expenditure)					
AMG expenditure (Check % expenditure)					
RKS expenditure (Check % expenditure)					
Death Register					

HMIS and RCH Portal	DH	SDH	CHC	PHC	SHC
Dedicated Staff available for HMIS and RCH Portal	Yes	Yes	Yes	Yes	No
Quality of data	Good	Yes	Yes	Yes	Yes
Timeliness	Yes	Yes	Yes	Yes	Yes

Completeness	Yes	Yes	Yes	Yes	Yes
Consistent	Yes	Yes	Yes	Yes	Yes
Data validation checks (if applied)	Yes	Yes	Yes	Yes	Yes
Computer available for Data entry	Yes	Yes	Yes	No	No
ANMs have tablets for RCH Portal	Yes	Yes	Yes	Yes	Yes
ASHAs have smart phones for data entry	Yes	Yes	Yes	Yes	Yes

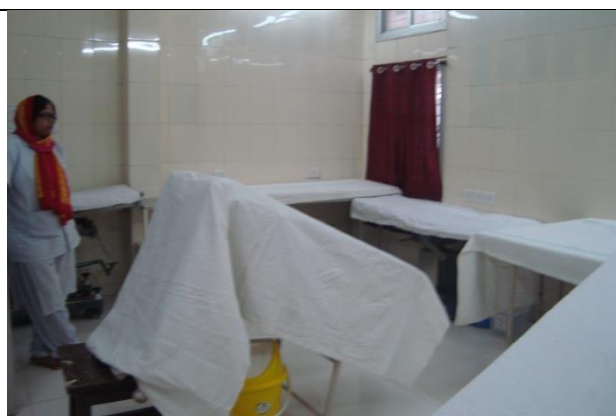
List of Acronyms

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

District Hospital (DH) Raisen, District Raisen visited on 20 November 2019



Community Health Centre (CHC) Sanchi District Raisen visited on 21 Nov., 2019



Sub-Health Centre (SHC) Naktara, District Raisen visited on 21 Nov., 2019



क्र.सं.	नाम	रक्तचाप
1	सुनील	120/80
2	सुनील	120/80
3	सुनील	120/80
4	सुनील	120/80
5	सुनील	120/80
6	सुनील	120/80
7	सुनील	120/80
8	सुनील	120/80
9	सुनील	120/80
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11	सुनील	120/80
12	सुनील	120/80
13	सुनील	120/80
14	सुनील	120/80
15	सुनील	120/80
16	सुनील	120/80
17	सुनील	120/80
18	सुनील	120/80
19	सुनील	120/80
20	सुनील	120/80



Primary Health Centre (PHC) Devnagar, District Raisen visited on 22 Nov., 2019



Civil Hospital (CH) Begamganj, District Raizen visited on 22 Nov., 2019



