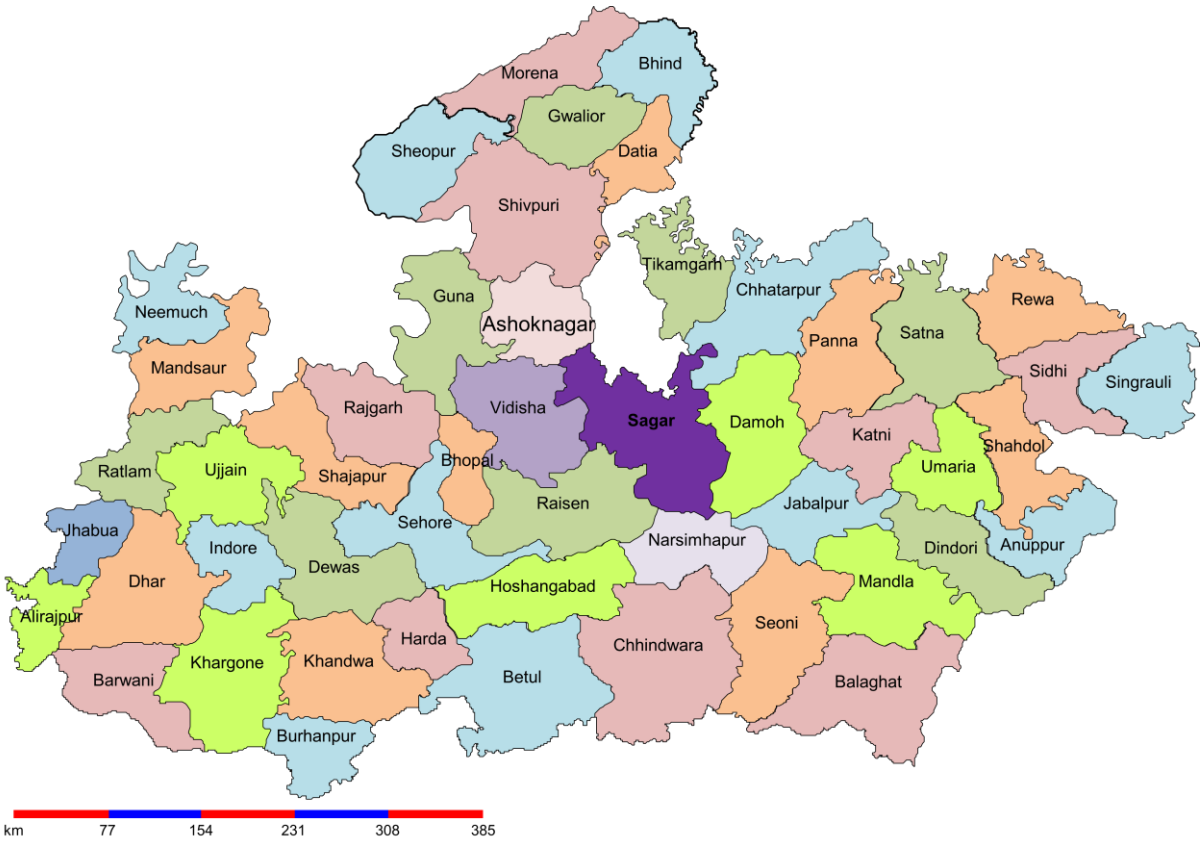
Quality Monitoring of Programme Implementation Plan 2019-20 in Madhya Pradesh

District: Sagar



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Key Observations

The Ministry of Health and Family Welfare has involved 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 Sagar district situated in MP during the second week of October, 2019. PRC team visited the District Hospital (DH) Sagar, CH Khurai, Community Health Centre (CHC) Kesli, 24*7 Primary Health Centre (PHC) Raja Bilhara, PHC Khimlasa and SHC Barra together with the SHC Bamni, 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 Sagar District. Monitoring included critical areas like maternal and child health, immunisation, 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 Sagar, CH Khurai, CHC Kesli, 24*7 PHC Raja Bilhara,PHC Khimlasa, and SHC Barra and Bamni, 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.

- Sagar district provides health services through rural and urban health facilities both in rural areas and urban areas of Sagar district. In rural areas 1DH,2CH,10 CHCs, 27 PHCs and 259. SHCs are providing health services.
- Total bed capacity reported in the DH, CH, CHCs, PHCs and SHCs in Sagar district is 1170 which is less and insufficient according to the desired norm of 500 beds per lakh population.
- Facilities for bio medical waste segregation were observed in all the health facilities however there is no facility for bio medical waste disposal.
- Trainings in EmOC, LSAS, BEmOC, SBA, MTP, NSV, NSSK, IUCD and PPIUCD, Mini-lap, BSU are being continuously provided for skill up gradation of different category of staff in the district.
- The initiative of Dakshta/skill lab has been introduced which is a training package for competency enhancement for providers in intra partum and immediate post partum care.
- Availability of public health services have improved in Sagar district after 2016-17. In DH Sagar surgery, medicine, obstetrics and gynaecology, emergency, ophthalmology, ENT and family planning services are available along with ancillary services of blood bank, radiology and pathology.
- Cancer treatment with chemotherapy and regular dialysis services for kidney patients are available in DH Sagar, but Trauma Care Centre is not yet functional in the DH.
- Majority of the essential drugs are available in all the health facilities and there is a computerized management inventory. AMC for a few equipments has been initiated in the DH Sagar and CH Khurai.

- Roshni Clinic has been initiated in DH Sagar to deal with the rising infertility issues. Doctors at DH Sagar have been trained, and are providing services to women in the age 15-49 years. Seven sessions of Roshni clinic have been held during May-June 2019, after screening at MSS camps held at block level.
- There are 14 AYUSH dispensaries in the district under NHM (Ayurveda: 9; Homeopathy: 4, Unani: 1) which are collocated with the CHCs and the PHCs. AYUSH services are available in all the visited health facilities. There is an independent 30 bedded Ayurveda hospital in Sagar city and 49 dispensaries.
- Among the visited CEmOC facilities DH Sagar has the full range of services, but CH Khurai does not have a functional OT and currently-section operations are being carried out in DH Sagar. Although night time deliveries are conducted at all visited delivery points the capacity to provide services is lacking as per norms in all the facilities, except DH Sagar.
- Line listing of severely anaemic pregnant woman with Hb below 7 is being done and treatment of iron sucrose is being given to them in all the visited health facilities.
- JSSK services are being provided as per entitlement but high pendency rate in payment of JSY incentives was noted in all the visited health facilities.
- DH Sagar has a 20 bedded SNCU, with necessary equipments and availability of trained MOs and staff nurses. Both inborn and out born children are treated in the SNCU. CH Khurai has a functional NBSU with a phototherapy unit and radiant warmer, and CHC Kesli proposes to initiate NBSU.
- There are nine NRCs in Sagar district, one 20 bedded NRC in the DH and 10 bedded NRCs in eight CHCs. There are 100 beds for SAM children in the district.
- HR is big problem, lot of staff is retiring but no vacancy is filled in DH.
- 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 Medical College Hospital, District Hospital and First Referral Unit (FRU), and Community Health Centre (CHCs) and will benefit every pregnant woman and new-born delivering in public health institutions.
- 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.
- Sagar has been proposed for smart city with some modifications and improvements. The construction of drainage/E hospital computer support is provided (Presently it has 3 DEO's, but requires six DEO's.)
- HIMS is prepared by DEO, he collects data from different sections.
- It is observed that in NRC, and also in the paediatric wards the number of paediatric has increased to a great extent. It is helpful in providing examined services efficiently. It is also reported that, additional admission are also taken, during Dastak Abhiyan.
- In NRC only percent details of admitted children are recorded. No DEO is available for NRC, therefore it is not possible to maintain, the data entry further.
- The NQAS has started in 2016 in Madhya Pradesh. Under which the 7 department have been adopted so far. Now, NQAS programme is also running successfully.
- The High Dependency Unit is available in DH Sagar.
- The budget of Rs.10 lakhs is provided for NQAS. In last year utilisation was only 5 lakhs and consequently, this year Rs. 5 lakh provided for this purpose.

- Challenges of LaQshya : Problem of HR exists, the staff is overloaded.
- Circle teams meet in every two months. In meetings, they identify all the difficulties and discuss on the problems which are necessary to resolve.
- One person is being trained in Bhopal for LaQshya programme and then this person will provide training for rest of the staff on the basis of available check listed items.
- Niti Aayog team visited in July 2019 at District Hospital Sagar.
- Equipment provided by state and hospital with the help of RKS fund.
- Autoclaves are available which can be used by everyone in DH Sagar.
- Training of cleanliness is decided by BMW.
- The AMC ward is renovated by community participation.
- The counselling is provided by two councillors, to beneficiary in the matter of breast feeding and Family Planning with models in DH hospital with the photographs in the presence of their relatives.
- With the coming of LaQshya Programme different types of equipments are available.
- Improvements of services are being made with the help of feedback forms, cleaning of premises and toilets has improved.
- In M.P.state more than 20 Softwares are running for RCH Portal.
- E-hospital has been started with 3 computers and it is reported that another 3 computers are needed.
- A new proper building is provided for DIEC.

Civil Hospital Khurai

- In CH Khurai, proper well equipments are available there.
- Civil Hospital Khurai is covered in 7.5 acre area and covers total population of 2.1 lakh.
- Officers' colony is developed in civil hospital Khurai. It contains total 16 quarters.
- Peer assessment of Lakshya program is completed. The civil hospital khurai has reached at national level, in peer assessment.
- Coaching team visits twice in a month, and all staff is trained for lakshya program.
- Rs. 3.1 lakhs received for lakshya program for LR/OT upgradation.
- Sonography machine is available but it is not functioning because of manpower.
- According to norms, 33 percent staff available there.
- In CH Khurai there are almost 16 sweepers out-sourced.
- ASHA's do not properly monitoring weight progress of SNCU children when discharged.
- The available kitchen in the hospital provides food for Rs.80 per pregnant women in a day for her diet which is monitored by Doctors.
- There is no security and home guard in civil hospital Khurai.

CHC Kesli

- Assessment of Kayakalp done and the total score is obtained as 75 %.
- The area of CHC is covered in 2 hectares and Total population of Kesli is 1.3 lakh.

- Total 8 AWW centres are available, in which the immunization took place.
- In CHC Kesli solar panel are fitted.
- In CHC, child clothes, baby towel and training of new nurses are to be supplied.
- Due to LaQshya program CCTV are installeed in CHC.
- There is no Surgeon in this centre.
- In OT only TT operation facility is available.
- There is no boundary wall in this CHC, which is needed for safety.

PHC Raja Bilahara

- Dr. Ayush gives his services regularly for 3 days, and because of this the OPD stays healthier.
- Solar panel is fitted in PHC.
- There is shortage of water and no other source of water for this PHC.
- ANM and staff nurses are not available on regular basis in CHC because they have to conduct field visits in rural area for delivery and other health services.

Key Conclusions

- DH Sagar has made a marked improvement in the direction of providing the basic service delivery as envisaged in NHM. DH is the core of the district health system, for providing secondary level of health care which includes curative, preventive and promotive health services to the people in the District.
- DH Sagar has shown an overall expansion in the range of services provided which was not visible earlier in the year 2016-17.
- DH Sagar has developed into a training hub to provide skill based in-service training and functions as a clinical training site for MOs, nursing and Para-medical staff. Hands on training are being provided in PPIUCD, EmOC, BEmOC, SBA, MVA and NSSK and skill lab.
- CS of DH Sagar and his team have evinced a keen interest and awareness about all aspects of hospital management and are making all out efforts to upgrade services in DH Sagar. Such leadership and team work may be emulated by other districts.
- Proper signage with directions from the main gate of the hospital in all wards which is client friendly is the hallmark. Name of the facility at the entrance of the facility in clear, bold and in local language was observed. Directions to different sections of the DH and list of services provided in each area were distinctly marked.
- The Kayakalp programme launched in last two years has selected DH Sagar for development as a model hospital. Landscaping, improving the exterior of the hospital is of primary concern with drawing of boundary and evolving facilities for waste management.
- The newly constructed labour room and maternity ward in the DH has developed infection prevention facilities and cleanliness is at par with private hospitals.
- Chemotherapy and dialysis facilities with trained MO and paramedical staff are an asset to the DH, which have boosted the NCD clinic services that is urgently required with modern day changing health scenario.
- DEIC services at the DH are a boon for other liable children and adolescents with development lag and disabilities. Screening by RBSK teams at block level and in the periphery has provided important referral linkages for special treatment.

- Augmentation in coverage of minimum primary healthcare services that include OPD service for common ailments, ANC, delivery and postnatal care, child immunisation and FP services is observed.
- A trained MCH consultant is providing impetus to development of the labour rooms in the delivery points as per scientific norms and standard procedures. Proper functioning of NBSUs, NBCCs, status of radiant warmers in the labour rooms are receiving utmost attention for improved maternal and child health services.
- AYUSH MOs who are providing services in the periphery have provided impetus to the NHM programme. A set up of separate Ayurveda hospital and dispensaries in Sagar city is an additional asset for services in alternative medicine.
- With the launch of NHM , the OPD and IPD demand has increased significantly, but the number of doctors and other clinical service providers (except those for RCH services) did not increase in the same manner.
- There is shortage of manpower specifically of specialist doctors, LHVs, and pharmacists in the district affecting the quality of delivery of many healthcare services.
- Even with the provisions of appointing staff on contractual basis, the staff shortages have not been overcome. It was noted that all types of visited health facilities serve far more population compared to norms. There is high caseload for both OPD and IPD in DH Sagar and CH Khurai.
- Gynaecologists and MOs have stated about extremely high case load and pressure on the DH for delivery services. Most of the high risk cases are brought to the DH without proper screening and referral which increases maternal and neonatal risk.
- The MOs providing clinical services in the health facilities have to participate in the different national programmes from time to time and thus quality of services are affected.
- CEmOC facility CH Khurai has no power back up for the BSU refrigerator which makes blood storage a challenge. CHC Kesli is currently not being able undertake c-section deliveries due to a non-functional OT. Both CH Khurai and CHC Kesli are not fully functional CEmOC facility as per defined norms.
- BEmOC Khimlasa does not have laboratory testing facilities and CHC Khurai does not provide USG tests. Both CHC Kesli and PHC Raja Bilhara are not fully functional CEmOC and BEmOC facilities as per defined norms.
- BEmOC PHC Raja Bilhara is providing 24*7 delivery services without running water and power back up.
- Beneficiaries are getting delayed payments of JSY incentives due to non-receipt of financial grants for the year 2019-20. CHC Kesli reported a high pendency rate. Out of pocket expenditures in JSSK was reported by beneficiaries at SHC Barra to pay to ANM and ASHA.

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

1. Introduction

The Ministry of Health and Family Welfare has involved 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 Sagar district in MP in second week of October, 2019. PRC team visited District Hospital (DH) Sagar, CH Khurai Community Health Centre (CHC) Kesli, 24*7 Primary Health Centre (PHC) Raja Bilhara,PHC Khimlasa and SHC Barra and Bamni, 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 Sagar District. Monitoring included critical areas like maternal and child health, immunisation, 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 A 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 Sagar, CH Khurai, CHC Kesli, 24*7 PHC Raja Bilhara, PHC Khimlasa and SHC Barra and Bamni, 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 51 districts and 342 blocks with a total population of 7.2 crores (Census, 2011). Sagar district is located at a distance of 180 kms from the state capital Bhopal and caters to a population of 24 lakhs of which 2.57 lakh live in Sagar city. Sagar health division comprises of 5 districts of Bundelkhand region in M.P. of which Sagar district is one of them. The district is divided into 11 development blocks namely, Deori, Kesli, Rahatgarh, Jaisinagar, Banda, Shahgarh, Rehli, Shahpur, Agasod, Khurai and Malthone.

The population density of Sagar district is 232 persons per sq. km as compared to 236 of M.P. The decadal growth rate of Sagar has decreased from 23 to 18 percent during 2001-2011. Female literacy rate has increased by 14 points in Sagar district from 54 percent (2001) to 68 (2011) which is higher than the state average.

The male-female sex ratio of Sagar is 896 females per thousand males lower in comparison to 912 of M.P. as a whole. The sex ratio for 0-6 years of age group in Sagar district has decreased from 931 in 2001 to 925 in 2011 but is higher than the average sex ratio of M.P.

HMIS data for 2015- 16 shows sex ratio at birth of Sagar is 945 per 1000 live births. Sagar is one among the 184 high priority districts (HPDs) of India. HPDs are based on relative ranking of districts within a state based on composite index and bottom 25 percent districts were selected as HPDs.

	Indicator	MP		Sagar	
		2001	2011	2001	2011
1	No. of Districts	45	50		
2	No. of Blocks	333	342	11	11
3	No. of Villages	55393	54903	1901	1901
4	No. of Towns	394	476	13	13
5	Population (Million)	60.34	72.52	2.02	2.38
6	Decadal Growth Rate	24.3	20.3	22.7	17.6
7	Population Density (per Sq km)	196	236	197	232

	Indicator	MP		Sagar	
		2001	2011	2001	2011
8	Literacy Rate (%)	63.7	70.6	66.7	77.5
9	Female Literacy Rate (%)	50.3	60.0	54.7	67.4
10	Sex Ratio	919	912	884	896
11	Sex Ratio (0-6 Age)	918	912	931	925
12	Urbanization (%)	26.5	27.6	29.2	29.8
13	Percentage of SC (%)	15.2	15.6	20.5	21.1
14	Percentage of ST (%)	20.3	21.1	9.7	9.3
Source: Census of India 2001, 2011 various publications, RGI					

3. Health Infrastructure in Sagar District

- Sagar district provides health services for both rural and urban areas through rural and urban health facilities. DH Sagar, one polyclinic and two civil dispensaries are providing services in Sagar city. CH Khurai, and two civil dispensaries, one located in a slum ward are providing health services in urban areas.
- In rural areas 11 CHCs, 24 PHCs and 259 SHCs are providing health services. DH Sagar, CH Khurai , 11 CHCs and 24 PHCs are functioning from government buildings but two PHCs are closed. Out of 259 SHCs 49 do not have a building of their own.CH Khurai has been upgrade to CH and a new building is there.

Existing Health Facilities and Health Facilities Visited

Health Facility	Number	Health Facility Visited
District Hospital	1	DH Sagar
Sub District Hospital/CH	3	CH Khurai
Community Health Center	7	CHC Kesli
Primary Health Center	24	PHC Raja Bilhara (24*7), PHC Khimlasa
Sub Health Center	259	SHC Barra and Bamni

- DH Sagar caters to 2.5 lakh population in Sagar city and 2.4 million in the district. Bundelkhand Medical College (BMC) is located adjacent to DH Sagar. CH Khurai caters to an urban population of about 80,000, PHC Raja Bilhara caters to 41,000 population in the periphery and SHC Barra caters to about 10,000 population.
- The building of DH Sagar and PHC Raja Bilhara are in good condition whereas that of CH Khurai very good. The building of SHC Barra is not ideal for a delivery point of view.
- Currently out 14 SHC buildings are under construction, 12 have been completed and seven PHCs are being upgraded to serve as delivery point and labour room protocols as per approved norms is being followed. Nine CHCs are being up graded and construction of 100 sq meters in each is proposed.
- 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 have poor condition.
- All the visited health facilities have power back up in the form of generator or inverter. CH Khurai and PHC Raja Bilhara a BEmOC facility have non- functional generators. Water supply is available with overhead tanks in the DH, CH and CHC. SHC Barra has no water supply of its own and PHC Raja Bilhara with an over head tank was facing water shortage.
- 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 Raja Bilhara and SHC Barra have attached toilets with labour room they were in extremely poor condition.

- DH Sagar has a capacity of 300 beds and there is additional NRC, SNCU beds available. CH Khurai although has 50 beds sanctioned, there are more than 100 beds available. CHC Khurai has 36 beds, PHC Raja Bilhara three and SHC Barra and Bamni has two beds for patients.
- Total bed capacity reported in the DH, CH, CHCs, PHCs and SHCs in Sagar district is 817 which is less and insufficient according to the desired norm of 500 beds per lakh population.
- Functional help desk was seen only in DH Sagar and other facilities did not have this service to facilitate visiting patients.

4. Human Resources

- Sagar district has six medicine specialists, one surgical, three specialists in obstetrics & gynaecology and two in paediatrics respectively in the 11 CHCs for its rural population.
- In Sagar district only one-third specialists and half of the MOs are in position against the sanctioned posts. There is a shortage of lady MOs in the district. Caseload is high on DH Sagar, CH Khurai and CHC Kesli.
- In Sagar city there are total 37 sanctioned posts of MOs in DH Sagar, polyclinic and civil dispensary out of which 25 (68 percent) posts are filled up.
- In the DH there are 59 SNs working against the sanctioned post of 100, four ANMS, five matrons eight nursing sisters are working. In this category out of 120 posts 76 are filled up.
- In the DH four out of eight lab technicians, two out of three radiographers, one out of two ophthalmic assistants are working against their sanctioned posts. The posts of three stewards, accountant, ASO, and Computer Operators lie vacant. In this category out of 59 sanctioned posts 29 are filled up.
- In CH Khurai there is one paediatrician, one anaesthetist, one gynaecologist and one medical specialists and six out of eight MOs working against their sanctioned posts. Sixteen staff nurses are posted but with only one ANM temporary ANMs have been appointed on fixed remuneration.
- CHC Khurai has one gynaecologist, one paediatrician and one LSAS trained MO, six MOs, one AYUSH MO and 17 staff nurses to provide services. At Barra SHC there are only two ANMs for providing services one regular and the second is on contractual.
- In the PMU DPMs, M&E officer, DAM, RBSK coordinator, MCH coordinator, DCM are posted but in 11 development blocks there are only 5 BPMs, 10 BAM and 7 DEOs. There are 37 DEOs' in the district for different programmes.
- 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 are being continuously provided for skill up gradation of different category of staff in the district.
- 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.
- Developing DH into a training hub which is able to provide skill based in-service training and functions as a clinical training site for nursing and Para-medical programs is the latest initiative under NHM.
- The initiative of Dakshta has been launched in the state of M.P in May, 2015, through a focused approach of a concise training package for competency enhancement for providers in and intra partum and immediate post partum care.

- Skill Lab training has been operational in DH Sagar to augment skills of MOs, SNs and ANMs in Sagar district as well as four other districts in Sagar division to improve skills in labour room services. Training includes safe child birth checklist, ensuring quality care in labour room and maternal mortality management. One batch of three day Dakshata training has been conducted in DH Sagar, where master trainers from the DH have trained MOs and SNs of delivery points in skill lab practices.

5. Maternal Health

- Maternal Critical care services are available in DH. It is reported that JSSK services reports are submitted online, in HMIS. The HMIS is also seen and relevant data is observed. The listing data as per RCH portal facilities data is included in the annexure. For maternal services, the relevant district consolidated data can also be seen in annexure.
- It is reported that the Dakshata training programme is conducted in this year during Nov-Dec months. Currently it is functioning at DH and CH Khurai. It is reported that the district coaching team formed by LaQshya faces some problems, in order of shortage of HR and lack of knowledge. It is reported that the district coaching team visited the two facilities CH Khurai, and CHC Kesli. It is also noted that the base line has already been completed for all LaQshya facilities in the district, and CH Khurai.
- It is reported that the CH Khurai has got State award for their services.
- For improvement in LaQshya program, regular monitoring as per need is required. The district coaching team is formed by LaQshya. The 03 LR and OT are visited by the district coaching team.
- It is reported that the evaluation of LaQshya assessment of LR and OT, have been done at two health facilities of LR and OT.
- Training and equipments are the main components, in implementing the six rapid improvement cycles.

6. Child health

- For effective functioning of SNCU/NBSU/NBCC, it is needed that equipment demand should be fulfilled, and guideline should be maintained. AWW and ANM identify and refer SAM children to NRC.
- There are 22 RBSK team functioning in the Sagar district. Each team is constituted by 2 doctors, one pharmacist, and one ANM, but this composition is not maintained. RBSK team is not completed. Proper number of HR is not provided for RBSK team.
- The separate mobility support for RBSK team is available. Supply of medicines & consumable items is sufficient. No major issue is reported, regarding mobility support in terms of the services provided by RBSK team .The linkage of RBSK team with referral facilities, school, AWC for services are available.
- Deficiency & development delays issues are not there, because DEFC (District Early implementation Centre) is functional in the district for DDRC.

7. Kayakalp / LaQshya

- 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 at state level.
- For continuous monitoring, feedback, regular visits, mentoring is done in cleanliness & infection control committees are formed.
- GUNAK App awareness use at anywhere in facilities, including DH, is not reported here during visit.
- Distance from PHC and CHC, and need of the services is the main selection criterion for HWC up gradation. It is reported that 59 CHO are taking training, at SHC-HWC.

- For diagnostic services planned in HWCs there is functioning hub spoke model, in the district. Regarding referral mapping, SHC is linked with PHC and cancer patients are linked with DH.
- There are total 29 HWCs are functioning with RMNCHA and NCD both. 27 at PHC, and 02 are at SHC.
- Some HWCs are fully functional in establishment of HWCs but still some innovation and monitoring process need is reported.
- Medicine supply for patients in NCD is sufficient, and for continuity of care in NCD the regular follow-up is ensured, through ASHA, ANM, MWP. For assessing training quality of bridge course, the concerned team has visited the site at DH.
- For LaQshya, district coaching team is formed, and the 03 LR and OT are visited by district coaching team.
- A committee for physical verification of DH, CHC and SHC units, regarding annual infrastructure reports is functional.
- The accountability of annual infrastructure data is verified by Civil Surgeon/ Store keeper at DH, CHC, SHC level. It is also reported that some data is also verified at SDH level, by in-charge staff.
- At PHC level locally hired HR is working. Also, in the sanctioned budget two allocated but four appointed HR reported, at PHC level. At DH, SDH, CHC, and SHC level no issue related to outsource HR is reported.
- Outsource staff is working at DH, CHC and SHC levels.
- Many services are not available at CHC level. It is also reported that LT is not available at Khimlasa PHC.
- It is reported that CT scan, digital X-ray, and USG are available at DH so the therapeutic services such as Physiotherapy/dialysis at DH are available.
- Maternal cases of SDH are referred to DH Sagar, BMC, Medical College Bhopal, whereas PHC the referral is available for DH Sagar.
- The 108/ Ambulance, is used for maternal case services.

Indicators for LaQshya at facility	**DH**	**CH**	**CHC**
Baseline assessment completed	Yes	Yes	No
Quality Circle in Labor Room constituted (check documentation)	Yes	Yes	No
Quality Circle in Maternity OT constituted (check documentation)	Yes	Yes	No
Whether SOPs made for LR?	Yes	Yes	No
Whether SOPs made for OT?	Yes	Yes	No
Non rotation of nurses followed	Yes	Yes	No
Has QI cycles initiated at the facility?	Yes	Yes	No
Using partograph for all cases	Yes	Yes	No
Case sheets including Safe Child birth Checklist/Safe Surgical	Yes	Yes	No
Checklist orientation done and used in use training	Yes	Yes	No
Visual privacy in LR	Yes	Yes	No
Patient satisfaction/feedback system (paper based/online/telephonic) in place	Yes	Yes	No
Signage in local language	Yes	Yes	No
IEC material displayed	Yes	Yes	No
Triage system in place	Yes	Yes	No
Dakshata Training completed	Yes	Yes	No
Functional HDU/ICU	Yes	Yes	No
Functional New born care corner (functional radiant warmer with neo-natal ambu bag)	Yes	Yes	No
KMC being done at facility	Yes	Yes	No

Biomedical waste management (BMW) at facility	Yes	Yes	No
Is the LR and OT staff trained on infection prevention	Yes	Yes	No
Prevalence of outdated practices			
Shaving of perineum before delivery	Yes	Yes	No
Enema given to Labouring Women	Yes	Yes	No
Routine episiotomy done	Yes	Yes	No
Induction of labour	Yes	Yes	No
Augmentation of labour	Yes	Yes	No

- One and half months back, the district coaching team has visited the SDH facility. It is reported that the feedback of beneficiaries are obtained time to time & the suggestions are incorporated in the day to day functioning of LaQshya to improve it.
- It is found that, no RBSK team is reported visiting at PHC level.
- Regarding HIMS format, there is no problem reported at all facilities including DH.It is reported that the monthly meeting is taken and the review rendered by Bhopal personnel is taken into consideration for improvements.
- 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 25thand 26thof every month & at SDH and SHC.
- No HIMS training is provided at facility (SDH).
- Computer and internet facility is available at PHC level.

Sr.	**Key observations from health facilities (Yes/No)**	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
1	Monthly HMIS Reported (Previous month)	Yes	Yes	Yes	Yes	No
2	All the HMIS reports duly signed by facility in-charge	Yes	Yes	Yes	Yes	Yes
3	A copy of monthly HMIS is kept and signed by facility in-charge	Yes	No	Yes	Yes	Yes
4	Any new construction initiated / completed in the visited facility	Yes	No	No	No	No
5	Grants received for new construction / Upgradation / renovation at facility	Yes	No	No	No	No
6	Outsourced HR working in the facility	Yes	Yes	Yes	Yes	No
7	SDMIS functioning ***(State Drug Management Information System)***	Yes	Yes	Yes	Yes	No
8	E-Aushadhi Functioning	Yes	Yes	Yes	Yes	No
9	Calibration of equipment is done	Yes	Yes	Yes	Yes	Yes
10	When last Calibration was done	Yes	Yes	Yes	Yes	No
11	Any local tie-up for equipment maintenance at facility	Yes	Yes	Yes	Yes	Yes
12	Satisfaction with outsourced equipment maintenance services (AIMS/Mediciti)	Yes	Yes	Yes	Yes	Yes
13	Maternal Death Review done in last one year / current year	Yes	Yes	Yes	Yes	Yes
14	JSSK report of the facility is prepared (collect copy – if available)	Yes	No	Yes	Yes	Yes
15	Records and registers for each JSSK services prepared	Yes	No	Yes	Yes	Yes
16	Availability of dedicated staff for LR and OT at visited health facility	Yes	Yes	Yes	Yes	Yes
17	Drugs and Equipments available as per facility level	Yes	Yes	Yes	Yes	Yes

Sr.	**Key observations from health facilities (Yes/No)**	**DH**	**SDH**	**CHC**	**PHC**	**SHC**
18	Distance of higher referral facility	Yes	Yes	Yes	Yes	Yes
19	Travel time to reach higher referral facility	_	_	_	_	_
20	District coaching team visited for LaQshya implementation?(check documentation)	Yes	No	No	No	No
21	Blood Transfusion facility available	Yes	Yes	No	No	No
22	Baseline assessment conducted for LaQshya	Yes	No	No	No	No
23	Training on LaQshya given to any staffs	Yes	No	No	No	No
24	LaQshya manual available in Hindi language at (visited facility)	Yes	No	No	No	No
25	Uninterrupted supply of partograph	Yes	Yes	Yes	Yes	Yes
26	All printed registers and reporting formats available	Yes	Yes	No	Yes	Yes
27	health facility level quality assurance committee formed (Collect list and meeting details)	Yes	No	No	No	No
28	RBSK team is complete in all aspects HR Separate Mobility support Route chart available and being followed Sufficient medicine and consumables supplied	 Yes Yes Yes Yes	 No Yes Yes Yes	 No Yes Yes Yes	 No Yes Yes Yes	 No Yes Yes Yes
29	RBSK team linkages with referral facilities, schools, AWC for services	Yes	Yes	Yes	Yes	Yes
30	ASHA received HBNC /HBYC training	Yes	Yes	Yes	Yes	Yes
31	ASHA filling forms for HBCN/HBYC visit	Yes	Yes	Yes	Yes	Yes
32	ASHA reporting SAM and 4Ds to ANM	Yes	Yes	Yes	Yes	Yes
33	ASHA has sufficient reporting and visit formats	Yes	Yes	Yes	Yes	Yes
34	Annual Infrastructure MIS 2019-20 reported	Yes	Yes	Yes	Yes	Yes
35	Verification of beneficiary mobile number is done for RCH Portal	Yes	Yes	Yes	Yes	Yes
36	Data display initiated at Facility level – key indicators	Yes	Yes	Yes	Yes	Yes
37	Whether Kayakalp assessment has been done for visiting facility	Yes	Yes	Yes	No	No
38	Areas-wise score or overall score obtained by health facility (Collect a copy of Kayakalp assessment)	Yes	Yes	Yes	No	No
39	GUNAK app is used / known to facility in-charge	No	No	No	No	No

8. Action Points

- HIMS training is recommended at facility level.
- It is noted that the LaQshya programme is functioning at only district level. The efforts be done so that LaQshya program be implemented at facility level.
- RBSK team should be made more effective.
- For success of Kayakalp program, the sustainability of staff should be improved.
- It is recommended that an awareness program regarding GUNAK App is to be started.
- Resolving staff paucity at all levels is essential for strengthening services owing to rising expectations of clients both in range of services and quality of care is essential. To mitigate shortage of specialists public- private partnership is a viable option.

- Provision of residential and basic amenities including secure working environment is essential for facilitating retention of medical officers and supporting health personnel in periphery.
- MOs providing critical care services at the SNCU, gyniae OT, labour room, and emergency services are over stressed which affect the quality of services provided.
- Availability of waste disposal services is essential and needs immediate attention for maintaining hospital cleanliness and hygiene.
- RKS, AMG and Untied funds must be closely monitored in the periphery and timely corrective action is necessary.
- CEmOC CH Khurai and CHC Kesli need strengthening in terms of infrastructure and logistics to be functional and perform as per CEmOC norms.
- It was suggested to MO of PHC Raja Bilhara to tie up with local bodies for maintaining water supply in the hospital premises.
- BEmOC PHC Raja Bilhara needs monitoring and corrective actions by the CMHO office.

Annexure

Health Infrastructure available in

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	-	1	400
Exclusive MCH hospital	-	-	-	-	-
Sub District Hospital / CH	2	2	-	2	160
Community Health Centre	10	10	-	10	300
Primary Health Centre	27	27	-	27	270
Sub Health Centre	259	259	-	2	4
AYUSH Ayurvedic	-	-	-	-	-
AYUSH(Homoeopathic)	-	-	-	-	-
AYUSH (Others)	-	-	-		
Delivery Point (L1) PHC SHC	11	11		11	94
Delivery Point (L2) CHC PHC	22	22		22	220
Delivery Point (L2) DH SDH CHC	4	4		4	590
HWC-Primary Health Centre	27	27		27	270
HWC-Sub Health Centre	22	22		22	4
NRC CHC SDH DH	9	9		9	100
DEIC	1	1		1	0

Physical Infrastructure

Infrastructure	DH	SDH	CHC	PHC	SHC
Area of Building (Sq Mt. / Sq. Ft.)	-	-	2H	-	-
Staff Quarters for Mos	3	4	3	1	
Staff Quarters for SNs	26	1	2	0	
Staff Quarters for other categories	4	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	
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

No. of Trained Persons

Training programmes	DH	SDH	CHC	PHC	SHC
CEmOC (Comprehensive Emergency Obstetric Care)	3	2	0		
LSAS (Life Saving Anaesthesia Skill)	0	1	0		
BEmOC (Basic Emergency Obstetric Care)	0	-	5	0	
SBA (Skill Birth Attended)	9	-	2	2	2
MTP (Medical Termination of Pregnancy)	8		2	-	
NSV (No Scalpel Vasectomy)	-	-	1	-	
F-IMNCI/IMNCI (Integrated Management of Neonatal and Childhood illness)	-	-	-	-	1
FBNC (Facility Based Newborn Care)	15	-	-	-	1
HBNC (Home Based Newborn Care)				-	-
NSSK (Navjaat Shishu Surakasha Karyakram)	-	-	-	-	-
Mini Lap-Sterilisations	-	-	-	-	
Laproscopy-Sterilisations(LTT)	-	-	-		
IUCD (Intrauterine Contraceptive Device)	9		1	-	1
PPIUCD (Post-Partum Intra Uterine Contraceptive Device)	9		1	-	1
Blood Bank / BSU	1	2	1		
RTI/STI (Reproductive Tract Infection/Sexually Transmitted)	-	--	-	-	-
IMEP (Infection Management Environmental Plan)	-	-	-	-	-
Immunization and cold chain	-	-	1	-	1
RCH Portal (Reproductive Child Health)	-	-	2	-	1
HMIS (Health Management Information System)	-	-	2	-	1
RBSK (Rashtriya Bal Swasthya Karyakram)	-	-	2		
RKSK (Rashtriya Kishor Swasthya Karyakram)	-	-	-	-	-
Kayakalp	-	-	-	-	-
NRC and Nutrition	-	-	-	-	
PPTCT (Prevention of Parent to Child Transmission of HIV)	-	-	-	-	
NCD (Non Communicable Diseases)	-	-	3	-	
Nursing Mentor for Delivery Point	-	-	-		
Skill Lab	9	-	-	-	-
LaQshya	-	-	-		
NQAC	-	-	-	-	-
NVHCP	-	-	-	-	-
Equipment Calibration	-	-	-	-	-
PFMS / E-Vitta	1	2	5	-	-
Equipment handling	9	-	-	-	-

Specialty Care Services Available in the District	**DH**	**SDH**	**CHC**
Separate Women's Hospital	No	No	No
Surgery	Yes	Minor	No
Medicine	Yes	Yes	Yes
Ob&G	Yes	No	No
Cardiology	No	No	No
Emergency Service	Yes	Yes	Yes
Trauma Care Centre	Yes	Yes	No
Ophthalmology	Yes	Yes	No
ENT	Yes	Yes	No
Radiology	Yes	No	No
Pathology	Yes	Yes	No

AYUSH services

	DH	SDH	CHC	PHC	SHC
AYUSH Services available	Yes	No	No	Yes	No
If yes, what type of facility available Ayurvedic – 1 /Homoeopathic -2 / Others___-3	1	2	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

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	20 Rs.	30Rs.	No	No	No
OPD fees	10	10	10	No	No
Ambulance	Yes	Yes	Yes	Yes	Yes
Food for Inpatients	Yes	Yes	Yes	No	No

ANC , NC and PNC

Services Delivered	DH	SDH	CHC	PHC	SHC
No. of severely anaemic pregnant women(Hb<7) listed	30	10	7	13	0
No. of Identified hypertensive pregnant women	30	2	3	11	1
No. of ANC/PNC women referred from other institution (in-referral)	209	3	1	-	-
No. of ANC/PNC women referred to higher institution (out-referral)	61	39	27	3	5
No. of MTP up to 12 weeks of pregnancy	6	1	2	No	No
No. of MTP more than 12 weeks of pregnancy	0	0	0	No	No
Deliveries conducted	Yes	Yes	Yes	Yes	Yes
Deliveries conducted at home				Yes	No
C- Section deliveries conducted	97	No	No		
Deliveries conducted at night (8 pm-8 am)	258	104	59	Yes	2
No. of pregnant women with obstetric complications provided EmOC	18	2	1	No	No
No. of Obstetric complications managed with blood transfusion	92	2	No	No	No
No. of Neonates initiated breastfeeding within one hour	570	192	98	6	15
No. of Still Births	18	2	0	0	0

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					

Janani Suraksha Yojana

	DH	SDH	CHC	PHC	SHC
No. of JSY payments made	Yes	200	114	Yes	15
Pendency of JSY payments to the beneficiaries.	2%	6%	5%	2%	5%
Reasons for pendency					
Proper record maintained for beneficiaries receiving thebenefit	Yes	Yes	Yes	Yes	Yes

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		3	Yes			
No. of trained staff nurses		15				
No. of admissions	Inborn	32				
	Out Born	100				
No. of Children	Cured	98				
	Not cured					
	Referred	20				
	Others (death)	10				

LAMA	0				

Nutrition Rehabilitation Centre

NRC	DH	SDH	CHC	PHC
No. of functional beds in NRC	20	10	No	No
Whether necessary equipment available	Yes	Yes		
No. of staff posted in NRC FD/ANM and other	11	Yes		
No. of admissions with SAM	16	9		
No. of sick children referred	0	2		
Average length of stay	14	14-21		

Number of Child Referral and Death

Child Health	DH	SDH	CHC	PHC	SHC
No. of Sick children referred(up to age 5)	13	10	5	3	No
No. of Neonatal Deaths	11	0	No	1	No
No. of Infant Deaths	0	0	No	No	No

Family Planning (Give Numbers)	DH	SDH	CHC	PHC	SHC
Male Sterilization (VT+NSV)	0	0	No	0	0
Female Sterilization (CTT+LTT)	2	0	7	8	0
Minilap sterilization	0	0	No	No	0
IUCD	0	1	14	0	0
PPIUCD	75	10	9	5	5
Condoms	80P	90P	26	15	0
Oral Pills	84	44	20	15	0
Antra	2	5	0	1	No
No. of Camps	0	0	No	0	No
FP Cases in camps	0	0	No	0	No

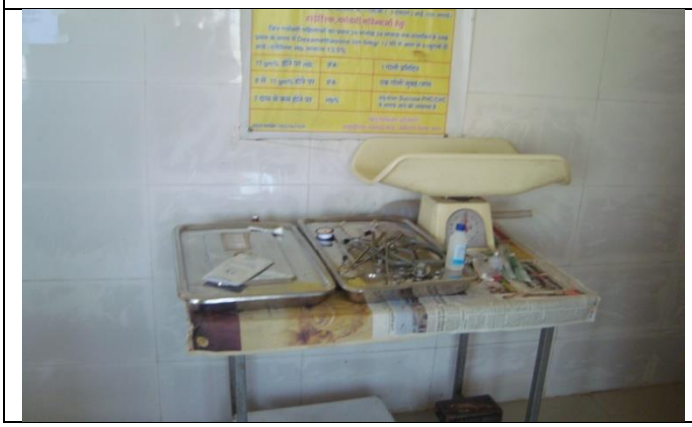
10. Referral Transport and MMUs (JSSK and Regular Ambulance)

	DH	SDH	CHC	PHC
Number of ambulances				
102 Mahtari Express/JE		1	1	1
108	5	1	1	
Other				
MMU	Ambu.	1		

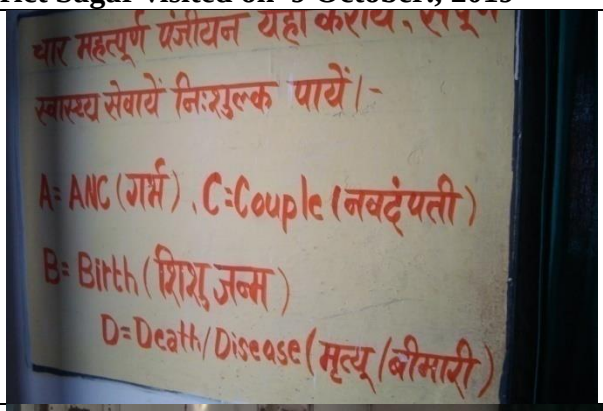
Community processes

ASHA	SDH	CHC	PHC	SHC
Number of ASHA required	No	4	No	No
Number of ASHA available	185	157	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	No	No

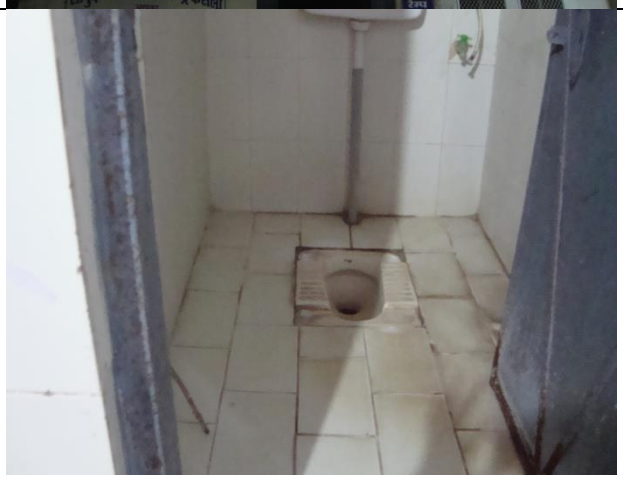
Primary Health Center (PHC) Raja Bilhara, District Sagar visited on 9 October 2019



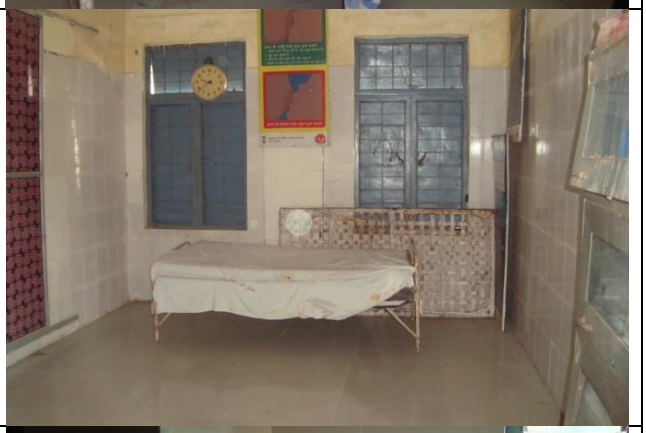
Sub-Health Centre (SHC) Barra, District Sagar visited on 9 October., 2019



Community Health Centre (CHC) Kesli District Sagar visited on 10 October, 2019



Sub Health Centre (SHC) Bamni District Sagar visited on 10 October,2019



Civil Hospital (CH) Khurai, District Sagar visited on 11 October, 2019	
	
	
	

Primary Health Center (PHC) Khimlasa, District Sagar visited on 11 October 2019

District Hospital (DH) Sagar, District Sagar visited on 14 October 2019


आउट बोर्न यूनिट
OUT BORN UNIT


उच्च निर्भरता इकाई (HDU)
HIGH DEPENDENCY UNIT