Population Research Centre

Dept. of General and Applied Geography

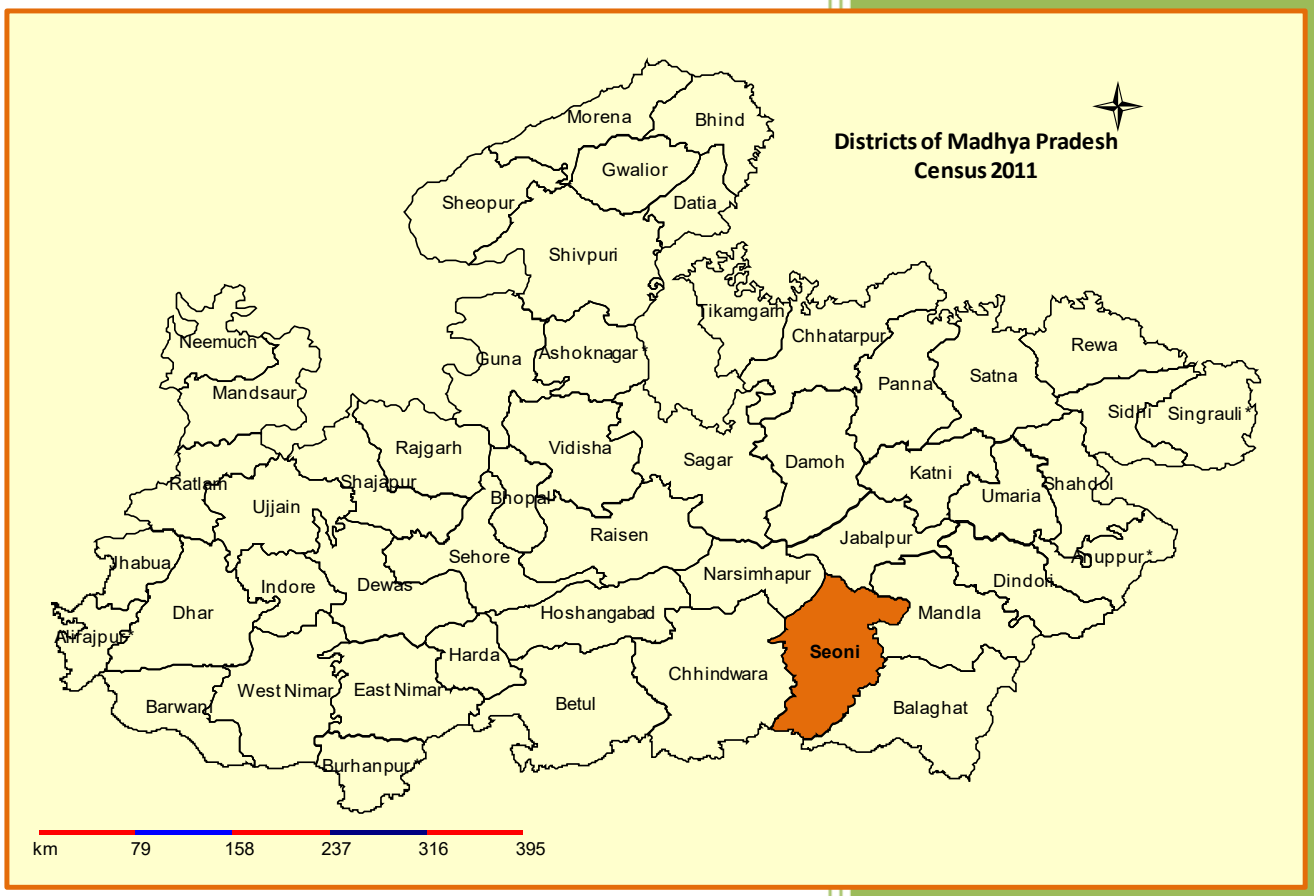
Dr. Harisingh Gour Vishwavidyalaya

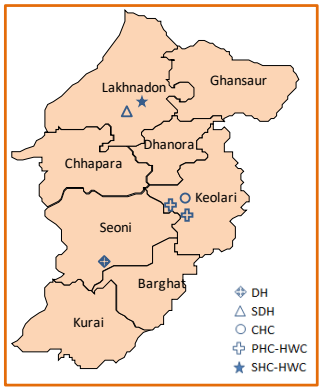
(A Central University)

Sagar (M.P.)

Report on Monitoring of Programme Implementation Plan (PIP) 2019-20 under National Health Mission in Madhya Pradesh District: Seoni

2019-20





Dr. Nikhilesh Parchure, Research Investigator

Dr. Niklesh Kumar, Field Investigator

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List of Acronyms

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

Report on Monitoring of Programme Implementation Plan (PIP) 2019-20 under National Health Mission in Seoni District (Madhya Pradesh)

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

Key Observations of visited health facilities and Action Points

District Hospital, Seoni

- The DH has a sanctioned strength of 400 beds. The OPD area of the DH has been renovated recently and all the signage are shown promptly for the ease of patients. Renovation is in progress for Trauma Centre, OT and Maternity Wing.
- DH premises also have CMHO office, separate drug stores for DH and district, TB unit and GNT School. DH premises need to be secured and commuting of private vehicle should not be allowed through premises.

- DH requires at least 200 staff quarters. All the quarters are presently under administrative control of CMHO. There are only 8 E-type quarters available for DH staff.
- The DH has secured 6th position with 87% score under Kayakalp peer assessment this year. The district collector has taken keen interest in overall development of the DH.
- DH is facing problems in providing full range of services due to number of vacancies of specialists such as Pathologist, Paediatrician, Surgeon and medical specialists. The Civil Surgeon has added responsibility of visiting different health facilities and adjoining districts for LLT camps.
- Patient registration is computerized and out-sourced to a private agency. E-Hospital has been initiated with four modules – OPD, IPD, Pathology and Billing. Apart from this Ayushaman Bharat Mitra are also providing services.
- Pathology has no pathologist in-position since his transfer in October, 2019. RMO is the in-charge of blood bank and an MBBS MO has been given additional responsibility for daily management of pathology and blood bank. Real-time blood stock is publically displayed through online portal on LCD screen.
- SNCU at the DH is well equipped with all necessary infrastructure. However, it has limited space for follow-up patients. Lot of crowding is observed in the corridor near SNCU. Mothers have to wait with their newborn.
- SNCU Staffs informed that all the equipments need to be maintained as per their life-cycle. Old and non-functional equipments should be replaced immediately.
- MCH services provided at the DH are not updated in RCH Portal or ANMOL. Services provided at the urban wards, need to be captured at the DH or should be updated through ANMOL. ANMOL and RCH Portal data need to be triangulated with data captured from specific portals such as MWMIS, PPIUCD and CAC s/w.
- DH Labour room has been certified for LaQshya. Baseline assessment of LaQshya for labour room was completed on 19.06.2019. It was informed that DEO has not been given any training related to LaQshya implementation. However, he has been instructed to prepare all the presentations for LaQshya assessment.
- The DEO informed that there is difference in offline format and online entry s/w of LaQshya assessment tool-kit. The data entry fields are different for LaQshya monthly reporting format which causes delay and incomplete reporting of LaQshya.

- In PNC ward, all the mothers who want early discharge (before staying for 3 days at DH) are asked to fill a LAMA form. However, mothers of the children referred to higher health facilities are also asked to fill LAMA form, which is not a right approach. The staff nurse informed that LAMA form was introduced to mitigate and prevent incidences of child theft and missing children from the hospital.
- Daily health talk is given to mothers in PNC ward and all the child care practices are taught to mothers.
- In all Rs.75 lakhs have been sanctioned for Kayakalp upgradation and Rs.39 lakhs have been sanctioned for setting-up of ICU in the DH. For children of the staffs, a crèche is being developed – "Hindola Ghar", for which Rs.12 lakhs have been sanctioned. Modular OT is under construction in the Trauma Centre.
- The staff of the labour room suggested that there should be some re-arrangements for ANC, labour, PNC wards and SNCU. There should be separate registration, OPD and pathology for maternity section of the DH. Presently gynaecological surgeries are being performed in the orthopaedic OT. Separate OT for maternity is under construction.

SDH Lakhanadon

- SDH Lakhanadon is presently functioning in an old and dilapidated building. SDH is situated in the main market. Different wards and sections are scattered in the premises. OPD rooms are very small and restrict privacy for patients.
- A new large building then the existing one is under construction. This new building is situated near NH 26 passing through Lakhnadon, a bit far from the existing SDH. The district collector has instructed the contractor to handover the building by April, 2020. It was observed that the new building is not as per the hospital requirement. Proposed OT and labour room does not have separate exit for BMW collection. BMO Lakhnadon asserted that there was no discussion regarding SDH requirement prior to or during construction of the new building.
- Presently there are two MO quarters and 8 quarters for other category staffs. SDH need sufficient residential quarters for all the staffs.
- SDH has very limited staffs. It has only one gynaecologist in position. A PGMO (Ob&G) was suspended from services. The paediatrician has been transferred to Dindori district

and Surgeon has retired. The ENT surgeon also performs C-section deliveries. Anaesthetist is holding additional charge of BMO. There are three MOs in-position.

- BMO informed that many clinical support staffs such as dresser, ward boy, OT attendant etc. have retired and no new recruitment has been done. This is severely affecting the services at the SDH, since most of the clinical services require trained support staffs. Presently some of the staffs are appointed through RKS and paid Rs.3000 per month.
- Internet connectivity has been disrupted since cable was damaged due to road constriction for last 6 months and SWAN connectivity is also not proper. CHC is facing lots of difficulty in sending periodic reports and routine work is hampered due to poor network connectivity.
- SDH has limited support staff for cleanliness and security. These are out sourced staff. It was reported that since these cleanliness staffs are appointed for hospital, they don't clean premises and office of the SDH. Lot of dust, trash and unused items were observed in the premises.
- SDH office has very small room and shared by 5 staffs, causing inconvenience for work and upkeep and storing of important records.
- BMO asserted that in-spite of being 100 bedded SDH, it gets only Rs.5 lakh as maintenance grant which is meant for a CHC. There is some confusion at the state level regarding functional status of the SDH. This anomaly should be removed and maintenance grant should be increased as per the SDH requirement.
- Data capturing for MCH services under RCH Portal and through ANMOL has some issues related to mapping of health facilities and corresponding villages and urban wards. The BPM (I/c) informed that newly established SHCs are mapped in RCH Portal but not mapped in ANMOL. In few cases, villages pertaining to a SHC are mapped in a different SHC. This creates problems in promptly reporting of MCH services through ANMOL. Similarly, Lakhnadon town has been divided into three notional SHCs – A, B and C in RCH Portal. However, Lakhnadon-C does not have any municipal ward listed or mapped, causing non-reporting of services in the wards. Apart from Lakhnadon A, B and C individual municipal wards are also mapped in the RCH portal, this leads to confusion for entering data into correct reporting unit.

- Digital x-ray machine has been installed in the SDH, but the engineer of the company has instructed to complete proper earthing work before its use. Therefore, the machine is not being used even after its installation.
- BMO informed that a professional BP instrument is required, the digital BP machine is not very effective and reliable. Many patients are now coming with complaint of CAD.
- It was reported by the BMO that periodic maintenance of equipment is not possible since properly trained technician are not available. The AIM health care, over-seeing the maintenance of equipments at health facilities does not provide prompt services and its services are not satisfactory.
- BPM raised concern over non-availability of staffs at newly established SHCs. All the new SHCs are mapped in HMIS facility master and reporting has to be done by the existing ANMs. Villages under new SHCs are distributed among different ANMs for convenience of work, but ANMs find it very difficult to consolidate data for HMIS reporting for new SHCs. This leads to overlapping, non-reporting and under-reporting in HMIS.
- There are 340 medicines and drugs listed in essential drug list. The store in-charge informed that about 300 drugs are supplied to SDH. There is short supply of antibiotics. Consumables such as gloves, needles are not in sufficient supplies, gloves were of poor quality and 22 no. needles were purchased locally.
- Under RNTCP, 279 cases were detected and 125 cases were on treatment. Total 26 patients were certified as cured. It was informed that treatment supporter and DOTS providers were not given their due payments since 2016. The AIDS counsellor who also works closely with RNTCP workers, had to visit DH-ICTC thrice a week.

CHC Keolari

- CHC Keolari functioning from an old building. It has been renovated and some additional wards, labour room were constructed. The CHC is situated in the main market in Keolari town. Different sections such as NRC, OPD room, labour room, kitchen are not connected to the main building. There are no separate male and female wards. None of the wards have toilet facility attached. Patients have to use toilets outside the ward which is inconvenient.

- CHC has only 5 residential quarters (MO-1, Other-4). Three quarters were demolished and new quarters are proposed.
- It was informed that CHC Keolari has been upgraded to SDH status. However, infrastructure, staff and other resourced are not yet available as per SDH requirement.
- Labour room of the CHC is in pathetic condition. None of the essential equipments are replaced since long. Phototherapy machine is not functional. The medical officer informed that poor construction and improper design has been reported to the CMHO and sub-engineer. It was reported that a new labour room will be sanctioned in place of the existing, hence renovation was not done.
- Ceiling of labour room is damaged and can cause any mishap. This needs to be repaired at the earliest.
- NRC is functioning in two small rooms. There are five staffs in the NRC. Kitchen is also functioning in a shed. The kitchen does not have any source of filtered water and it has no overhead tank for RO water filter. Toilet for NRC is under construction. There are no admissions in the NRC since December, 2019. It was reported that nearly 200 beneficiaries have not received their due payments. Payments are also due for ASHA, Motivator and Anganwadi workers who brings SAM children to NRC.
- E-Aushadhi is not operational due to non-availability of DEO and computer. A register is maintained for medicines distributed to patients. Drugs and medicines are distributed by a dresser. Pharmacist is in-charge of drug store and cold-chain. The store in-charge asserted that material supplied for the CHC is of poor quality, particularly the beds and delivery tables.
- Ophthalmic assistant is posted at the CHC. He informed that screened patients for cataract are taken to Jabalpur. There is an MOU with a private eye hospital where cataract operations are done free of cost.
- There are two RBSK teams in the Keolari block. In all three AYUSH MOs and one pharmacist is available in RBSK teams. All the MOs also provide services at the CHC in all the national health programmes. Besides their designated work, they are also involved in batching-matching exercise for identifying high risk pregnancies. RBSK team asserted that despite their involvement in all the health care services and their assigned role, their

salaries are not increased since long. Due to dwindling number of RBSK team staffs, their work load has also increased to a great extent.

PHC-HWC Dutera

- PHC Dutara has been recently upgraded to HWC. The building has insufficient space for any expansion. The land for the PHC has been given by the village Panchayat, but the land has not been given to health department in revenue records. There is no demarcation of PHC land, which creates problem for any expansion.
- The SHC at Dutera has very old building situated adjoining the PHC. Recently funds are received for maintenance of SHC building.
- The MO in-charge is actually posted at PHC Palari, but has been given additional charge of PHC Dutera. There are only three other staffs in-position at PHC including a staff nurse, pharmacist and a part-time sweeper. RKS pays Rs.1500 per month to the sweeper.
- The MO (I/c) informed that many equipments are not functional. Technician from AIM health care labelled them as non-repairable. New equipments need to be provided to the PHC for its effective functioning.
- There is no lab technician at the PHC. However, POC tests for NCD, Hb etc. conducted at the PHC. Lab technician from PHC Palari visit this PHC every Saturday.
- Post of ward boy, dresser and security staff need to be filled-up for the PHC.
- For laundry services, PHC has engaged casual labour and paid on per-item basis for linen washing and cleaning.
- PHC conducts yoga sessions every week and carry-out awareness campaign in the village and in schools. The MO (I/c) informed that Panchayat at Palari provide active support in all the wellness activities.
- MO (I/c) informed that all the ANMs in the PHC catchments area are oriented about the utility of MCP card and useful information it contains. IEC and inter-personal communication among health personnel and community need to be strengthened for effective utilization of MCP cards.
- MO (I/c) informed that he is not involved in planning for any renovation or construction of the PHC. MO asserted that for initiating any construction activity at the PHC, the MO should be involved to improve construction quality.

PHC-HWC Palari

- PHC Palari has been recently upgraded to HWC. The building is very old, constructed in 1998 and its foundation is weak, hence no further construction can be done on the first floor. It has insufficient space for any expansion.
- PHC is located just out-side the upcoming railway station. The approach road is not convenient.
- The upkeep of PHC is very good. The MO has instructed all the staff to use hospital slippers while moving in the PHC. Staffs and patients are not allowed to use their shoes inside the PHC. This has resulted in maintaining cleanliness and hygiene in the PHC.
- PHC has total staff strength of 17 personnel.
- Labour room, pathology laboratory have very small room. Pathology is functioning in a tin-shaded room on the first floor. The stairs to the pathology is very narrow and not convenient for the patients. Lab technician informed that proper arrangement for disposal of sputum sample container is not available, pit with disinfectant solution is required.
- The MO (I/c) asserted that there is no public land available in the vicinity for expansion of PHC. Now the PHC should be shifted to some place outside the Palari village.
- The HMIS report of the PHC revealed that many services are not completely reported. The MO (I/c) informed that patients coming from other place and nearby districts are not counted for the reporting. This anomaly should be removed and proper guidelines should be issued to the PHC.
- PHC has integrated AYUSH facility and services are provided as per the requirements. Only OPD services are being provided.
- Old furniture in the PHC has not been written-off and pilled-up as junk.
- Some open space available at the PHC will be utilized for the proposed expansion of labour room. The detailed proposal is being prepared by the district sub-engineer. The MO asserted that this will further reduce open space available with the PHC.
- PHC requires solar panel to address problem of frequent power cuts.
- Services of AIM health care are not satisfactory. Usually AIM health care technician does not attend the complaint promptly. Technician visit PHC only once or twice in six months just only to enquire about working / non-working of equipments.

SHC-HWC Parasiya

- SHC-HWC has been recently renovated and flooring, white washing, fencing, labour room fixtures etc. are completed. A tin roof shelter has been constructed for attendants of patients visiting the SHC. External branding will be completed in the coming months.
- SHC has no additional space for any expansion. It has only one staff quarter where ANM is residing since 6 years. An additional ANM posted last year, stays in rented accommodation.
- SHC has very poor mobile connectivity despite its location on the National Highway 26. ANM informed that for mobile signals she has to go out near main road. ANM suggested that stairs should be constructed to go to the terrace, which is a viable option for getting mobile signals.
- Out of 7 villages in the catchments of SHC, only three villages are connected with PMGSY. For four villages – Bhaneri (10 kms.), Patrai (5 kms), Bhadardev and Chipkna (5kms.) ANM has to go on foot through forest. It is particularly troublesome during rainy season and in extreme summer.
- Since 08.11.2019 deliveries were not conducted at SHC till the visit. ANM informed that renovation in the labour room is still incomplete and need to be expedited.
- ANM has started screening of all the persons age 30 year and above for NCDs. However, ANM observed that nearly all the persons come to SHC in the afternoon and thus post meal random sugar level shows higher value. This need to be examined properly. The glucometer available with the ANM need to be examined for any malfunction. ANM has no idea about calibration of glucometer or other equipments.
- In HMIS only few deaths were reported. There were 28 deaths including 7 infant deaths recorded in the SHC death register. All the deaths below 5 years age are reported with the autopsy form provided by the state health department. However, ANM informed that she list only deaths which occur among the usual resident families in the SHC and its catchments villages, irrespective of place of death. Any death not belonging to family in SHC or its area or occurring in road accidents are not recorded and reported. This anomaly should be addressed promptly by district and state HMIS / data managers.
- CHO has been appointed and will join the duty shortly. ANM informed that NCD drugs will be supplied to SHC for diagnosed patients after joining of CHO.

- ANM also reported about many suspected cases of TB in the villages, but they are reluctant for screening and diagnosis and take treatment from faith healer and quacks.
- ANM has no training on using Sahli's method or haemoglobinometer for Hb test. A strip test is used for assessing Hb level.
- ANM has been awarded in 2016-17 for performing maximum number of delivery at SHC.
- A part-time sweeper also posted at the SHC. She is paid Rs.1500 per month from the RKS fund of CHC Lakhnadon.
- There were minor issues related to software applications for ANMOL, NCD, data sync issues and frequent battery drainage of tablet. These issues need to be resolved promptly.

District Action Point

- District need to provide complete and verified information about infrastructure details of each health facility in annual infrastructure format in HMIS. Each health facility should have a proper map showing land area and building plan. This will help in planning of infrastructure upgradation.
- District should provide active support to newly established HWCs for continuity of existing services and resource for expansion of other services.
- Community level awareness about HWC services need to be planned and implemented. IEC activities need to be enhanced for NCD services at HWCs.
- State should explore the installation of solar electricity system (off-grid/on-grid) under government's renewable energy schemes for all the HWCs and CHC, SDH and DH which is more environment friendly and saves large amount of money spent towards electricity bills by public health facilities.

Report on Monitoring of Programme Implementation Plan (PIP) 2019-20 under National Health Mission in Seoni District (Madhya Pradesh)

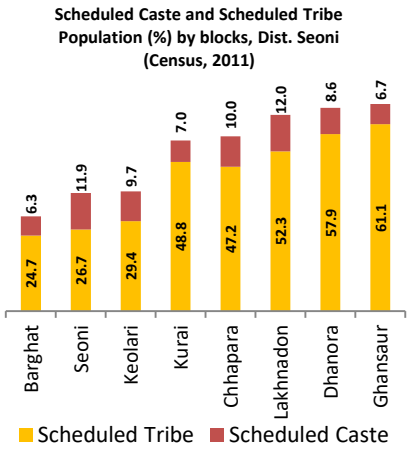
1. Introduction

For action based PIP monitoring of NHM proposed by MoHFW (GOI) a field visit was made to Seoni district in Madhya Pradesh in January, 2020. PRC Team visited District Hospital (DH) Seoni, Sub District Hospital (SDH) Lakhnadon, Community Health Centre (CHC) Keolari, 24*7 Primary Health Centre (PHC-HWC) Dutera and Palari, SHC-HWC Parasiya which is also L-1 delivery point to assess services being provided.

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

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

2. State and District Profile



Indicator	MP		Seoni	
	2001	2011	2001	2011
No. of Districts	45	50	-	-
No. of Blocks	333	342	6	8
No. of Villages	55393	54903	1584	1587
No. of Towns	394	476	4	6
Population (Million)	60.34	72.63	1.17	1.38
Decadal Growth Rate	24.3	20.3	16.6	18.2
Population Density per (Km^2)	196	236	133	157
Literacy Rate (%)	63.7	70.6	65.6	72.1
Female Literacy Rate (%)	50.3	60.6	53.8	63.7
Sex Ratio	919	930	982	982
Sex Ratio (0-6 Age)	932	918	977	953
Urbanization (%)	26.5	27.6	10.3	11.9
Percentage of SC (%)	15.2	15.6	10.3	9.5
Percentage of ST (%)	20.3	21.1	36.8	37.7

Source: Census Reports, Registrar General of India, www.censusindia.gov.in

Key Health and Service Delivery Indicators				
Sr.	**Indicator**		**MP**	**Seoni**
1	Infant Mortality Rate	2010-11	67	73
		2011-12	65	70
		2012-13	62	67
		(NFHS-4) 2015-16	51	--
2	Neonatal Mortality Rate	2010-11	44	50
		2011-12	43	48
		2012-13	42	46
3	Post Neonatal Mortality Rate	2010-11	22	23
		2011-12	21	23
		2012-13	21	21
4	Maternal Mortality Ratio*	2010-11	310	310
		2011-12	277	298
		2012-13	227	246
		(SRS^) 2014-16	173	--
5	Sex Ratio at Birth	2010-11	904	924
		2011-12	904	931
		2012-13	905	930
		(NFHS-4) 2015-16	927	951
6	Expected number of Pregnancies for 2019-20@		2297647	43013
7	ANC Registration Upto Nov.' 2019		1446656	22708
8	1st Trimester ANC Registration (%) Upto Nov.' 2019		68.5	84.3
9	OPD cases per 10,000 population Upto Nov.' 2019		5794	5892
10	IPD cases per 10,000 population Upto Nov.' 2019		465	499
11	Estimated number of deliveries for 2019-20@		2088795	39102
12	SBA Home Deliveries (%) Upto Nov.' 2019		11.5	33.5
13	Reported Institutional Deliveries (%) Upto Nov.' 2019		95.6	97.9
14	Postnatal Care received within 48 Hrs. after delivery	2010-11	74.2	76.9
		2011-12	77.8	80.9
		2012-13	80.5	82.2
		(NFHS-4) 2015-16	55.0	54.9
15	Fully Immunized Children age 12-23 months (%)	2010-11	54.9	61.8
		2011-12	59.7	69.0
		2012-13	66.4	65.1
		(NFHS-4) 2015-16	53.6	57.1
16	Unmet Need for Family Planning (%)	2010-11	22.4	18.6
		2011-12	21.6	23.9
		2012-13	21.6	16.2
		(NFHS-4) 2015-16	12.1	6.4
Jabalpur Administrative Division comprising 7 districts* Katni, Jabalpur, Narsimhapur, Mandla, Seoni, Balaghat, Chhindwara, ***Source: Sr. 1-5 and 14-16: Annual Health Survey and NFHS-4, SRS; Sr.6-13:HMIS; ^ MP and CG combined, @: Calculated assuming CBR 24.8 for MP (SRS Bulletin, 2019)*				

Temporal Variation in some service delivery indicators for **Seoni** district					
Sr.	**Indicators**	**Madhya Pradesh**		**Seoni**	
		HMIS Census	**NFHS-4 2015-16**	**HMIS Census**	**NFHS-4 2015-16**
1	Sex Ratio	930#	948	982#	1031
2	Sex Ratio at Birth	956^	927	930^	951
3	Female Literacy Rate (%)	60.6#	59.4	63.7#	62.5
4	Infant Mortality Rate (per 1000 live births)	46^	51	67^	---
5	Unmet Need for Family Planning (%)	24.4^	12.1	16.2^	6.4
6	Postnatal Care received within 48 Hrs. after delivery	70.3^	55.0	82.2^	54.9
7	Fully Immunized Children age 12-23 months (%)	74.9^	53.6	65.1^	57.1
8	1st Trimester ANC Registration (%)	68.5*	53.1	84.3*	55.2
9	Reported Institutional Deliveries (%)	95.6*	80.8	97.9*	86.0
10	SBA Home Deliveries (%)	11.5*	2.3	33.5*	82.7
*Source: * HMIS 2019-20 up to December, 2019, ^AHS 2012-13 #Census 2011*					

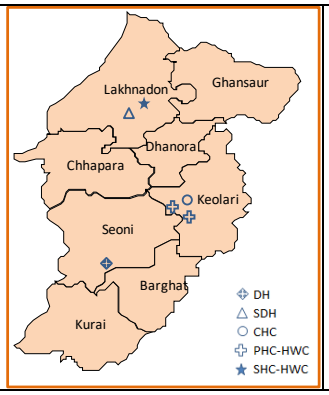
3. Health Infrastructure in the District

- District has 320 public health facilities mapped in HMIS. However, data provided by the DPMU shows 364 (DH-1, SDH-1, CHC-7, PHC-30 and SHC-325) health facilities. This includes all the new SHCs and PHCs proposed or sanctioned.
- As per HMIS data reporting status for annual infrastructure for 2019, all the health facilities have uploaded HMIS infrastructure data for the mapped health facility.
- CHC Keolari and CHC Barghat have been upgraded to the status of SDH since January, 2019. Additional staffs have also been sanctioned. But both the CHCs have been functioning without all the specialists and are short of necessary staffs. Infrastructure in both the CHCs is not as per the requirement. It is found that CHC Keolari has very poor infrastructure and it does not serve as the SDH in any manner.

Distribution of rural public health facilities, Seoni					Block-wise status of SHCs*			
Block	**Population#**	**SHC**	**PHC**	**CHC**	**Required**	**Available**	**Shortfall**	**New SHC**
Barghat	**185536**	31	4		37	35	2	2
Chhapara	**123024**	27	4	1	35	27	8	7
Dhanaura	**85066**	23	2	1	28	17	11	8
Ghansor	**142662**	40	3	1	45	32	13	11
Keolari	**158200**	32	5		32	32	0	--
Kurai	**116895**	30	4	1	38	30	8	5
Lakhnadon	**190848**	55	3		63	42	21	21
Seoni	**245155**	41	7	1	49	42	7	6

*Source: *http://health.mp.gov.in/sites/default/files/documents/shc-2000-21-6-16.pdf , # Census 2011*

- Bed strength in the public health facilities altogether is insufficient as per the population norms. Presently it has total sanctioned strength of 984 (DH-400, SDH-100, CHC-210 and PHC-274) beds. Out of total 31 PHCs, Nine are six bedded and remaining are 10 bedded.



Visited Health Facilities
1. DH, Seoni
2. SDH, Lakhnadon
3. CHC, Keolari
4. PHC-HWC, Dutera
5. PHC-HWC, Palari
6. SHC-HWC, Parasiya

- Seoni district has initiated the upgradation of rural health facilities by augmenting services and quality of health care through Health and Wellness Centre, Kayakalp, LaQshya programmes. However, infrastructure at the visited health facilities assessed during PIP monitoring shows a grim picture except at the DH.

- None of the health facility in-charge was aware of annual infrastructure details being submitted in HMIS. It was observed that BPMU prepares infrastructure MIS based on the available information and by telephonically asking concerned staffs at the health facilities and then uploaded data on the RHS Portal designed by the NHM GoMP. This data is then scrutinized at state level and sent back to the district. District then ask respective BPMU to upload facility-wise annual infrastructure data in HMIS. In this process the staffs at the health facilities do not maintain any details about available infrastructure and details submitted for annual infrastructure MIS. The state should send copy of uploaded infrastructure to each health facility.

SHC Parasiya and staff (Visited on 08-01-2020)

Upcoming New SDH Building and Existing SDH Building, Lakhnadon (visited on 08-01-2020)

- The state has created an asset register (http://health.mp.gov.in/en/asset-register) for all the health facilities in each of the district. However, none of the visited facility in-charge was aware of this data. Data available in the asset register need to be updated and verified regularly.

Reported Infrastructure details of visited health facilities in HMIS			
	2017-18	2018-19	2019-20
District Hospital			
Total Coverage Area (Km^2)	12	8757	8758
Kayakalp Score (%)	63	41	Blank
SQAC Score (%)	70	70	Blank
Total Area of Facility	1200	1200	1200
Number of Indoor beds available	400	400	400
Building Area (m^2) in asset register		9670.84	
			
SDH Lakhnadon			
Total Coverage Area (Km^2)	30	30	85
Total Area of Facility (m^2)	Blank	5000	5000
Number of Indoor beds available	30	30	30
Building area (m^2) in asset register		3939.12	
			

- None of the visited health facilities have any map and information about demarcated area. In the visited health facilities, it was observed that area of the building has been reported in HMIS annual infrastructure report without verification. Civil surgeon informed that DH is spread in approximately 16 acres (64736 m^2) of land.
- All the visited health facilities have very few residential quarters. Many of them are very old and do not have all the required amenities. At SDH there are 10 quarters, whereas CHC Keolari has five residential quarters.
- An infrastructure audit of all the health facilities is urgently required and need to be compared with the IPHS norms to assess the gap in available and essential infrastructure. A compendium published by CPWD, containing norms and layout of various types of health facilities, can be a handy tool for gap assessment https://cpwd.gov.in/Publication/Compendium_of_Norms_for_Designing_of_Hospitals_and_Medical_Institutions.pdf).
- The DH has upgraded its infrastructure under Kayakalp to a great extent. However, ongoing renovation in the MCH wing and Trauma centre causes inconvenience to the patients. Lack of hygiene and garbage dumps are seen in the premises near trauma centre, surrounding maternity wing and TB unit.

DH Seoni (Visited on 09-01-2020)

- In CHC Keolari ward and labour room renovated but there are issues related to quality of work being done by the contractor. There is no supervision of renovation work by the sub engineer. It was observed that most of the parts of CHC are not regularly cleaned. Open drainage in the premises is not cleaned.
- The MO informed that intimation regarding damaged ceiling of labour room has been given to CMHO office. However, it was informed by the CMHO office that a new labour room is proposed, therefore, repair was not done. This is affecting the delivery services at CHC Keolari.

CHC Keolari (visited on 10-01-2020)






- It is observed that all the three HWCs have insufficient residential facilities for the staffs. In PHC-HWC Dutera two staff quarters are available, whereas in PHC-HWC Palari residential quarters are not available. SHC-HWC, Parasiya has only one residential quarter adjoining SHC.
- DH and SDH, Lakhnadon has solar power backup installed. At other visited health facilities only inverters are available which is insufficient for covering all the areas of health facilities.
- Rainwater harvesting system is available only at DH. Water scarcity is a major issue in all the areas particularly in summer season. Sufficient availability of water sources and provision of running water in labour room, OT, kitchen, wards, toilets and for drinking purpose is utmost essential. Under kayakalp and LaQshya initiatives, cleanliness in and around health facilities is considered paramount which requires sufficient water supply and storage system.

- All the health facilities have laundry services for linen and other items. Kitchen facility for in-patients is available at DH, SDH, CHC but not at PHC and SHC.
- Grievance redressal is not very formal and systematic at any of the visited health facilities. Grievances are taken as and when somebody approaches the health facility in-charge. There is Chief Minister Help Line (Toll free No. 181) for any unresolved complaint (http://cmhelpline.mp.gov.in/). It was informed that a patient feedback system is in place at DH. All the patients registered at OPD/IPD counter are required to provide mobile number. Under E-Hospital system, a feedback call is made to users at random. However, this system need be popularize among citizens.

4. Human Resources

- For effective deployment of health care providers at various health facilities, state government has initiated the process of consolidating and compiling information related to each and every employee working in the health department by way of a comprehensive HR Portal http://hrmis.nhmmp.gov.in/Home/Login for management of existing HR. The HRMIS is not yet functional with all its modules. HRMIS has 49 data fields covered in 9 modules – Bank Details, Posting, Family Details, Education, Finance, Contact, Training, Document and Summary.
- DPMU informed that state is now preparing a list of all the health care functionaries and it is being updated on monthly basis. District submits all the required details using HRMIS and it is validated and approved by the state. However, it is informed that listing is not consolidated at district level. DPMU prepared listing of all the contractual NHM staff and CMHO office establishment prepared listing of all regular staffs presently posted in the district.
- There is no specific HR cell at state level. The state has planned to implement "Manav Sampada", HRMIS developed by National Informatics Centre (NIC). At present one Deputy Director (i/c) is assigned the task of HR Management at state level supported by a HR consultant. There is no district level HR cell or any nodal officer assigned the task of HR management.
- District has limited human resources compared to sanctioned strength for different health facilities. Majority posts of specialist cadre are vacant.
- DH Seoni has 470 sanctioned posts (Specialist-32, MO-24, Trauma Centre-13, Paramedical and Clerical-279, Support staff-122). Information about number of sanctioned posts is not available at other visited health facilities. However, details of sanctioned positions are issued by health directorate from time to time.

Number of in-position staffs at visited health facility				
Health Facility	**Regular**	**Contractual**	**RKS/Outsource**	**In Seoni district**
DH	276	45	22	- Total 1064 regular staffs posted and out of this 824 (77%) are clinical cadre posts. - Total 233 contractual staffs in-position and 177 (76%) are clinical staffs.
SDH Lakhnadon	60	18	15	
CHC Keolari	23	13	4	
PHC Dutera	8	1	3	
PHC Palari	6	3	0	
SHC Parasiya	1	1	1	

- Out of total 15 specialists (Regular-12; Contractual PGMO-3), only two are posted at SDH Lakhandon and all other are posted at DH / CS Office / CMHO Office. This shows the uneven distribution of specialists at periphery level health facilities. Upgraded SDHs (Keolari and Brghat) and five CHCs do not have any specialist in-position.
- Out of total 58 MOs (Regular-57; Contractual-11) 19 are posted at DH and 39 at other periphery health institutions (SDH-8, CHC-10, PHC-21). Strength of medical officers posted at various health facilities is not optimal as can be seen; SDH Lakhnadon-6; SDH Barghat-2; CHC Chhapara-3; CHC Ghansour-2; CHC Dhanora, Golaplganj and Kurai - one each. Out of 30 PHCs only 15 have medical officer in position. Seven MOs have been given administrative responsibilities.
- Among paramedical staffs majority are Staff Nurse and ANM. Data provided by DPMU shows that there are 310 ANMs (Regular-254; Contrctual-56), 280 staff nurses (Regular 255; Contractual-25), 114 regular MPW (Male), 30 Lab technician (Regular-16; Contractual-14), 40 Pharmacist (Regular and Contractual – 20 each). There are 18 LHVs, 18 Male Supervisors and 12 Radiographers, all regular, in-position.
- Some of the health facilities have prominently displayed list of available HR.

- None of the visited health facilities have updated list of trainings received by different staffs. This information is crucial for optimal deployment of trained staffs at designated delivery points and HWCs. The state health department web-site http://health.mp.gov.in/en/training-orders provides orders pertaining to nominations of various health personnel for different types of training programmes.

5. RMNCHA+ services

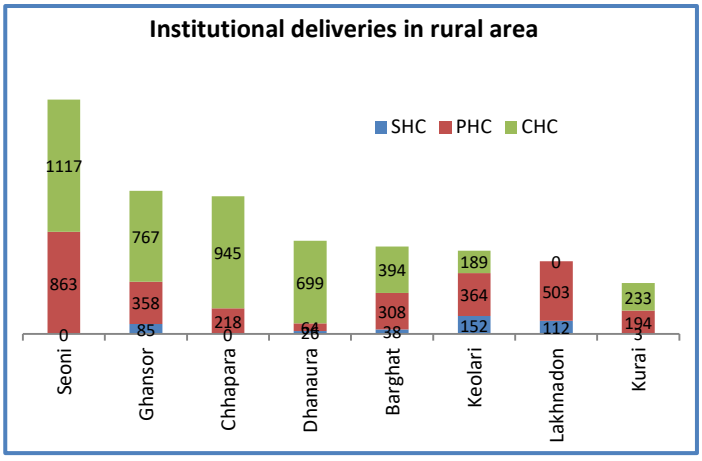
- New comprehensive primary health care approach envisaged to provide quality health care services at the door-step has expanded the range of health services at periphery level primary health care institutions, whereas secondary and tertiary care institutions are being equipped to provide critical and more sophisticated treatments without economically hurting health care seeker at public health institutions.
- Madhya Pradesh has witnessed high infant and maternal mortality in the country. District level diversity in available health care service makes it even more challenging. Under comprehensive primary health care, HWCs are being operationalized for providing RMNCH+A services under one roof.
- Madhya Pradesh state has created necessary infrastructure and implemented programmes such as Mission Indradhanush, PMSMY, MMSSPSY, Dastak Abhiyan, Roshani Clinic, RKSK, RSBY etc. aimed at directly reaching to community level. This has helped in creating awareness in RMNCH+A domain. While SNCU and NRC have been functional since a decade, the state has initiated more sophisticated health services at tertiary care facilities such as PICU and HDU for arresting critical illness and emergencies pertaining to MCH services.
- It was observed that most of the visited health facilities in Seoni district are not fully equipped to provide full range of all the RMNCH+A services.
- As per the HMIS monthly consolidated report for April to December, 2019 there were 22708 ANCs registered and 84.3 percent of them were registered in the first trimester.
- It was found that ANC registration has not been uniform across all the health facilities. ANC registration is primarily done at SHCs and urban wards by ANMs. However, at DH, SDH and CHC proper records and data pertaining to ANC service are not updated in RCH Portal.
- It was informed by the service providers that pregnant women are never given 180 IFA tables and 360 calcium tablets in one go and only 30-60 IFA/Calcium tablets are provided during each ANC check-up. It was observed that there is no mechanism to track the number of pregnant women completing the IFA/Calcium tablet, however, all the ANC registered pregnant women are reported to have received full course of

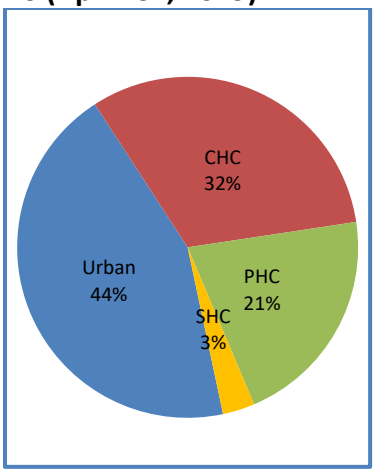
180 IFA and 360 Calcium tablets during the reporting months. ANMs at PHC and SHC pointed out that usually calcium tablets are always in short supply.

ANC Clinic at DH, Seoni

- Distribution of institutional deliveries in rural areas shows that there is uneven distribution of deliveries conducted at SHCs, PHCs and CHCs in all the blocks. This shows that availability of delivery services are not distributed equally in rural area. Out of total 13674 institutional deliveries in the district, 44 percent were conducted at urban health institutions which include DH, SDH and private health institutions.

Distribution of Institutional Deliveries, Seoni, HMIS (Apr-Nov, 2019)





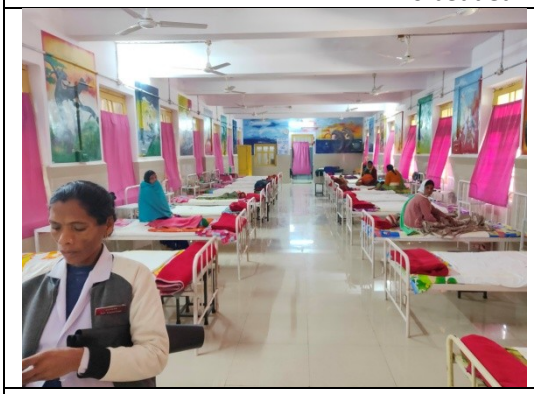
- Out of total 1987 c-section deliveries conducted in the district 1953 were conducted at the Seoni (DH-1260, Pvt.-693) whereas only 34 c-section deliveries were conducted at SDH Lakhnadon. HMIS report shows that only 162 c-section deliveries were conducted in the night (8 pm-8 am), which signifies insufficient provision for emergency delivery care services in the district.

- Data provided by the maternity ward of DH, Seoni shows that during Apr-Dec, 2019 total 1546 pregnant women were referred-in from periphery out of total 4883 deliveries conducted at the DH and 750 women were referred-out to higher institutions due to complications and emergencies. There were 6 maternal deaths and only one infant death reported by the maternity ward.
- Out of total 4770 live births, 862 were low birth weight children born during Apr-Dec, 2019 and 253 children resuscitated and referred to higher institutions from DH.
- In Seoni there were 6780 (Female-5938; Male-842) new cases of RTI/STI were reported. Majority (89 percent) of new RTI/STI cases among females were reported from the DH. Among new cases of males, 44 percent were reported from DH, 21 percent from SDH Barghat and 20 percent from CHC Chhapara. It was observed that none of the health facilities in Lakhnadon, Ghansor, Keolari and Kurai had reported any new cases of RTI/STI during Apr-Dec, 2019. It is found that lack of medical officers at periphery, particularly lady MOs restrict the identification and treatment of RTI/STI cases, due to hesitation among female patients. Except DH there is no arrangement of maintaining privacy during counselling on RTI/STI and other reproductive health problems. Close cubicles for counsellors have been set-up in front of ICTC laboratory in the DH.
- There were 8490 IUCD insertions reported by the district. It is observed that in HMIS nearly 90 percent of all the interval IUCD insertion and total IUCD removals are reported from SHCs in all the blocks. There were 560 cases of complications due to IUCD reported in the district and more than half were reported from Barghat block, where all the IUCD complications were reported by the SHCs. There were 479 women given first dose of injectable contraceptive under Antara programme and 192, 94 and 52 women were given second, third and fourth dose respectively.
- It was observed that proper records are not maintained with respect to supply and distribution of oral pill, condom, weekly pill and emergency contraceptive pill to users at any of the visited health institutions and reporting is done without any verification. Health care providers are also unaware about significance of reporting of spacing methods.

- Adolescent health services are absent in the health institutions across district. There is no RMNCHA counsellor in the whole district. ICTC counsellor at DH provides counselling to adolescents referred from OPD. There were only 341 girls registered in the AFHC at DH and no boys are registered. No other health facility in the district has reported adolescent registered in AFHC.
- Child malnutrition is a major challenge being addressed in Madhya Pradesh. NRCs are providing services at the specific health institutions in the district and RBSK teams are also mandated to identify severely malnourished children during visit to AWC and refer them to NRCs.

10 bedded NRC at CHC Keolari, post of feeding demonstrator is vacant since long

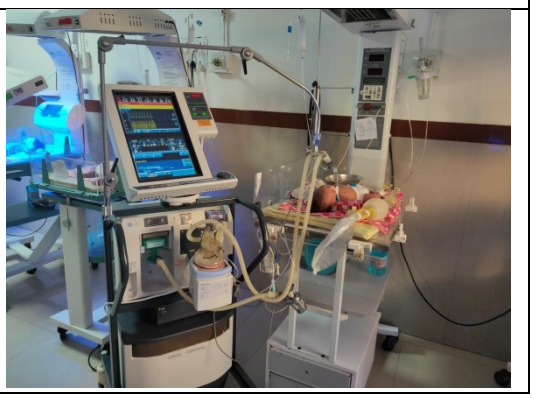
20 bedded NRC at DH Seoni



10 bedded NRC at SDH, Lakhnadon has very limited space

- NRCs are not optimally utilized in the district. In all visited health facilities – DH, SDH Lakhnadon and CHC Keolari, bed occupancy was found to be minimal. In Keolari, there were no children admitted in the NRC.
- Neonatal health is a crucial dimension towards achieving goals pertaining to reducing infant mortality and share of neo-natal mortality in infant deaths. A 20 bedded Special New-born Care Unit (SNCU) has been set-up in the DH Seoni. The SNCU has three MOs (Regular-1, Contractual-2), two of which are DCH and one is only MBBS. There are 20 staff nurses for round the clock services. All SNCU staffs are trained in FBNC and 10 of them are also trained in Continuous Positive Airway Pressure (CPAP). SNCU monitors its services during weekly review meetings and appropriate corrective steps are taken to ensure quality services. There were 1519 admissions and 169 deaths during Apr-Dec, 2019. There were more deaths among male children than female children.

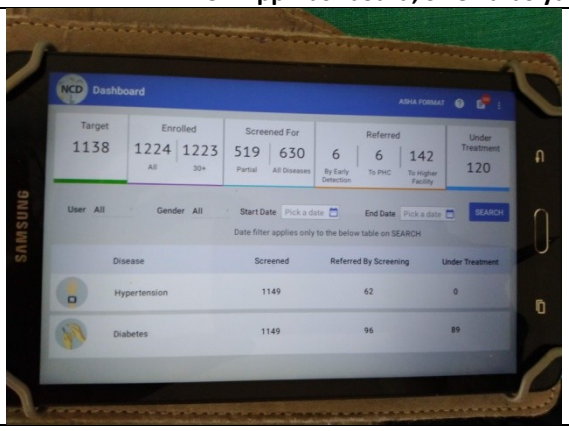
SNCU performance (Apr-Dec, 2019)	
In-born admission	628
Out-born admission	891
Discharged children	1195
Referred to higher facility	151
Left against medical advice	3
Died	169



6. Non-Communicable Disease (NCD) Services

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

NCD App Dashboard, SHC Parasiya and NCD Clinic at PHC-HWC, Dutera

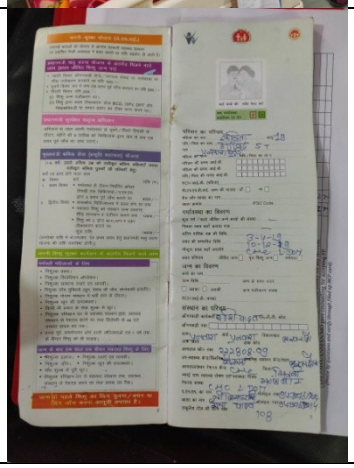


- State need to ensure continuous supply of drugs, equipments and other consumables for routine screening and treatment of persons. During interaction with the health personnel, it was pointed-out that electronic BP instruments are not very reliable and give faulty reading when battery gets discharged.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

7. Community Interface and ASHA

- Team interacted with women who had come to the visited facility for ANC, delivery, and immunization services and few of them were also contacted at NRC at DH and SDH Lakhnadon.
- Majority respondents had MCP card with basic information about the women, name and mobile number of ANM and ASHA mentioned on it.
- Women were aware about incentives under JSY and availing free transport service under JSSK. It was found that women had not been oriented properly about information contained in the MCP card.






- Majority women had no idea about the HWCs in their village or in nearby village.
- ANMs and ASHAs have not prompted women about monitoring growth of their children using growth chart in the MCP card.
- Interaction with ASHAs revealed that incentives are not regularly paid to them. It takes 2-3 months for clearing pendency.

- None of the ASHAs had any SAM children, severely anaemic pregnant women or high risk pregnant women in their respective localities. ASHAs have also done household surveys for screening of persons age 30 years and above for presence of NCDs through CBAC form.
- ASHAs have also reported about lack of sufficient MCP cards with ANM and they could not provide MCP cards to pregnant women during ANC registration.
- ASHAs do not keep any records about the amount they received and amount due to be paid.

- Each ASHA Sahayogi keeps record of services provided by the ASHAs in her catchments villages. Based on this record ASHAs their payment voucher which is then submitted to ASHA Sahayogi for payment.
- It is observed that most of the ASHAs need periodic training on record keeping of services they provide.

8. Aayushman Bharat

- The state has branded the Ayushman Bharat as "Niramayam".
- As per the Ayushman Bharat web portal there are 338 (https://www.pmjay.gov.in/madhya_pradesh_profile) public and 94 private hospitals empanelled in the state and 13.57 million e-cards are generated for families under the scheme.
- Under Ayushman Bharat district has taken all round efforts to initiate the beneficiary registration. Ayushman Bharat help-desk has been functional at the

district hospital. All the inpatients are enquired about the registration under Ayushman Bharat, and Ayushman Bharat cards are made immediately in case the patients don't have it.

- Except DH, Seoni there is no other public or private health facility empanelled under Ayushman Bharat.
- In all 2807 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 382 were OPD patients and 2525 were IPD patients. In all an amount of Rs.93.25 lakhs have been submitted for pre-authorization and claims amounting Rs.74.08 lakhs have been submitted. The district could not provide any information about the beneficiaries registered through Ayushman Mitra. It was informed that none of the private hospital in the district has been empanelled under the scheme.
- District should monitor the services provided under Ayushman Bharat scheme particularly at the public health facilities. Since services under the scheme are incentivised for the service providers, proper implementation of the scheme will be helpful in mitigating shortage of service providers. It will also provide much needed support for sustaining infrastructure created under Kayakalp and LaQshya initiative.
- Incentives are being distributed to the staffs of DH for services provided under Ayushman Bharat.

9. Health and Wellness Centres

- The district has prioritized the setting-up of health and wellness centres in the periphery health institutions.
- Presently there are 78 HWCs set-up in the district. Branding and necessary infrastructure is being augmented at various health facilities.
- Team visited PHC-HWC Dutera and Palari and SHC-HWC Parasiya. These HWC have

Number of HWCs, District Seoni

Block	PHC-HWC	SHC-HWC	Total
Dhanora	2	5	7
Ghansour	3	2	5
Barghat	3	6	9
Kurai	4	8	12
Keolari	5	7	12
Seoni*	7	7	14
Chhapara	4	5	9
Lakhnadon	3	7	10
Total	**31**	**47**	**78**

** Include on UPHC-HWC*

been upgraded as per the guidelines of Health and Wellness centres. All the required staffs are recruited and are being trained. However, as per the extended list of services, only NCD services are initiated at the PHC-HWCs.

- PHC Dutera and Palari has initiated wellness activities such as Yoga sessions and awareness activities. PHC premises is being developed which will include open area for Yoga sessions at both the PHC-HWCs.
- It was informed by the MO (I/c) that both the PHC-HWCs are being served by him. It is difficult to provide sustained services as per the requirements in both the facilities. Adequate staff needs to be appointed at the earliest. HWC need to maintain lot of reporting for keeping track of all the activities. Additional staff for data reporting and record keeping is utmost necessary at HWCs.
- A DEO is urgently required for documentation and preparation and uploading all the reports on HWC portal. There is limited internet connectivity in all the three HWCs. This need immediate attention.
- There are not enough residential quarters for all the staffs. It is necessary to provide accommodation to all the staffs in the HWC premises or in the village to ensure round the clock services.

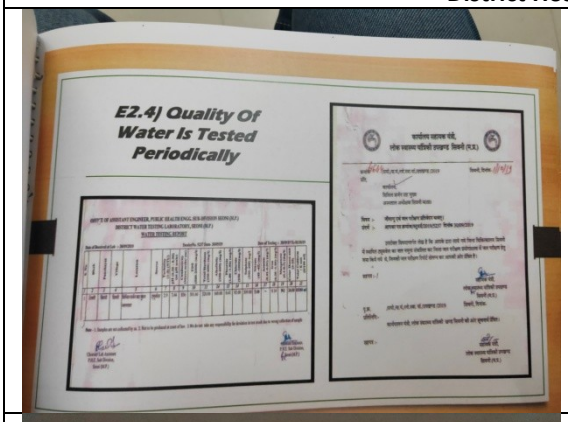
10. Kayakalp

- "Kayakalp" is an initiative to promote sanitation and hygiene in public health care institutions. Facilities which outshine and excel against the predefined criteria are awarded.
- Every year each health facility is required to assess their "Kayakalp" score based on status of maintaining cleanliness, sanitation and hygiene.
- Internal assessment at all the visited health facilities has been completed for the year 2019-20.

Assessment Area	**DH Seoni** ***Internal***	**DH Seoni** ***Peer***	**CHC Keolari** ***Internal***	**PHC-Dutera** ***Internal***	**PHC-Palari** ***Internal***
A. Hospital Upkeep	99	97	74	30	31
B. Sanitation and Hygiene	77	69	87	30	18
C. Waste Management	84	74	78	30	21
D. Infection Control	94	91	84	30	33
E. Support Services	45	45	36	15	20
F. Hygiene Promotion	49	43	41	15	12
G. Beyond Hospital	100	97	80	30	23
Overall Score	**91.3**	**86.0**	**80**	**50**	**43.9**

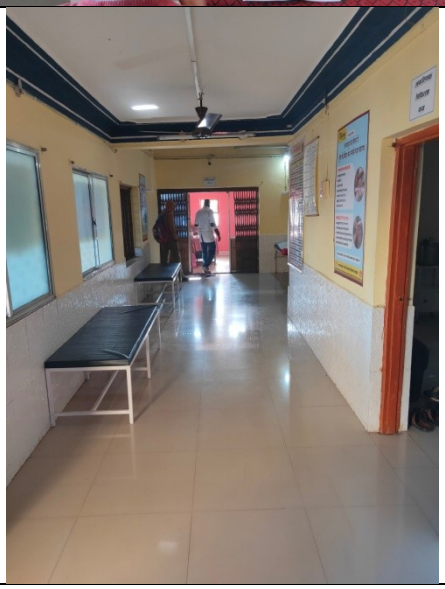
- Data provided by the district shows that out of 40 health facilities, 18 facilities have reported Kayakalp Score of more than 70 percent.
- It was informed that SDH Lakhandon has not completed Kayakalp assessment for 2019-20, due to shifting of the SDH in new building has been planned in April, 2020.
- It is observed that all the staffs need to be oriented repeatedly for all the SOPs and protocols to be followed for maintaining Kayakalp standards.

District Hospital, Seoni



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

PHC-HWC Dutera and Palari



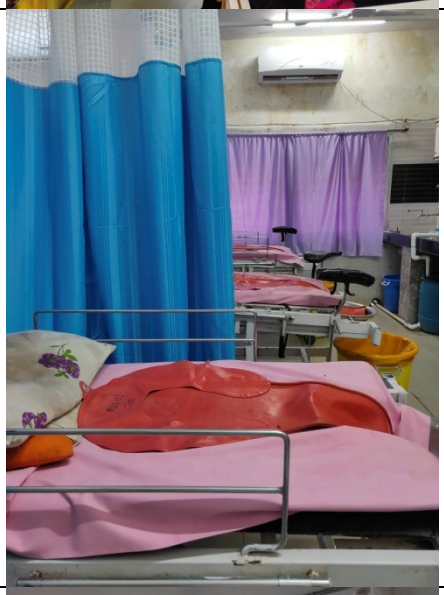
- State should provide enough funds for maintaining overall cleanliness. Presently RKS funds and OPD income are very meagre while expenditure is high in PHCs.

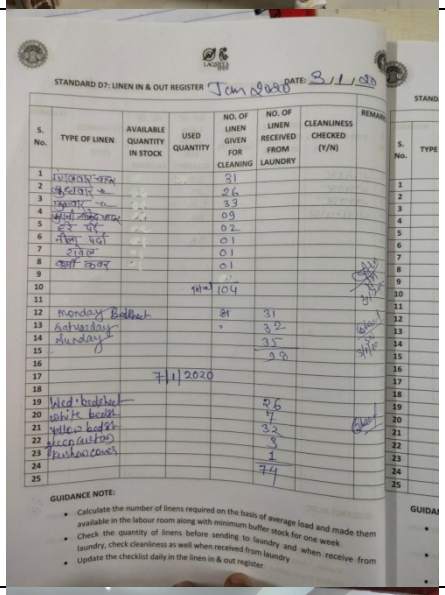
11. LaQshya

- "LaQshya program" is aimed at improving quality of care in labour room and Maternity OTs in public health facilities. It also entails respectful care, particularly during the intrapartum and postpartum periods, which are the most vulnerable periods for a woman and contribute to a significant proportion of maternal deaths.
- Its implementation involves improving Infrastructure upgradation, ensuring availability of essential equipment, providing adequate human resources, capacity building of health care workers, and adherence to clinical guidelines and improving quality processes in labour room and maternity OT. One of the key interventions in LaQshya program is six focused Quality Improvement cycles of two month each in all LaQshya facilities.
- Presently, the LaQshya programme is implemented at labour room and OT of DH, Seoni. Internal assessment of both LR and OT has been completed for 2019-20.

Internal Assessment scores of LaQshya, DH Seoni			
Areas of assessment		**Operation Theatre**	**Labour Room**
A	Service Provision	83%	82%
B	Patient Rights	73%	55%
C	Inputs	42%	52%
D	Support Services	50%	50%
E	Clinical Services	49%	71%
F	Infection Control	49%	47%
G	Quality Management	50%	11%
H	Outcome	50%	60%
Date of Internal assessment		19.06.2019	19.06.2019
Overall Score		**50%**	**52%**

Labour Room at DH, Seoni	**OT at DH, Seoni**
	



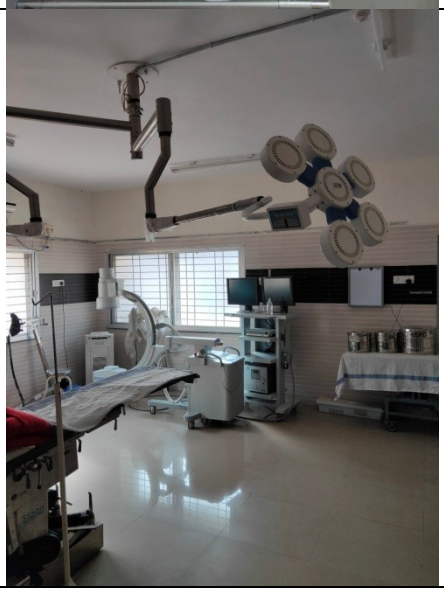


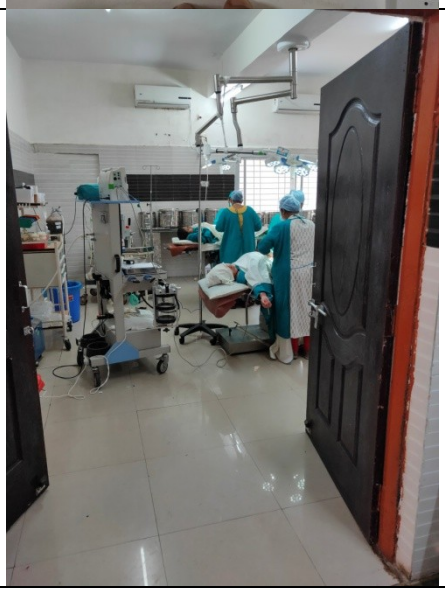
STANDARD D7: LINEN IN & OUT REGISTER

S. No.	TYPE OF LINEN	AVAILABLE QUANTITY IN STOCK	USED QUANTITY	NO. OF LINEN GIVEN FOR CLEANING	NO. OF LINEN RECEIVED FROM LAUNDRY	CLEANLINESS CHECKED (Y/N)	REMARKS
1				31			
2				26			
3				32			
4				09			
5				02			
6				01			
7				01			
8				01			
9							
10				104			
11							
12	Monday Bedsheet			31	31		
13	Saturday			"	32		
14	Sunday				35		
15					98		
16							
17				7/1/2020			
18							
19	Wed. bedsheet				26		
20	White bedsh				7		
21	Yellow bedsh				32		
22	Hospital top				8		
23	Pillow covers				1		
24					74		
25							

GUIDANCE NOTE:

- Calculate the number of linens required on the basis of average load and made them available in the labour room along with minimum buffer stock for one week.
- Check the quantity of linens before sending to laundry and when receive from laundry, check cleanliness as well when received from laundry.
- Update the checklist daily in the linen in & out register.





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

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

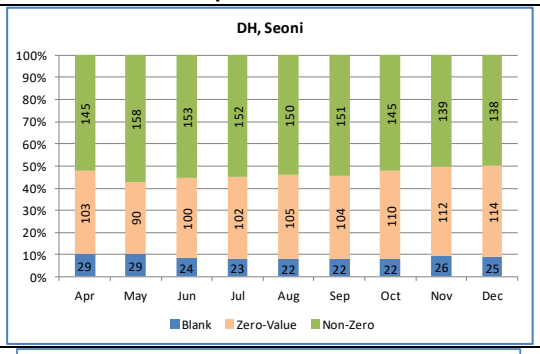
12. Data Reporting under HMIS and RCH Portal (MCTS)

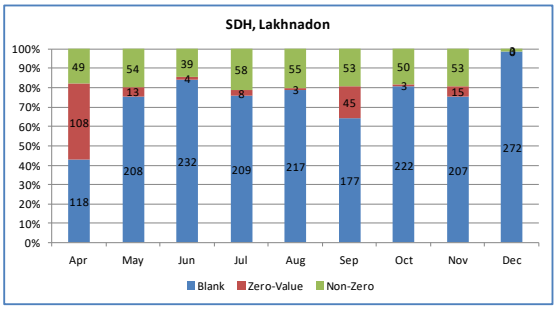
- Monitoring and Evaluation (M&E) of all the health care services are essential not only to review the progress of the existing services but also to augment existing services and initiate new services. It also helps in supervision and planning for areas to be strengthened. Data gathering for health services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

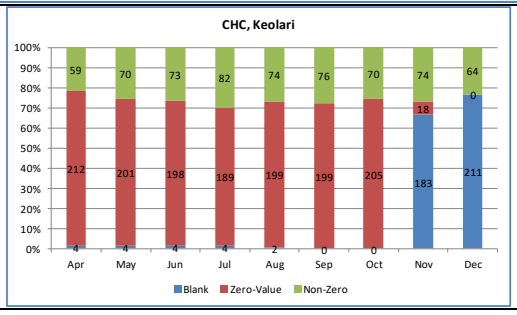
through HMIS and tracking of services provided to individual mothers and children is done using RCH portal. Data capturing for these online services is done through service registers, which are designed to provide individual level information for tracking of service delivery. This also provides aggregate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

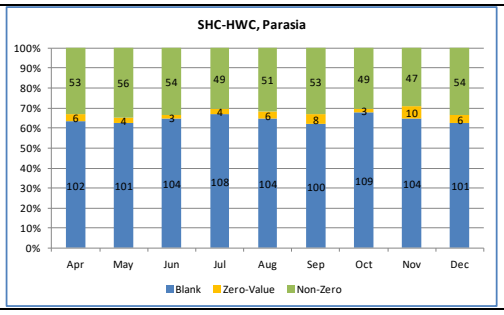
- In Seoni, District M&E Officer is in-position. Block programme managers are posted in only four blocks – Seoni, Kurai, Chhapara and Barghat. There are 30 DEOs posted at different places in the district. DH has five DEOs for different health programmes. They are also given additional responsibilities of data entry under Kayakalp, LaQshya, PPIUCD, NRCMIS, HMIS etc. In all the blocks DEOs are posted under NHM. All the block headquarters have necessary infrastructure for data uploading on HMIS and RCH Portal. Five PHCs – Bandol, Chamari, Kahani, Kudari and Palari have DEOs.
- The status of data reporting under HMIS for annual infrastructure and monthly HMIS report shows lot of inconsistencies. Authenticated signed copies of HMIS monthly reports and annual infrastructure reports are not kept at DH, SDH, CHC and PHC.
- SHC Parasiya has maintained all the HMIS reports of the health facility and reports are neatly filled. ANM has adequate understanding of all the data items. However, services which are supply linked need to be carefully reported. For example – all the ANC and PNC women are reported to have given complete dose of 180 IFA and 360 Calcium tables, but supply of IFA and Calcium are not regular at times.

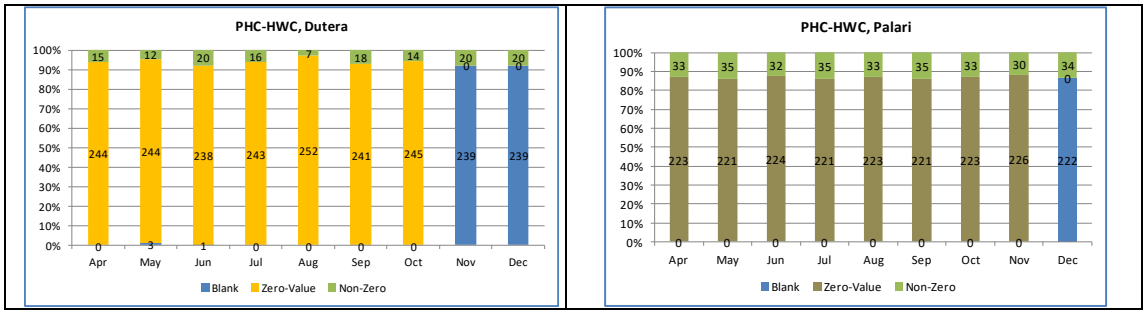
HMIS monthly data reporting quality at visited health facilities, 2019-20
(Number of data itmes in each category are shows on the bar)





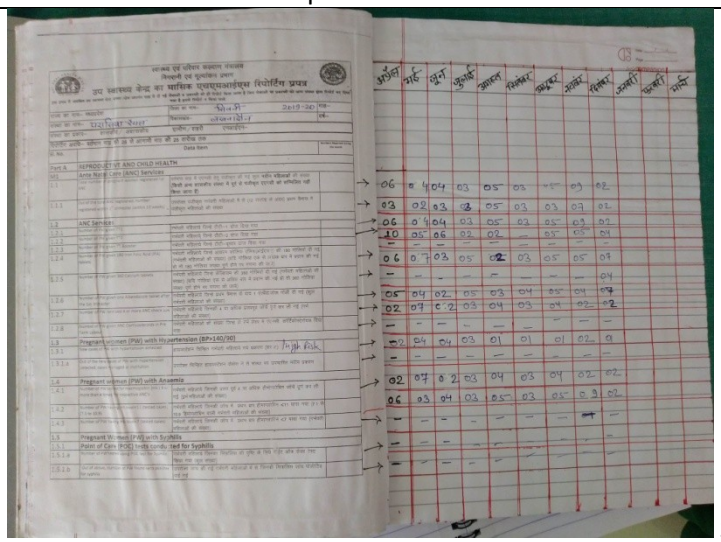




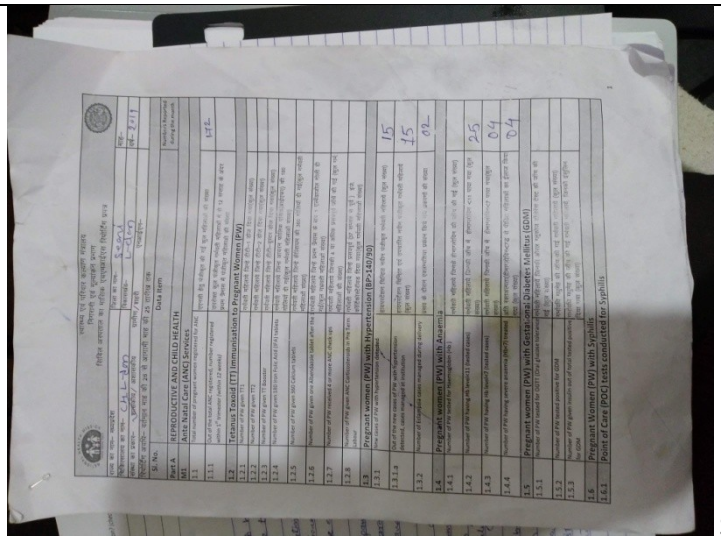


- It can be seen from the above graphs that HMIS data reporting quality in terms of number of data items reported as non-zero value, zero-value and blank across months is varying and shows no improvement.
- HMIS data reported by DH shows around half of data items as non-zero value, which means that data is being captured from the majority services provided. It has nearly 10 percent data items as blank. Data pertaining to immunization, PNC and in-patient are left blank across all months, whereas these services are being given at the DH.
- Majority data pertaining to disease-wise OPD, cause-specific deaths and health complications are not reported data items are left as blank. Discrepancy was observed in reporting of deaths. There were total 434 deaths reported (data items 17.3.1 to 17.8.6) during April-December, 2019 whereas only 162 deaths reported as in-patient deaths (data items 14.9.1 and 14.9.2) during same reporting period.
- Data reported by other health facilities shows that HMIS reporting is not properly monitored by health facility in-charge. Majority data items are either left blank or reported as zero-value.
- All the health facilities have reported annual infrastructure data for 2019-20. However, this data is not updated so far as the infrastructure is concerned. None of the visited health facilities have any manual for HMIS or RCH Portal. DEOs are just engaged in data entry of HMIS and RCH Portal without adequate training.
- It is observed that all the visited health facilities have no uniformity in HMIS reporting. There is no continuity in maintaining HMIS reporting. There is an urgent need to reorient the clinical staffs, DEOs and MOs in HMIS and RCH Portal.

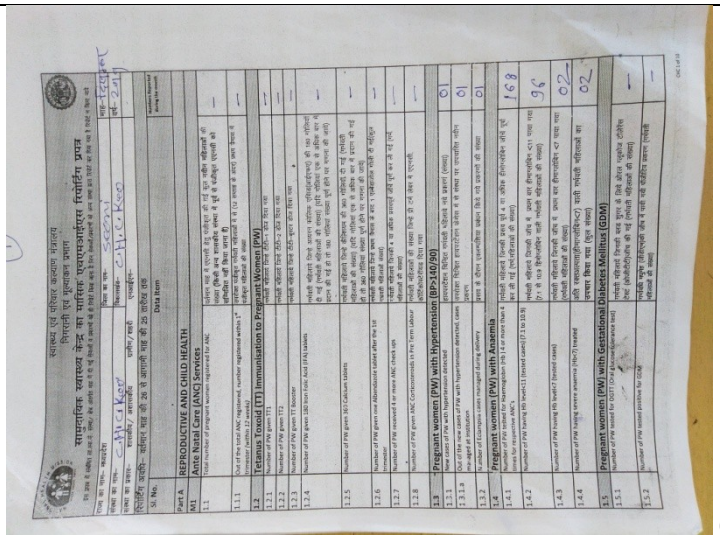
HMIS reports of visited health facilities



SHC, Parasiya



SDH, Lakhnadon



CHC, Keolari

Annexure

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	01	Govt	0	Yes	400
Exclusive MCH hospital	0	0	0	0	0
Sub District Hospital / CH	01	Govt	2	Yes	100
Community Health Centre	07	Govt 07	0	YES	210
Primary Health Centre	30	Govt 30	0	YES	274
Sub Health Centre	325	Govt	0	0	335
Delivery Point(L1) PHC SHC	 14 10	 14 10	 0 0	 YES	 70 20
Delivery Point(L2) CHC PHC	 07 13	 07 13	0	 YES	 210 87
Delivery Point(L3) DH SDH CHC	 01 01	 Govt	 0	 YES	 400 30
HWC-Primary Health Centre	30	Govt 30	0	YES	174
HWC-Sub Health Centre	48	Govt	0	NO	58
NRC CHC SDH DH	 03 01 01	Govt	0	YES	 30 10 20
DEIC	0	0	0	0	0

Key observations for Visited health facilities (Yes/No)	DH	SDH Lakhnadon	CHC Keolari	PHC-HWC Dutera	PHC-HWC Palari	SHC-HWC Parasiya
Monthly HMIS Reported (Previous month)	Y	Y	Y	Y	Y	Y
HMIS reports duly signed by facility in-charge	N	N	Y	N	N	Y
A copy of monthly HMIS is kept and signed by facility in-charge	N	N	Y	N	N	Y
Any new construction initiated / completed in the visited facility	Y	Y	N	Y	Y	Y
Outsourced HR working in the facility	Y	Y	Y	Y	Y	Y
E-Aushadhi functioning	Y	Y	Y	Y	Y	N
Calibration of equipment is done	Y	Y	N	N	N	N
When last Calibration was done	--	--	--	--	--	--
Any local tie-up for equipment maintenance at facility	N	Y	N	N	Y	N
Satisfaction with outsourced equipment maintenance services (AIM Health Care)	N	Y	N	N	N	N
Maternal Death Review done in last one year / current year	Y 6 Deaths	N	Y 1 Death	N	N	N
JSSK report of the facility is prepared	N	N	N	N	N	N
Records and registers for each JSSK services prepared	N	N	N	N	N	N

Key observations for Visited health facilities (Yes/No)	**DH**	**SDH** Lakhnadon	**CHC** Keolari	**PHC-HWC** Dutera	**PHC-HWC** Palari	**SHC-HWC** Parasiya
Availability of dedicated staff for LR and OT at visited health facility	N	N	N	N	N	N
Drugs and Equipments available as per facility level	N	N	N	N	N	N
Distance of higher referral facility (KM)	130	65	50	45	40	85
Travel time to reach higher referral facility (Hrs.)	2.5	1	1 Hr	1.5	1	1.5
Blood Transfusion facility available	Y	Y	N	N	N	N
District coaching team visited for LaQshya implementation?(check documentation)	Y	--	--	--	--	--
Baseline assessment conducted for LaQshya	Y	--	--	--	--	--
Training on LaQshya given to any staffs	Y	N	--	--	--	--
Whether LaQshya manual available in Hindi language at (visited facility)	N	N	--	--	--	--
Uninterrupted supply of partograph	Y	Y	Y	Y	Y	Y
All printed registers and reporting formats available	N	N	N	N	N	N
health facility level quality assurance committee formed (Collect list and meeting details)	Y	N	N	N	N	N
RBSK team is complete in all aspects				N	N	N
HR	N	N	N			
Separate Mobility support	Y	Y	Y			
Route chart available and being followed	Y	Y	Y			
Sufficient medicine and consumables supplied	Y	Y	Y			
RBSK team linkages with referral facilities, schools, AWC for services	Y	Y	Y	--	--	--
ASHA received HBNC /HBYC training	--	Y	Y	Y	Y	Y
ASHA filling forms for HBCN/HBYC visit	--	N	N	N	N	N
ASHA reporting SAM and 4Ds to ANM	--	Y	Y	Y	Y	Y
ASHA has sufficient reporting and visit formats	--	N	N	N	N	N
Annual Infrastructure MIS 2019-20 reported for all the visited facilities	Y	Y	Y	Y	Y	Y
Data display initiated at Facility level – key indicators	Y	Y	Y	Y	Y	Y
Whether Kayakalp assessment has been done for visiting facility	Y	Y	Y	Y	Y	--
Areas-wise score or overall score obtained by health facility	91.3	86.0	80	50	43.9	--
GUNAK app is used / known to facility in-charge	N	N	N	N	N	N

Kayakalp Internal Assessment Score of Health Institutions (2019-20), Seoni

S.N.	Health Facility	Block	Level	A	B	C	D	E	F	G	Total Score	Score %
1	DH Seoni	Seoni	L3	99	77	84	94	45	49	100	548	91.3
2	SDH Lakhanadon	Lakhnadon	L3	49	53	61	72	29	34	55	353	58.8
3	SDH Barghat	Barghat	L2	80	74	56	73	33	33	68	417	69.5
4	SDH Keolari	Keolari	L2	74	87	78	84	36	41	80	480	80.0
5	CHC Gopalganj	Ghansore	L2	93	94	76	59	35	50	64	471	78.7
6	CHC Kurai	Kurai	L2	81	97	68	89	35	31	54	455	75.8
7	CHC Chhapara	Chhapara	L2	92	92	89	64	25	25	67	454	75.7
8	CHC Ghansore	Ghansore	L2	45	30	45	38	17	24	65	264	44.0
9	CHC Dhanora	Dhanaura	L2	90	92	85	80	33	45	70	495	82.5
10	PHC Bandol	Seoni	L2	31	31	22	32	11	16	28	171	71.3
11	PHC Bhoma	Seoni	L1	57	53	49	37	16	19	37	268	74.4
12	PHC Bakhari	Seoni	L1	50	54	53	41	15	15	30	258	71.7
13	PHC Kanhiwada	Seoni	L2	57	46	48	40	15	18	38	262	72.8
14	PHC Chhui	Seoni	L1	52	55	48	37	16	19	34	268	72.5
15	PHC Mungwani	Seoni	-	55	50	49	45	17	18	37	271	75.3
16	PHC Khawasa	Kurai	L2	47	50	43	49	22	12	29	252	70.0
17	PHC Piperwani	Kurai	L1	44	51	41	48	21	10	25	240	66.7
18	PHC Gwari	Kurai	L1	49	55	38	53	22	15	30	262	72.8
19	PHC Dobisarra	Kurai	L1	42	60	49	48	18	10	26	253	70.3
20	PHC Behrai	Barghat	L1	41	32	27	39	20	15	28	202	56.1
21	PHC Ari	Barghat	L2	48	34	35	47	22	16	32	234	65.0
22	PHC Dhapara	Barghat	L2	48	34	35	47	22	16	26	228	63.3
23	PHC Palari	Keolari	L2	52	55	43	46	25	28	54	303	84.2
24	PHC Dutera	Keolari	L1	53	54	46	54	23	27	54	311	84.4
25	PHC Rumal	Keolari	L1	52	55	51	50	19	17	16	260	72.4
26	PHC Ugli	Keolari	L2	33	33	28	32	10	11	18	165	45.8
27	PHC Pandiya Chhapara	Keolari	L1	48	36	30	27	15	15	14	185	51.4
28	PHC Bhimgad	Chhapara	L1	45	35	36	38	20	17	30	221	61.4
29	PHC Chamari	Chhapara	L2	44	35	44	50	28	27	45	273	75.8
30	PHC Deorikala	Chhapara	L1	31	35	36	38	20	17	36	213	59.2
31	PHC Gorakhpur	Chhapara	L1	45	35	33	31	17	15	35	211	58.6
32	PHC Adegaon	Lakhnadon	L2	26	23	12	24	13	10	30	138	38.3
33	PHC Dhuma	Lakhnadon	L2	21	21	18	24	12	10	26	132	36.7
34	PHC Chouki	Lakhnadon	-	20	21	17	21	11	10	26	126	35.0
35	PHC Kahani	Ghansore	L2	35	33	35	26	16	14	30	189	52.5
36	PHC Ishwarpur Durjanpur	Ghansore	L2	31	27	20	13	9	13	25	138	38.3
37	PHC Kedarpur	Ghansore	L1	32	36	36	25	16	14	32	191	53.1
38	PHC Kudari	Dhanaura	L2	65	70	60	60	30	35	40	360	60.0
39	PHC Sunwara	Dhanaura	L1	60	58	42	40	28	30	35	293	48.8
40	UPHC Seoni	Seoni	-	39	34	32	28	13	18	30	194	53.9