Report on Monitoring of Programme Implementation Plan (PIP) under National Health Mission 2021-22

District: Agar Malwa

(Madhya Pradesh)

Study Completed By

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Abbreviation

ALS	Advanced Life Support	**IUCD**	Intrauterine Contraceptive Device - Copper (T)
ANC	Anti Natal Care	**JE**	Janani Express (vehicle)
ANM	Auxiliary Nurse Midwife	**JSSK**	Janani Shishu Suraksha Karyakram
APL	Above Poverty Line	**JSY**	Janani Suraksha Yojana
ASHA	Accredited Social Health Activist	**KMC**	Kangaroo Mother Care
AWW	Aanganwadi Worker	**LAMA**	Left Against Medical Advice
AYUSH	Ayurvedic, Yoga, Unani, Siddha, Homeopathy	**LaQSHYA**	Labour Room Quality Improvement Initiative
BEmOC	Basic Emergency Obstetric Care	**LPG**	Liquefied Petroleum Gas
BLS	Basic Life Support	**LT**	Lab Technician
BMO	Block Medical Officer	**LTT**	Laparoscopy Tubectomy
BMW	Bio-Medical Waste	**MBBS**	Bachelor of Medicine and Bachelor of Surgery
BPM	Block Programmer Manager	**MCH**	Maternal and Child Health
BPL	Below Poverty Line	**MCP**	Mother Child Protection Card
BPMU	Block Programme Management Unit	**MDR**	Maternal death Review
BSU	Blood Storage Unit	**MMU**	Mobile Medical Unit
CAC	Comprehensive Abortion Care	**MO**	Medical Officer
CBAC	Community Based Assessment Checklist	**MP**	Madhya Pradesh
CBNAAT	Cartridge-Based Nucleic Acid Amplification Test	**MPW**	Multi Purpose Worker
CEmOC	Comprehensive Emergency Obstetric Care	**MRI**	Magnetic Resonance Imaging
CH	Civil Hospital	**MTP**	Medical Termination of Pregnancy
CHC	Community Health Centre	**NBCC**	New Born Care Corner
CHO	Community Health Officer	**NBSU**	New Born Stabilisation Unit
CMHO	Chief Medical and Health Officer	**NCD**	Non Communicable Diseases
CPHC	Comprehensive Primary Healthcare	**NDP**	National Dialysis Programme
CS	Civil Surgeon	**NHM**	National Health Mission
CT scan	Computed Tomography Scan	**NQAS**	National Quality Assurance Standards
DAM	District Account Manager	**NRC**	Nutrition Rehabilitation Centre
DCM	District Community Mobilizer	**NUHM**	National Urban Health Mission
DEIC	District Early Intervention Centre	**Ob&G**	Obstetrics and Gynaecology
DEO	Data Entry Operator	**OCP**	Oral Contraceptives Pills
DH	District Hospital	**ODF**	Open Defecation Free
DHAP	District Health Action Plan	**OPD**	Outdoor Patient Department
DMC	Designated Microscopic Centre	**OT**	Operation Theatre
DPM	District Programmer Manager	**PFMS**	Public Financial Management System
DPMU	District Programme Management Unit	**PHC**	Primary Health Centre
DQAC	District Level Quality Assurance Committee	**PIP**	Programme Implementation Plan
ECP	Emergency Contraceptive Pills	**PMSMA**	Pradhan Mantri Surakshit Matritva Abhiyan
EDL	Essential Drugs List	**PNC**	Postnatal Care
EmOC	Emergency Obstetric Care	**PPIUCD**	Post-Partum Intra Uterine Contraceptive Device
ENT	Ear, Nose, Throat	**PPP**	Public Private Partnership
FMR	Financial Management Report	**PRC**	Population Research Centre
FP	Family Planning	**RBSK**	Rashtriya Bal Swasthya Karyakram
FRU	First Referral Unit	**RCH**	Reproductive Child Health
HBNC	Home Based Newborn Care	**RGI**	Registrar General of India
HMIS	Health Management Information System	**RKS**	Rogi Kalyan Samiti
HR	Human Resources	**ROP**	Record of Proceeding
HWC	Health & Wellness Centre	**SAM**	Severe Acute Malnourishment
IDR	Infant Death Review	**SHC**	Sub Health Centre
IEC	Information, Education, Communication	**SN**	Staff Nurse
IFA	Iron Folic Acid	**SNCU**	Special Newborn Care Unit
IHIP	Integrated Health Information Platform	**T.B.**	Tuberculosis
IMR	Infant Mortality Rate	**TU**	Treatment Units
IPD	Indoor Patient Department	**UPHC**	Urban Primary Health Centre
IPHS	Indian Public Health Standard	**USG**	Ultrasound Sonography Test

Contents

Quality Monitoring of PIP 2021-22 in Agar Malwa District (Madhya Pradesh)

1. Introduction

The Ministry of Health and Family Welfare, Government of India, has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2021-22, PRC Sagar is engaged in carrying out PIP monitoring of twenty districts of Madhya Pradesh and Bihar state. In this context a field visit was made to Agar Malwa district of MP in second week of September, 2021. PRC team visited District Hospital (DH) Agar Malwa, Community Health Centre (CHC) Nalkheda, 24*7 Primary Health Centre (PHC) Kanad and SHC Bhandawat, which are functioning as Health and Wellness Centre and delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Agar Malwa District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, RCH portal data. Also evaluated new programme implemented like LaQshya, Kayakalp, Ayushman Bharat and Health and Wellness Centre (HWC) in the district. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the month of September, 2021 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 Agar Malwa, CHC Nalkheda, 24*7 PHC Kanad and SHC Bhandawat for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received. Secondary information was collected from the state web portal and district HMIS data available at the Programme Management Unit in the district.

2. Overview of the District

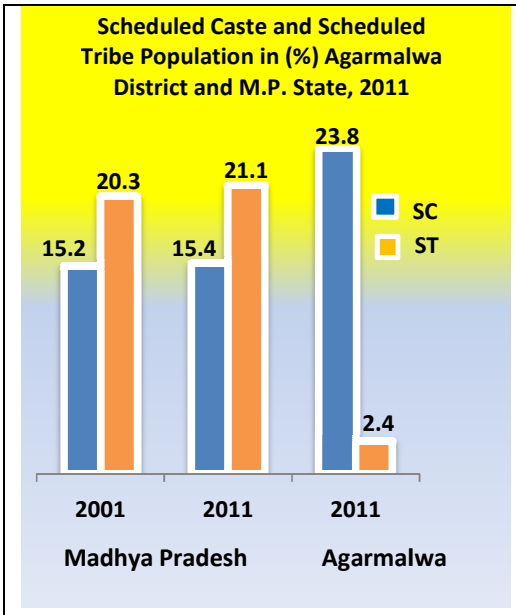
2.1 District Profile

- Madhya Pradesh located in central India with 50 districts and 342 blocks with a total population of 7.2 crores (Census, 2011). Presently there are 55 districts in Madhya Pradesh. Agar Malwa district is a district of Madhya Pradesh state in central India. The town of Agar is administrative headquarters of the district. The district is a fertile land in Malwa plateau.
- The district has an area 2,785 km^2 and is part of the Ujjain Division. Agar Malwa district became the 51^{st} district of Madhya Pradesh on 16 August 2013. It was carved out of

the existing Shajapur District. It is bounded on the south and south-west by Ujjain district, on the south-east by Shajapur district, on the east and north-east by Rajgarh district, on the west by Ratlam district, in the north and north-west by Jhalawar district (Rajasthan) state.

- The Agar Malwa district lies in the extreme north of the Ujjain division. The district comprises of four tehsils and two community development blocks, which are Agar Malwa, Badod, Susner and Nalkheda, with population of 571278 (Male: 293052, Female: 278226) and population density 190 persons per sq. km as compared to 236 persons of M.P.
- There are four Municipalities and seven Nagar Parishad which are Agar, Badagaon, Badod, Kanad, Nalkheda, Soyat and Susner in the District. As per Census 2011 Agar Malwa district has total 227 Gram Panchayats and 513 villages.

Key socio-demographic indicators

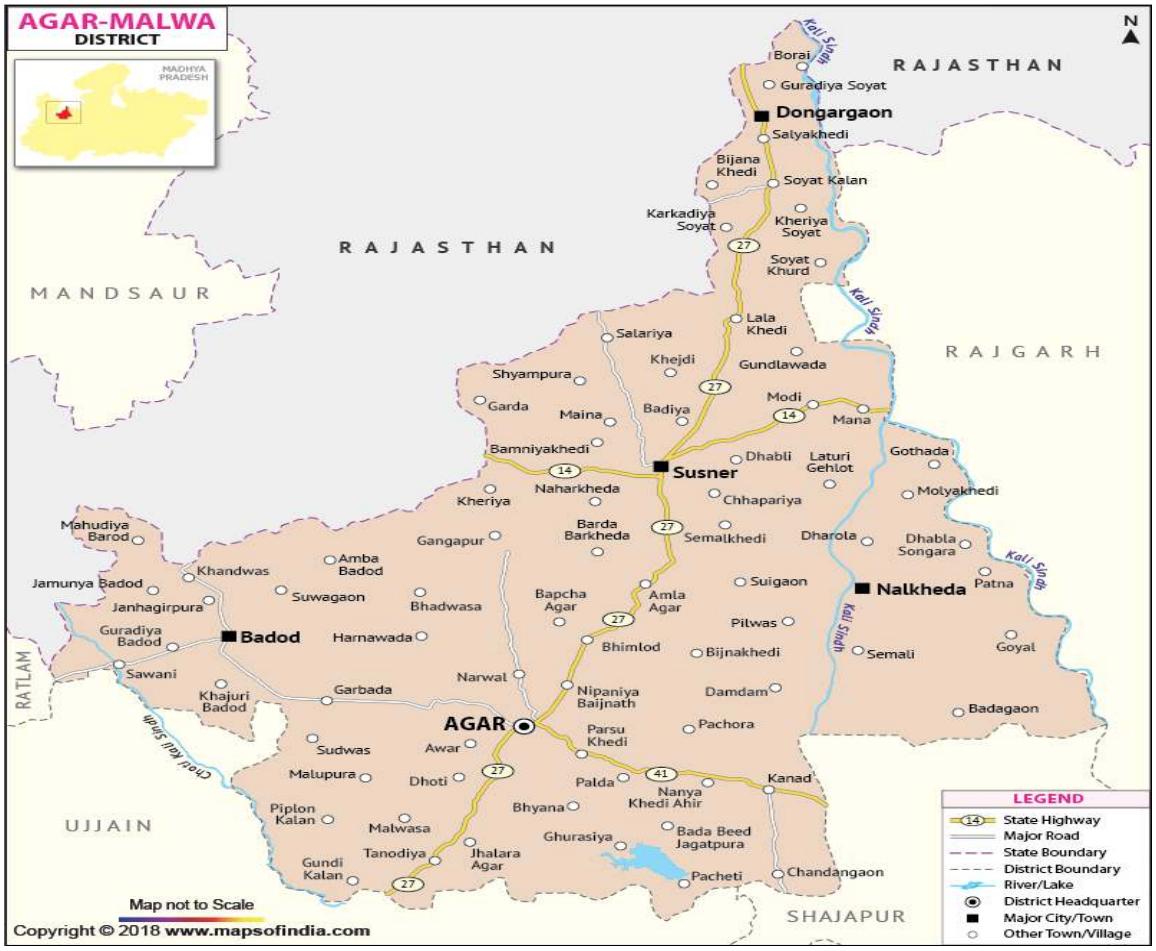


Indicator	MP		Agar Malwa
	2001	2011	2011
No. of Districts	45	50	-
No. of Blocks	333	342	2
No. of Villages	55393	54903	512
No. of Towns	394	476	4
Population (Million)	60.34	72.52	0.57
Decadal Growth Rate	24.3	20.3	-
Population Density per Km^2	196	236	190
Literacy Rate (%)	63.7	70.6	62
Female Literacy Rate (%)	50.3	60.6	60
Sex Ratio	919	930	934
Sex Ratio (0-6 Age)	918	912	893
Urbanization (%)	26.5	27.6	20.5
Percentage of SC (%)	15.2	15.4	23.8
Percentage of ST (%)	20.3	21.1	2.4
Source: Census of India 2001, 2011 various publications, RGI.			

- Literacy rate of Agar Malwa district is 62.0 percent and Female literacy rate in the district is 60 percent in 2011 which is close to the average female literacy rate of the state (60.6 percent).
- The male-female ratio of Agar Malwa is 934 females per thousand males in comparison to 930 per 1000 males for M.P. state, but the child sex ratio to 893 in 2011,lower than the child sex ratio of the state (912/1000).
- The Agar Malwa district has agro based economy. It has fertile land of black soil of Malwa plateau.

- The district doesn't have any major health issues or any specialised disease burden; however at the time of field visit, there was outbreak of Dengue in the district.

2.2 Map of the Study District



3. Public Health Planning and Implementation of National Programmes in the District

3.1 District Health Action Plan (DHAP)

Agar Malwa district has prepared district programme implementation plan for current year and submitted to the state for verification. But the district has not received any approval from the state for preparation of district health action plan. Fund under the DHAP was released on April 01, 2021. There was no pending work related for construction in last two years.

Table 3.1: Information about District Health Action Plan (DHAP)

Indicators	Observation
Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states	Yes
Whether the District has received the approved District Health Action Plan (DHAP) from the state	
Date of release PIP (2021-22)	01-04-2021 (E-Vitt)
Date of release first instalment of fund against DHAP	01-04-2021
Infrastructure: Construction Status (2021-22)	
Details of Construction pending for more than 2 years	0
Details of Construction completed but not handed over	0

Source: District Checklist, NHM PIP Monitoring, 2021

3.2 Status of Public Health Infrastructures and health services available in the District

Public Health Infrastructures are one of the most important components for health care system in the district, which support the people of the area to get all health care services. Agar Malwa district has three community health centres (CHC), five primary health centres (PHC), one urban primary health centre (UPHC) and 83 sub health centres (SHC) along with one 200 bedded district hospital (DH). District has only one Special Newborn Care Unit (SNCU) and three Nutritional Rehabilitation Centres (NRC) was available to provide child health care services. All five PHCs and 46 SHCs among 83 has been converted into health & wellness centre in Agar Malwa district. There is one blood bank available in the district, however due to non availability of license; it was not functional at the time of field visit. One blood storage unit (BSU) is available in the district. Blood transfusion is chargeable for general category and free for BPL and all obstetric and ANC patients. There are six Designated Microscopy Centres (DMC) and four Treatment Units (TU) available for providing screening and medicine to the TB patients along with one TrueNat test facility sites in the district. There are also five Drug Resistant TB centres in the district. District Early Intervention Centre is available in the district; however there was lack of all designated staffs. There are four NCD clinics and five Comprehensive Abortion Care (CAC) facilities are available in the district (table 3.2).

Table 3.2: Details of Health Facilities available in the Agar Malwa District

Facility Details	Sanctioned	Operational
1. District Hospitals	1	1
2. Sub District Hospital	0	0
3. Community Health Centres (CHC)	3	3
4. Primary Health Centres (PHC)	5	5
5. Sub Centres (SC)	83	83
6. Urban Primary Health Centres (U-PHC)	1	1

7. Urban Community Health Centres (U- CHC)	0	0
8. Special Newborn Care Units (SNCU)	1	1
9. Nutritional Rehabilitation Centres (NRC)	3	3
10. District Early intervention Centre (DEIC)	1	1
11. First Referral Units (FRU)	1	1
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	1	0
14. No. of PHC converted to HWC	5	5
15. No. of U-PHC converted to HWC	1	1
16. Number of Sub Centre converted to HWC	46	46
17. Designated Microscopy Centre (DMC)	1	1
18. Tuberculosis Units (TUs)	4	4
19. CBNAAT/TruNat Sites	1	1
20. Drug Resistant TB Centres	5	5
21. Functional Non-Communicable Diseases(NCD) clinic	4	4
22. Institutions providing Comprehensive Abortion Care (CAC) services	5	5

Source: District Checklist, NHM PIP Monitoring, 2021

Table 3.3 shows information related to health services available at public health facilities in the district. District is providing all drug and diagnostic services free of cost to all the beneficiaries. In Madhya Pradesh, diagnostic services are running on PPP model at DH. Total 22 types of lab test were conducted in the district. Institutional delivery services at sub-centres (SHC) were not available in the district. There are two PHCs conducting more than 10 deliveries in a month and three CHCs conducting more than 20 deliveries in a month. Only district hospital (DH) conducting more than 50 deliveries in month, however presently DH is not conducting C-section delivery. There is no medical college available in the district. In Agar Malwa district, total eight (1 Public & 7 Private) health facilities are providing ultrasound services.

RBSK programme in the district is being implemented as per guidelines. A district RBSK coordinator has been appointed for monitoring and supervision of RBSK programme. Out of 8 teams required, only 4 RBSK teams are operational in the district along with six vehicles. None of the RBSK team is complete in all aspects.

Table 3.3: Availability of health services in the district

Indicator	**Observation**
Implementation of Free drugs services (if it is free for all)	Yes
Implementation of diagnostic services (if it is free for all)	Yes
Number of lab test notified	22 (PPP)
Status of delivery points in the District (2021-22)	6
No. of SCs conducting >3 deliveries/month	0
No. of 24X7 PHCs conducting > 10 deliveries /month	2
No. of CHCs conducting > 20 deliveries /month	3
No. of DH/ District Women and child hospital conducting > 50 deliveries /month	1
No. of DH/ District Women and child hospital conducting C-section	1

Indicator	Observation
No. of Medical colleges conducting > 50 deliveries per month	0
No. of Medical colleges conducting C-section	0
Number of institutes with ultrasound facilities (Public+Private)	1+7
Of these, how many are registered under PCPNDT act (Pre-Conception and Pre-natal Diagnostic Technique Act-1994)	8
Details of PMSMA activities performed (Pradhan Mantri Surakshit Matritva Abhiyan)	4
RBSK (Rashtriya Bal Swasthya Karyakram)	
Total no. of RBSK teams sanctioned	8
No. of teams with all HR in-place (full-team)	0
No. of vehicles (on the road) for RBSK team	6
No. of Teams per Block	2
No. of block/s without dedicated teams	0
Average no of children screened per day per team	60 (Presently team involved in Covid vaccination related work)
Number of children born in delivery points screened for defects at birth	6

Source: District Checklist, NHM PIP Monitoring, 2021

3.3 Status of child health services in the District

In Madhya Pradesh, almost in every district SNCU have been established. These SNCUs are established with an objective to reduce neo-natal mortality from preventable causes. Table 3.4 shows the children health status in the district. There is one SNCU, five NBSU and three NRCs in functional in Agar Malwa district. The only SNCU of 20 bedded is functional at DH Agar Malwa. A total 646 children (inborn-260; outborn-386) have been admitted as per the records, 556 children were cured after treatment and 68 children were referred to a higher facility. It was reported that 20 children left earlier without informing or left against medical advice (LAMA) and 14 children died during admission during 2021-22 (upto August 2021). Among the available 22 radiant warmer and eight phototherapy machines 18 and seven are functional respectively. Nine infusion pump and five double outlet oxygen concentrator are in working condition. On the other hand, total 19 newborn children were admitted in Newborn Stabilization Unit (NBSU) and eight children discharged in 2020-21 (April-August 21) in the district. There are four doctors and 13 staff nurses are working at SNCU against its sanctioned post of 4 and 19 respectively. Apart from the clinical staffs, there are also six aaya, six ward boys, one sweeper and five security guard posted at SNCU.

There were also 16 referral cases from NBSU in the district.

In all delivery points in M.P., NBCC have been made functional to prevent infection, to regulate the body temperature of neonates and resuscitation.

Table 3.4: Availability of Newborn and Child health care services in the district

Indicator		Observation
Special Newborn Care Units (SNCU) both DH & Medical College in the district (2021-22)		
Total number of beds		20
In radiant warmer		18
Step-down care		1
Kangaroo Mother Care (KMC) unit		1
Number of non-functional radiant warmer for more than a week		0
Number of non-functional phototherapy unit for more than a week		0
SNCU	**Inborn**	**Out born**
Admission	260	386
Defects at birth	9	10
Discharged	228	328
Referral	24	44
LAMA	11	9
Died	5	9
Newborn Stabilization Unit (NBSU) in the district (2021-22)		**5**
NBSU	**Inborn**	**Out born**
Admission	19	0
Discharged	8	0
Referral	16	0
LAMA (Left Against Medical Advice)	0	0
Died	0	0
Nutrition Rehabilitation Centres -NRC (2021-22) Total district data		
Admission		89
Bilateral pitting oedema		3
MUAC<115 mm		20
<'-3SD WFH		24
with Diarrhoea		10
ARI/ Pneumonia		16
TB		3
HIV		0
Fever		33
Nutrition related disorder		26
Others		16
Referred by		
Frontline worker		38
Self		6
Ref from VCDC/ CTC		0
RBSK		2
Paediatric ward/ emergency		19
Home Based Newborn Care (HBNC)		
No. of ASHA having HBNC kit		527
No. of Newborns visited under HBNC		-
No. of ASHA having drug kit		502
Number of Maternal Death Review conducted		18
Previous year (2020-21)		11
Current FY (2021-22)		7
Number of Child Death Review conducted		-
Previous year (2020-21)		-
Current FY (2021-22)		-

Source: District Checklist, NHM PIP Monitoring, 2021

3.4 Status of Human Resources in Public Health Facilities in the District

Human resources are the most important components for any service delivery system and it is even more important in public health care system. Table 3.5 describes the status of human resources available at different public health facilities in Agar Malwa district. The table clearly shows that there is huge vacant HR post in the district; here also needs to know that the sanctioned post is approved several years back and as per present serviceable area and population, the sanctioned post itself is very low as per requirement. In district, out of sanctioned 45 specialist doctors only nine are working, among the sanctioned 53 post of class two officers (include MOs, program officers) only 33 are working. There is no obstetric and gynaecologist specialist in the district. Also there is no ENT specialist, anaesthetist, EYE specialist, dentist and radiologist in the district. Only one child specialist and four surgeons are there as specialist doctors in the district. Among the sanctioned 458 class three officials only 233 are working and out of 663 class four sanctioned post only 298 are available in the district. Out of 62 sanctioned post of Medical officer only 39 are working, 123 staff nurses and 100 ANMs are working against their sanctioned post of 151 and 132 respectively. There are 12 lab technicians, three radiographer/x-ray technician and 14 pharmacists are available against their sanctioned post of 19, 8 and 24 respectively. There are nine AYUSH MO, two AYUSH pharmacists and 44 CHO are available against 16, four and 48 sanctioned post respectively.

Table 3.5: Status of Human Resources at Public Health Facilities in the district

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM	132	100	24.2
MPW (Male)	72	16	77.8
Staff Nurse	151	123	18.5
Lab technician	19	12	36.8
Pharmacist (Allopathic)	24	14	41.7
MO (MBBS)	62	39	37.1
OBGY	6	0	100
Paediatrician	10	3	70
Anaesthetist	5	0	100
Surgeon	7	4	42.9
Radiologists	1	0	100
Other Specialists	19	5	73.7
Dentists/ Dental Surgeon/ Dental MO	2	2	0
Dental technician	-	-	-
Dental Hygienist	-	-	-
Radiographer/ X-ray technician	8	3	62.5
CSSD Technician	-	-	-
OT technician	4	0	100
CHO/ MLHP	48	44	8.3

AYUSH MO	16	9	43.7
AYUSH Pharmacist	4	2	50.0

Source: District Checklist, NHM PIP Monitoring, 2021

3.5 Status of Referral Transport in the District

Referral transport service is an integral part of health care services. This is very essential for access to critical health care, emergencies, trauma care for remote and outreach areas and in rural areas. In Agar Malwa, there are 10 Janani Express and six "108" emergency response vehicles along with one Advanced Life Support vehicle in the district. There is no any Mobile Medical Unit (MMU) functional in the district. The referral transport service in the district is running through centralised call centre from state.

Table 3.6: Status of Referral Transport in the district

Referral Transport		
No. of Basic Life Support (BLS) (on the road) and their distribution (Block wise number)		Janani Express – 10 '108' Vehicle - 06
No. of Advanced Life Support (ALS) (on the road) and their distribution		01 (Zigitsa health care)
	ALS	**BLS**
Operational agency (State/ NGO/ PPP)	PPP	PPP
If the ambulances are GPS fitted and handled through centralized call centre	Yes	Yes
Average number of calls received per day	8	10
Average number of trips per ambulance per day	4	4
Average km travelled per ambulance per day	400	400
Key reasons for low utilization (if any)	-	-
No. of transport vehicle/102 vehicle (on the road)		11
If the vehicles are GPS fitted and handled through centralized call centre		Yes (11)
Average number of trips per ambulance per day		5
Average km travelled per ambulance per day		450
Key reasons for low utilization (if any)		-

Source: District Checklist, NHM PIP Monitoring, 2021

Table 3.7: Status of ASHAs and Social Benefit Schemes related to them in the district

Indicator	**Observation**
Number of ASHAs	
Required as per population	532
Selected	530
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	-
No. of villages/ slum areas with no ASHA	483/11
Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	
No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	391
No. of ASHA Facilitator/Sahyogi enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	28
No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	425
No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	28
No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	150

No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	28
Mahila Arogya Samitis (MAS)-	
No. of MAS Formed	18
No. of MAS Trained	18
No. of MAS account opened	18
Number of facilities NQAS certified in the district	0
No. of health facilities implemented Kayakalp	9
No. of health facilities implemented Swachh Swasth Sarvatra (SSS)	9
Activities performed by District Level Quality Assurance Committee (DQAC)	1

Source: District Checklist, NHM PIP Monitoring, 2021

3.6 Status of Fund Allocations, Expenditure and Utilization

District has provided Financial Management Report (FMR) and Programme Wise budget details as they received under NHM item-specific budget heads. Table 3.8 shows that the highest allocated budget is in Facility based service delivery, then in Programme management and community intervention. It is found that utilization of budget is less than 50% in most of the FMR. Only in Infrastructure head utilization is almost 88%. The reason for low utilization is mostly due to slow administrative process and approval among concerned authorities. Sometime sanctioned of late budget allocation from the state is also the reason for low utilization. The details of funds allocation and its utilization are as follows:

Table 3.8: Status of Fund Utilization in the District (FMR wise)

Indicator	Budget Released (in Rs.)	Budget utilized (in Rs.)
FMR 1: Service Delivery: Facility Based	96,84,956	36,15,691
FMR 2: Service Delivery: Community Based	13,57,599	11,33,990
FMR 3: Community Intervention	31,23,943	6,09,310
FMR 4: Untied grants	1,80,000	1,80,000
FMR 5: Infrastructure	7,44,914	6,54,914
FMR 6: Procurement	17,82,359	2,02,648
FMR 7: Referral Transport	0	0
FMR 8: Human Resource (Service Delivery)	11,87,296	6,20,809
FMR 9: Training	5,71,755	66,913
FMR 10: Review, Research and Surveillance	0	0
FMR 11: IEC-BCC	4,51,060	1,26,208
FMR 12: Printing	12,79,721	8,84,393
FMR 13: Quality	22,97,360	11,13,480
FMR 14: Drug Warehouse & Logistic	1,44,400	44,512
FMR 15: PPP	5,000	4,350
FMR 16: Programme Management	72,20,571	47,23,000
FMR 16.1: PM Activities Sub Annexure		
FMR 17: IT Initiatives for Service Delivery	2,80,000	46,910
FMR 18: Innovations	0	0

Source: District Checklist, NHM PIP Monitoring, 2021

Table 3.9 shows that under RCH and Health Systems flexi pool budget allocation as well as utilization is highest under the Human Resources component (67.1%), followed by ASHA's salary & incentives. The details of funds allocation and its utilization are as follows:

Table 3.9: Status of Fund Utilization in the District (Programme wise)

Indicator	**Budget Released (in Rs.)**	**Budget utilized (in Rs.)**
RCH and Health Systems Flexi pool		
Maternal Health	19141135	9002356
Child Health	4085560	2512017
RBSK		
Family Planning	6064760	2633494
RKSK/ Adolescent health	0	0
PC-PNDT	7000	1780
Immunization	10109485	6483331
Untied Fund	4915000	1700000
Comprehensive Primary Healthcare (CPHC)	0	0
Blood Services and Disorders	4962449	4869587
Infrastructure	4052474	3960245
ASHAs	37722657	24797433
HR	45220732	30343941
Programme Management	3892000	2772028
MMU	0	0
Referral Transport	0	0
Procurement	0	0
Quality Assurance	166877	29500
PPP	5000	4350
NIDDCP	0	0
NUHM	2940500	1536004
Communicable Diseases Pool		
Integrated Disease Surveillance Programme (IDSP)	59200	28883
National Vector Borne Disease Control Programme (NVBDCP)	946940	638284
National Leprosy Eradication Programme (NLEP)	453800	154180
National TB Elimination Programme (NTEP)	0	0
Non-Communicable Diseases Pool		
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	1000	0
National Mental Health Program (NMHP)	79645	50000
National Programme for Health Care for the Elderly (NPHCE)	2795946	1490843
National Tobacco Control Programme (NTCP)	150000	110005
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	979300	245200
National Dialysis Programme		
National Program for Climate Change and Human Health (NPCCHH)	0	0
National Oral health programme (NOHP)	194000	101000
National Programme on palliative care (NPPC)	0	0
National Programme for Prevention and Control of Fluorosis (NPPCF)	0	0
National Rabies Control Programme (NRCP)	100000	36700
National Programme for Prevention and Control of Deafness (NPPCD)	0	0
National programme for Prevention and Management of Burn & Injuries	0	0
Programme for Prevention and Control of Leptospirosis (PPCL)	0	0

Source: District Checklist, NHM PIP Monitoring, 2021

4. Status of Service Delivery in the District

4.1 Service Availability as Perceived by Community

A structured tool is used to understand the community perspective about their health seeking behaviour. Community level interaction has been done with villagers of SHC Bhandawat area. As informed almost all villagers preferred public health facilities for health care services, they only go to private facility for any critical health situations. People also shared that behaviour of the public health service provider is very good. Most of the services related to ANC, PNC, FP services (OCP, ECP, condom etc.) and immunization services are available at SHC Bhandawat.

Generally for drugs, diagnostic and referral transport, people utilize public health facilities (SHC, PHC, CHC) situated nearby to their village. For any major health issues they visit to DH Agar. The only problem with public health facilities, especially at DH they face are huge crowd and long queue. But still all are using the public health facilities and most of them are satisfied as well. Almost all the interviewed community people informed that, there is no any out of pocket expenses at public health facilities and most of them were happy with the behaviour of health service providers.

Villagers are living with very simple lifestyle; most of them are poor and mostly dependent on agriculture. Almost all the respondent has LPG and toilet facility; however some are also using wood, cow dung cake for cooking. They are using hand pump, well for drinking water, all of them are using iodine salt.

ASHA's knowledge, skills and services perceived by the community people are satisfactory. During interaction with ASHA's, they informed that most of them received the 7th Module training and performing supportive supervision. Most of the ASHA's are receiving there incentives on time.

Community people interviewed at SHC Bhandawat informed that, they are getting ANC, PNC, Immunization, Contraceptive, adolescent health counselling services at SHC itself. When asked about some other named diseases and rendering their treatment, peoples response was different for different diseases like for Leprosy, TB they prefer public health facility however for hypertension, diabetes they prefer to go private first. For emergency services like burn, accidents firstly they prefer to go government facility then as per situation go to private health facility.

As informed by community people, SHC Bhandawat needs to be constructed properly as present facility is in readymade fabric building, which is now become very down from its surroundings, so there is huge water logging issue in the SHC building. People also demands to have delivery facility at the SHC along with some test and medicines facility. Villagers also raised the issue of drinking water in the village, however also informed that, every house tap water construction work is going on in the village Bhandawat area.

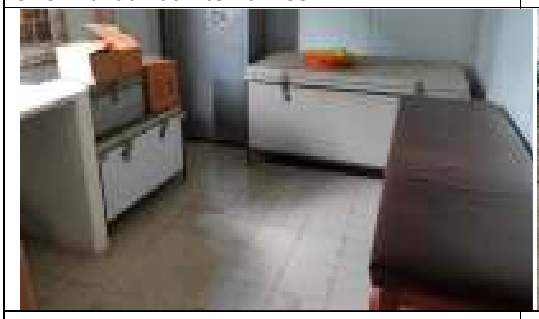
4.2 Service Availability at the Visited Public Health Facilities

4.2.1. Sub Health Centre/ HWC - Bhandawat

- SHC Bhandawat is located adjacent to the village main road. SHC building is old readymade building built by fabrics. Now this centre is very down to its surrounding area, so there is huge problem of water logging at SHC. The next referral point from SHC is CHC, Nalkheda which is around 18 kilometres from the centre.
- Water facility is not available SHC. Although tube well facility is available but water motor is not functional, so that 24*7 running water not available. Presently water brought through bucket from well in the village. Water level is very low in the area, so hand pump is only usable during rainy season. Drinking water brought from Aanganwadi helper's home at SHC.
- Electricity connection started two months back in the centre. Inverter is not available at the facility, so there is no power back-up facility at SHC.
- General OPD, NCD normal screening and first aid treatment on injury services are available at SHC, as being HWC, CHO is providing Tele-Consultation service through e-sanjeevani app at the centre.
- Neither the facility nor the available services are as per IPHS norms at SHC. New SHC building needs to be constructed as per IPHS norms.
- There are one CHO and one ANM posted at SHC Bhandawat, both are not residing at SHC village as there is no quarter facility available centre.
- As per IT service is concerned, there is laptop and tablet available with CHO and ANM respectively, ASHAs has smart phone as well. However internet facility is born by respective individuals by its own.

- Out of total 20 EDL drugs, 17 types of drugs were available on the day of visit. Anti TB drug was not available at SHC. There was shortage of three drugs namely, Azithromycin 500mg, Norflox TZ and Cefixime 200 at SHC for last 30 days. Two drugs for hypertension and diabetes are available namely Glidazide 80mg and Amlodipine 10mg at SHC.
- Key challenges observed in the facility are, non availability of running water facility, no boundary wall, need of urgent construction of safety tank as due to new road construction existing safety tank covered under the road. As physical structure of SHC got down to its surroundings, so discharged water of nearby drain comes to the facility are. This needs to be address urgently.

Entry Gate of the SHC Bhandawat	*Water logging problem seen at SHC*
	
Community interaction in village Bhandawat	*Interaction with ASHA Sahyogini at SHC*
	
SHC premises	*SHC without boundrywall*
	

SHC Bhandawat Internal Room	*Water flow to SHC through village drainage*
	
Drug Store	*PRC team interaction with SHC CHO*
	

4.2.2. Primary Health Centre/ HWC - Kanad

- PHC Kanad is accessible to the nearby concrete main road of Kanad. PHC is running in old building, however due to good maintenance work overall infrastructure look is good and cleanliness of the facility found to very good. The next referral point from PHC is District Hospital, Agar Malwa which is around 22 kilometres from the centre.
- PHC Kanad is also designated as Health and Wellness Centre (HWC). The building infrastructural condition is as follows:

Indicator	**Observation**
24*7 running water facility	Yes
Facility is geriatric and disability friendly (Ramps etc.)	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
ASHA rest room is available	No
Drug storeroom with rack is available	Yes
Power backup	Yes
Branding	Yes

Source: PHC Checklist, NHM PIP Monitoring, 2021

Although PHC building have ramp facility, but there is issue of ramp from PHC entry gate to facility building. Electricity facility is available with power back-up facility.

- PHC Kanad has general and homeopathy OPD services, 24*7 delivery care services (only normal), NCD screening (in general OPD), Covid 19 vaccination and testing, drug and

diagnostic (16 types of test facility) and other primary health care related services are available. There is no NBSU at PHC Kanad. Tele-Consultation services are not available at the centre. Yoga facility is also not available at the PHC. PHC has all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP etc. PHC has one Homeopathy Lady Doctor who is performing more than 500 OPD per month, which is quite remarkable.

- Human resources available at PHC is as follows:

HR	Sanctioned	Regular	Contractual
MO (MBBS)	03	03	0
MO (AYUSH)	01	0	01
SNs/ GNMs	04	03	01
ANM	02	0	02
LTs	01	0	01
Pharmacist	01	0	01
Public Health Manager (NUHM)	01	0	01
MSN	01	0	01
Ward boy	01	01	0

Source: PHC Checklist, NHM PIP Monitoring, 2021

- As per IT service is concerned, there is laptop and tablet available with the concerned designated staffs of PHC. ASHAs doesn't have smart phone as well. Internet facility is available with good quality band at PHC.

- Out of total 191 EDL drugs, 136 types of drugs were available on the day of visit. There was shortage of only one drug namely, Paracetamol 500mg at PHC in last 30 days. Drugs for hypertension and diabetes available at PHC are Tab-Amlodipine 5mg, Tab-Atenolol 25mg/50mg/100mg and Tab-Enalaprel 5mg.

- As informed by the PHC official, Rogi Kalyan Samiti (RKS) meeting held in every three months at PHC Kanad. Last meeting held on 15th June 2021. The RKS budget of year April 2020-March 2021 is as follows:

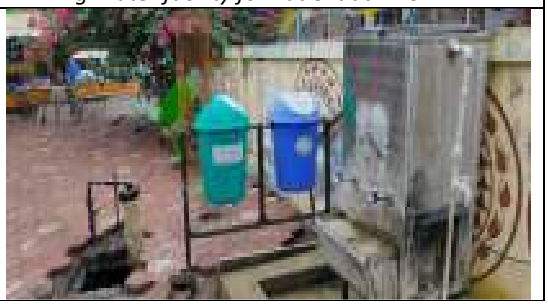
Item	Income (in Rs.)	Expenditure (in Rs.)
OPD	5000	-
Income from Shop	165768	-
Untied Fund	175000	179908
Salary for Cleanliness staff from district	258100	219000
Other	5000	144917
Total	608868	543825

Source: PHC Checklist, NHM PIP Monitoring, 2021

- All the diagnostics services are free for all the patients at PHC Kanad. There is no functional operation theatre at PHC.

- PHC Kanad is Designated Microscopy Centre under TB elimination programme.
- Biomedical waste management practices are available with sharp and deep burial pit at the centre.
- Key challenges observed in the facility are, non availability of adequate space. There is very less space for patient waiting area and overall PHC requirement. As PHC is in the midst of the market area, so there is lack of open space for extension of present building. Neither the facility infrastructure nor the available services are as per IPHS norms at PHC. For an appropriate IPHS PHC, this centre either needs to be constructed as multi-storeys or may be shifted to somewhere else having adequate open space in Kanad. Staff quarters are needed for smooth functioning of PHC as 24*7 health facility. Labour room is very small in size. There is only one small hall for all type of IPD patients. There is lack of training and orientation among health staffs about different health programmes, also no refresher training of technical staffs has been done on regular basis.

Entry Gate of PHC Kanad	*PRC team with PHC MO and Health staffs*
	
COVID-19 Registration Centre	*OPD Registration and Drug distribution counter*
	

COVID-19 Vaccination Centre	*PRC team interaction with PNC Beneficieries*
	
Interaction with Doctor and health staffs	*Under contruction Paver blocks at PHC*
	
PHC Drug Store room	*Drinking Water facility for Patient at PHC*
	

4.2.3. Community Health Centre - Nalkheda

- CHC Nalkheda is accessible to the nearby concrete main road of Nalkheda town. CHC is running in old building, however due to good maintenance work overall infrastructure look is good and cleanliness of the facility was also good. The next referral point from CHC is District Hospital, Agar Malwa which is around 35 kilometres from the centre.
- CHC Nalkheda has general OPD, IPD, 24*7 delivery care services (only normal), NCD screening (in general OPD), Covid 19 vaccination and testing, NRC services. There is no NBSU at CHC Nalkheda. CHC has full-fledged oxygen management facility along with full functional separate Covid 19 ward. It has also drug and diagnostic (16 types of test facility) and other primary health care related services are available. CHC has all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP etc.
- CHC Nalkheda, on record, has been upgrades as civil hospital (CH), however it is still

running as CHC and as informed by BMO, they are in search of government land for sending proposal for construction of CH building as per IPHS norms. The present building infrastructural condition is as follows:

Indicator	Observation
24*7 running water facility	Yes
Facility is geriatric and disability friendly (Ramps etc.)	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
ASHA rest room is available	No
Drug storeroom with rack is available	Yes
Power backup	Yes

Source: CHC Checklist, NHM PIP Monitoring, 2021

- CHC Nalkheda has 24*7 electricity facility is available with power back-up DG sets and solar power plant of 10 KV capacity.

- Human resources available at CHC is as follows:

Human Resources	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	01	0	0
Obstetric Gynaecologist	01	0	0
Paediatrician	01	0	0
Anaesthetist	01	0	0
MO (MBBS)	06	02	01
MO (AYUSH)	01	0	01
SNs/ GNMs	15	02	03
ANM	02	02	0
LTs	01	0	0
Pharmacist	-	01	01
Public Health Manager (NUHM)	01	0	01
MSN	-	0	02
Ward boy	01	01	0

Source: CHC Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at CHC. None of the parameters, i.e. infrastructure, services, HR etc. is as per IPHS norms. CHC neither have any specialist doctor nor have any specialised services available. In name of emergency only general emergency service is available at CHC.

- As per IT service is concerned, there is desktop, laptop and tablet available with the concerned designated staffs of CHC and BPMU however there is shortage of desktop and laptop as per requirements. Internet facility is available with good signal quality at CHC.

- Out of total 106 EDL drugs list, all types of drugs were available on the day of visit. There

was also no any shortage of consumables at CHC Nalkheda.

- All the drug and diagnostics services are free for all the patients at CHC Nalkheda. However, there is no any lab technician posted at CHC and presently one LT temporarily posted for Covid 19 testing, is also doing the clinical tests for CHC patients, whatever he can do as per available time. There is one functional operation theatre at CHC, which is only used for LTT service.
- LaQshya is implemented at CHC and labour room score under LaQshya program is 51% for this year internal assessment of CHC Nalkheda. Kayakalp internal assessment also done in CHC. The Kayakalp scorecard is 86.57% and Eco-Friendly scorecard is 76.19% of CHC Nalkheda in internal assessment for 2021-22.
- As informed by the CHC official, Rogi Kalyan Samiti (RKS) meeting held in CHC Nalkheda. Due to Covid 19, RKS meeting not held in recent year. The RKS budget of year April 2020-March 2021 is as follows:

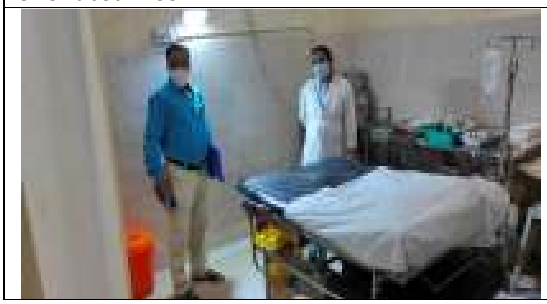
Item	Income (in Rs.)	Expenditure (in Rs.)
OPD	60987	-
Income from Shop	110000	-
Untied Fund	319519	789198
Salary for outsource staffs	93220	621859
Other	573630	30000
Total	1157356	1441057

Source: CHC Checklist, NHM PIP Monitoring, 2021

- Biomedical waste management services are outsourced at CHC. The 'Housewin Incinator Private Limited, Indore' is the outsourced company which collect the BMW from CHC Nalkheda on every alternate day.
- Key challenges observed in the facility are, non availability of adequate space. There is lack of space for patient waiting area, wards, OPD rooms, office rooms, meeting room and overall CHC requirement. As this CHC is already designated as civil hospital, considering the present CHC building and space, this centre can't be converted as Civil Hospital as per IPHS norms. Lack of HR is one of the most major issues for smooth functioning of the facility as CHC. Diagnostic testing facility is almost zero due to non availability of any lab technician at CHC. This needs to be address immediately. As informed by BMO, there is need of X-ray machine, hospital ambulance, lab machines and new post mortem room. Several national health programs are not running at CHC due to lack of designated staffs as well as rooms for the same. Staff quarters are needed

for smooth functioning of CHC as 24*7 health facility. There is almost no staff quarters at CHC. Out of two old MO quarter one is getting used as BPMU office. There is lack of training and orientation among health staffs about different health programmes, also no refresher training of technical staffs has been done on regular basis. Only training for MTP has been provided in August 2021.

Main Entry Gate of CHC Nalkheda	*PRC team meeting with BMO and Health staffs*
	
PNC ward of CHC	*Meeting with ASHA and ASHA Sahyogini*
	
OPD Registration Counter	*OPD waiting area for Patient*
	
Drug store room	*CHC Premises area*
	

CHC Labour Room	*Interaction with Beneficiary of NRC*
	

4.2.4. District Hospital – Agar Malwa

- DH Agar Malwa is easily accessible from the main road. DH Agar Malwa caters to around five lakhs population of Agar Malwa. DH is running in newly constructed building and overall infrastructure and cleanliness of the facility was very good. There are also newly constructed staff quarters for MO and other staffs for DH. However quarters are less in comparison to its requirement. The DH is 200 bedded fully functional hospital along with additional 10 ICU beds.
- The present building infrastructural condition is as follows:

Indicator	**Observation**
24*7 running water facility	Yes
Facility is geriatric and disability friendly (Ramps etc.)	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
ASHA rest room is available	Yes
Drug storeroom with rack is available	Yes
Power backup	Yes

Source: DH Checklist, NHM PIP Monitoring, 2021

DH Agar Malwa has 24*7 electricity facility available with power back-up.

- Operation theatres are available at DH. There are functional Single general OT, Obstetrics & Gynaecology OT, Ophthalmology/ENT OT and Emergency OT. However Elective major Orthopaedic OT was not functional due to non availability of orthopaedic surgeon and Elective major general OT was also not functional due to non availability of OT Light. There is no functional Blood Bank at DH Agar Malwa. There is blood storage unit at DH.
- DH has general OPD, IPD, 24*7 delivery care services, NCD screening (in general OPD), Covid 19 vaccination and testing, NRC services. DH has full-fledged oxygen management facility along with full functional separate Covid 19 ward. It has also drug, diagnostic and

all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP etc. Apart from these general services below are the specialised services available at DH, Agar Malwa:

Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	**Remarks**
Medicine	Yes
O&G	Yes
Paediatric	Yes
General Surgery	Yes
Anaesthesiology	Yes
Ophthalmology	Yes
Dental	Yes
Imaging Services (X – ray)	Yes
Imaging Services (USG)	Yes
District Early Intervention Centre (DEIC)	Yes
Nutritional Rehabilitation Centre (NRC)	Yes
SNCU/ Mother and Newborn Care Unit (MNCU)	Yes
Comprehensive Lactation Management Centre (CLMC)/Lactation Management Unit (LMU)	Yes
Neonatal Intensive Care Unit (NICU)	No
Paediatric Intensive Care Unit (PICU)	Yes
Labour Room Complex	Yes
ICU	Yes
Dialysis Unit	Yes
Emergency Care	Yes
Burn Unit	No
Teaching block (medical, nursing, paramedical)	No
Skill Lab	No

- Apart from above mentioned services, there is general emergency, resuscitation and stabilization under emergency services. However triage management under emergency was not available. Tele-medicine/Consultation services were also available at DH.

- Human resources available at DH is as follows:

HR	**Sanctioned**	**Working (Reg)**	**Working (Cont)**
Specialists			
Medicine	03	01	0
Obstetric Gynaecologist	03	0	0
General Surgeon	04	0	0
Paediatrician	06	01	0
Anaesthetist	04	0	0
Other Specialists	10	01	0
MO (MBBS)	24	16	05
MO (AYUSH)	0	0	04
SNs/ GNMs	93	76	03

ANM	05	04	0
LTs	08	05	04
Pharmacist	06	02	01
Matron	03	0	0
Nursing Sister	08	0	0
MSN	07	0	06
Ward boy	24	02	0

Source: DH Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at DH. Out of the total sanctioned post of 30 Specialist doctors only three are posted at DH. Other than infrastructure, none of the parameters, i.e., services, HR etc. is as per IPHS norms in DH.

- As per IT service is concerned, there is desktop, laptop and tablet available with the concerned designated staffs of DH, however the availability of desktops and laptops are not as per requirements. Internet facility is available with good signal quality at DH.
- Out of total 228 EDL drugs list, total 161 types of drugs were available on the day of visit. There were shortage of five priority drugs namely, Tetanus injection, Streptocinac Inj, Velthamide Inj, Methyldopa Tab, Insulin Inj 30/70 at DH in last 30 days. There was also no any shortage of consumables at DH Agar Malwa.
- All the drug and pathological tests are free for all the patients at district hospital. However, x-ray service is chargeable for non BPL. Pathological testing and dialysis service are running on PPP model. Dialysis service is chargeable for non BPL patients.
- LaQshya is implemented in district hospital and labour room score under LaQshya program is 71.3% for this year internal assessment of DH Agar Malwa. Kayakalp internal assessment also done in DH and has score of 84.7% in internal assessment and 86% in peer assessment for 2021-22.
- In DH 3568 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 130 were OPD patients and 3438 were IPD patients. Around Rs.106.75 lakhs have been submitted for pre-authorization and claims amounting Rs.87.42 lakhs have been submitted.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in DH, Agar Malwa	
Beneficiary Identification Number and Transaction Management System	
Total Patients Registered	3568
Out Patients	130
In Patients	3438
Death Cases	05
Surgeries/Therapies Done	2699
Surgeries/Therapies Done Amount (Rs.)	8748100

Preauthorization Initiated	3438
Claims Submitted	2696
Amount Preauthorized in (Rs.)	10675380
Amount of Claims Submitted in (Rs.)	8742500

- As informed by the DH official, Rogi Kalyan Samiti (RKS) meeting last held in DH Agar Malwa was on 14th February 2020. Due to Covid 19, RKS meeting not held in recent year. The RKS budget detail for year 2020-2021 and year 2021-2022 is as follows:

Year 2020-2021			
Item	**Income (in Rs.)**	**Item**	**Expenditure (in Rs.)**
Total income	2563142	Total expense	3254305
Previous balance	2377491	Last balance	1686328
Grand total	4940633	Grand total	4940633
Year 2021-2022 (till 31/08/2021)			
Item	**Income (in Rs.)**	**Item**	**Expenditure (in Rs.)**
Total income	4724249	Total expense	2454102
Previous balance	1686328	Last balance	3956475
Grand total	6410577	Grand total	6410577

Source: DH Checklist, NHM PIP Monitoring, 2021

- Biomedical waste management services are outsourced at DH. The 'Housewin Incinator Private Limited, Indore' is the outsourced company which collect the BMW from the district hospital on daily basis.
- Key challenges observed in the facility are, non availability of adequate doctors and paramedical staffs. There are only three specialist doctors against the sanctioned post of 30 in DH Agar Malwa. There is no obstetric & gynaecologist at DH, so no caesarean delivery performed at DH. The DH building is newly constructed but due to lack of cleaning staffs, its overall cleanliness and hygiene maintenance get hampered. The patient waiting area can be developed more patient friendly and model DH as per available adequate space. Non availability of blood bank at DH is a major issue. Fast processing for Blood Bank license needs to be done urgently. No mobile medical unit available in the district. DIEC is not fully functional due to several vacant posts. Lack of HR is already a major issues, it was also found that several existing staffs (25) has been transferred and only six replacements has been provided to the district. There is lack of training and orientation among health staffs about different health programmes, also no refresher training of technical staffs has been done on regular basis.

Main Entry Gate of DH Agar Malwa	*PRC team meeting with CMHO and CS*
	
OPD Registration Counter	*PNC ward of DH*
	
DH Labour room	*20 bedded SNCU at DH*
	
Interaction with Doctor and ICU staffs at DH	*10 bedded PICU at DH*
	
Colour coded waste disposal bins	*Advanced Eye department of DH*
	

5. Discussion, Summary and Key Recommendations

During the year 2021-22, PRC Sagar is engaged in Monitoring of Programme Implementation Plan (PIP) 2021-22 of twenty districts of Madhya Pradesh and Bihar state. In this context a field visit was made to Agar Malwa district of MP in second week of September, 2021. PRC team visited District Hospital (DH) Agar Malwa, Community Health Centre (CHC) Nalkheda, 24*7 Primary Health Centre (PHC) Kanad and SHC Bhandawat, which are functioning as Health and Wellness Centre and delivery points, to assess services being provided in these health facilities. PIP study done to provide insights based on information collected from the service providers and programme managers and looked into the critical areas like maternal and child health, family planning, adolescent health, AYUSH services, human resources, status of HMIS, RCH portal, different fund flow & utilization, running of several national health programs, infrastructures, implementation of important health programmes like LaQshya, Kayakalp, Ayushman Bharat, Health and Wellness Centre (HWC) at the visited health facilities in the district and assess the major problem area along with its root causes.

Community level perception strongly proclaimed that majority of the population preferred public health facilities for their primary health care services and they only go to private facility for any critical health situations. Most of the services related to ANC, PNC, FP services (OCP, ECP, condom etc.) and immunization services are locally available SHC (HWC). Out of pocket expenses at public health facilities are almost zero and most of them were satisfied with the behaviour of health service providers as well. So it can clearly be noticed that strengthening of primary health care system (as government doing through health & wellness centre) at smaller unit can address the larger population's primary health care need in the community.

Lack of regular as well as contractual staffs in all categories is a major issue in smooth functioning of any health service delivery facilities in the district. Contractual staff's service related issue also needs to be address, as there is already a major crunch of HR in all the health facilities of Agar Malwa district.

Presently whole of the health care system are focusing on Covid 19 management process, complete vaccination coverage for all eligible population, which also hampering several other health programs in the district.

Key Recommendations

- None of the visited facilities are running as per IPHS norms. Lack of staffs is most important reasons for the same. Other than DH Agar Malwa, none of the visited facilities accomplish infrastructure norms as per IPHS. Some has lack of space, spacious labour room, OT etc. The issue of HR and some additional construction of building are needed to execute the smooth functioning of health facilities as per IPHS norms.
- Promotion of staffs, especially clinical staffs (SN, nursing sister etc.) is pending for years in Agar Malwa as well as in whole MP. This needs to be address by appropriate authority on priority basis.
- Diagnostic services at different health facilities are not available as per their existing level. CHC Nalkheda was not able to provide pathological service due to non availability of any lab technician. CHC doesn't have X-ray service; DH doesn't have CT scan, MRI services. These issues need to be address at higher level.
- Establishment of Blood Bank at DH is needed. Posting of obstetric & gynaecologist at DH is needed on most priority basis to have caesarean section delivery service DH Agar Malwa.
- There is not a single Mobile Medical Unit in Agar Malwa district, trauma care service is also not fully functional as requirement in the district.
- Training and orientation of health staffs about different health programmes and also refresher training of technical staffs has to be planned at higher level and training schedule needs to be implemented at ground level with complete letter and spirit.
- There is lack of effective implementation of IT infrastructure, equipments, internet connectivity in several facilities, which leads to poor data management and reporting.
- Program management unit (DPMU/BPMU) are not very active in programme planning and implementation process. This happens due to vacant of several HR position and lack of administrative responsibility among the existing staffs.
- Outsourced staffs have huge payment pendency as well as under payment issues, which leads to poor performance by them. These staffs should be merged with NHM contractual staffs for quality work performance and smooth functioning of the health facilities and also get rid of the exploitation by the contractor.