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

District: Chhindwara

(Madhya Pradesh)

Study Completed By

Dr. Niklesh Kumar
Dr. Kumar Raghubansh Mani Singh

Honorary Director
Prof. K.K.N. Sharma

Population Research Centre

(Ministry of Health and Family Welfare, Government of India)
Dr. Harisingh Gour Vishwavidyalaya
(A Central University)
Sagar, Madhya Pradesh

February, 2022

Acknowledgement

The Monitoring of Programme Implementation Plan (PIP) under National Health Mission in twenty districts of Madhya Pradesh and Bihar has been completed with the financial assistance from the Ministry of Health and Family Welfare, Government of India to the Population Research Centre, Sagar, Madhya Pradesh. The grant provided and the facilitation by the Ministry officials, particularly from the Statistics Division of the Ministry, by informing the State officials about the study and the request to cooperate with the PRC team in conducting the study is gratefully acknowledged.

The PIP Monitoring study in Chhindwara District of Madhya Pradesh was successfully completed with the help and cooperation from District officials, especially Civil Surgeon, Chief Medical & Health Officer and District Program Management Unit/District Health Society officials at various visited health facilities i.e. DH, SDH, CHC, PHC, SHC, schools & Aanganwadi and the responses by the different level respondents are all acknowledged.

We are grateful to all the staff members of their health facilities in providing all required information and support during the field visit in the district. We would like to thank all the ANMs, ASHAs, health service beneficiaries, Aanganwadi workers, school officials & students, community people who gave their time and responded to the structured questions with eagerness.

Last but not the least; we would like to thank our PRC-DHSGU staffs for extending their support in all official and administrative process in smooth completion of this study.

February, 2022

Dr. Niklesh Kumar
Dr. Kumar Raghubansh Mani Singh

PRC Sagar

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	**MLA**	Member of Legislative Assembly
CAC	Comprehensive Abortion Care	**MMU**	Mobile Medical Unit
CBAC	Community Based Assessment Checklist	**MO**	Medical Officer
CBNAAT	Cartridge-Based Nucleic Acid Amplification Test	**MP**	Madhya Pradesh
CEmOC	Comprehensive Emergency Obstetric Care	**MPW**	Multi Purpose Worker
CH	Civil Hospital	**MRI**	Magnetic Resonance Imaging
CHC	Community Health Centre	**MTP**	Medical Termination of Pregnancy
CHO	Community Health Officer	**NBCC**	New Born Care Corner
CIMS	Chhindwara Institute of Medical science	**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 Chhindwara 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 Chhindwara district of MP in second week of September, 2021. PRC team visited District Hospital (DH) Chhindwara, Civil Hospital (CH) Amarwada, Community Health Centre (CHC) Tamia, 24*7 Primary Health Centre (PHC) Singodi and SHC Rajola, 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 Chhindwara District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, MCTS & RCH portal data. Also evaluated new programme implemented like LaQshya, Kayakalp, Ayushman Bharat and Health and Wellness Centre (HWC) in the district. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status was for the month of 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 Chhindwara, CH Amarwada, CHC Tamia, 24*7 PHC Singodi and SHC Rajola 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

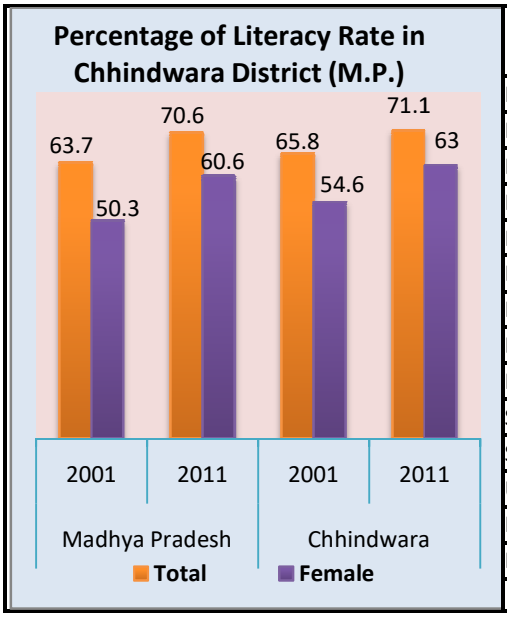
2.1 District Profile

- 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. Chhindwara district is a district of Madhya Pradesh state in central India. The town of Chhindwara is administrative headquarters of the district.
- Chhindwara district is a part of Vindhyachal-Baghelkhand region situated in the south-central part of the state. The district is part of Jabalpur division. Because of the division of the district on 1st November, 1956 the present area of the district remains 11815 Sq. kms. It ranks 1st among all districts in terms of area in state. It is bounded by the districts of Hoshangabad

and Betul in the west, Narsimhapur in the north, Seoni in the east and by the Nagpur and Amravati districts of the Maharashtra state in the south.

- The district is divided into 12 tehsil, Tamia, Amarwara, Harrai, Chaurai, Jamai, Parasia, Umreth, Chhindwara, Mohkhed, Sausar, Bichhua and Pandhurna. As per Census 2011 Chhindwara district has total 8 municipalities, 11 janpad panchayats, seven nagar panchayats, nine census towns, 803 Gram and 1965 villages (Inhabited-1906, Un-inhabited-59). It caters to a population of 2090922 (Male: 1064468, Female: 1026454) and density of 177 persons per sq. kms as compared to 236 persons of MP. The percentage of scheduled caste population is 11.1 whereas, that of the scheduled tribes is 36.8 in the district.

Key socio-demographic indicators



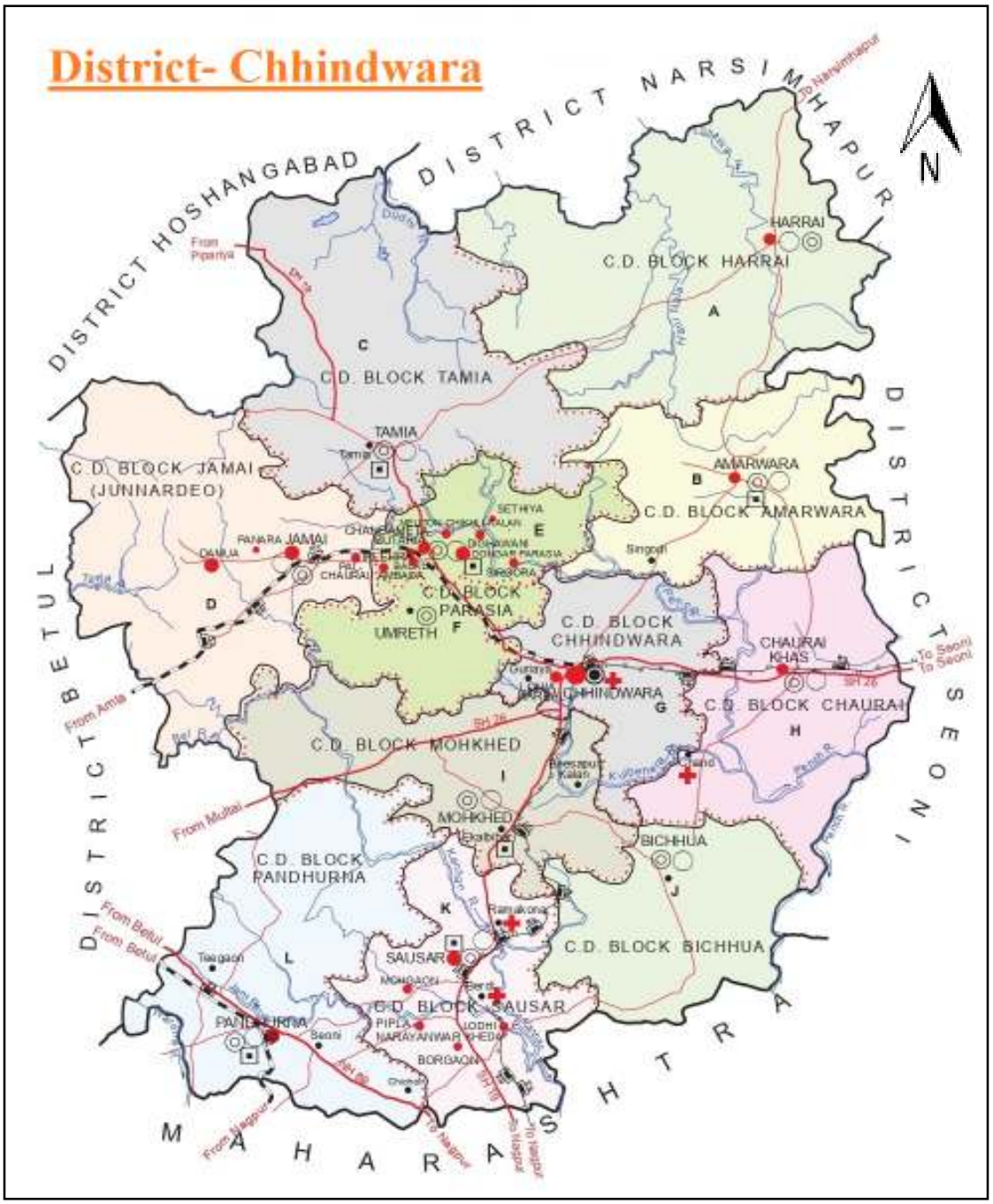
Indicator	MP		Chhindwara	
	2001	2011	2001	2011
No. of Districts	45	50	-	-
No. of Blocks	333	342	11	11
No. of Villages	55393	54903	1975	1965
No. of Towns	394	476	24	24
Population (Million)	60.3	72.6	1.85	2.09
Decadal Growth Rate	24.3	20.3	13.1	17.9
Population Density (per ($Km^{2)}$	196	236	157	177
Literacy Rate (%)	63.7	70.6	65.8	71.1
Female Literacy Rate (%)	50.3	60.6	54.6	63.0
Sex Ratio	919	930	952	964
Sex Ratio (0-6 Age)	932	918	958	956
Urbanization (%)	26.5	27.6	24.5	24.2
Percentage of SC (%)	15.2	15.6	11.6	11.1
Percentage of ST (%)	20.3	21.1	34.7	36.8

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

- The decadal growth rate of Chhindwara has increased from 4.8 percent during 2001-2011. The literacy rate of the district has increased by 5.3 percentage point during the decade. Total literacy rate is now 71.1 percent. Female literacy rate has increased by 8.4 points in Chhindwara district from 54.6 percent in 2001 to 63.0 in 2011 which is more than the state average (MP: 60.6 percent).
- The male-female ratio of Chhindwara district is 964 females per thousand males in comparison to 930 per 1000 males for MP. The child sex ratio has decreased by 2 percentage points from 958 in 2001 to 956 in 2011, but is still more than the child sex ratio of the state (918/1000).

- Economy of the district is mainly dependent on agriculture and the district is famous for extensive forests and mineral wealth (Pench-Kanhan coalfields). Coal mining has been most important industry of 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)

Chhindwara 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. Chhindwara district has two sub-divisional hospital (SDH), 11 community health centres (CHC), 67 primary health centres (PHC), two urban primary health centre (UPHC) and 377 sub health centres (SHC) along with one 400 bedded district hospital (DH). District has only one Special Newborn Care Unit (SNCU) and eight Nutritional Rehabilitation Centres (NRC) was available to provide child health care services. All 69 PHCs & UPHCs and 300 SHCs among 377 has been converted into health & wellness centre in Chhindwara district. There is one blood bank and three blood storage unit available in the district. Blood transfusion is chargeable for general category and free for BPL and all obstetric and ANC patients. There are 20 Designated Microscopy Centres (DMC) and 11 Treatment Units (TU) available for providing screening and medicine to the TB patient along with two TrueNat test facility sites in the district. There was also one 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 were 12 NCD clinics and nine Comprehensive Abortion Care (CAC) facilities are available in the district (table 3.2).

Table 3.2: Details of Health Facilities available in the Chhindwara district

Facility Details	Sanctioned	Operational
1. District Hospitals	1	1
2. Sub District Hospital	4	2
3. Community Health Centres (CHC)	11	11
4. Primary Health Centres (PHC)	67	67
5. Sub Centres (SC)	377	377
6. Urban Primary Health Centres (U-PHC)	2	2
7. Urban Community Health Centres (U- CHC)	0	0
8. Special Newborn Care Units (SNCU)	1	1
9. Nutritional Rehabilitation Centres (NRC)	8	8
10. District Early intervention Centre (DEIC)	1	1
11. First Referral Units (FRU)	11	3
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	3	3
14. No. of PHC converted to HWC	69	69
15. No. of U-PHC converted to HWC	1	1
16. Number of Sub Centre converted to HWC	300	300
17. Designated Microscopy Centre (DMC)	20	20
18. Tuberculosis Units (TUs)	11	11
19. CBNAAT/TruNat Sites	2	2
20. Drug Resistant TB Centres	1	1
21. Functional Non-Communicable Diseases(NCD) clinic	12	12
22. Institutions providing Comprehensive Abortion Care (CAC) services	9	9

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 101 types of lab test were conducted in the district. Only one sub-centre (SHC) namely Lavaghori has institutional delivery care services in the district. There are 23 PHCs conducting more than 10 deliveries in a month; however 40 PHCs has delivery care services, and 10 CHCs conducting more than 20 deliveries in a month. Only district hospital (DH) conducting more than 50 deliveries in month. There is one medical college available in the district, however due to non availability of separate building; medical college is running in DH only. In Chhindwara district, total 18 (3 Public & 15 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 22 teams required, only 16 RBSK teams are operational in the district along with only two vehicles. None of the RBSK team is complete in all aspects. There were two blocks in the district, where no any dedicated RBSK team has been provided yet.

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	101(PPP)
Status of delivery points in the District (2021-22)	36
No. of SCs conducting >3 deliveries/month	1
No. of 24X7 PHCs conducting > 10 deliveries /month	23
No. of CHCs conducting > 20 deliveries /month	10
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
No. of Medical colleges conducting > 50 deliveries per month	link with DH 1
No. of Medical colleges conducting C-section	link with DH 1
Number of institutes with ultrasound facilities (Public+Private)	18
Of these, how many are registered under PCPNDT act (Pre-Conception and Pre-natal Diagnostic Technique Act-1994)	All are
Details of PMSMA activities performed (Pradhan Mantri Surakshit Matritva Abhiyan)	11
RBSK (Rashtriya Bal Swasthya Karyakram)	
Total no. of RBSK teams sanctioned	22
No. of teams with all HR in-place (full-team)	16
No. of vehicles (on the road) for RBSK team	2
No. of Teams per Block	2
No. of block/s without dedicated teams	2
Average no of children screened per day per team	-
Number of children born in delivery points screened for defects at birth	0

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 was one SNCU and eight NRCs functional in Chhindwara district. The SNCU is 27 bedded and a total 577 children (inborn-357; outborn-220) have been admitted as per the records, 464 children were cured after treatment and 14 children were referred to a higher facility. In DH Chhindwara it was reported that 20 children left earlier without informing or left against medical advice (LAMA) and 75 children died during admission during 2021-22 (upto August 2021). Among the available 27 radiant warmer and 10 phototherapy machines 26 and 10 are functional respectively. Twenty six infusion pump and three double outlet oxygen concentrator are in working condition. On the other hand, total 31 newborn children were admitted in Newborn Stabilization Unit (NBSU) and 23 children discharged in 2020-21 (April-August 21) in the district. There were also four referral cases from NBSU. 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		27
In radiant warmer		25
Step-down care		1
Kangaroo Mother Care (KMC) unit		1
Number of non-functional radiant warmer for more than a week		1
Number of non-functional phototherapy unit for more than a week		0
SNCU	**Inborn**	**Out born**
Admission	357	220
Defects at birth	6	4
Discharged	293	171
Referral	6	8
LAMA	9	11
Died	48	27
Newborn Stabilization Unit (NBSU) in the district (2021-22)		
NBSU	**Inborn**	**Out born**
Admission	22	9
Discharged	14	9
Referral	4	0
LAMA (Left Against Medical Advice)	-	-
Died	-	-
Nutrition Rehabilitation Centres -NRC (2021-22) Total district data		
Admission		132
Bilateral pitting oedema		-
MUAC<115 mm		-
<'-3SD WFH		-
with Diarrhoea		-
ARI/ Pneumonia		-
TB		-
HIV		-
Fever		-
Nutrition related disorder		-
Others		-
Referred by		-
Frontline worker		-
Self		-
Ref from VCDC/ CTC		-
RBSK		-
Paediatric ward/ emergency		-
Discharged		86
Referral/ Medical transfer		12
LAMA		-
Died		-
Home Based Newborn Care (HBNC)		
No. of ASHA having HBNC kit		6023
No. of Newborns visited under HBNC		205
No. of ASHA having drug kit		2279
Number of Maternal Death Review conducted		-
Previous year (2020-21)		46
Current FY (2021-22)		41
Number of Child Death Review conducted		-
Previous year (2020-21)		574
Current FY (2021-22)		277

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 Chhindwara 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 99 specialist doctors only 18 are working, among the sanctioned 161 post of class two officers (include MOs, program officers) 104 are working. There were only four obstetric & gynaecological specialists, five paediatricians and only one specialist general surgeon available in the district. Also there is no ENT specialist, EYE specialist and dental specialist in the district. Only one radiologist and three anaesthetists were posted in the Chhindwara district. There were 290 staff nurses, 590 ANMs, 144 MPWs, 64 lab technicians and 114 pharmacists working in Chhindwara district. These staffs were more than their sanctioned regular post as most of them are on contract basis. There were 17 radiographer/x-ray technicians available against their 22 sanctioned posts. There were 40 AYUSH MOs and 160 CHOs were working in Chhindwara district.

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

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned(Reg)	In-place
ANM	465	590
MPW (Male)	222	144
Staff Nurse	196	290
Lab technician	58	64
Pharmacist (Allopathic)	111	114
MO (MBBS)	143	104
OBGY	19	4
Paediatrician	15	5
Anaesthetist	10	3
Surgeon	16	1
Radiologists	3	1
Other Specialists	36	4
Dentists/ Dental Surgeon/ Dental MO	4	9
Dental technician	6	4
Dental Hygienist	0	0
Radiographer/ X-ray technician	22	17
CSSD Technician	0	0
OT technician	0	0
CHO/ MLHP	0	163
AYUSH MO	11	40
AYUSH Pharmacist	0	0

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 Chhindwara, there were 25 Janani Express and sixteen "108" emergency response vehicles along with one Advanced Life Support vehicle in the district. There was 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 – 25 '108' Vehicle - 16	
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
No. of transport vehicle/102 vehicle (on the road)		25

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	2301
Selected	2250
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	980/54
No. of villages/ slum areas with no ASHA	-
Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	
No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	208
No. of ASHA Facilitator/Sahyogi enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	32
No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	2108
No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	165
No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	112
No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	21
Any other state specific scheme_____	-
Mahila Arogya Samitis (MAS)-	
No. of MAS Formed	24
No. of MAS Trained	24
No. of MAS account opened	24

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 PPP and Community Intervention. 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	1,23,30,624.00	52,96,561.00
FMR 2: Service Delivery: Community Based	56,72,596.00	18,60,494.00
FMR 3: Community Intervention	85,98,381.00	55,84,340.00
FMR 4: Untied grants	-	-
FMR 5: Infrastructure	52,83,800.00	47,23,800.00
FMR 6: Procurement	-	-
FMR 7: Referral Transport	-	-
FMR 8: Human Resource (Service Delivery)	-	-
FMR 9: Training	12,52,000.00	2,20,000.00
FMR 10: Review, Research and Surveillance	4,47,000.00	25,483.00
FMR 11: IEC-BCC	10,89,653.00	2,25,498.00
FMR 12: Printing	54,22,801.00	53,63,720.00
FMR 13: Quality	2,27,200.00	0
FMR 14: Drug Warehouse & Logistic	5,24,036.00	4,29,993.00
FMR 15: PPP	1,05,10,000.00	84,54,256.00
FMR 16: Programme Management	70,28,000.00	20,82,902.00
FMR 16.1: PM Activities Sub Annexure	-	-
FMR 17: IT Initiatives for Service Delivery	3,42,000.00	11,500.00
FMR 18: Innovations	-	-

Table 3.9 shows that under programme wise budget allocation as well as utilization is highest under Human Resources followed by ASHA's salary & incentives and Maternal Health. 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 Flexipool	51674830	13416223
Maternal Health	6,41,91,195.00	20132602.00
Child Health	13332191.00	1930052.00
RBSK	1,23,10,000.00	
Family Planning	2,18,35,925.00	23,81,372.50
RKSK/ Adolescent health	-	-
PC-PNDT	1,24,415.00	-
Immunization	3,58,63,860.00	66,15,551.00
Untied Fund	-	-
Comprehensive Primary Healthcare (CPHC)	-	-
Blood Services and Disorders	1,61,48,724.00	55,05,487.00
Infrastructure	-	-
ASHAs	16,80,12,177.00	4,61,68,706.00
HR	20,87,32,826.00	6,86,53,149.53
Programme Management	70,28,000.00	20,82,902.00
MMU	-	-
Referral Transport	-	-
Procurement	-	-
Quality Assurance	-	-
PPP	-	-
NIDDCP	-	-

Indicator	Budget Released (in Rs.)	Budget utilized (in Rs.)
NUHM	19,23,373.00	350209
Communicable Diseases Pool	-	-
Integrated Disease Surveillance Programme (IDSP)	1,45,100.00	57,559.00
National Vector Borne Disease Control Programme (NVBDCP)	28,65,760.00	5,00,137.00
National Leprosy Eradication Programme (NLEP)	5,90,000.00	3,35,650.00
National TB Elimination Programme (NTEP)	-	-
Non-Communicable Diseases Pool	-	-
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	1,01,00,000.00	29,16,000.00
National Mental Health Program (NMHP)	5,89,290.00	0
National Programme for Health Care for the Elderly (NPHCE)	0	0
National Tobacco Control Programme (NTCP)	1,50,000.00	0
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	34,73,250.00	72,139.00
National Dialysis Programme	-	-
National Program for Climate Change and Human Health (NPCCHH)	0	0
National Oral health programme (NOHP)	5,22,000.00	19,710.00
National Programme on palliative care (NPPC)	-	-
National Programme for Prevention and Control of Fluorosis (NPPCF)	2,15,000.00	0
National Rabies Control Programme (NRCP)	-	-
National Programme for Prevention and Control of Deafness (NPPCD)	0	0
National programme for Prevention and Management of Burn & Injuries	-	-
Programme for Prevention and Control of Leptospirosis (PPCL)	-	-

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 Sajkui 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 Sajkui. For health services not available at SHC, they go to CHC Tamia.

Generally for drugs, diagnostic and referral transport, people utilize public health facilities (SHC, PHC, CHC, CH) situated nearby to their village. For any major health issues they visit to DH Chhindwara. 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 most are also using wood, cow dung cake for cooking for saving money. They are using hand pump, well for drinking water, all of them are using iodine salt. As informed people are chewing tobacco and also consume local handmade wine (*Mahua wine)* in the village.

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 6th & 7th Module training and performing supportive supervision. Most of the ASHA's not received there incentives since last two months.

Community people interviewed at village Sajkui informed that, they are getting ANC, PNC, Immunization, Contraceptive, adolescent health counselling services at village 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 CHC Tamia first then DH Chhindwara. 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, there is issue of drinking water in the village, especially in summer season. Although they informed that every house tap water (*har ghar jal nal yojna)* construction work has been done in the village Sajkui area, but the bore well had been sunk inside the soil, once again new bore well needs to be done. People also demands to have delivery facility at the SHC along with some pathological test and medicines facility.

4.2 Service Availability at the Visited Public Health Facilities

4.2.1. Sub Health Centre/ HWC - Rajola

- SHC Rajola is located in the village but not linked with village main road. SHC is running in old building, however due to maintenance work it was looking good. Since HWC branding has done recently, so outer look of SHC is very good and cleaning of overall premises was also good, due to the SHC's staffs' personal initiative of involving one cleaning person on

one thousand rupees monthly salary. SHC should be provided one cleaning staff. SHC didn't have boundary wall. The next referral point from SHC is CH Amarwara which is around 18 kilometres from the centre.

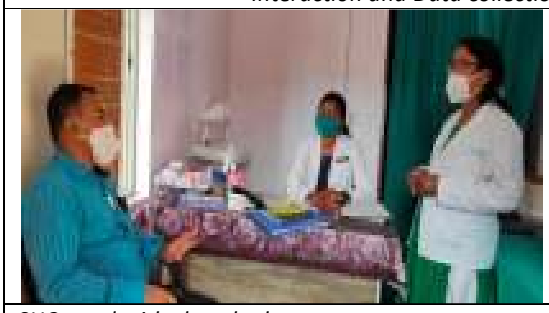
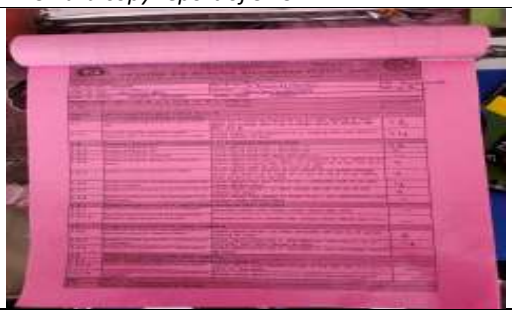
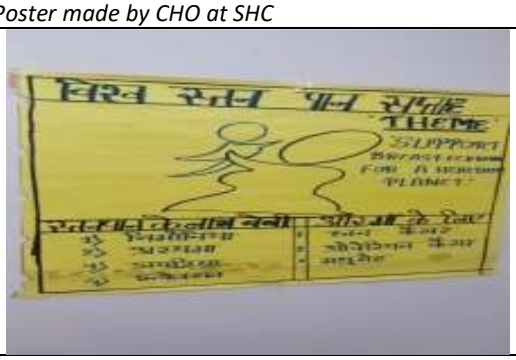
- SHC Rajola has 24*7 water and electricity facility. For power back-up, there is inverter available at SHC. Facility is geriatric and disability friendly. It has also specified space is for Yoga and other welfare activity.
- General OPD/IPD, ANC, delivery care, PNC, NCD normal screening and first aid treatment on injury services are available at SHC. Being a HWC, CHO is providing Tele-Consultation service through e-sanjeevani app at the centre too.
- There are one CHO and one ANM posted at SHC Rajola, both are not residing at SHC village as there is no quarter facility available centre. Neither the facility nor the available services are as per IPHS norms at SHC.
- As per IT service is concerned, there is laptop and tablet available with CHO and ANM respectively, ASHAs doesn't have smart phone of the SHC area. Internet connectivity is available and speed is also good but this service is borne by respective individuals by its own.
- Out of total 32 EDL drugs, 28 types of drugs were available on the day of visit. Anti TB drug was not available at SHC. There was shortage of five drugs namely, Paracetamol, Amlodepine 5mg, Azithromycine 500mg, Atenolol, and Glimiperide 1mg at SHC for last 30 days. Two drugs for hypertension and diabetes are available namely Amlodepine 5mg and Metfromine 500mg at SHC. There was shortage of Atenolol and Glimiperide 1mg for drugs to be used in hypertension and diabetes.
- The screening of NCD patients done at SHC. Data for last six months is as follows:

Disease	Screened	Confirmed
Hypertension	677	39
Diabetes	677	19
Oral cancer	677	0
Breast cancer	415	0
Cervical cancer	415	0

Source: HSC Checklist, NHM PIP Monitoring, 2021

- Key challenges observed in the facility are, non availability of boundary wall, no staff quarters, no clean toilets and non availability of official cleaning staff for SHC. Pucca road connectivity from SHC to village main road is needed. It will also help in getting rid of water

logging facility in rainy season at SHC Rajola. All issues needs to be address urgently.

Front of SHC Rajola, Chhindwara district	*SHC premises with no boundary wall*
	
Interaction and Data collection of PRC staffs with SHC staffs	
	
SHC ward with clean bed	*HMIS hard copy report of SHC*
	
Poster made by CHO at SHC	*PRC Team with SHC staffs*
	

4.2.2. Primary Health Centre/ HWC - Singodi

- PHC Singodi is a ten bedded health centre situated very near to main road of Singodi, however there is issue of connectivity of PHC with main road. PHC is running in old building, however due to good maintenance work overall infrastructure look is good and cleanliness of the facility was not so good due to non availability of the cleanliness staffs.

The next referral point from PHC is District Hospital, Chhindwara which is around 20 kilometres from the centre.

- PHC Singodi 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	Yes
Drug storeroom with rack is available	Yes
Power backup	Yes
Branding	Yes

Source: PHC Checklist, NHM PIP Monitoring, 2021

Although PHC building has 24*7 running water facility but there was no availability of water facility in pathological lab. Electricity facility is available with power back-up facility.

- PHC Singodi has general, homeopathy and ayurvedic OPD/IPD services, 24*7 delivery care services (only normal), NCD screening (in general OPD), Covid 19 vaccination and testing, drug and diagnostic (14 types of test facility) and other primary health care related services are available. There is no NBSU at PHC Singodi. 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.

- Human resources available at PHC is as follows:

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

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 have smart phone as well. Internet facility is available but quality strength is poor at PHC.

- Out of total 100 EDL drugs, almost all types of drugs were available on the day of visit.

There was shortage of non EDL drugs namely, Paracetamol, VDRL kit, Antigen A,B,D and Povide Iodine Tincture at PHC in last 30 days. Drugs for hypertension and diabetes available at PHC are Tab-Amlodepin 5 & 10mg, Telmisarton 40, Mefformin 500 and Glimpride.

- All the diagnostics services are free for all the patients at PHC Singodi. PHC doesn't have x-ray testing facility.
- LaQshya is not implemented at PHC. Labour room condition was not good. There was also no functional operation theatre at PHC. Kayakalp internal assessment has not been done at PHC.
- PHC Singodi is a Designated Microscopy Centre under TB elimination programme. Anti TB drugs are also available at PHC.
- Biomedical waste management service is outsourced and "Kripa Wastage Pvt. Ltd." is the company which collect the BMW from PHC twice in a week. There was also sharp and deep burial pit at the centre.
- Covid 19 wards are available with 20 beds. Oxygen pipe line has also been installed in the PHC through centralised oxygen cylinder connectivity, however no utilization required till date.
- Key challenges observed in the facility are, non availability of adequate space, lack of human resources. Non connectivity road with main road and PHC is a major issue. Neither the facility infrastructure nor the available services are as per IPHS norms at PHC. Staff quarters are needed for smooth functioning of PHC as 24*7 health facility. Labour room is very small in size. Cleaning staffs are urgently required at PHC. 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 PHC Singodi, Chhindwara	*Internal courtyard area of the PHC*
	

Patient waiting area	*PHC internal gallery*
	
Inreraction of PRC official with Medical Officer	*Interaction with PHC staffs*
	
PHC Labour room	*Centralised Cylinder based Oxyzen pipe line system*
	
Drug store room with rack	*PRC team with all PHC Health staffs*
	

4.2.3. Community Health Centre – Tamia

- CHC Tamia is 30 bedded health centre situated adjacent to the main road of Tamia town. CHC is running in a new building and the overall infrastructure and premises campus was looking good and cleanliness of the facility was also good. Encroachment was a major issue of CHC, due to which neither CHC has its boundary wall nor has, own drainage system, which creates water logging issue in the CHC campus. There is no meeting room at CHC. As old CHC building has not been dismantled due to non completion of its age, full

construction work of new CHC has not been completed due to this issue. The next referral point from CHC is District Hospital, Chhindwara which is around 55 kilometres from the centre.

- CHC Tamia 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 Tamia. It has also drug and diagnostic (28 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.
- The present building infrastructural condition of CHC Tamia 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 Tamia has 24*7 electricity facility is available with power back-up DG sets.

- Human resources available at CHC is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	4	0	0
Obstetric Gynaecologist	1	0	0
Paediatrician	1	0	0
Anaesthetist	-	0	0
MO (MBBS)	6	2	1
MO (AYUSH)	-	-	-
SNs/ GNMs	6	5	-
ANM			
LTs	2	1	1
Pharmacist	2	0	1
RBSK MO	4	-	2
ward Boy	-	1	-

Source: CHC Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at CHC. None of the parameters, i.e. infrastructure, health services, HR etc. are 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 as per requirements. Internet facility is

available with good signal quality from private network provider at CHC.

- Out of total 251 EDL drugs list, 231 types of drugs were available on the day of visit. There was sufficient supply of consumables at CHC Tamia.
- All the drug and diagnostics services are free for all the patients at CHC Tamia. CHC has manual X-ray machine. Pathological service is running on PPP model at CHC and "Deepak Foundation" is the agency which provides the service. There was no any functional operation theatre at CHC, however one OT has been temporarily made in designated BMO official room and presently LTT service is being done on fixed days in a week.
- LaQshya is implemented at CHC and labour room score under LaQshya is 71% for this year internal assessment of CHC Tamia. Kayakalp internal assessment also done in CHC. The Kayakalp scorecard is 75.0% and Eco-Friendly scorecard is 77.3% of CHC Tamia in internal assessment for 2021-22.
- As informed by the CHC official, Rogi Kalyan Samiti (RKS) meeting not held in recent year due to Covid 19. The NHM budget for CHC Tamia for year 2020-2021 and 2021-2022 are as follows:

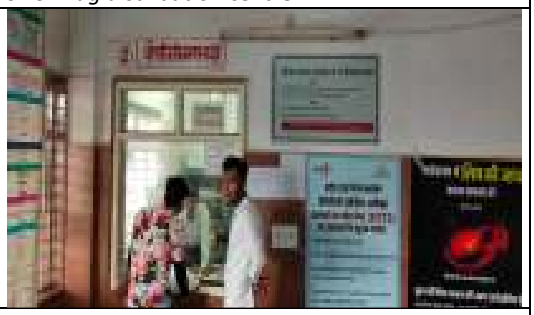
Cumulative Expenditure Analysis of NHM Budget at CHC Tamia up to September, 2021

Item	2020-21	2021-22
Budget Allocated (in Rs.)	34520231	29395523
Expenditure (in Rs.)	27489894	12628751
Last balance	7030337	16766772

Source: CHC Checklist, NHM PIP Monitoring, 2021

- Biomedical waste management services are outsourced at CHC. The 'Kripa Wastage Private Limited, Shivni' is the outsourced company which collect the BMW from CHC Tamia 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, labour room, OPD rooms, office rooms, meeting room, no operation theatre & multi analyser and overall CHC requirement. Lack of HR is one of the most major issues for smooth functioning of the facility as CHC. As informed by BMO, there is need of digital X-ray machine, hospital ambulance and proper MCH wings with having labour room, OT, BSU and specialists for smooth functioning of CHC as FRU. More staff quarters are needed for smooth functioning of CHC as 24*7 health facility. Issue of encroachment of CHC by local people needs to be addressed by senior administrative officials. 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 CHC Tamia, Chhindwara	*PRC team meeting with BMO and BPMU staffs*
	
Observation of Emergency patient dealing at CHC	*Interaction with NRC officials*
	
Interaction with Community people	*Visit to School by PRC teams*
	
OPD Patient Waiting area at CHC	*CHC Drug distribution centre*
	
Functional Kitchen facility for PNC patient	*Small OT used for LTT camp only*
	

4.2.4. Civil Hospital (CH) – Amarwada

- CH Amarwada is a 30 bedded hospital and situated adjacent to main pucca road of Amarwada town. CH is running in multi-storey building and overall infrastructure and premises cleanliness was good. The next referral point from CH is District Hospital, Chhindwara which is around 45 kilometres from the centre.
- CH Amarwada 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 CH Amarwada. CH has full-fledged oxygen management facility along with full functional separate Covid 19 ward. It has also drug and diagnostic (32 types of test facility) and other health care related services are available. CH has all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP etc.
- The present building infrastructural condition of CH Amarwada 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)	No
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: CH Checklist, NHM PIP Monitoring, 2021

CH Amarwada has 24*7 electricity facility is available with power back-up DG sets.

- Human resources available at CH is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	1	0	0
Obstetric Gynaecologist	1	0	0
Paediatrician	1	0	0
Anaesthetist	1	0	0
MO (MBBS)	5	1	1
MO (AYUSH)	6	0	3
SNs/ GNMs	24	11	1
ANM	4	0	2
LTs	6	3	0
Pharmacist	4	2	0
Public Health Manager (NUHM)	1	0	0
Ward boy	8	2	0

Source: CH Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at CH. None of the parameters, i.e. infrastructure, services, HR etc. is as per IPHS norms. CH neither has any specialist doctor nor have any

specialised services available. In name of emergency only general emergency service is available at CH.

- As per IT service is concerned, there is desktop, laptop and tablet available with the concerned designated staffs of CH and BPMU however there is shortage of desktop and laptop as per requirements. Internet facility is available with good signal quality at CH.
- Out of total 300 EDL drugs list, almost all types of drugs were available on the day of visit. There was also no any shortage of consumables at CH Amarwada. There is implementation of E-Aushidhi for drugs supply chain management system; however this is mainly used for indent process.
- All the drug and diagnostics services are free for all the patients at CH Amarwada. However, x-ray service is chargeable for APL patients. There is one functional operation theatre at CH, which is used for caesarean and LTT service only.
- LaQshya is implemented at CH and labour room score under LaQshya is 84% for this year internal assessment of CH Amarwada. Kayakalp internal assessment also done in CH. The Kayakalp scorecard is 80.8% of CH Amarwada in internal assessment for 2021-22.
- As informed by the CH official, Rogi Kalyan Samiti (RKS) meeting held in CH Amarwada. The RKS budget of year 2021-2022 is as follows:

Item RKS	**Income (in Rs.)**	**Expenditure (in Rs.)**
OPD	70000	-
IPD	59450	-
X-ray	16840	-
Untied Fund	250000	250000
Salary for outsource staffs	300000	300000
Other	75000	415719
Total	**771290**	**965719**

Source: CH Checklist, NHM PIP Monitoring, 2021

- Biomedical waste management services are outsourced at CH. The 'Kripa Wastage Private Limited, Shivni' is the outsourced company which collect the BMW from CH Amarwada on every alternate day.
- Key challenges observed in the facility are non availability of adequate space and designated labour room. As informed by BMO, CH labour room is sanctioned and soon the construction will get started. Lack of HR is one of the most major issues for smooth functioning of the facility as CH. Almost no any specialised service were available at CH due to non availability of any specialist doctors. Presently 10 Staff quarters are under

construction and was in the stage of handing over soon; however there are needs of more staff quarters for addressing the required staff structures of civil hospital. Quarters are one of important part for smooth functioning of any health centre as 24*7 health facility. 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 CH Amarwada, Chhindwara	*Functional Multistorey CH building*
	
PRC team with Hospital Staffs	*Staffs quarter Under contruction at CH*
	
OPD Registration Counter	*Interaction with ANC beneficiery at CH*
	
OPD Patient Waiting area	*Interaction with FD and other at NRC staffs*
	

PRC team meeting with BMO	*Labour room of CH*
	

4.2.5. District Hospital – Chhindwara

- DH Chhindwara is easily accessible from the main road. DH is running in two-three types of building. One part is running in newly constructed building, it covers OPD, IPD, wards and operative service except obstetric & gynaecological service. MCH wing is running in very old building. Similarly, diagnostic, pathology, dialysis, x-ray, Sonography etc are running in another very old building. Civil surgeon office and blood bank are also running in old building. The district hospital is running in very scattered area. The new building infrastructure and cleanliness was very good, however all the old building needs to be replaced with new designated building. The DH is a 400 bedded hospital, however the government medical college, namely 'Chhindwara Institute of Medical Science' is presently functional with DH only, so the DH is presently functional as 600 bedded hospital. The remaining part of the new DH building will be constructed soon. Medical College building is also under construction and is far from DH building. DH has some staff quarters for MO and other staffs, however quarters are less in comparison to its requirement.
- 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 Chhindwara has 24*7 electricity facility available with power back-up.

- DH Chhindwara has all the specialised service available. Although there is shortage of HR in the district as well as in DH but due to medical college staffs providing their clinical service at DH, it helps in dealing large number of patient flows at DH and beneficiaries are not

facing much issue due to lack of DH clinical staffs.

- DH has general OPD, IPD, 24*7 delivery care services, NCD clinic service, Covid 19 vaccination and testing, SNCU, 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, Chhindwara:

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)	No
Neonatal Intensive Care Unit (NICU)	Yes
Paediatric Intensive Care Unit (PICU)	Yes
Labour Room Complex	Yes
ICU	Yes
Dialysis Unit	Yes
Emergency Care	Yes
Burn Unit	Yes
Teaching block (medical, nursing, paramedical)	Yes
Skill Lab	Yes

- Apart from above mentioned services, there is general emergency with facility of triage, resuscitation and stabilization management under emergency services. Tele-medicine/Consultation services were also available at DH.
- Operation theatres are available at DH. There are functional Single general OT, Obstetrics & Gynaecology OT, elective major general OT, elective major Orthopaedic OT Ophthalmology/ENT OT and Emergency OT. DH has a fully functional Blood Bank service

and need of new blood bank building is reported.

- Human resources available at DH is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	05	0	0
Obstetric Gynaecologist	04	01	01
General Surgeon	02	01	0
Paediatrician	07	03	06
Anaesthetist	04	03	0
Other Specialists	11	04	0
MO (MBBS)	27	18	05
MO (AYUSH)	-	-	03
SNs/ GNMs	178	160	35
Radiographer	06	05	0
LTs	10	10	0
Pharmacist	11	08	0
Matron	07	01	0
Nursing Sister	10	05	0
Dentist	03	03	0
Ward boy	21	10	19

Source: DH Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at DH. Out of the total sanctioned post of 33 Specialist doctors only 12 are posted at DH. None of the parameters, i.e. infrastructure, 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 sufficient as per requirements. Internet facility is available with very good signal quality at DH.

- Out of total 129 EDL drugs list, most of the drugs were available on the day of visit. There were shortage of five priority drugs namely, Inj Adrenaline, Inj Amikacin 100mg, Inj Immuroglobulin 150mg and Inj Morphine at DH in last 30 days. There was sufficient supply of consumables at DH Chhindwara.

- 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, Sonography and dialysis service are running on PPP model. Dialysis service is chargeable for non BPL patients.

- LaQshya is implemented in labour room and Operation Theatre of DH and score in internal assessment are 96% and 92% for LR & OT respectively for year 2021-22 at DH Chhindwara. Kayakalp internal assessment also done in DH. The Kayakalp score is 89% and Eco-Friendly score is 78.49% of DH Chhindwara for year 2021-22. DH Chhindwara has been nominated

for Commendation Award for Kayakalp this year.

- In DH 7035 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 341 was OPD patients and 6694 were IPD patients. Around Rs.328.84 lakhs have been submitted for pre-authorization and claims amounting Rs. 300.49 lakhs have been submitted.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in DH, Chhindwara	
Beneficiary Identification Number and Transaction Management System	
Total Patients Registered	7035
Out Patients	341
In Patients	6694
Death Cases	0
Surgeries/Therapies Done	6094
Surgeries/Therapies Done Amount (Rs.)	30075300
Preauthorization Initiated	6557
Claims Submitted	6085
Amount Preauthorized in (Rs.)	32884040
Amount of Claims Submitted in (Rs.)	30049900

- As informed by the DH official, Rogi Kalyan Samiti (RKS) meeting not held in recent year due to Covid 19. The NHM budget for DH Chhindwara for year 2020-2021 and 2021-2022 are as follows:

Cumulative Expenditure Analysis of NHM Budget DH Chhindwara		
Item	**2020-21**	**2021-22 up to August**
Budget Allocated (in Rs.)	79578647	76482769
Expenditure (in Rs.)	71021100	36611684
Last balance	8557547	39871085

Source: DH Checklist, NHM PIP Monitoring, 2021

- Biomedical waste management services are outsourced at DH. The 'Kripa Wastage Private Limited, Shivni' 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. The DH building has not been constructed completely and MCH, SNCU, drug & diagnostic centre, blood bank are running in very old building. Presently DH is running as Medical College Hospital as CIMS doesn't have its own building. Drug store needs to be shifted to clean, big and spacious place urgently. There is need of at least 10 delivery tables in LR but due to no space this can't be installed. 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.

Civil Surgeon office DH Chhindwara	*PRC Team meeting with Civil Surgeon*
	
Multi storage building of the DH	*Central Pathology centre*
	
Labour room Register check by PRC team	*Interaction with patient in MCH wing*
	
OPD registration counter	*Mobile Blood collection Van used in camp*
	
Interaction with patient at PNC ward	*Newly installed latest BP Machine at DH*
	

5. Discussion, Summary and Key Recommendations

During the year 2021-22, PRC 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 Chhindwara district of MP in second week of September, 2021. PRC team visited District Hospital (DH) Chhindwara, Sub Divisional Hospital (CH) Amarwada, Community Health Centre (CHC) Tamia, 24*7 Primary Health Centre (PHC) Singodi and SHC Rajola, which are functioning as Health and Wellness Centre & 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 Chhindwara 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 one of the most

important reasons for the same. None of the visited facilities accomplish infrastructure norms under IPHS as well including DH Chhindwara. Some has lack of space, spacious labour room, OT etc. The issue of HR and some additional construction of building, especially at DH, are needed to execute the smooth functioning of health facilities as per their norms.

- Diagnostic services at different health facilities are not available as per their existing level. CH and CHC doesn't have caesarean section delivery facility. There was no blood bank or BSU in these centre neither have designated HR to provide these specialised services. These issues need to be address at higher level.
- Local MLA of Amarwada area has donated several health equipments i.e. x-ray machine, semi auto analyser, CBC cell counter machine, one ambulance and recently oxygen plant has been installed at CH Amarwada.
- 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.