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

## District: Shahdol

**(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 Shahdol 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 Shahdol district of MP in first week of October, 2021. PRC team visited District Hospital (DH) Shahdol, Community Health Centre (CHC) Burhar, 24*7 Primary Health Centre (PHC) Amraha and SHC Baihgar, 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 Shahdol 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 October, 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 Shahdol, CHC Burhar, 24*7 PHC Amraha and SHC Baihgar 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

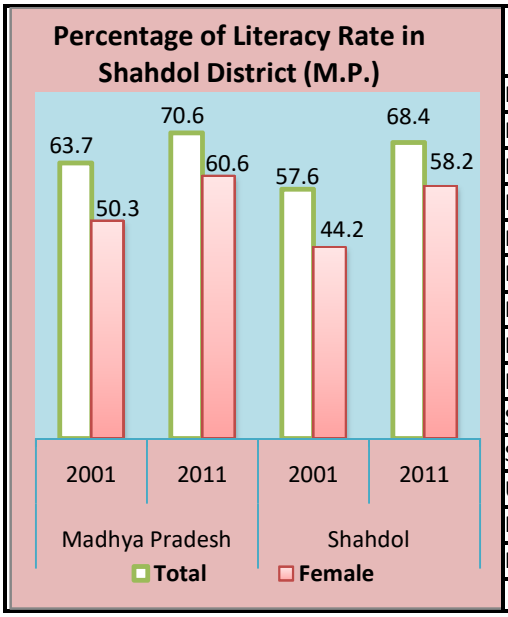
### 2.1 District Profile

- 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. Shahdol district is a district of Madhya Pradesh state in central India. The town of Shahdol is administrative headquarters of the district.
- Shahdol district is situated in the north-eastern part of Madhya Pradesh province of India. The district is part of Shahdol division. Because of the partition of the district on 15th August, 2003 the present area of the Shahdol district remains 6205 Sq. kms. It ranks 23rd

among all districts in terms of area in state. It is surrounded by Anuppur in the south-east, Satna and Sidhi in the north and Umaria in the west of Madhya Pradesh, on the south-east by Koriya district of Chhattisgarh.

- The district is divided into five blocks namely Beohari, Jaisinghnagar, Sohagpur, Gohparu and Burhar. As per Census 2011 Shahdol district has total two Nagapalika, four Nagar panchayats, two census towns, 391 Gram Panchayats and 844 villages (Inhabited-814, Un-inhabited-30). It caters to a population of 1066063 (Male: 540021, Female: 526042) and density of 172 persons per sq. kms as compared to 236 persons of MP. The percentage of scheduled caste population is 8.4 whereas, that of the scheduled tribes is 44.7 in the district.

**Key socio-demographic indicators**



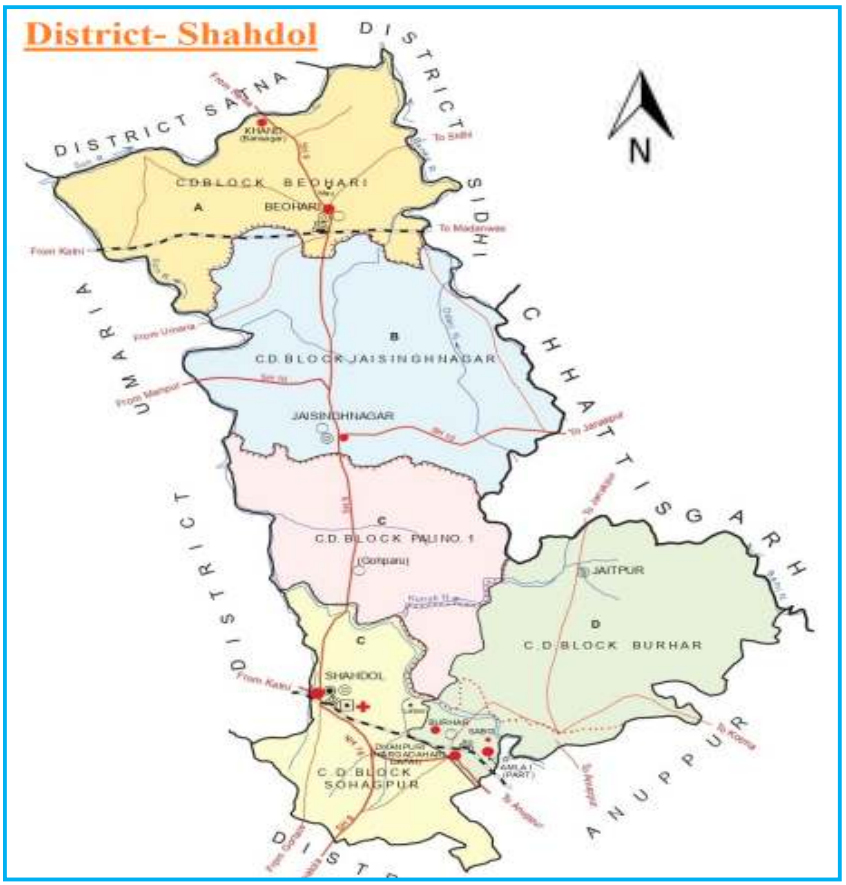

| Indicator | MP | | Shahdol | |
|---|---|---|---|---|
| | 2001 | 2011 | 2001 | 2011 |
| No. of Districts | 45 | 50 | - | - |
| No. of Blocks | 333 | 342 | 10 | 5 |
| No. of Villages | 55393 | 54903 | 1438 | 844 |
| No. of Towns | 394 | 476 | 19 | 6 |
| Population (Million) | 60.3 | 72.6 | 1.6 | 1.07 |
| Decadal Growth Rate | 24.3 | 20.3 | 18.4 | 17.3 |
| Population Density (per ($Km^{2)}$ | 196 | 236 | 146 | 172 |
| Literacy Rate (%) | 63.7 | 70.6 | 57.6 | 68.4 |
| Female Literacy Rate (%) | 50.3 | 60.6 | 44.2 | 58.2 |
| Sex Ratio | 919 | 930 | 954 | 968 |
| Sex Ratio (0-6 Age) | 932 | 918 | 961 | 946 |
| Urbanization (%) | 26.5 | 27.6 | 22.3 | 20.6 |
| Percentage of SC (%) | 15.2 | 15.6 | 7.4 | 8.4 |
| Percentage of ST (%) | 20.3 | 21.1 | 44.5 | 44.7 |

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

- The decadal growth rate of Shahdol has decreased from 1.4 percent during 2001-2011. The literacy rate of the district has increased by 10.8 percentage point during the decade. Total literacy rate is now 68.4 percent. Female literacy rate has increased by 14 points in Shahdol district from 44.2 percent in 2001 to 58.2 in 2011 which is lower than the state average (MP: 60.6 percent).
- The male-female ratio of Shahdol district is 968 females per thousand males in comparison to 930 per 1000 males for MP. The child sex ratio has decreased by 15 percentage points from 961 in 2001 to 946 in 2011, but is still more than the child sex ratio of the state (918/1000).

- District is very backward in the field of agriculture. Tribal of the district prefer the cultivation in the old traditional method. The size of the fields is very small and mainly they are marginal farmers. District Shahdol is very rich in its mineral resources. Minerals found in district are coal, fire clay and marble. Sohagpur Coal field contributes a major part in the revenue of the state.

## 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)

Shahdol 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. Shahdol district has one sub district hospital (SDH/CH), seven community health centres (CHC), 29 primary health centres (PHC), one urban primary health centre (UPHC) and 257 sub health centres (SHC) along with one 300 bedded district hospital (DH). District has only one Special Newborn Care Unit (SNCU) and six Nutritional Rehabilitation Centres (NRC) was available to provide child health care services. All 29 PHCs and 87 SHCs among 257 has been operational into health & wellness centre in Shahdol district. There is one blood bank two 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 15 Designated Microscopy Centres (DMC) and five Treatment Units (TU) available for providing screening and medicine to the TB patient along with one TrueNat test facility sites in the district. There are only Drug Resistant TB centres in the district. One District Early Intervention Centre is available in the district. There are seven NCD clinics and seven Comprehensive Abortion Care (CAC) facilities are available in the district (table 3.2).

**Table 3.2**: Details of Health Facilities available in the Shahdol District

| Facility Details | Sanctioned | Operational |
|---|---|---|
| 1. District Hospitals | 1 | 1 |
| 2. Sub District Hospital | 1 | 1 |
| 3. Community Health Centres (CHC) | 7 | 7 |
| 4. Primary Health Centres (PHC) | 29 | 29 |
| 5. Sub Centres (SC) | 257 | 257 |
| 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) | 6 | 6 |
| 10. District Early intervention Centre (DEIC) | 1 | 1 |

| | | |
|---|---|---|
| 11. First Referral Units (FRU) | 3 | 3 |
| 12. Blood Bank | 1 | 1 |
| 13. Blood Storage Unit (BSU) | 2 | 2 |
| 14. No. of PHC converted to HWC | 29 | 29 |
| 15. No. of U-PHC converted to HWC | 1 | 1 |
| 16. Number of Sub Centre converted to HWC | 231 | 87 |
| 17. Designated Microscopy Centre (DMC) | 15 | 15 |
| 18. Tuberculosis Units (TUs) | 5 | 5 |
| 19. CBNAAT/TruNat Sites | 1 | 1 |
| 20. Drug Resistant TB Centres | 1 | 1 |
| 21. Functional Non-Communicable Diseases(NCD) clinic | 7 | 7 |
| 22. Institutions providing Comprehensive Abortion Care (CAC) services | 7 | 7 |

***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 (at DH) of lab test were conducted in the district. Only four sub-centres (SHC) having Institutional delivery services available in the district. There are 20 PHCs conducting more than 10 deliveries in a month and seven CHCs conducting more than 20 deliveries in a month. Only district hospital (DH) conducting more than 50 deliveries in month. Caesarean section delivery facility is only available at DH in the Shahdol district. There is no medical college available in the district. In Shahdol district, only district hospital is 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 the sanctioned 11 RBSK teams, two teams per block are operational in the district along with eight vehicles. There is only one RBSK team in the district complete full quorum as per its norms.

**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 |
| Status of delivery points in the District (2021-22) | 33 |
| No. of SCs conducting >3 deliveries/month | 4 |
| No. of 24X7 PHCs conducting > 10 deliveries /month | 20 |
| No. of CHCs conducting > 20 deliveries /month | 7 |
| 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 | 0 |

| Indicator | Observation |
|---|---|
| No. of Medical colleges conducting C-section | 0 |
| Number of institutes with ultrasound facilities (Public+Private) | 1 |
| Of these, how many are registered under PCPNDT act (Pre-Conception and Pre-natal Diagnostic Technique Act-1994) | 0 |
| Details of PMSMA activities performed (Pradhan Mantri Surakshit Matritva Abhiyan) | 9th of the month |
| RBSK (Rashtriya Bal Swasthya Karyakram) | |
| Total no. of RBSK teams sanctioned | 11 |
| No. of teams with all HR in-place (full-team) | 1 |
| No. of vehicles (on the road) for RBSK team | 8 |
| No. of Teams per Block | 2 |
| No. of block/s without dedicated teams | 0 |
| Average no of children screened per day per team | 60-120 (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, three NBSU and six NRCs in functional in Shahdol district. The SNCU is 20 bedded and a total 2171 children (inborn-1459; outborn-712) have been admitted as per the records, 1614 children were cured after treatment and 152 children were referred to a higher facility. In DH Shahdol it was reported that 52 children left earlier without informing or left against medical advice (LAMA) and 355 children died during admission during year 2021-22 (upto September 2021). Among the available 20 radiant warmer and 20 phototherapy machines one and seven are non functional respectively during PRC team visit. On the other hand, total 324 newborn children were admitted in Newborn Stabilization Unit (NBSU) and 180 children discharged in 2020-21 (April-September 21) in the district. There were also 72 referral, 54 LAMA and 18 death cases from NBSU in Shahdol 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 | 20 |
| 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 | | 7 |
| **SNCU** | **Inborn** | **Out born** |
| Admission | 1459 | 712 |
| Defects at birth | 7 | 0 |
| Discharged | 1189 | 425 |
| Referral | 74 | 78 |
| LAMA | 25 | 27 |
| Died | 167 | 188 |
| **Newborn Stabilization Unit (NBSU) in the district (2021-22)** | | |
| **NBSU** | **Inborn** | **Out born** |
| Admission | 228 | 96 |
| Discharged | 138 | 42 |
| Referral | 54 | 18 |
| LAMA (Left Against Medical Advice) | 30 | 24 |
| Died | 6 | 12 |
| **Nutrition Rehabilitation Centres -NRC (2021-22) Total district data** | | |
| Admission | | 574 |
| Bilateral pitting oedema | | 1 |
| MUAC<115 mm | | 29 |
| <'-3SD WFH | | 303 |
| with Diarrhoea | | 177 |
| ARI/ Pneumonia | | - |
| TB | | - |
| HIV | | - |
| Fever | | - |
| Nutrition related disorder | | - |
| Others | | - |
| Discharged | | - |
| Referral/ Medical transfer | | - |
| LAMA | | - |
| Died | | - |
| **Home Based Newborn Care (HBNC)** | | |
| No. of ASHA having HBNC kit | | 1126 |
| No. of Newborns visited under HBNC | | 4137 |
| No. of ASHA having drug kit | | 1126 |
| Number of Maternal Death Review conducted | | |
| Previous year (2020-21) | | 49 |
| Current FY (2021-22) | | 14 |

### 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 Shahdol 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 75 specialist doctors only seven are working. There is no general medicine, paediatrician, ENT, anaesthetist, radiologist and orthopaedic specialists in the district. Only

one general surgeon, one obstetric & gynaecologist and one eye specialist doctors are available in Shahdol district. Out of 109 sanctioned post of Medical officers only 68 are working, 118 staff nurses and 385 ANMs are working against their sanctioned post of 306 and 433 respectively. There are 38 lab technicians, four radiographer/x-ray technician and 24 pharmacists are available against their sanctioned post of 47, 9 and 52 respectively. There are 14 AYUSH MO and 80 CHO are available against 14 and 84 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 (%) |
|---|---|---|---|
| Surgeon Specialist | 13 | 1 | 92.3 |
| Paediatrician Specialist | 10 | 0 | 100.0 |
| Medicine Specialist | 13 | 0 | 100.0 |
| Obstetric & Gynaecologist | 13 | 1 | 92.3 |
| Anaesthetist | 7 | 0 | 100.0 |
| Eye Specialist | 3 | 1 | 66.7 |
| Orthopaedic Specialist | 5 | 0 | 100.0 |
| Pathologist | 3 | 1 | 66.7 |
| Radiologist | 2 | 0 | 100.0 |
| Dental Specialist | 1 | 1 | 0.0 |
| Other Specialists | 5 | 2 | 60.0 |
| MO (MBBS) | 109 | 68 | 37.6 |
| Dentists/ Dental Surgeon/ Dental MO | 3 | 2 | 33.3 |
| Dental technician | - | - | - |
| Radiographer/ X-ray technician | 9 | 4 | 55.6 |
| OT technician | - | - | - |
| CHO/ MLHP | 84 | 80 | 4.8 |
| AYUSH MO | 14 | 14 | 0.0 |
| AYUSH Pharmacist | - | - | - |
| ANM | 433 | 385 | 11.1 |
| MPW (Male) | 169 | 169 | 0.0 |
| Staff Nurse | 306 | 118 | 61.4 |
| Lab technician | 47 | 38 | 19.1 |
| Pharmacist (Allopathic) | 52 | 24 | 53.8 |

### 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 Shahdol, there are 12 Janani Express and nine “108” emergency response vehicles along with one Advanced Life Support vehicle in the district. There are four Mobile Medical Unit (MMU) vehicles functional in the district. The referral transport service in the district is running through centralised call centre from state (table 3.6).

**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 – 12<br>'108' Vehicle - 09 |
| 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) | | 12 |
| If the vehicles are GPS fitted and handled through centralized call centre | | Yes (12) |
| Average number of trips per ambulance per day | | 4 |
| Average km travelled per ambulance per day | | 97 |

**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 | 1136 |
| Selected | 1119 |
| No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population | 28/02 |
| No. of villages/ slum areas with no ASHA | 7 |
| **Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)** | |
| No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) | 649 |
| No. of ASHA Facilitator/Sahyogi enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) | 73 |
| No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) | 748 |
| No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) | 77 |
| No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) | 354 |
| No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) | 27 |
| Any other state specific scheme_____ | - |
| **Mahila Arogya Samitis (MAS)-** | |
| No. of VHSNC Formed | 786 |
| No. of VHSNC Trained | 786 |
| No. of VHSNC account opened | 786 |
| Number of facilities NQAS certified in the district | 1 |
| No. of health facilities implemented Kayakalp | 64 |
| No. of health facilities implemented Swachh Swasth Sarvatra (SSS) | 296 |
| Activities performed by District Level Quality Assurance Committee (DQAC) | 1 |

### 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 Human Resources then in untied fund and Programme management. 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 | - | - |
| FMR 2: Service Delivery: Community Based | - | - |
| FMR 3: Community Intervention | - | - |
| FMR 4: Untied grants | 14735000 | 0 |
| FMR 5: Infrastructure | 3609600 | 3238114 |
| FMR 6: Procurement | - | - |
| FMR 7: Referral Transport | - | - |
| FMR 8: Human Resource (Service Delivery) | 86504577 | 35825164 |
| FMR 9: Training | 815000 | 358500 |
| FMR 10: Review, Research and Surveillance | - | - |
| FMR 11: IEC-BCC | 590920 | 48864 |
| FMR 12: Printing | - | - |
| FMR 13: Quality | 118000 | 0 |
| FMR 14: Drug Warehouse & Logistic | - | - |
| FMR 15: PPP | - | - |
| FMR 16: Programme Management | 4220000 | 1096632 |
| FMR 16.1: PM Activities Sub Annexure | - | - |
| FMR 17: IT Initiatives for Service Delivery | - | - |
| FMR 18: Innovations | 0 | 0 |

Table 3.9 shows that under programme wise budget allocation as well as utilization is highest under the ASHA's salary & incentives followed by Infrastructure and RCH & Health system flexipool. 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 | 26869919 | 12691729 |
| Maternal Health | 3331385 | 1040645 |
| Child Health | 9530000 | 593770 |
| RBSK | 12957345 | 1288050 |
| Family Planning | 9470315 | 91700 |
| RKSK/ Adolescent health | 21000 | 0 |
| PC-PNDT | 11418692 | 3949669 |
| Immunization | 14735000 | 0 |
| Untied Fund | 0 | 0 |
| Comprehensive Primary Healthcare (CPHC) | 3053830 | 1090665 |
| Blood Services and Disorders | 3609600 | 3238114 |
| Infrastructure | 64328324 | 26671865 |
| ASHAs | 86504577 | 35825164 |
| HR | 4220000 | 1096632 |
| Programme Management | 0 | 0 |
| MMU | 0 | 0 |
| Referral Transport | 0 | 0 |
| Procurement | 118000 | 0 |
| Quality Assurance | - | - |
| PPP | - | - |

| Indicator | Budget Released (in Rs.) | Budget utilized (in Rs.) |
|---|---|---|
| NIDDCP | 7000 | 0 |
| NUHM | 1444184 | 32503 |
| Communicable Diseases Pool | - | - |
| Integrated Disease Surveillance Programme (IDSP) | 117900 | 10370 |
| National Vector Borne Disease Control Programme (NVBDCP) | 1334025 | 117576 |
| National Leprosy Eradication Programme (NLEP) | - | - |
| National TB Elimination Programme (NTEP) | - | - |
| Non-Communicable Diseases Pool | | |
| National Program for Control of Blindness and Vision Impairment (NPCB+VI) | 60000 | 0 |
| National Mental Health Program (NMHP) | 79645 | 0 |
| National Programme for Health Care for the Elderly (NPHCE) | 0 | 0 |
| National Tobacco Control Programme (NTCP) | 3300000 | 90576 |
| National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) | 1672500 | 18070 |
| National Dialysis Programme | 0 | 0 |
| National Program for Climate Change and Human Health (NPCCHH) | 176000 | 0 |
| National Oral health programme (NOHP) | 338000 | 0 |
| National Programme on palliative care (NPPC) | 0 | 0 |
| National Programme for Prevention and Control of Fluorosis (NPPCF) | 0 | 0 |
| National Rabies Control Programme (NRCP) | 0 | 0 |
| National Programme for Prevention and Control of Deafness (NPPCD) | 13056 | 0 |
| National programme for Prevention and Management of Burn & Injuries | 0 | 0 |
| Programme for Prevention and Control of Leptospirosis (PPCL) | 0 | 0 |

## 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 Baihgar 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 Baihgar.

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 Shahdol. 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. People informed that, they are having issue in getting the ambulance as well as in referral transport.

Villagers are living with very simple lifestyle; most of them are poor and mostly dependent on agriculture. Almost all the respondent has toilet facility, many have LPG connection too, but most of the people are 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 7$^{th}$ Module training and performing supportive supervision. Most of the ASHA's are receiving there incentives on time. Reaching to one village, Ghoghra Tola is very difficult, only by walk any one can reach and it is 6-8 kilometres from any connected road.

Community people interviewed at SHC Baihgar 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. RBSK team has visited to village school in August 2021 for screening for 4Ds among children.

## 4.2 Service Availability at the Visited Public Health Facilities

### 4.2.1. Sub Health Centre/ HWC - Baihgar

- SHC Baihgar is located a bit far from village main road, however for reaching SHC, connecting road is available, which is constructed of soil and bricks concrete. SHC is running in very old building and having issues of water leakage from roof as well from wall. Since HWC branding has done recently, so outer look of SHC is very good and cleaning of overall premises is very good, due to the ANM's personal involvement. SHC

is covered with boundary wall. The next referral point from SHC is PHC Channodi which is around five kilometres from the centre.

- SHC Baihgar 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 Baihgar. ANM of SHC is residing at SHC quarter and keeps the premises very neat and clean. Lots of gardening has been done by her. There is urgent need of repairing of SHC building and quarter.
- The screening of NCD patients done at SHC. Data for last six months is as follows:

| Disease | Screened | Confirmed |
|---|---|---|
| Hypertension | 180 | 50 |
| Diabetes | 180 | 35 |
| Oral cancer | 80 | 0 |
| Breast cancer | 100 | 0 |
| Cervical cancer | Referred | |

***Source: HSC Checklist, NHM PIP Monitoring, 2021***

- As per IT service is concerned, there is one 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 98 EDL drugs, 72 types of drugs were available on the day of visit. There was shortage of one drug namely, Metradozole in last 30 days at SHC. Two drugs for hypertension and diabetes are available namely Amlodipine and Metformin at SHC.
- BP instrument, thermometer, glucometre, contraceptives etc are available at SHC. Rapid diagnostic kits with sufficient supply are available at SHC.
- Key challenges observed in the facility are, repairing of SHC building and ANM quarter is needed urgently. Pucca road connectivity from SHC to village main road is needed, for getting rid of water logging facility in rainy season. ASHAs of SHC area have delayed payment issue of their salary and incentives.

| | |
|---|---|
| *Entry Gate of SHC Baighar* | *PRC team with SHC staffs* |
|  |  |
| *Labour room of SHC* | *Interaction with CHO, ANM and ASHAs* |
|  |  |
| *SHC Premises* | *SHC with Boundary wall* |
|  |  |
| *SHC building entry point* | *Poor building status* |
|  |  |
| *Live demo of NCD data by CHO to PRC team* | *Data collection by PRC team* |
|  |  |

**4.2.2. Primary Health Centre/ HWC - Amraha**

- PHC Amraha is accessible to the nearby concrete main road of Amraha. 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 CHC Singhpur which is around 14 kilometres from the centre.
- PHC Amraha 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 back-up | Yes (Not working) |
| Branding | No |

***Source: PHC Checklist, NHM PIP Monitoring, 2021***

Although PHC have DG sets for power back-up, but it was not functional for last six months. Repairing or replacement of DG sets is needs to be done on most priority basis. Inverter is also available and functional at PHC. Water cooler is not working.

- PHC Amraha is a six bedded primary health care centre with having General OPD/IPD services, 24*7 delivery care services (only normal), NCD screening (in general OPD), Covid 19 vaccination and testing, drug and diagnostic and other primary health care related services available. Presently lab testing facility is not fully functional as lab technician was in maternity leave and no LT has been provided on her replacement. Only kit based lab test is done during our visit. There is no NBSU at PHC Amraha. Tele-Consultation services are not available at the centre. PHC has all the family planning services available like, OP, EP, condom, IUCD, PPIUCD, MTP etc.
- Human resources available at PHC is as follows:

| HR | Sanctioned | Regular | Contractual |
|---|---|---|---|
| MO (MBBS) | 01 | 0 | 01 |
| MO (AYUSH) | 01 | 0 | 0 |
| SNs/ GNMs | 01 | 0 | 0 |
| ANM | 03 | 01 | 03 |
| LTs | 01 | 0 | 01 |
| Pharmacist | 01 | 0 | 01 |
| Ward boy | 01 | 01 | 0 |

***Source: PHC Checklist, NHM PIP Monitoring, 2021***

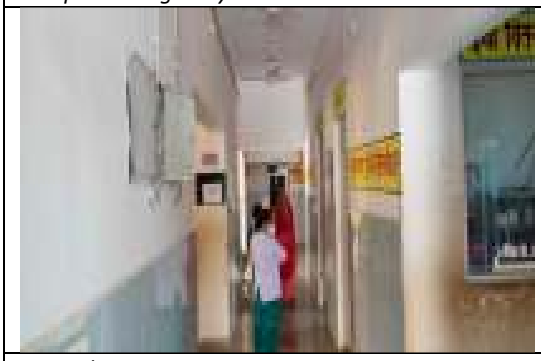
- As per IT service is concerned, there is only one laptop at PHC Amraha which is given to CHO. Tablet is only available with field ANM. One desktop along with UPS and printer is needed at PHC. Internet facility is available; however internet speed is not good. For internet connectivity data entry operator use his own mobile data.
- Out of total 191 EDL drugs, 150 types of drugs were available on the day of visit. There was shortage of five priority drugs namely, inj. Dexamethagen, inj. adirenalle, inj. oxytocin, inj. magnesium Sulphate and inj. Antibiotics at PHC in last 30 days. Drugs for hypertension and diabetes available at PHC are Atenolol, Nefidipine and metformin.
- As informed by the PHC official, Rogi Kalyan Samiti (RKS) meeting held in every three months at PHC Amraha. Last meeting held in year 2020. The RKS budget of year April 2020-March 2021 is as follows:

| Item | Income (in Rs.) | Expenditure (in Rs.) |
|---|---|---|
| OPD | 7655 | - |
| Untied Fund | 87500 | 87500 |
| Other | 5000 | 2850 |
| Total | 95155 | 90350 |

***Source: PHC Checklist, NHM PIP Monitoring, 2021***

- All the diagnostics services are free for all the patients at PHC Amraha. There is no functional operation theatre at PHC. PHC Amraha is not a Designated Microscopy Centre under TB elimination programme.
- Biomedical waste management practices are available with sharp and deep burial pit at the centre. Presently deep burial pit was damaged during rainfall, needs to be repaired.
- Kayakalp has initiated at PHC Amraha and as per internal assessment PHC has Kayakalp score of 51.7% in year 2021-22.
- The PHC is functional as delivery point and on an average 25-30 deliveries conducted per month. It has two functional delivery tables, one small autoclave. The big autoclave machine is not working for 3-4 months. Delivery kit for staff nurse and infant clothes are not available for last 2-3 months at PHC Amraha. There is need of air conditioner in labour room.
- Key challenges observed in the facility are, non availability of adequate space for drug storage. As this is a delivery point PHC, there should be posting of at least two medical officers, however only ANM and one CHO are posted at PHC and one ANM is posted for field. Lack of HR is a major issue for smooth running of health facility as per IPHS norms.

There is no proper designated space for patient waiting area, as well as lack of chairs for waiting patient found 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. Untimely and non payment of untied fund restricts in doing repairing and maintenance work at PHC.

| | |
|---|---|
| *Entry Gate of PHC Amraha, Shahdol* | *PRC team meeting with MO and Health staffs* |
|  |  |
| *Patient waiting area* | *ASHA help desk for COVID-19 Vaccination* |
|  |  |
| *PHC premises gallery* | *PRC team Interaction with PNC Beneficiery* |
|  |  |
| *PHC Labour room* | *Generator for Power backup (Not functional)* |
|  |  |

| *Visit to Aanganwadi Centre, Kerha with RBSK team* | *Visit to Middle School, Kerha* |
|---|---|
|  |  |

**4.2.3. Community Health Centre - Burhar**

- CHC Burhar is a 30 bedded designated MCH Level 3 hospital, which is accessible to the nearby concrete main road of Burhar town. CHC is running in old building. Building condition very poor, there is also very much lack of space. New multi-storey building is needed as per IPHS norms for appropriate functioning of the CHC. The next referral point from CHC is District Hospital, Shahdol which is around 25 kilometres from the centre.
- The present building infrastructural condition is as follows:

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

***Source: CHC Checklist, NHM PIP Monitoring, 2021***

- CHC Burhar has general OPD, IPD, 24*7 delivery care services (only normal), NCD screening (in general OPD), TB, leprosy, Malaria, MLC, PM services, Covid 19 vaccination and testing, NBSU and NRC services. CHC doesn't have specialised services facility due to non availability of any specialist doctors. It has also drug and diagnostic services, however presently X-ray service is not available due to non working of x-ray machine. CHC needs new digital machine as old machine is very old and almost non-repairable now due to non availability of its part. CHC has all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP etc.
- As per IT service is concerned, the available equipments (desktop, laptop) are not sufficient as per need. There is shortage of desktop and laptop as per requirements.

Internet facility is available with good signal quality at CHC.

- Human resources available at CHC is as follows:

| Human Resources | Sanctioned | Working (Reg) | Working (Cont) |
|---|---|---|---|
| **Specialists** | | | |
| Medicine | 01 | 0 | 0 |
| Obstetric Gynaecologist | 01 | 01 | 0 |
| Paediatrician | 01 | 0 | 0 |
| Anaesthetist | 0 | 0 | 0 |
| MO (MBBS) | 06 | 01 | 03 |
| MO (AYUSH) | 0 | 0 | 0 |
| SNs/ GNMs | 09 | 07 | 02 |
| ANM | 02 | 02 | 0 |
| LTs | 02 | 02 | 0 |
| Pharmacist | 02 | 01 | 0 |
| Public Health Manager (NUHM) | - | - | - |
| MSN | - | - | - |

***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.

- Out of total 243 EDL drugs list almost all drugs were available at CHC. There is shortage of TT injection at CHC for around one year. There was no any shortage of consumables at CHC Burhar.

- All the drug and diagnostics services are free for all the patients at CHC Burhar except x-ray service, which charged Rs. 10 for APL people. There is one functional operation theatre at CHC, which is only used for LTT service. The moving OT light was non functional. A new 18KV Autoclave machine provided to CHC but due to electricity loading issue, it has not been installed at CHC till the date of PRC team visit. There are two ambulances available at CHC Burhar in which one is donated by local MLA. These ambulance services are free for all at CHC.

- LaQshya is implemented at CHC and labour room score under LaQshya program is 87% for this year internal assessment of CHC Burhar. Kayakalp internal assessment also done in CHC. The Kayakalp scorecard is 79.43% and Eco-Friendly scorecard is 67.14% of CHC Burhar in internal assessment for 2021-22.

- As informed by the CHC official, Rogi Kalyan Samiti (RKS) meeting held in CHC Burhar. The last RKS meeting held on 23$^{rd}$ January 2021. The RKS budget of year April 2021-

September 2021 is as follows:

| Item | Income (in Rs.) | Expenditure (in Rs.) |
|---|---|---|
| OPD | 39200 | - |
| Income from Shop | 64450 | - |
| Untied Fund | - | - |
| Other | 164175 | 345191 |
| Total | 267825 | 345191 |

***Source: CHC Checklist, NHM PIP Monitoring, 2021***

- Biomedical waste management services are outsourced at CHC. The 'MP Biomedical Waste Disposal System Private Limited, Katni' is the outsourced company which collect the BMW from CHC Burhar on alternate day.
- Key challenges observed in the facility are, non availability of adequate space. There is lack of space for clinical service, patient waiting area, wards, OPD rooms, office rooms, meeting room and overall CHC requirement. Lack of HR is the most major issues in smooth functioning of the facility as CHC. As informed by BMO, there is need of BSU and anaesthetist for conducting caesarean section delivery at CHC. Eight staff quarters are under construction at CHC, but this will be insufficient for all available posts at CHC. More staff quarters construction and new CHC building is needed for smooth functioning of CHC as 24*7 FRU health facilities. 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 Burhar* | *Functional NBSU* |
|  |  |
| *PRC team interactuin with PNC beneficiery* | *Meeting with BMO and BPMU staffs* |
|  |  |
| *OPD Registration Counter* | *Damage Ceiling in CHC* |

*OPD Waiting area for Patient*

*Functional Bio Medical Waste Collection Room*

*CHC Labour room*

*PRC team with Hospital Staffs*

**4.2.4. District Hospital – Shahdol**

- Kushabhau Thakre District Hospital, Shahdol is a 300 bedded fully functional hospital and easily accessible from the main road of the city. DH Shahdol caters to around ten lakhs population of Shahdol. DH is running in a broadly expanded old building and overall infrastructure and cleanliness of the facility was good. The patient load at DH is very high; the facility is functioning as double of its capacity.
- 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 Shahdol has 24*7 electricity facility available with power back-up.

- DH has general OPD, IPD, 24*7 delivery care services, NCD screening, Covid 19 vaccination and testing, SNCU, NRC services. 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, Shahdol:

| **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) | No |
| 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 | No |

- Apart from above mentioned services, there is general emergency, triage, resuscitation and stabilization 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, Ophthalmology/ENT OT. Elective OT Major (general and orthopaedic) was also functional at DH. Government Medical College, Shahdol's buildings are under construction, so all doctors are linked with DH for providing their clinical service at DH Shahdol only. This leads to smooth functioning of all specialised services at DH. There is fully functional Blood Bank at DH Shahdol.

- Human resources available at DH is as follows:

| **Human Resources** | **Sanctioned** | **Working (Reg)** | **Working (Cont)** |
|---|---|---|---|
| **Specialists** | | | |
| Medicine | 04 | 0 | 0 |
| Obstetric Gynaecologist | 04 | 0 | 0 |
| General Surgeon | 04 | 01 | 0 |
| Paediatrician | 07 | 01 | 02 |
| Anaesthetist | 04 | 0 | 0 |
| Other Specialists | 14 | 02 | 0 |
| MO (MBBS) | 25 | 27 | 02 |
| MO (AYUSH) | 0 | 0 | 0 |
| SNs/ GNMs | 165 | 140 | 16 |
| ANM | - | - | - |
| LTs | 11 | 10 | 2 |
| Pharmacist | 09 | 06 | 0 |
| Matron | - | - | - |
| Nursing Sister | 11 | 02 | - |
| MSN | - | - | - |
| Ward boy | 42 | 08 | 13 |

***Source: DH Checklist, NHM PIP Monitoring, 2021***

Human resources status is very poor at DH. Out of the total sanctioned post of 37 Specialist doctors only two are posted at DH. None of the parameters, i.e. infrastructures, 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 158 EDL drugs list, all types of drugs were available on the day of visit. There were shortage of five priority drugs namely, L.M.W.H., Streptocinac, calcium gluconate, iron+sucrose, Inj. ctiophyllin, Therphylin at DH in last 30 days. There was very minimal shortage of consumables at DH Shahdol.
- All the drugs, diagnostic service and pathological tests are free for all the patients at district hospital. Pathological testing and dialysis service are running on PPP model. Dialysis service is Rs. 500/- chargeable for non BPL patients.
- Kayakalp internal assessment also done in DH. The Kayakalp score is 81.29% and Eco-Friendly score is 72.38% of DH Shahdol for year 2021-22. DH Shahdol also won four years Kayakalp consolation award in year 2015, 2016, 2018 & 2020. NQAS internal assessment done for seven departments of DH for year 2021-22. LaQshya is implemented at DH and labour room score under LaQshya program is 89% for this year internal assessment of DH Shahdol.

- In DH 6675 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 387 was OPD patients and 6288 were IPD patients. Around Rs.307.58 lakhs have been submitted for pre-authorization and claims amounting Rs. 263.59 lakhs have been submitted.

| **Status of BIS and TMS under Ayushman Bharat (PMJAY) in DH, Shahdol** | |
|---|---|
| Beneficiary Identification Number and Transaction Management System | |
| Total Patients Registered | 6675 |
| Out Patients | 387 |
| In Patients | 6288 |
| Death Cases | 19 |
| Surgeries/Therapies Done | 5643 |
| Surgeries/Therapies Done Amount (Rs.) | 26426910 |
| Preauthorization Initiated | 6292 |
| Claims Submitted | 5632 |
| Amount Preauthorized in (Rs.) | 30758240 |
| Amount of Claims Submitted in (Rs.) | 26359810 |

***Source: DH Checklist, NHM PIP Monitoring, 2021***

- As informed by the DH official, Rogi Kalyan Samiti (RKS) meeting last held in DH Shahdol was in year 2019. Due to internal conflict of the political party representatives as member of RKS, no meeting held in last two years. The RKS budget detail for year 2021-2022 is as follows:

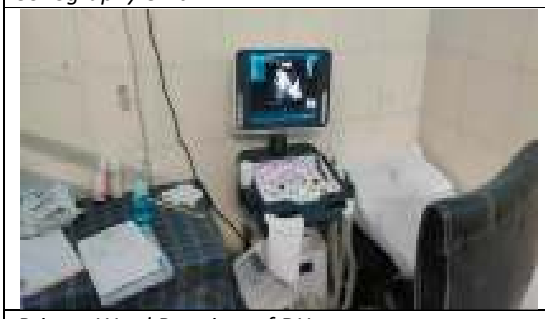
| **Year 2021-2022 (till 30/09/2021)** | | | |
|---|---|---|---|
| **Item** | **Income (in Rs.)** | **Item** | **Expenditure (in Rs.)** |
| Total income | 23485929 | Total expense | 13747284 |
| Previous balance | 8476305 | Last balance | 18710265 |
| Grand total | 31962234 | Grand total | 32457549 |
| Grand total | 6410577 | Grand total | 6410577 |

***Source: DH Checklist, NHM PIP Monitoring, 2021***

- Biomedical waste management services are outsourced at DH. The 'MP Biomedical Waste Disposal System Private Limited, Katni' is the outsourced company which collect the BMW from DH Shahdol on daily basis.
- Key challenges observed in the facility are, non availability of adequate doctors and paramedical staffs. There are only two specialist doctors against the sanctioned post of 37 in DH Shahdol. The old and broad expanded DH building is a major issue in smooth running of hospital. DH is overloaded with patient flow. It is catering almost 600 IPD patients instead of its 300 bedded capacity. Similarly SNCU has the case load of more than 40 instead of its 20 bedded capacity. Lack of technical staffs, specially, anaesthesia technician and OT technician is a major issue in dealing with the surgical patient flow at DH Shahdol. There is a need of 500 MA digital x-ray machine at DH and demand raised for more than two years, but still not provided. Only one 300 MA x-ray machine is

available at DH. Daily around 70-110 x-ray done at DH. Shortage of gloves found at labour room, there is shortage of disposable delivery kit as well at DH. DH has HDU facility, however there were many issues in HDU's smooth functioning, i.e. three cardio follow-up bed, three (out of five) pulse-oximeter and BP cough Multi Parameter was not working in the HDU at the time of PRC team visit. Mosquito nets were not available at NRC. DIEC is not fully functional due to several vacant posts. 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, Shahdol* | *PRC Team meeting with Civil Surgeon* |
|  |  |
| *Central Pathological Lab of DH* | *PNC ward of DH* |
|  |  |
| *Mechanised Laundry room at DH* | *Oxyzen Plant under PM Care Fund at DH* |
|  |  |

| *Sonography Unit* | *Modular Operation Theater* |
|---|---|
|  |  |
| *Private Ward Premises of DH* | *Interaction of PRC team with NRC staffs* |
|  |  |

## 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 Shahdol district of MP in first week of October, 2021. PRC team visited District Hospital (DH) Shahdol, Community Health Centre (CHC) Burhar, 24*7 Primary Health Centre (PHC) Amraha and SHC Baihgar, 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, 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 Shahdol 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. Some has lack of space, spacious labour room, OT etc. The issue of HR and some additional construction of building for clinical services and staff quarters 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. CHC Burhar doesn't have X-ray, Sonography and caesarean section delivery service. DH doesn't have MRI service. Functioning of FRU and DH as per IPHS norms needs to be assured by higher authority.
- DH Shahdol has very high load of IPD patients as per its available bed capacity. New multi storey IPD wards or a separate new MCH wing with higher bed capacity is needed to be constructed at DH.
- 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.