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

District: Datia

(Madhya Pradesh)

Study Completed By

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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 Suksha Karyakram
APL	Above Poverty Line	**JSY**	Janani Suksha 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 Datia 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 Datia district of MP in third week of November, 2021. PRC team visited District Hospital (DH) Datia, Community Health Centre (CHC) Basai, 24*7 Primary Health Centre (PHC) Sonagir and SHC Bardhwa, 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 Datia 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 November, 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 Datia, CHC Basai, 24*7 PHC Sonagir and SHC Bardhwa 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

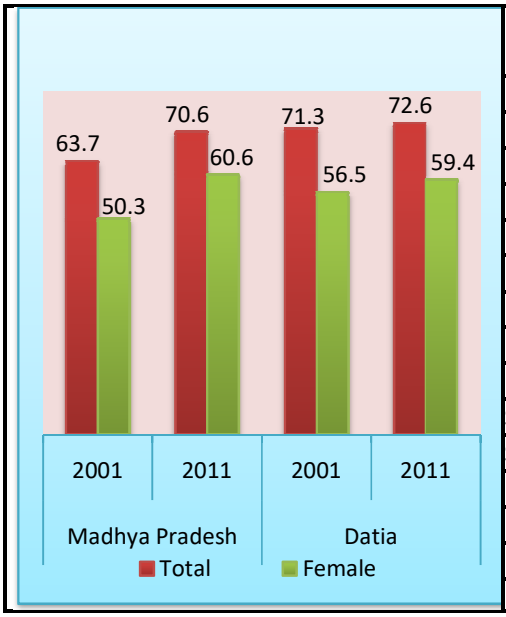
2.1 District Profile

- 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. Datia district is a district of Madhya Pradesh state in central India. The town of Datia is administrative headquarters of the district.
- Datia district is situated in the northern Bundelkhand region of Madhya Pradesh province of India. The district is part of Gwalior division. Because of the division of the district on 1st November, 1956 the present area of the district remains 2902 Sq. kms. It ranks 49th among all districts in terms of area in state. The district is bounded by Bhind and Gwalior districts in the

north and Jhansi district of Uttar Pradesh in the south; again Gwalior and Shivpuri in the west and Bhind district in the east.

- The district is divided into four tehsils, three blocks namely Seonadha, Datia and Bhander. As per Census 2011 Datia district has total, five statutory towns, 281 Gram Panchayats and 631 villages (Inhabited-586, Un-inhabited-45). It caters to a population of 786754 (Male: 420157, Female: 366597) and density of 271 persons per sq. kms as compared to 236 persons of MP. The percentage of scheduled caste population is 25.5 whereas, that of the scheduled tribes is 1.9 in the district.

Key socio-demographic indicators



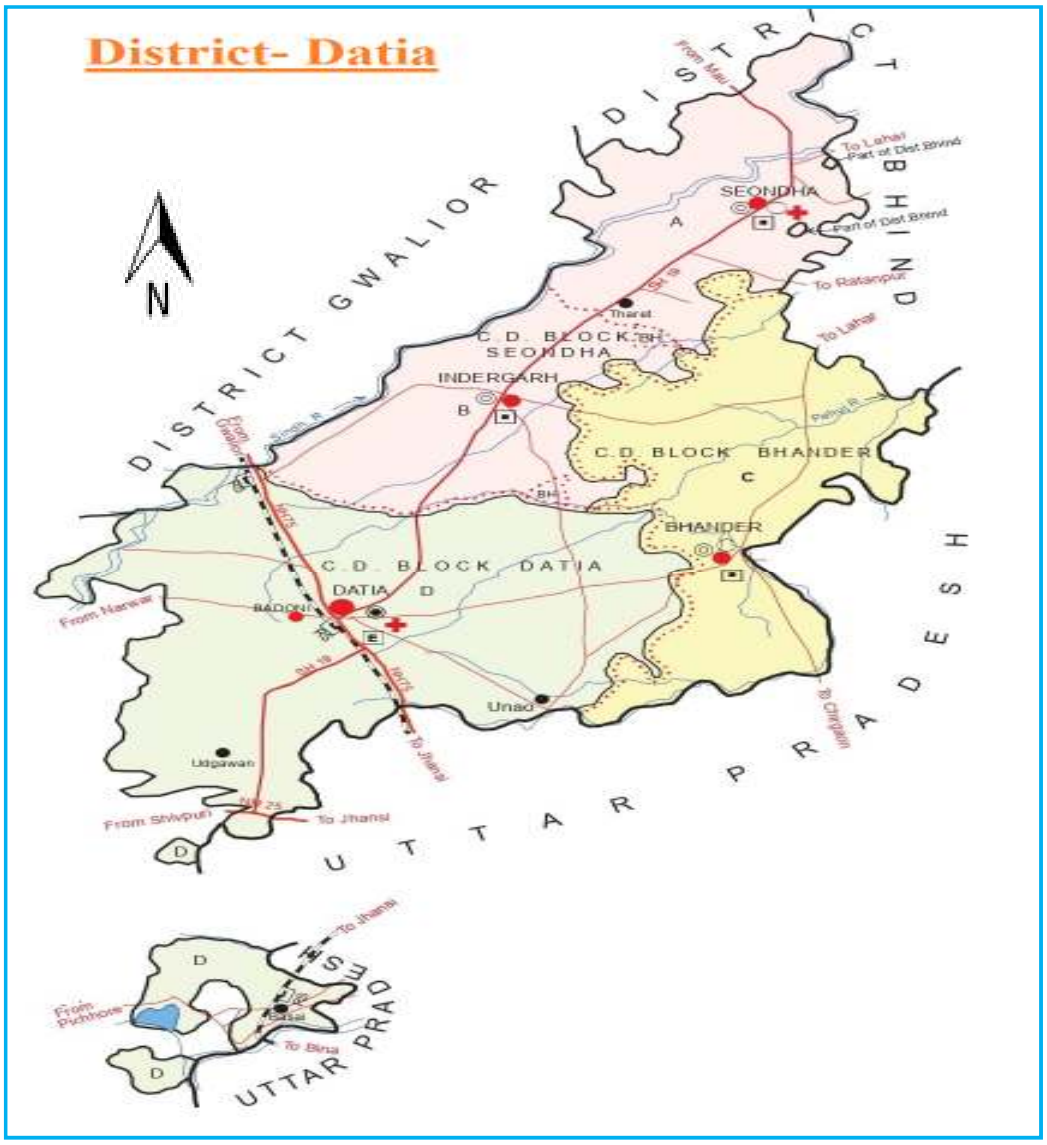
Indicator	MP		Datia	
	2001	2011	2001	2011
No. of Districts	45	50	-	-
No. of Blocks	333	342	3	3
No. of Villages	55393	54903	602	631
No. of Towns	394	476	4	5
Population (Million)	60.3	72.6	0.66	0.79
Decadal Growth Rate	24.3	20.3	22.0	18.5
Population Density (per ($Km^{2)}$	196	236	247	271
Literacy Rate (%)	63.7	70.6	71.3	72.6
Female Literacy Rate (%)	50.3	60.6	56.5	59.4
Sex Ratio	919	930	856	873
Sex Ratio (0-6 Age)	932	918	874	856
Urbanization (%)	26.5	27.6	20.7	23.13
Percentage of SC (%)	15.2	15.6	24.9	25.5
Percentage of ST (%)	20.3	21.1	1.6	1.9

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

- The decadal growth rate of Datia has decreased from 3.5 percent during 2001-2011. The literacy rate of the district has increased by 1.3 percentage point during the decade. Total literacy rate is now 72.6 percent. Female literacy rate has increased by 2.9 points in Datia district from 56.5 percent in 2001 to 59.4 in 2011 which is lower than the state average (MP: 60.6 percent).
- The male-female ratio of Datia district is 873 females per thousand males in comparison to 930 per 1000 males for MP. The child sex ratio has decreased by 18 percentage points from 874 in 2001 to 856 in 2011, but is still more than the child sex ratio of the state (918/1000).
- In about half of the district, the soil is of poor quality. Among many types, mar and kabar the black soils (as per local classification) are the best covering 15 and 43 percent of the total land area respectively. The principal crops of the district are wheat, jowar, gram, maize, rice and

sugarcane. Only minor minerals such as sand, building stone, road metal and morrum are being extracted.

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)

Datia 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 are 12 facilities construction or repairing works are pending 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	12
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. Datia district has one sub-divisional health centre (SDH/CH), four community health centres (CHC), 10 primary health centres (PHC), one urban primary health centre (UPHC) and 116 sub health centres (SHC) along with one 350 bedded district hospital (DH). District has only one Special Newborn Care Unit (SNCU) and five Nutritional Rehabilitation Centres (NRC) was available to provide child health care services. All 10 PHCs and 68 SHCs among 116 has been converted into health & wellness centre in Datia district. There is one blood bank and one 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 seven Designated Microscopy Centres (DMC) and three Treatment Units (TU) available for providing screening and medicine to the TB patient along with one TrueNat test facility site in the district. There was also one Drug Resistant TB centre in the district. There was no District Early Intervention Centre (DEIC) available in the district. There was no designated NCD clinic in the district however one Comprehensive Abortion Care (CAC) facilities are available in the district (table 3.2).

Table 3.2: Details of Health Facilities available in the Datia District

Facility Details	Operational
1. District Hospitals	1
2. Sub District Hospital	1
3. Community Health Centres (CHC)	4
4. Primary Health Centres (PHC)	10
5. Sub Centres (SC)	116
6. Urban Primary Health Centres (U-PHC)	1
7. Urban Community Health Centres (U- CHC)	0

8. Special Newborn Care Units (SNCU)	1
9. Nutritional Rehabilitation Centres (NRC)	5
10. District Early intervention Centre (DEIC)	0
11. First Referral Units (FRU)	1
12. Blood Bank	1
13. Blood Storage Unit (BSU)	1
14. No. of PHC converted to HWC	10
15. No. of U-PHC converted to HWC	1
16. Number of Sub Centre converted to HWC	68
17. Designated Microscopy Centre (DMC)	7
18. Tuberculosis Units (TUs)	3
19. CBNAAT/TruNat Sites	1
20. Drug Resistant TB Centres	1
21. Functional Non-Communicable Diseases(NCD) clinic	0
22. Institutions providing Comprehensive Abortion Care (CAC) services	1

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 40 types of lab test were conducted in the district. Institutional delivery services at sub-centres (SHC) were not available in the district. There are three PHCs conducting more than 10 deliveries in a month and four 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 clinical service is running in DH only. In Datia district, total four (2 Public & 2 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 7 teams required, only 6 RBSK teams are operational in the district along with six vehicles. None of the RBSK team is complete in all aspects in any blocks of the district.

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)	-
No. of SCs conducting >3 deliveries/month	0
No. of 24X7 PHCs conducting > 10 deliveries /month	3
No. of CHCs conducting > 20 deliveries /month	4
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	Attach with DH
No. of Medical colleges conducting C-section	Attach with DH

Indicator	Observation
Number of institutes with ultrasound facilities (Public+Private)	4
Of these, how many are registered under PCPNDT act (Pre-Conception and Pre-natal Diagnostic Technique Act-1994)	-
Details of PMSMA activities performed (Pradhan Mantri Surakshit Matritva Abhiyan)	6
RBSK (Rashtriya Bal Swasthya Karyakram)	
Total no. of RBSK teams sanctioned	7
No. of teams with all HR in-place (full-team)	0
No. of vehicles (on the road) for RBSK team	6
No. of Teams per Block	2
No. of block/s without dedicated teams	-
Average no of children screened per day per team	60 (Presently team involved in Covid related work)
Number of children born in delivery points screened for defects at birth	7854

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 are one SNCU and five NRCs functional in Datia district. The SNCU is 20 bedded and a total 635 children (inborn-350; outborn-285) have been admitted as per the records, 438 children were cured after treatment and 120 children were referred to a higher facility. In DH Datia it was reported that six children left earlier without informing or left against medical advice (LAMA) and 70 children died during 2021-22 (upto October 2021). Among the available 24 radiant warmer and 11 phototherapy machines 23 and nine are functional respectively. Twenty one infusion pump and five double outlet oxygen concentrator are in working condition. On the other hand, total 379 children were admitted in Paediatric Intensive Care Unit (PICU) and 294 children discharged in 2021-22 (upto October 2021) in the district. There were also 31 referral, 47 LAMA and one death cases from PICU.

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	24
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		2
SNCU	**Inborn**	**Out born**
Admission	350	285
Defects at birth	3	1
Discharged	248	190
Referral	66	54
LAMA	2	4
Died	38	32
Paediatric Intensive Care Unit (PICU) in the district (2021-22)		
PICU	**Male**	**Female**
Admission	235	144
Discharged	174	120
Referral	18	13
LAMA (Left Against Medical Advice)	27	20
Died	0	01
Nutrition Rehabilitation Centres -NRC (2021-22) Total district data		
Admission		99
Bilateral pitting oedema		0
MUAC<115 mm		0
<'-3SD WFH		54
with Diarrhoea		0
ARI/ Pneumonia		38
TB		35
HIV		0
Fever		39
Nutrition related disorder		0
Others		22
Referred by		
Frontline worker		0
Self		5
Ref from VCDC/ CTC		0
RBSK		0
Paediatric ward/ emergency		53
Discharged		-
Referral/ Medical transfer		0
LAMA		0
Died		0

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 Datia 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 42 specialist doctors only 10 are working, among the sanctioned 26 post of regular MOs only 11 are posted; however there are 51 additional contractual MOs working in the district. There were 204 staff nurses and 172 ANMs are working in the district which is more against their sanctioned post.

There are 26 lab technicians, 10 radiographer/x-ray technician and 26 pharmacists are available against their sanctioned post of 35, 13 and 15 respectively. There are 10 AYUSH MOs and 63 CHO are also working under NHM post in the district. Staff position at district hospital was also very poor, however due medical college staffs, presently performing their clinical service at DH only due to non availability of their building, so services are not getting hampered for the patients of DH Datia.

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**
ANM	145	172
MPW (Male)	98	45
Staff Nurse	203	204
Lab technician	35	26
Pharmacist (Allopathic)	15	26
MO (MBBS)	31	62
OBGY	4	1
Paediatrician	7	3
Anaesthetist	5	2
Surgeon	4	2
Radiologists	-	-
Other Specialists	22	3
Dentists/ Dental Surgeon/ Dental MO	2	1
Dental technician	-	-
Dental Hygienist	-	-
Radiographer/ X-ray technician	13	10
CSSD Technician	-	-
OT technician	4	0
CHO/ MLHP	-	63
AYUSH MO	-	10
AYUSH Pharmacist	-	-

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 Datia, there are 10 Janani Express and nine “108” emergency response vehicles along with one Advanced Life Support vehicle in the district. There is no any Mobile Medical Unit (MMU) functional in the district. The referral transport service in the district is running through centralised call centre from state.

Table 3.6: Status of Referral Transport in the district

Referral Transport		
No. of Basic Life Support (BLS) (on the road) and their distribution (Block wise number)	Janani Express – 10 ‘108’ Vehicle - 19	
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	Yes	Yes

centre		
Average number of calls received per day	-	-
Average number of trips per ambulance per day	-	-
Average km travelled per ambulance per day	-	-
Key reasons for low utilization (if any)	-	-
No. of transport vehicle/102 vehicle (on the road)		10
If the vehicles are GPS fitted and handled through centralized call centre		Yes
Average number of trips per ambulance per day		4.6
Average km travelled per ambulance per day		232
Key reasons for low utilization (if any)		-

Table 3.7: Status of ASHAs & Social Benefit Schemes and Implementation of CPHC in the district

Indicator			**Observation**
Number of ASHAs			
Required as per population			786
Selected			754
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population			-
No. of villages/ slum areas with no ASHA			51
Mahila Arogya Samitis (MAS)-			
No. of MAS Formed			22
No. of MAS Trained			22
No. of MAS account opened			22
Number of facilities NQAS certified in the district			0
No. of health facilities implemented Kayakalp			7
Implementation of CPHC (2021-22)	**Planned**		**Completed**
Universal health screening for NCD			
1. If conducted, what is the target population			104411
2. Number of individuals enumerated			-
3. Number of CBAC forms filled			66940
4. Number of HWCs started NCD screening:			
a. SHC- HWC			68
b. PHC- HWC			10
c. UPHC – HWC			01
5. No. of patients screened, diagnosed and treated	Screened	Examined	Diagnosed
a. Hypertension	40452	1874	608
b. Diabetes	40307	1763	353
c. Oral Cancer	39708	1389	0
d. Breast Cancer	16190	154	0
e. Cervical Cancer	5690	203	0
6. Number of HWCs providing Tele-consultation services	- -		58
7. Number of HWCs organizing wellness activities			58

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 ASHA salary & incentives and Covid-19. 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.)
ASHA	5,83,39,628.00	4,19,48,326.84
Blindness/ NPCB	25,000.00	25,000.00
Blood Services	21,12,414.00	10,49,350.10
Child Health	37,49,327.00	27,12,407.68
Child Health - Nutrition	31,60,869.00	9,74,669.18
Deafness/ NPPCD	.00	.00
Family Welfare	88,21,215.00	44,97,721.58
Finance	.00	.00
Fluorosis/ NPPCF	.00	.00
HMIS	3,54,174.00	21,500.00
Hospital Administration	93,71,047.00	51,56,036.52
Human Resources	7,35,22,540.50	5,52,78,439.00
HWC	3,94,66,858.00	2,71,95,596.00
IDSP	1,51,200.00	94,629.00
IEC NHM	9,61,220.00	7,50,226.00
Immunization	1,40,71,367.00	75,38,549.49
Infrastructure	24,11,895.60	13,33,694.60
IT	31,500.00	11,500.00
Maternal Health	1,77,20,825.00	1,19,43,409.50
Mental Health/ NMHP	1,62,311.00	99,359.05
NIDDCP	.00	.00
NLEP	5,25,000.00	1,56,213.00
NPCDCS	12,82,800.00	7,21,048.80
NPHCE	.00	.00
NUHM	10,22,000.00	5,43,621.00
Nursing	59,08,000.00	3,83,620.00
NVBDCP	32,16,676.00	20,69,849.00
Oral Health / NOHP	1,94,000.00	1,08,000.00
Palliative Care/ NPPC	.00	.00
PC&PNDT	3,000.00	2,377.00
Planning	.00	.00
Procurement	.00	.00
Programme management	34,44,000.00	24,88,687.83
Quality Assurance	3,39,014.00	1,26,579.69
RBSK	39,80,000.00	29,84,710.23
Referal Transport	.00	.00
RNTCP	36,70,746.00	13,74,801.83
Tobacco Control/ NTCP	1,50,000.00	8,502.92
Training	56,000.00	54,240.00
Untied Funds	1,32,20,000.00	1,75,000.00
NVHCP	98,280.00	89,052.00
COVID-19	4,10,04,595.00	2,61,27,863.73
ECRP 2	24,69,704.00	9,52,981.00
Grand Total	**315,017,206.10**	**198,997,562.57**

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 Bardhwa 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 Bardhwa.

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 Datia. 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 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.

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

Community people interviewed at SHC Bardhwa 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. Foe emergency services like burn, accidents firstly they prefer to go government facility then as per situation go to private health facility.

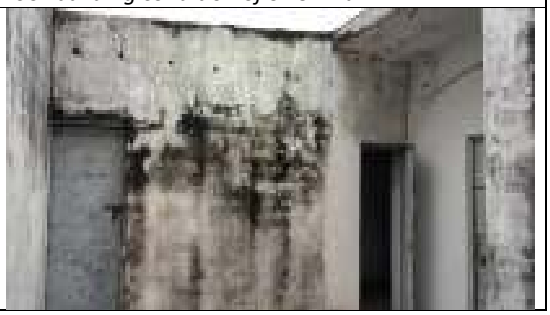
4.2 Service Availability at the Visited Public Health Facilities

4.2.1. Sub Health Centre/ HWC - Bardhwa

- SHC Bardhwa is located near to the village main road, but the connecting road to SHC is just a kachcha road. SHC is running in very old building and almost in a dismantle stage.

There was no boundary wall for SHC, so encroachment is also happening. Centre is in down to its surrounding area and adjacent to agricultural land which leads to huge water logging issue especially in rainy season. The next referral point from SHC is CHC Basai which is around eight kilometres from the centre.

- There was no water and electricity facility available at SHC Bardhwa. For drinking and other purpose water brought from nearby school hand pump.
- General OPD, NCD normal screening and first aid treatment on injury services are available at SHC, as being HWC, CHO is providing Tele-Consultation service through e-sanjeevani app at the centre.
- There are only one CHO posted at SHC Bardhwa. As informed one ANM has also been posted but she was not joined till PRC team visit. No one is residing at SHC as there is no quarter facility available at centre.
- Neither the facility infrastructures nor the available services are as per IPHS norms at SHC. New SHC building needs to be constructed as per IPHS norms.
- As per IT service is concerned, there is laptop and tablet available with CHO and ANM respectively, ASHAs doesn't have smart phone. Internet facility was not available at SHC. CHO do their internet work at home by its own.
- Out of total 32 EDL drugs, 16 types of drugs were available on the day of visit. Anti TB drug was not available at SHC. Three drugs for hypertension and diabetes are available namely Metformine, Amlodipine and Atenolol at SHC Bardhwa.
- Key challenges observed in the facility are, non availability of running water facility, no boundary wall, no staff quarters, no toilets, no water, no electricity, no adequate space and building to perform HWC activity at 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 Bardhwa. All issues needs to be address urgently.

Main Entry Gate of SHC Bardhwa, Datia	*PRC team with SHC staffs*
	
Meeting with CHO and staffs	*SHC courtyard*
	
Surrounding area of SHC with no boundary wall	*PRC team visit to Primary School Laxmanpura*
	
SHC only room used for all service	*PRC team also visited SHC Bikar, Datia*
	
Poor ceilling condition of SHC Bikar	*Poor building condition of SHC Bikar*
	

4.2.2. Primary Health Centre/ HWC - Sonagir

- PHC Sonagir is an eight bedded health centre and linked with main road of Sonagir, however PHC is far from habitats of Sonagir area. PHC is running in old building, however due to good maintenance work overall infrastructure look is good and cleanliness of the facility was also very good. The PHC infrastructure is less than its requirement. The campus of PHC is big and covered with boundary wall. This PHC can be made as a model PHC as per the huge availability of space and surroundings. The next referral point from PHC is District Hospital, Datia which is around 12 kilometres from the centre..
- PHC Sonagir is also designated as Health and Wellness Centre (HWC). The building infrastructural condition is as follows:

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

Source: PHC Checklist, NHM PIP Monitoring, 2021

Electricity facility is available with power back-up through Solar Panel. Inverter was not working. PHC has been properly monitored through CCTV and controlled by MOI/c.

- PHC Sonagir has general OPD & IPD services, 24*7 delivery care services (only normal), NCD screening (in general OPD) through CHO of SHC Sonagir, 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 Sonagir. 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, OP, EP, condom however presently IUCD, PPIUCD, MTP services were not available due to non trained staff nurses at PHC.
- Human resources available at PHC is as follows:

HR	Sanctioned	Regular	Contractual
MO (MBBS)	03	02	01
MO (AYUSH)	01	0	01
SNs/ GNMs	02	01	01
ANM	03	01	02
LTs	01	0	01
Pharmacist	01	01	0

Source: PHC Checklist, NHM PIP Monitoring, 2021

- As per IT service is concerned, there is laptop and tablet available with the concerned designated staffs of PHC. ASHAs have smart phone as well. Internet facility is available with good quality band at PHC.
- Out of total 191 EDL drugs, 185 types of drugs were available on the day of visit. There was shortage of two drugs namely, Tab Folic acid and Inj Iron Sucrose at PHC in last 30 days. Drugs for hypertension and diabetes available at PHC.
- As informed by the PHC official, Rogi Kalyan Samiti (RKS) meeting held at PHC Sonagir. The RKS budget of year 2021-2022 (upto October21) is as follows:

Item RKSs	**Income (in Rs.)**	**Expenditure (in Rs.)**
OPD	15655	14250
Untied Fund	-	64087
Salary for Cleanliness staff		9050
Other	1177	-
Total	**16832**	**87387**

Source: PHC Checklist, NHM PIP Monitoring, 2021

- All the diagnostics services are free for all the patients at PHC Sonagir. There is no functional operation theatre at PHC.
- PHC Sonagir is not a Designated Microscopy Centre under TB elimination programme was not available at the centre.
- Biomedical waste management practices are available with sharp and deep burial pit at the centre.
- Key challenges observed in the facility are, non availability of adequate infrastructural space. There is very less space for patient waiting area and overall PHC requirement. However PHC has very big campus with complete boundary wall. So, if the senior administration took proper interest, this PHC can be developed as a model PHC in the district. Neither the facility infrastructure nor the available services are as per IPHS norms at PHC. For an appropriate IPHS PHC, this centre either needs to be constructed with OT, NBSU at least 10 bedded wards etc. There were two staff quarters one for MO and one for SN, however these quarter were in very bad status. New staff quarters as per available posts needs to be constructed for smooth functioning of PHC as 24*7 health facility. Labour room is very small in size. There is only one small hall for all type of IPD patients. There is lack of training and orientation among health staffs about different health programmes, also no refresher training of technical staffs has been done on regular basis.

Main Entry Gate of PHC Sonagir, Datiathe Facility	*PRC team meeting with MO I/c*
	
Drug distribution centre	*Patient waiting area*
	
OPD Registration counter	*Interaction with COVID-19 Vaccination staffs*
	
Interaction with PNC Beneficiery	*PHC premises gallary*
	
Whole PHC campus with complete boundary wall	*Very small cold chain room*
	

4.2.3. Community Health Centre - Basai

- CHC Basai is a 30 bedded health facility which is accessible to the nearby concrete main road of Basai town. CHC is running in newly constructed building. CHC hospital premises and external campus look, cleanliness and maintenance was extraordinary and this is all due to very personal involvement of MO I/c and CHC's dedicated staffs. Lots of innovation has been done by MO I/c and CHC seems to be a model CHC in the state. The next referral point from CHC is District Hospital, Datia which is around 85 kilometres and Medical College, Jhansi which is around 45 kilometres from the centre.
- CHC Basai 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 Basai. CHC has cylinder based oxygen management facility along with a separate Covid 19 ward. It has also drug and diagnostic (18 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, LTT etc.
- CHC Basai's 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: CHC Checklist, NHM PIP Monitoring, 2021

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

- Human resources available at CHC is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	01	0	0
Obstetric Gynaecologist	01	0	0
Paediatrician	01	0	0
Anaesthetist	01	0	0
MO (MBBS)	04	02	01
MO (AYUSH)	-	0	01
SNs/ GNMs	10	06	02
ANM	-	0	02
LTs	01	01	0
Pharmacist	01	0	0
Ward boy	-	02	0

Source: CHC Checklist, NHM PIP Monitoring, 2021

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

- As per IT service is concerned, there is desktop, laptop and tablet available with the concerned designated staffs of CHC and BPMU however there is shortage of desktop and laptops as per requirements. Internet facility is available with poor signal quality at CHC.
- Out of total 246 EDL drugs list, 230 types of drugs were available on the day of visit. There were no any shortage of EDL drugs and also no shortage of any consumables at CHC Basai.
- All the drug and diagnostics services are free for all the patients at CHC Basai. CHC has digital X-ray machine. Pathological service is running on PPP model at CHC and "Deepak Foundation" is the agency which provides the service. CHC have TruNat/CBNet service, where whole Datia district sample, also from nearby district of Uttar Pradesh state, get collected and analysed through the help of pathological lab agency "Deepak Foundation" on PPP model. There was one functional operation theatre at CHC, however this is used for LTT service only, which is being done on fixed days in a week.
- LaQshya is not implemented at CHC and labour room score under LaQshya is 71.3% for this year internal assessment of CHC Basai. Kayakalp internal assessment also done in CHC. The Kayakalp scorecard is 87.43% and Eco-Friendly scorecard is 79.05% of CHC Basai in internal assessment for 2021-22.
- As informed by the CHC official, Rogi Kalyan Samiti (RKS) meeting held in CHC Basai. Due to Covid 19, RKS meeting not held in recent year. As informed by MO I/c NHM Untied Fund got very Tied through RKS and it is very difficult to use this fund. The purpose of Untied Fund has become ineffective in present process. The RKS budget of year 2021-2022 (upto October21) is as follows:

Item	Income (in Rs.)	Expenditure (in Rs.)
OPD+ Untied Fund	856000	No

Source: CHC Checklist, NHM PIP Monitoring, 2021

- Biomedical waste management services are properly not available at CHC. Recently one outsourced agency has been selected and MoU has been signed, hopefully this service will get started at CHC Basai very soon.
- Key challenges observed in the facility are, lack of HR, especially specialists, doctors and

clinical staffs are a major issues for smooth functioning of the facility as CHC. As informed by MO I/c, 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. Staff quarters are needed for smooth functioning of CHC as 24*7 health facility. There were no quarters available at CHC. 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 Basai, Datia	*Meeting with BMO and BPMU staffs*
	
Interaction with PNC Beneficiaries	*Beneficiaries Registration for LTT camp*
	
OPD Registration Counter & Helpdesk	*Cylinder based Centralised Oxyzen Facility*
	
Well Maintained CHC Botanical Garden	*Drinking Water facility at CHC*
	

LTT Camp Patient waiting ward	*OPD Waiting area for Patient*
	

4.2.4. District Hospital – Datia

- DH Datia is easily accessible from the main road. DH is running in mix-up of new and old constructed building. Fully functional MCH wing is running in the newly constructed building of DH. It also covers IPD ward of different sections and some OPD service are also running in new building. Several OPD, IPD, Eye wing, NRC, pathology etc. Are running in 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 350 bedded hospital, presently the government medical college hospital clinical services are running with DH only, so there are high case load at DH. 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 very less in comparison to its requirement. The DH has additional 15 ICU beds.
- DH Datia's present building infrastructural condition is as follows:

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

Source: DH Checklist, NHM PIP Monitoring, 2021

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

- DH Datia 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, PICU, 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, LTT etc. Apart from these general services below are the specialised services available at DH, Datia:

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

- 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 Datia.
- Operation theatres are available at DH Datia. 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.
- Out of total 285 EDL drugs list, total 223 types of drugs were available on the day of visit. There were shortage of four priority drugs namely, Inj Adenosine 6mg, Tab Carbomazepine 200mg, Tab Dicyclomine 10mg and Tab Methyldopa 250mg at DH in last 30 days. There was also no any shortage of consumables at DH Datia.
- All the drug and pathological tests are free for all the patients at district hospital.

Diagnostic services are running on both in-house & PPP model. Pathological testing and dialysis service are running on PPP model. Dialysis service is chargeable for non BPL patients. X-ray service is available and is chargeable for non BPL. Ct-Scan service was not available at DH Datia.

- Human resources available at DH is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	04	0	0
Obstetric Gynaecologist	04	01	0
General Surgeon	04	02	0
Paediatrician	07	02	0
Anaesthetist	05	02	0
Other Specialists	14	02	0
Dental Surgeon	-	0	02
MO (MBBS)	26	26	12
SNs/ GNMs	156	122	23
ANM	09	09	03
LTs	21	08	03
Pharmacist	15	15	04
Matron	06	0	0
Nursing Sister	10	01	0
Radiographer	06	04	0
Data Entry Operator	-	0	09
Ward boy	42	17	0

Source: DH Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at DH. Out of the total sanctioned post of 38 Specialist doctors only nine 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 as per requirements. Internet facility is available with good static signal quality at DH.
- LaQshya is implemented in labour room and Operation Theatre of DH and score in internal assessment are 95% and 93% for LR & OT respectively for year 2021-22 at DH Datia. Kayakalp internal assessment also done in DH. The Kayakalp score is 49.29% and Eco-Friendly score is 41.43% of DH Datia for year 2021-22.
- In DH 3239 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 73 was OPD patients and 3166 were IPD patients. Around Rs.221.61 lakhs have been submitted for pre-authorization and claims amounting Rs. 206.50 lakhs have been submitted.

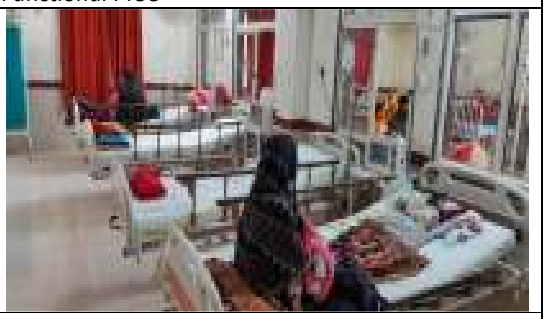
Status of BIS and TMS under Ayushman Bharat (PMJAY) in DH, Datia	
Beneficiary Identification Number and Transaction Management System	
Total Patients Registered	3239
Out Patients	73
In Patients	3166
Death Cases	5
Surgeries/Therapies Done	3079
Surgeries/Therapies Done Amount (Rs.)	21417680
Preauthorization Initiated	3166
Claims Submitted	2923
Amount Preauthorized in (Rs.)	22161580
Amount of Claims Submitted in (Rs.)	20650840

- As informed by the DH official, Rogi Kalyan Samiti (RKS) meeting last held in DH Datia was on 11th November 2021. The RKS budget detail for year 2020-2021 and year 2021-2022 is as follows:

Year 2020-2021			
Item	**Income (in Rs.)**		**Expenditure (in Rs.)**
OPD/IPD	712775	Construction work and repairs	866000
Ayushman	2080836	Ambulance	494426
NHM	3680870	Employee salary	282246
Commercial Income	13550	Others	2614797
Other	132612	Total	4257469
Total	6620643		
Year 2021-2022 (till 31/10/2021)			
Item	**Income (in Rs.)**	**Item**	**Expenditure (in Rs.)**
Total income	6620643	Total expense	4257469
Previous balance	6430629	Last balance	8793803
Grand total	13051272	Grand total	-

Source: DH Checklist, NHM PIP Monitoring, 2021

- Biomedical waste management services are outsourced at DH. The outsourced company 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, several sections like, drug & diagnostic centre, blood bank, SNCU, NRC, Eye department etc. are running in very old building. Presently Medical College Datia's Hospital is also running in district hospital only as medical college doesn't have its own building. Drug store needs to be shifted to clean, big and spacious place urgently. CT-Scan, MRI and Echo services are not available at DH and due to non availability; there are several referral cases to Medical College, Gwalior from DH Datia. Staff quarters are needed for smooth functioning of DH, there were very few quarters are available and requirement is very high. This needs to be address urgently. 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 Datia	*PRC Team meeting with Civil Surgeon & CMHO*
	
Only new constructed Separate MCH wing at DH	*Functional Eye OT in old building*
	
Functional DH Kitchen	*Functional PICU*
	
Interaction with SNCU staff	*Separate Female OPD wing at DH*
	
Central Pathological Lab under PPP model at DH	*DH Autoclave room*
	

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 Datia district of MP in second week of September, 2021. PRC team visited District Hospital (DH) Datia, Community Health Centre (CHC) Basai, 24*7 Primary Health Centre (PHC) Sonagir and SHC Bardhwa, which are functioning as Health and Wellness Centre and delivery points, to assess services being provided in these health facilities. PIP study done to provide insights based on information collected from the service providers and programme managers and looked into the critical areas like maternal and child health, family planning, adolescent health, AYUSH services, human resources, status of HMIS, RCH portal, different fund flow & utilization, running of several national health programs, infrastructures, implementation of important health programmes like LaQshya, Kayakalp, Ayushman Bharat, Health and Wellness Centre (HWC) at the visited health facilities in the district and assess the major problem area along with its root causes.

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

Lack of regular as well as contractual staffs in all categories is a major issue in smooth functioning of any health service delivery facilities in the district. Contractual staff's service related issue also needs to be address, as there is already a major crunch of HR in all the health facilities of Datia 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 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. PHC & CHC doesn't have caesarean section delivery facility. NRC building of CHC Basai needs to be repaired on immediate basis. 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. DH doesn't have CT scan, MRI and ECHO services. These issues need to be address at higher level.
- 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 salary 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.