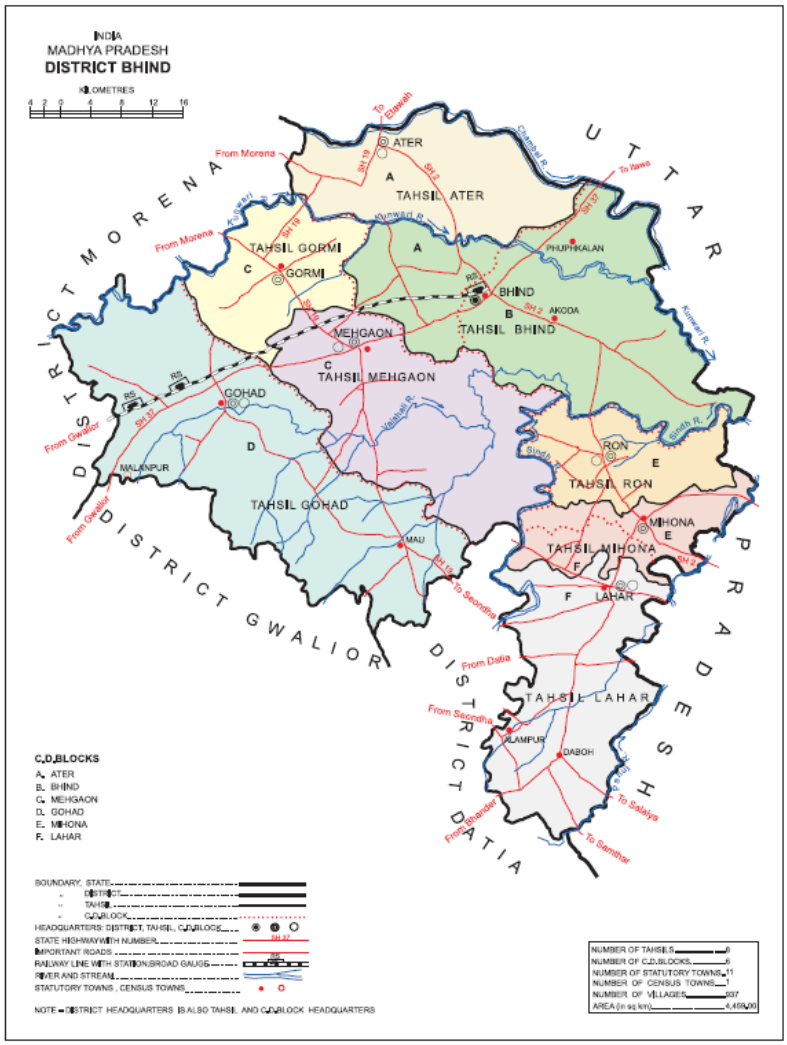
Monitoring of Programme Implementation Plan (PIP) under National Health Mission 2021-22

District: **Bhind**
(Madhya Pradesh)



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December, 2021

Abbreviation

AFHC	Adolescent Friendly Health Clinic
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWW	Aanganwadi Worker
AYUSH	Ayurvedic, Yoga, Unani, Siddha, Homeopathy
BCC	Behaviour Change Communication
BEmOC	Basic Emergency Obstetric Care
BLSA	Basic Life Support Ambulance
BMO	Block Medical Officer
BMW	Bio-Medical Waste
BPM	Block Programmer Manager
BSU	Blood Storage Unit
CBAC	Community Based Assessment Checklist
CBR	Crude Birth Rate
CEmOC	Comprehensive Emergency Obstetric Care
CHC	Community Health Centre
CHO	Community Health Officer
CMHO	Chief Medical and Health Officer
DBT	Direct Benefit Transfer
DEIC	District Early Intervention Centre
DEO	Data Entry Operator
DH	District Hospital
DMC	Designated Microscopic Centre
DOT	Direct Observation of Treatment
DPM	District Programmer Manager
EC Pills	Emergency Contraceptive Pills
EDL	Essential Drugs List
EmOC	Emergency Obstetric Care
FMR	Financial Management Report
FP	Family Planning
FRU	First Referral Unit
HDU	High Dependency Unit
HMIS	Health Management Information System
HWC	Health and Wellness Centre
IEC	Information, Education, Communication
IFA	Iron Folic Acid
IMR	Infant Mortality Rate
IPD	Indoor Patient Department
IPHS	Indian Public Health Standards
IUCD	Intrauterine Contraceptive Device
JE	Janani Express
JSSK	Janani Shishu Surksha Karyakram
JSY	Janani Surksha Yojana
LBW	Low Birth Weight
LHV	Leady Health Visitor
LSAS	Life Saving Anaesthesia Skill
LSCS	Lower Segment Caesarean Section
LT	Lab Technician
LTT	Laparoscopy Tubectomy
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCP Card	Mother Child Protection Card
MDR	Maternal death Review
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
MPW	Multi Purpose Worker
NBCC	New Born Care Corner
NBSU	New Born Stabilisation Unit
NCD	Non Communicable Diseases
NFHS	National Family Health Survey
NHM	National Health Mission
NLEP	National Leprosy Eradication Programme
NRC	Nutrition Rehabilitation Centre
NSSK	Navjaat Shishu Suraksha karyakram
NSV	No Scalpel Vasectomy
NTEP	National Tuberculosis Elimination Program
Ob&G	Obstetrics and Gynaecology
OCP	Oral Contraceptives Pills
OPD	Outdoor Patient Department
OT	Operation Theatre
PF	Plasmodium Falsiperum
PFMS	Public Finance Management System
PHC	Primary Health Centre
PICU	Paediatric Intensive Care Unit
PIP	Programme Implementation Plan
PMU	Programme Management Unit
PPIUCD	Post-Partum Intra Uterine Contraceptive Device
PRC	Population Research Centre
PV	Plasmodium Vivex
RBSK	Rashtriya Bal Swasthya Karyakram
RCH	Reproductive Child Health
RGI	Registrar General of India
RKS	Rogi Kalyan Samiti
RKSK	Rashtriya Kishor Swasthya Karyakram
SBA	Skilled Birth Attendant
SC	Scheduled Caste
SDH	Sub-District Hospital
SHC	Sub Health Centre
SN	Staff Nurse
SNCU	Special Newborn Care Unit
ST	Scheduled Tribe
STLS	Senior Tuberculosis Laboratory Supervisor
STS	Senior Treatment Supervisor
T.B.	Tuberculosis
TBHV	TB Health Visitor
TU	Treatment Unit
UPHC	Urban Primary Health Centre
USG	Ultra Sonography
VHND	Village Health & Nutrition Day

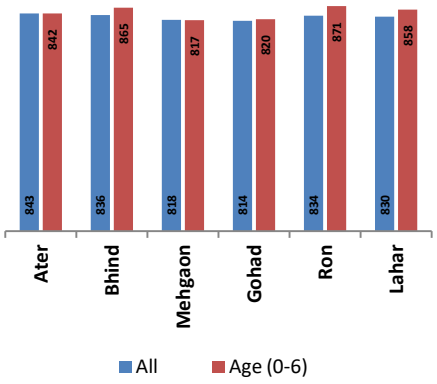
Contents

1. Overview of the district

Bhind district is located in Chambal division of Madhya Pradesh in the northwest of the state. It is bounded by Agra, Etawah, Jalaun and Jhansi districts of Uttar Pradesh state to the north and the east, and districts of Datia to the south, Gwalior to the southwest, and Morena to the west in Madhya Pradesh. The district occupies 40th rank in the state in terms of area having 4,459 sq. km. which is 1.4 percent of the total area of the state.

The district has a population of 1.70 millions of which 4.33 lakh (25 percent) reside in urban areas. It represents 2.3 percent of the total population of M.P. The district occupies 15th place in the state according to population. Bhind has 937 villages, out of which 890 are inhabited and 47 are uninhabited villages. Population wise largest town is Bhind having population 197585.

The district has a population density of 382 persons per km^2.The decal growth rate has increased from 17 in 2001 to 19 percent in 2011 (Census, 2011). Literacy rate of Bhind district is 75.3 percent and it occupies 9th position in the state. The female literacy rate of the district is 63.1 percent. Density wise the rank of the district is 6th in the state.



Key Socio-Demographic Indicators

Sr.	Indicator	MP		Bhind	
		2001	2011	2001	2011
1	No. of Districts	45	50	--	--
2	No. of Blocks	333	342	6	6
3	No. of Villages	55393	54903	935	937
4	No. of Towns	394	476	11	12
5	Population (Million)	60.34	72.52	1.43	1.70
6	Decadal Growth Rate	24.3	20.3	17.2	19.3
7	Population Density (per km^2)	196	236	320	382
8	Literacy Rate (%)	63.7	70.6	70.5	75.3
9	Female Literacy Rate (%)	50.3	60.0	55.2	63.1
10	Sex Ratio	919	930	829	837
11	Sex Ratio (0-6 Age)	918	912	832	842
12	Urbanization (%)	26.5	27.6	23.7	25.4
13	Scheduled Caste Population (%)	15.2	15.6	21.5	22.0
14	Scheduled Tribe Population (%)	20.3	21.1	0.5	0.4

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

Bhind district has lowest sex-ratio 837 females per 1000 males in comparison to 930 for M.P. state. The child sex ratio has slightly improved from 832 in 2001 to 842 in 2011, but it is much lower than the child sex ratio of the state (912/1000). Sex ratio at birth of the Bhind district was abysmally low at 821 NFHS-4 (2015-16) which has significantly improved to 968 NFHS-5 (2019-21) females per 1000 males. Female work participation of the district is

8.4 percent of total female population and it is lowest in the state. Umri in Bhind tahsil with 11396 population is the largest village.

Key Indicators			
Sr.	**Indicator**	**MP**	**Bhind**
1	Expected number of pregnancies for 2021-22[@]	2232100	52020
2	ANC registration up to Sept, 2021	918752	20799
3	1st Trimester ANC Registration (%) up to August, 2021	69.1	57.3
4	Average OPD cases per 10,000 population up to August, 2021	2842	2710
5	Average IPD cases per 10,000 population up to August, 2021	219	214
6	Estimated number of deliveries for 2021-22[@]	2113731	49070
7	Home deliveries (%)attended by skilled birth attendant up to Aug., 2021	18.9	6.2
8	Reported Institutional Deliveries (%) up to August, 2021	94.8	96.3
9	Sex Ratio	948	979
10	Sex Ratio at Birth	927	968
11	Female Literacy Rate (%)	59.4	70.2
12	Unmet Need for Family Planning (%)	12.1	17.2
13	Postnatal Care received within 48 Hrs. after delivery	55	84.2
14	Fully Immunized Children age 12-23 months (%)	53.6	70.7
**Source: Sr. 1-8 HMIS and 9-14: NFHS-5 @: Calculated assuming CBR 24.6 for MP (SRS Bulletin, 2020)*			

Progress made by the district in the health indicators (HMIS)

Sr.	**Indicator**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
1	Pregnant women registered in 1st trimester ANC (%)	50	49.2	53.9	55.3	61.6	60.2
2	Pregnant women received 3 or 4 ANC Check-up (%)	78.1	78.3	66.3	71	76.3	72.9
3	SBA Home Delivery (%)	0.5	1.3	1.7	6.3	9.2	3.3
4	Institutional Deliveries (%)	92.9	89.6	94.5	97.6	97.6	94.8
5	C-Section deliveries out of total Institutional deliveries (%)	3.3	4.7	2.8	3.3	4.0	5.0
6	Women receiving post-partum check-up within 48 hours of delivery (%) *[Since 2017-18 PNC within 48 hrs. of Home delivery]*	95.9	92.2	84.5	59.5	26.3	134.2
7	Low birth weight children (%)	12.7	10.4	15	16.3	15.6	16.6
8	New born breastfed within one hour of birth (%)	98.1	98.4	96.8	96.9	97.8	88.8
9	Sex ratio at birth	928	898	920	917	919	919
10	IUCD insertions in to all family planning methods (%)	71.3	66	74.4	76.0	75.0	59.2
11	Number of fully immunized children (9-11) months	31894	33440	31789	29202	38063	19479
12	Drop-out children between BCG and Measles (%)	-7.4	-1.8	-9.1	-1.0	94.3	-30.7
13	Adult Female Inpatients to Total Adult Inpatient (%)	66	62.4	62.5	68	64.9	67.8
14	Children Inpatient to Total Inpatient (%)	19.1	13.9	17.8	18.8	22.9	13.9
15	Female Inpatient Deaths to Total Inpatient Deaths (%)	40.5	39	39.9	48.4	56.3	38.0

Following Health Facilities were visited in the district –

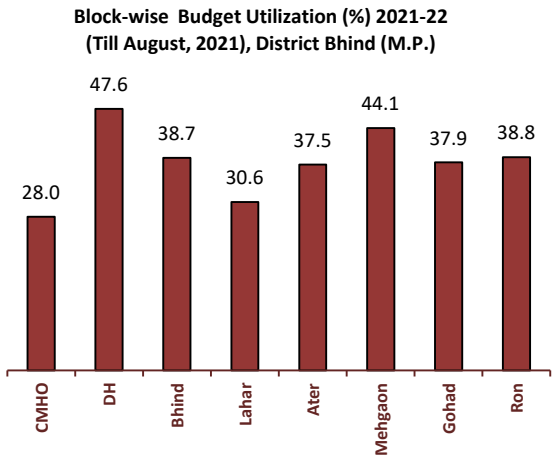
Sr.	**Health Facility**	**Date of Visit**	**Distance from District Headquarters**
1	SHC-HWC, Rohani Jagir	02.09.2021	75 kms.
2	PHC-HWC, Alampur	01.09.2021	80 kms.
3	Sub-District Hospital, Lahar	02.09.2021	65 kms.
4	District Hospital, Bhind	31.08.2021	0 kms.

2. Public Health planning and implementation of National Programmes

2.1 District Health Action Plan

- District, usually, send its requirements for HR, Infrastructure etc. to the state level planning cell for NHM activities to be taken-up during the year in advance. This process is initiated with consultation at DPMU and District and block level. There is no separate planning for NHM and NUHM. There is no separate programme management unit for NUHM exists. One assistant programme manager for NUHM is in-position.
- State provides targets to the district set for different programme and activities to be completed and a template is provided to the district for incorporating physical achievements of the previous year and for the planned year.
- District has informed that decentralized planning is not done since block level PMUs require capacity building for planning and budgeting.
- There is little scope for availability of funds other than NHM in the district, since most of the funds are governed by the state directives and health action plan is entirely budgeted from NHM. District has occasionally, received funds, for health infrastructure, amenities in the health facilities, organization of health camps etc. through corporate social responsibility (CSR) funds from the industries.
- During 2021-22, district has not prepared any district health action plan due to covid related restrictions. State has sanctioned budget based on the regular activates required to be continued. It was informed that most the programme funds were utilized for Covid related infrastructure and emergency services. Salaries, incentives to ASHAs etc. were continued and their services were utilised for Covid related activities.
- Since 2020-21, decentralized budget disbursement was initiated by the state. Instead of releasing entire budget to the district, block PMUs were disbursed with the activity-wise budget, including flexi funds and untied grants.
- During 2021-22, Bhind district has received ₹33.36 Cr. as ROP budget. Out of the total budget, ₹12.20 Cr. has been utilized till August, 2021. In all utilization is 36.6 percent. District hospital has utilized 46 percent of approved budget followed by Mehgaon block 44 percent and lowest expenditure was in Lahar at 30 percent.

- It was informed that due to Covid services majority activities could not be initiated. Budget has not been utilized for training, printing, capacity building, programme, review and District NCD Cell.



At district level, Programme-wise budgeted expenditure for Blood Services (72%), Hospital Administration (65%), Quality Assurance (68%) and Covid-19 (74%) till August, 2021.

Less than 10 percent expenditure on Family Welfare (9%), NLEP (4%), NPCDCS (1%), NUHM (4%), RBSK (3%), RBTCP (4%).

No expenditure on Training, Untied funds, Tobacco Control, Mental Health, IT, HMIS and NPCB.

- DPMU informed that during 2020-21, only 50% amount of sanctioned untied grant was released for the health facilities and for the year 2021-22 no untied grants have been released by the district till September, 2021.
- Curtailment of budget for outsourcing of staff for support services such as housekeeping, security and hiring of agency for outsourcing staff was reported. Outstanding payment to the outsourcing agency for FY 2020-21 caused payment overdue to outsourced staffs for since April, 2021.
- Patient user charges through RKS were waived-off during Covid period, has now started since May, 2021. This is a source of income for the health facilities. In CHCs and PHCs OPD charges are very meagre, at ₹5 or ₹10 and these charges are also waived off for poor patients.
- District accounts manager informed that budget for the year 2021-22 was released in the second quarter and administrative approval for non regular activities and new initiatives were kept on hold for the time-being. It was reported that DBT transfer for beneficiaries of JSY, Nikshay Poshan Yojana, ASHA payments were made timely, barring delay in few cases due to non-availability of beneficiary account numbers, bank linking with E-Vitta Pravah software etc.

- DMPU asserted that building sanctioning and handing over should be routed through the district for timely and quality construction. Presently, all the infrastructure related activities are directly approved from the state health department.
- Under upgrdation of PHC and SHC as HWC, ₹4.0 lacs were approved for branding and minor repairs for each PHC and SHC.
- District hospital has utilized the grants received under PM Cares Funds for installation of Oxygen Plants during 2021-22.
- DH is being upgraded with provisioning of critical care services such as HDU, PICU, ICU and modular OT. Installation of CT scan is near completion. Out of 4 modular OTs one is completed but not handed over to the DH. Construction of other 3 OTs is in progress.

2.2 Status of Service Delivery

- As per rural health statistics 2019-20 there are 210 SHCs, 28 PHCs, 7 CHCs and 2 SDHs in Bhind district. There is an increase of 23 SHCs since 2019-20.

Distribution of Health Facilities, District Bhind

Tehsils	SDH	CHC	PHC	SHC	Total
Ater		1	6	45	52
Bhind		1	6	37	44
Gohad		2	4	43	49
Lahar	1		5	33	39
Mehgaon		2	5	52	59
Raon		1	2	23	26
Grand Total	**1**	7	28	233	269

Source: HMIS facility master (as on January, 2021)

- There are sufficient public health facilities in the district. However, as per population distribution in different sub-districts and looking to the geographical spread adequate infrastructure and human resourced are required at remotely located health facilities.
- Free drug and diagnostic facilities are available at all the visited health facilities. However, free of cost diagnostic services are extended only for available diagnostic services. In the periphery level health facilities, there is no list of displayed for available free drugs and diagnostics.
- It was observed that all the listed point of care (POC) diagnostic services are not provided at SHC-HWC. Even PHC also does not have all the pathological services due to lack trained lab technician and required infrastructure. Two lab technicians were transferred from SDH Lahar and it has no lab technician posted.

- As per the roadmap of establishing HWCs, provisioning of all the free drugs and diagnostic services must be ensured simultaneously. Only branding and renovation of the building is being emphasised which would hamper the effectiveness of health and wellness centre services.
- Dialysis services are functional at the DH, Bhind on public private partnership. There are two dialysis machines functional and daily two dialysis sessions are performed covering four patients for dialysis services. On every Sunday periodic maintenance is performed for smooth functioning of the services. Under the National Dialysis Programme, services are provided free of cost to every patient.
- Referral transport services are functioning on public private partnership. There are 11 BLS vehicles available at present. Only one ALS vehicle is available, however, it's effective utilization need to be ensured. Referral transport functions through a centralized call centre. Services can be used through 'Dial-108' for emergency referral transport and '102' for services for pregnant women and children.
- During visit to the periphery health facilities, it was found that in case of non-availability of free referral transport, patients use private hired vehicles, particularly for transfer of patient in critical emergency, requiring advanced life support vehicle, to district hospital, Bhind and Datia or to medical college, Gwalior. Usually, private vehicles charge money in the range of ₹500 to ₹2000 per trip.
- It was observed that most of the PHCs, CHCs and SDH do not have all the sanctioned staffs posted.
- There is no consolidated HR management system available at the district level for effective management of available HR, its rational deployment. Moreover, there exists different approach for regular, contractual and outsourced HR management.
- District has no mechanism for recruitment of HR. All the postings, deployment are governed by the state level guidelines and directives.
- District programme management unit has no control over deployment of HR and its effective and rational use. It was informed by the DMPU that some of the CHOs, ANMs, Staff Nurses recently recruited, but after few months they were transferred to

other places by the state. Recurring problems of vacancies affect the programme management at district level.

- District has many newly initiated critical health care services at DH and SDH level. However, lack of trained HR affects the utilization of health care services. At CHC and PHC it was observed that services like X-ray are not available either due to non-availability of equipments or vacancy of the radiographer posts.
- Recently the state has cancelled the process of recruitment of 620 contractual lab technicians which was initiated in the year 2020.
- State also has redeployed 27 adolescent health counsellors as RBSK social worker, 70 adolescent health counsellor, 31 breastfeeding counsellors and 52 family planning counsellors as block community mobilizer (BCM) or TB Health Visitor (TBHV). This redeployment is only upto 31st March, 2022 and services of these staffs will be governed by HR Manual, 2021.
- There is acute shortage of specialist cadre in the DH as well as rural health institutions. In DH Bhind out of 39 specialists cadre posts only 7 are in-position which include one paediatrician, an orthopaedic surgeon, an anaesthetist, a radiologist, a dentist and two posts of Surgeons. All the 25 posts of medical officers are in-position. PGMOs for obstetrics and gynaecology, ENT and Orthopaedics are given charge of specialists.
- District has got the approval of 12 types of trainings covering 51 trainings sessions in the ROP. As per the information provided, training on Dengue / Chikungunya, HMIS/MCTS, 1st round, 2nd round, 3rd and 4th round training of newly appointed ASHA on 6th and 7th module have been completed till August, 2021. It was informed that due to Covid related activities trainings could not be held since majority staffs are engaged in Covid vaccination, supervision and Covid management related services.
- It was observed that at all the visited health facilities, staff have been engaged completely in Covid related activities. Since March, 2020 most the services are severely affected and have not resumed upto the expected normal.
- Newly recruited CHOs at SHC-HWC have not even oriented for complete range of health care services that are expected to provide including supervision and monitoring.

- NCD services for identified patients of hypertension and diabetes have been managed to some extent by way of providing regular medicines, however, regular follow-up and community level survey of households has not been continued.
- Under NTEP, recruitment of the staffs at TU, DMCs is in process and would be functional soon. In Bhind there are 5 TUs functional. In all 8187 beneficiaries registered for DBT under NTEP. Due to bank mergers DBT payment to 379 beneficiaries have been declined at the bank level in PFMS. DBT transfer is processed once in a week.
- All the health programme services have common challenge of lack of human resources and absence of decentralized mechanism for programme monitoring and supervision.
- Functionality of health and wellness centres is a major challenge. Out of the envisaged 12 dimension of services, most basic MCH services including BEmOC services at the PHC-HWCs need to be strengthened. Lack of complete staffs, continuity of trainings and patient centric IEC and BCC should also be strengthened. It was observed that frequent shifting of key positions such as medical officer, staff nurse, ANM, Lab technician, pharmacist etc. and dual responsibility for serving at more than one health facilities should be critically reviewed in the light of area being catered, population and other health care services availability.

3. Service Availability as perceived by the Community

- Interaction with ASHAs and AWWs at community level at the SHC-HWC Rohani Jagir revealed that presence of CHO has made significant changes in the community about availability of primary health care and wellness activities. It is understood that PHC and SHC do not have enough residential facilities and staffs commute from nearly by places which sometimes desist community to continuously seek health care from the nearby facilities and they directly approach higher level health facilities and private facilities in the vicinity.
- It was informed that proper infrastructure at the SHC and PHC should be provided to the benefit of the community.

- ASHAs have received all the trainings and also provide necessary support in seeking health care services.
- It was observed that ASHAs have to be oriented frequently about the role of HWCs in health and wellness activities and should be provided necessary skills to link community with the HWCs through trainings on IEC/BCC.

4. Service availability at the public facilities

Sub Centres/ HWCs – Rohani Jagir

- Except OPD services, none of the services are available. MCH, NCD services are provided to OPD patients. OPD patients are also provided services through Tele-consultation services E-Sanjeevani, for which SHC-HWC serve as a spoke. There is no provision of services as per the IPHS norms. Required infrastructure is not available as per the norms.
- SHC building, very small in built-up area and is situated in the village. There is no supply of drinking water and water storage facility to the SHC-HWC. A Borewell is the only source of water supply, which is not functional during summer season.
- CHO and ANM do not stay in the village or at the SHC due to lack of residential facility. An AYUSH MO has been appointed as CHO since March, 2021. Basic amenities such as functional toilet, Space for Yoga, uninterrupted power supply is not available.
- Recently a whitewash and some renovation of flooring and wall plastering has been done for declaring it as HWC.
- Availability of drugs and diagnostics is not as per the HWC or IPHS norms. Out of 35 drugs which can be indented by CHO, 27 drugs were available at the SHC-HWC. There is no monitoring mechanism for assessing utilization of drugs and diagnostics.
- NCD services are available. Patients are screened for Hypertension, Diabetes and Oral Cancer. ANM has been trained in VIA method for screening of cervical cancer. Suspected cases of NCD are advised to visit CHC and DH for further treatment. However follow-up services should be strengthened.

- Available range of services are being provided with effective utilization, however, availability of CHO and ANM for providing complete range of services is a major challenge. ANM also has been given additional charge of a recently created new SHC.
- CHO has not yet given any untied grant for this year. Last year untied grant was spent on stationery, furniture, cleanliness etc.
- Key challenges as observed in the facility are lack of proper IEC/BCC training to the CHO and ANM, lack of infrastructure, lack of training and orientation about health programmes and services to be offered through HWC and foremost is lack of community involvement in seeking health care for preventive/ promotive services.

Sub-Health Centre, Rohani Jagir visited on 02.09.2021

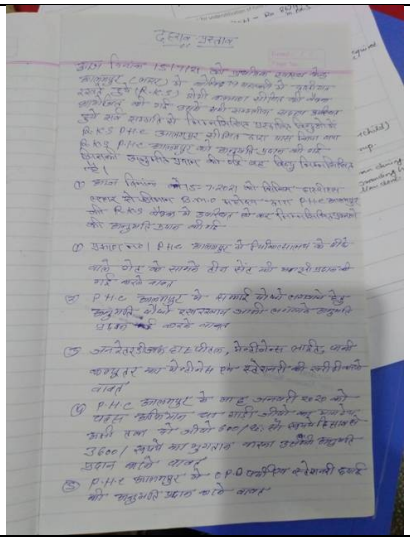
Primary Health Centre - Alampur

- Except OPD and delivery services, none of the services are available. NCD services are also provided to the OPD patients. There is no provision of services and availability of infrastructure as per the IPHS norms.
- PHC building is very old, damaged and has water seepage problem. Building was constructed in 1995. It has only PNC ward having 2 beds. For general patients, beds are kept in corridor. PHC has only two residential quarters in dilapidated condition.
- Bio-medical waste is disposed in deep burial pit. Earlier BMW collection vehicle used to come to the PHC.
- A Homeopathy dispensary is also situated in the PHC premises. This AYUSH dispensary has not been integrated with the PHC services.

- Availability of drugs and diagnostics is not as per the HWC or IPHS norms. There is no monitoring mechanism for assessing utilization of drugs and diagnostics. There is only one Lab technician attached from PHC Daboh, visit PHC on alternate day. posted. PHC has only 11 types of diagnostic test available. There is no hub and spoke model implemented at the PHC for comprehensive diagnostic services.
- NCD services available for screening of hypertension, diabetes, oral cancer, breast cancer and cervical cancer. Both medical officer and staff nurse are trained in NCD services. During April-August, 2021, 1339 patients are screened and 53 have confirmed cases of hypertension. Out of 734 screened cases for Diabetes 46 are confirmed. For Oral cancer 751 patients have been screened. For breast cancer 343 and for cervical cancer 494 women are screened. There are no confirmed cases of any of the cancer type.
- RKS has not been functional on regular basis. RKS meeting is held as and when necessity arises. In last 2-3 years, no meeting was held. Last RKS meeting was held on 15.07.2021 which was attended by BMO, MO (I/c) and ICDS supervisor. RKS has a balance of ₹867185.00 as on 11.08.2021. Nearly 2.5 lakhs have been spent on furniture repair, electrical repairs and sewerage line.
- An ambulance is urgently required for the patient transport which would be stationed permanently at the PHC. Centralized patient vehicles are at times not available. Patients are referred to DH which is at a distance of 100 kms. In critical emergency patients prefer to go to medical college, Datia which is 60 kms. from PHC.
- Insufficient infrastructure is the major hindrance in effective provisioning of services. Key service providers are also given additional responsibility of serving other nearby facilities. Ensuring complete range of services and effective utilization is a major challenge.
- Key challenges as observed in the facility are lack of infrastructure, lack of trained HR and absence of monitoring and supervision at the facility level and at the block and district level as well. Basic services including BEmOC services are grossly ineffective due to poor maintenance of the PHC.
- There is lack of training and orientation among health staffs about health programmes and services to be offered through HWC. State and district should have

a policy for retention of staffs for remote location health facilities for availability and effective utilization of health services.

Primary Health Centre, Alampur visited on 02.09.2021

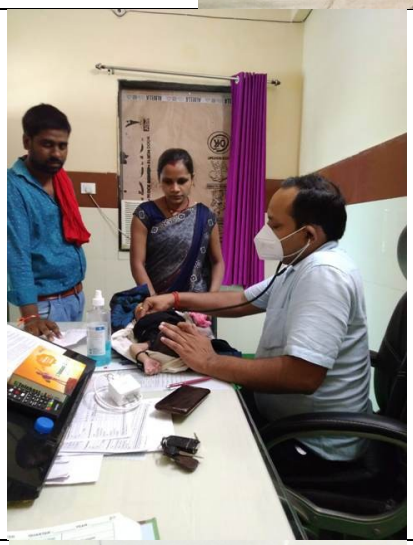


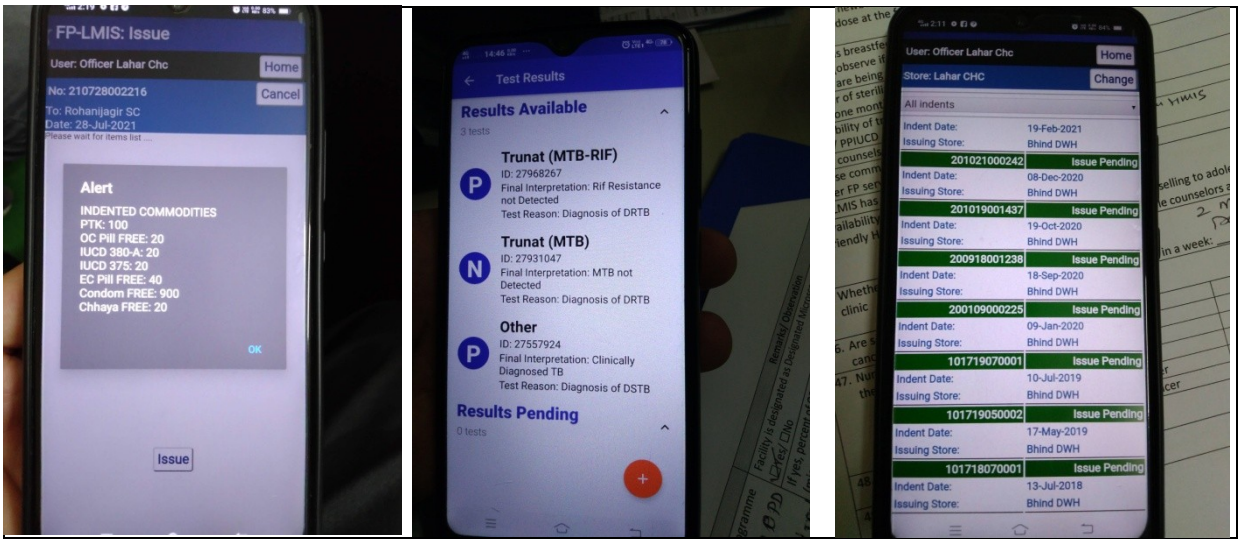
Sub-district Hospital (SDH) - Lahar

- Sub-district hospital, Lahar has been functioning from a newly renovated building with proper signage.
- It has 50 functional beds, out of which 20 are earmarked for maternity care and 30 for general patients.
- SDH has received consolation prize under Kayakalp in 2018-19.
- It has OPD, MCH, NBSU, MTP services. Medical officer is not trained in comprehensive abortion care services. SDH does not have all the services as per the IPHS norms or as per the facility status.
- SDH does not have services under PMSMA by a specialist gynaecologist and obstetrician. Lady medical officer screen high risk pregnant women.
- There is no effective utilization of operation theatre due to lack of anaesthetist. Only minor surgeries and LTT operations are performed. No c-sections are conducted at the SDH.
- SDH has daily 250-300 OPD footfall. It was reported that daily 4-5 presumptive TB cases are diagnosed. Presently, 4 MDR TB patients and 2 SDR TB patients are taking treatment from the SDH. Nearly 5-6 percent patients are lost to follow-up due to mortality and transfers. TB Aarogya Sathi programme has been launched recently for effective follow-up and treatment adherence.

- There is no monitoring mechanism for assessing utilization of drugs and diagnostics. SDH has 36 types of diagnostic test available. It has an AERB certified analog x-ray machine. A digital x-ray machine has been supplied but it is not yet installed. Radiographer posted at the SDH is due to retire in 2022.
- Lab does not have semi auto analyser machine. There is no hub and spoke model implemented at the SDH for catering to the non-functional labs in the nearby PHCs. Two lab technician which were working at the SDH since 4-5 years were transferred elsewhere in July, 2021.
- There is no USG facility available and patients are forced to go to private facility which cost ₹500-700 per visit, incurring burden of out of pocket expenditure for MCH services.
- It is very difficult to assess the effective utilization of services, due to non-availability of medical officer and other key specialty health care service providers. Ensuring complete range of services is a major challenge.
- RKS is not properly functional.
- State and district should have a policy for retention of staffs for remote location health facilities for availability and effective utilization of health services.
- Due to non-availability of trained EmOC medical officer, patients are referred to higher level facilities to avoid any risk. Majority emergency cases are received with very low Hb.
- Key challenges as observed in the facility are lack of infrastructure utilization, lack of trained HR and absence of monitoring and supervision at the facility level and at the block and district level as well.
- Basic services including BEmOC services are primarily available and SDH is not able to provide all the required services as per the norms. There is lack of appropriate support staffs including housekeeping, security, clinical class-IV staffs at the SDH.
- BMO asserted that there is no decentralized planning done at the block level. District has not been asking to do any planning for implementation of health care services and national health programme since last 4-5 years. Budget is provided as per the instructions and guidelines issued from the state and targets are provided keeping in view the targets provided to the district.

Community Health Centre, Lahar visited on 01.09.2021





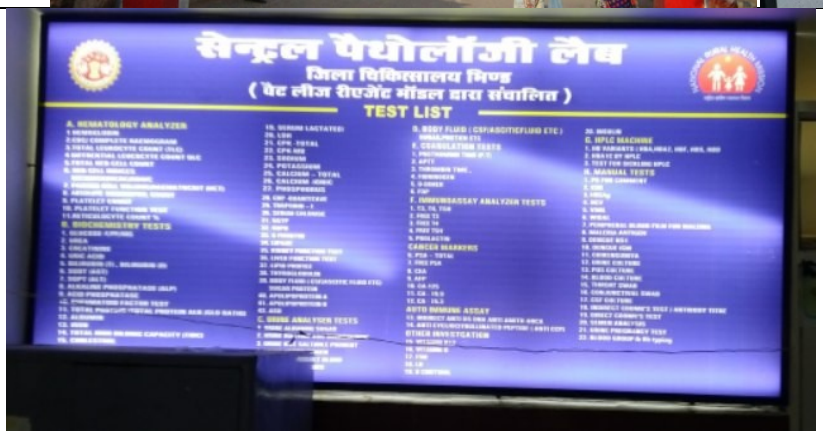
District Hospital, Bhind

- District Hospital, Bhind has been upgraded to a 400 bedded hospital. It has won first prize of Kayakalp Award in 2016. However, owing to the limited space for expansion and requirements of establishing specialty and critical care services there is curtailment in number of functional beds.
- DH at present has only 70 functional beds and an additional 20 bedded ICU. Two patient wards are being renovated to be functional as PICU and HDU.
- Major renovation and upgradation of services are presently undergoing at the DH. Various sections of the DH are scattered in the premises. DH premises also have large number of residential quarters, CMHO office and district drug store.
- Due to old structure build in the pre-independence era DH building cannot be expanded beyond ground floor. There is no additional space available for any expansion. Old building of the DH situated about 200 meters away across road has already been converted into a shopping complex.
- Availability of drugs and diagnostics is not as per the DH or IPHS norms. Out of 297 EDL, 245 drugs and consumables are made available through E-Aushadhi. There is no monitoring mechanism for assessing utilization of drugs and diagnostics at the facility level. Analysis done by the state drug store noted that out of 245 drugs and consumables, DH Bhind has 26 EDL drugs with less than 30 days stock and 116 drugs with no stock. This condition was worsened since July, 2021 when 11 drugs were having less than 30 days stock and 101 drugs were out of stock.

- Paucity of specialist is a major challenge in the DH. Out of sanctioned 39 posts, 32 are vacant. Twenty-five medical officer posts sanctioned are all in-position. It is noted that majority paramedical posts are in-position at DH.
- Comprehensive abortion care (CAC) services are limited to only management of 1st trimester abortion.
- It was informed that four modular OTs are planned. One OT renovation is complete but not yet handed over. Renovation of 3 OTs is still in progress.
- Civil Surgeon informed that due to high crime rate and accidents on the highway, emergency case load is very high. DH does not have any medical officer trained in emergency care services. Emergency specialist is required at the DH.
- Laboratory is now completely converted into PPP model. DH has provided only space and HR for establishing the pathology. Pathology works as a central lab with state of the art diagnostics services. The private agency looks after the maintenance and supply of reagents and functioning of the pathology. Agency has also trained all the HR for operationalizing new machines.
- RKS though functional, but only meets once in a year. Last RKS meeting was held on 27.01.2021. In this meeting decision were approved for enhancement of emergency OPD fees from ₹40 to ₹50. For effective management of hospital services and optimal utilization of available funds, RKS should meet regularly. It was reported that apart from NHM funds and RKS user charges, DH also received funds from Ayushman Bharat, rent from shops, Nursing College Training fee and prize money received for Kayakalp, NQAS, LaQshya etc. In 2020-21, DH received an amount of ₹1.71 Cr. and spent ₹1.25 Cr. In 2021-22 till August, 2021 RKS has received amount of ₹2.10 Cr and has spent ₹87.4 lacs.
- It is very difficult to assess the effective utilization of services, due to non-availability of Hospital Manager or Public Health Manager. It is understood that day-to-day monitoring of the functioning is not done effectively. A systems approach is required for ensuring effectiveness of the services and optimal utilization of services.

- At administratively level DH facing major issues in HR management due to absence of dedicated hospital manager and administrative officer. Due to paucity of space, MCH wing is crowded since separate MCH wing is not yet approved for the DH. Super specialization services also required to be introduced at the DH.
- Key challenges as observed in the DH are lack of space for infrastructure upgradation, lack of trained HR and absence of monitoring and supervision at the facility level and district level as well. Specialty and emergency care services are primarily lacking due to paucity of staff. HR management and systems approach in functioning of the facility need to be strengthened.

District Hospital, Bhind visited on 31.08.2021



5. Discussion and Key Recommendations

Monitoring of programme implementation plan (PIP) 2021-22 under National Health Mission was undertaken in Bhind district of Madhya Pradesh. Population Research Centre, Sagar team visited Bhind district in August-September, 2021 to assess the implantation of PIP. Team visited DH Bhind, SDH Lahar, PHC-HWC Alampur, SHC-HWC Rohani Jagir and AWC Rohani Jagir. PIP monitoring was done to ascertain funds flow and expenditure,

oprationalization of priority health programmes, construction and infrastructure upgadation, perspective of community about available health services, achievements of key programme components and functioning of visited health facilities and key problem areas and root cause of problems.

The district has not received the allocated PIP budget timely. Expenditure of various budget components was observed to be varying. Nearly one-third of allocated budget has been spent during April-August, 2021. There was no district action plan prepared and state has allocated budget as per the pre-determined directives and guidelines.

Community perception about the availability of health care services indicate that full range of services need to be ensured at the designated HWCs including availability of trained service providers.

Presently health care services are more focused on the Covid related services and targeted towards achieving cent percent Covid vaccination. Community in some the areas are still apprehensive towards Covid vaccination and health care providers facing many challenges in making strong in-roads in the community for overall health care.

Delay in payments to the contractual staffs, particularly outsourced support staffs has put many challenges for upkeep of health care facilities. Non-functional RKS at the SDH and PHC is an area of great concern, since HWC services and its smooth functioning is a major responsibility envisaged under the Ayushman Bharat HWC. Presently, team based incentives under Ayushman Bharat PHC-HWCs are not being given.

Key Recommendations:

- DPMU need to be proactive in programme planning and required to be well equipped with all the required HR and allowed to take administrative responsibility.
- Local level recruitment need to be given priority for support staffs.
- Data management issues need to be resolved for proper utilization of data for district planning. Block level programme managers need to be sensitized for programme management and corrective actions for effective programme implementation.

- HR management issues are paramount and need to be given highest priority. Service providers need to be trained in multi-tasking and policy of their retention with incentivization need to be evolved with long term perspective.
- There is still separate recruitment and service condition for regular and contractual HR. There should be a unified HR policy for regular and contractual HR.
- District should be provided enough resources for effective implementation of IT based infrastructure for data reporting and management at the health care provider level. Merely appointing data entry operators for all the data reporting proving to be ineffective, since these outsourced data entry operators have very little knowledge of health systems and at times not able to provided required data for decision making.
- District should ensure provisioning of all the designated services at the established HWCs with all the trained staffs including CHOs and ANMs.
- There should be some norms for minimum serving period at any HWC for each health care provider for continuity of health care services at the HWCs.
- Posting at remote HWCs should also be incentivized for retention of health care providers.