Monitoring and Evaluation of Programme Implementation Plan 2019 – 20, Dindori District Madhya Pradesh

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Executive Summary

The Ministry of Health and Family Welfare, Government of India has assigned Population Research Centres (PRCs) the task of monitoring of essential components of National Health Mission State Programme Implementation Plan (PIP 2019 – 20). Team of two officials of PRC visited Dindori District during February 27, 2020 to March 3, 2020. It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocations. Considering PIP as a major task, Population Research Centre, Gokhale Institute of Politics and Economics (GIPE), Pune would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitors the NHM components.

This report presents the key findings from the concurrent monitoring of essential components of NHM in Dindori district of Madhya Pradesh. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Dindori. The following public health facilities were visited by the PRC Pune team: DH Dindori, CHC Shahpura, PHC Gadasarai and SC Kikaratalab. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the NHM.

Key Observations and Findings

Meetings were conducted with district and block level health administrators including the Chief Medical and Health Officer (CMHO), Civil Surgeon (CS) of District Hospital, Block Programme Manager (BPM) of respective CHCs, Medical Officers, facility and community level health care providers (ANMs, ASHAs etc.) and other supporting staff to understand the strength and weakness of the facilities in providing health services. Further, we reviewed relevant programme data and information available from the District Programme Management Unit (DPMU), Health Management Information System (HMIS) and also made observations regarding performance of key component of NHM for robust feedback on programme implementation in the district.

Key Observation

- The child deaths (NMR, IMR and U5MR), in the district very high, 481 child deaths were reported during the current financial year, of which 277 deaths were occurred in less than 28 days of birth.

- The lack of manpower in health sector is big problem, and the same problem was reported in the district as about 41 percent of the total sanctioned post are vacant under CMHO.

- This problem arises in the District Hospital also, as they were facing big problem during night in the Emergency department due to lack of MOs'.

- The Primary Health Centre, Gadasarai was a BeMOC Centre (Level –B PHC), and the delivery load was very high in the facility as they have conducted 459 deliveries during the current financial year.

- Due to lack of wards/bed in the PHC Gadasarai, it was very difficult to manage general patients during winter season as the delivery rate was high during that time in the facility. And also the delivery tables were less, as they were conducting deliveries some time on the floor.

Apart from these key observations, the major strength and weakness of the district are as follows:

Strengths

- The DPM is effectively involved with all NHM activities and possesses a sound knowledge of the current status and the future plans.

- The district has a dedicated pool of NHM personnel who are striving to work in accordance with the mission and vison of the programmes.

- The service delivery was very good in the visited facilities, as well as the records were maintained properly.

- All the equipment's, drugs and supplies were available and functional in the visited facilities.

- The coverage of JSY and JSSK was good in the district, as almost all the women who delivered their baby in the health institution were covered under these schemes.

- The coverage of family planning was also good except the NSV, which was low in the district.

Weakness

- The district hospital was facing the shortage of manpower; as 41 percent of the post are vacant. Specially, the post of Anaesthesiologist due to which they were not conducting

any C –Section deliveries in the hospital, which was further cause the maternal death in the hospital (537 deaths to 1 lakh live birth)

- Apart from the post of Anaesthesiologist, several other post of Medical Specialist are also vacant in the District Hospital.
- Though, the blood bank of the District Hospital was functional but due to lack of manpower, they were not conducting any camps for collecting blood, which further cause the lack of blood bags. Since adequate number of blood bags were not available and anaesthesiologist was not available, they were not managing high risk pregnancy in the facility.
- Enough staff quarters are not available for Medical Officers in the District Hospital, as a result the MOs of the hospitals were residing far away from the hospital.
- Some of the IECs were not displayed in the visited facilities.
- The staff quarters of CH Shahpura was not liveable as they were not repaired and not maintained over the period of time.

1. Introductions

National Health Mission (NHM), previously known as National Rural Health Mission (NRHM) was launched in order to make health care more accessible and affordable to all especially who are vulnerable and underserved and at the moment it has become one of the essential part of the health services in the country. The Mission is both flexible and dynamic and is intended to guide states towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities. Also the need for effective inter-sectoral convergent action to address the wider social determinants of health is envisioned. A timely and systematic assessment of the key components of NHM is important for further planning and resources allocation.

In keeping with the goals of the NHM, the Programme Implementation Plan (PIP) 2019 – 20 has been designed and submitted to Ministry of Health and Family Welfare (MoHFW), Government of India (GOI) by all the states and the Union territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionality's and the road map given for PIP. In order to assess the implementation and progress of PIP, the MoHFW has assigned the task of evaluation and quality monitoring of the important components of NHM to various PRCs. PRC, Pune was assigned the evaluation study of PIP of Maharashtra and Madhya Pradesh for the year of 2019 – 20.

In order to carry out quality monitoring and evaluation of important component of NHM, various type of check – list developed by the Ministry were used. The check – list for District and facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

This report discusses the monitoring and evaluation of PIP findings and observations for the Dindori District in Madhya Pradesh, which was carried out during the period February 27, 2020 to March 3, 2020. In the district apart from Chief Medical and Health Officers Office, District Hospital Dindori, Community Health Centre Shahpura, Primary Health Centre Gadasarai and Sub – Centre Kikaratalab were visited.

This report provides a review of key population, health and service delivery indicators of the Dindori District. The report also deals with health infrastructure and human resources of the district and provides insights on MCH service delivery including JSSK and JSY schemes, NRC, Immunization, RBSK, Family Planning, ARSH, Bio-medical waste management, referral transport, ASHA scheme, communicable and Non-communicable diseases and status of HMIS

and MCTS. This report is based on the interview of CMHO, Civil Surgeon, Medical Officers, ANMs and beneficiaries.

Table 1: Health Facilities visited in the PIP Monitoring of Dindori District, 2019 – 20

Facility Type	Name of the facility
District Hospital	District Hospital Dindori
Community Health Centre (FRU)	Community Health Centre Shahpura
Primary Health Centre	Primary Health Centre Gadasarai
Sub - Centre	Sub – Centre Kikaratalab

Source: CMHOs Dindori, 2019

1.1 District Profile

Situated on the eastern part of Madhya Pradesh, Dindori district borders Chhattisgarh state. It has Shahdol in the east, Mandla and Jabalpur in the West, Umaria in the North and Bilaspur and Kawardha district of Chhattisgarh state in South with total area of 7470 km^2. The holy river Narmada passes through the district and is surrounded by herbal rich Maikal mountain ranges situated at an altitude of 1,100 meter above mean sea level. Agriculture is the main source of livelihood for the Gond dominated people of the district. Rice and wheat are the main crops grown year after years.

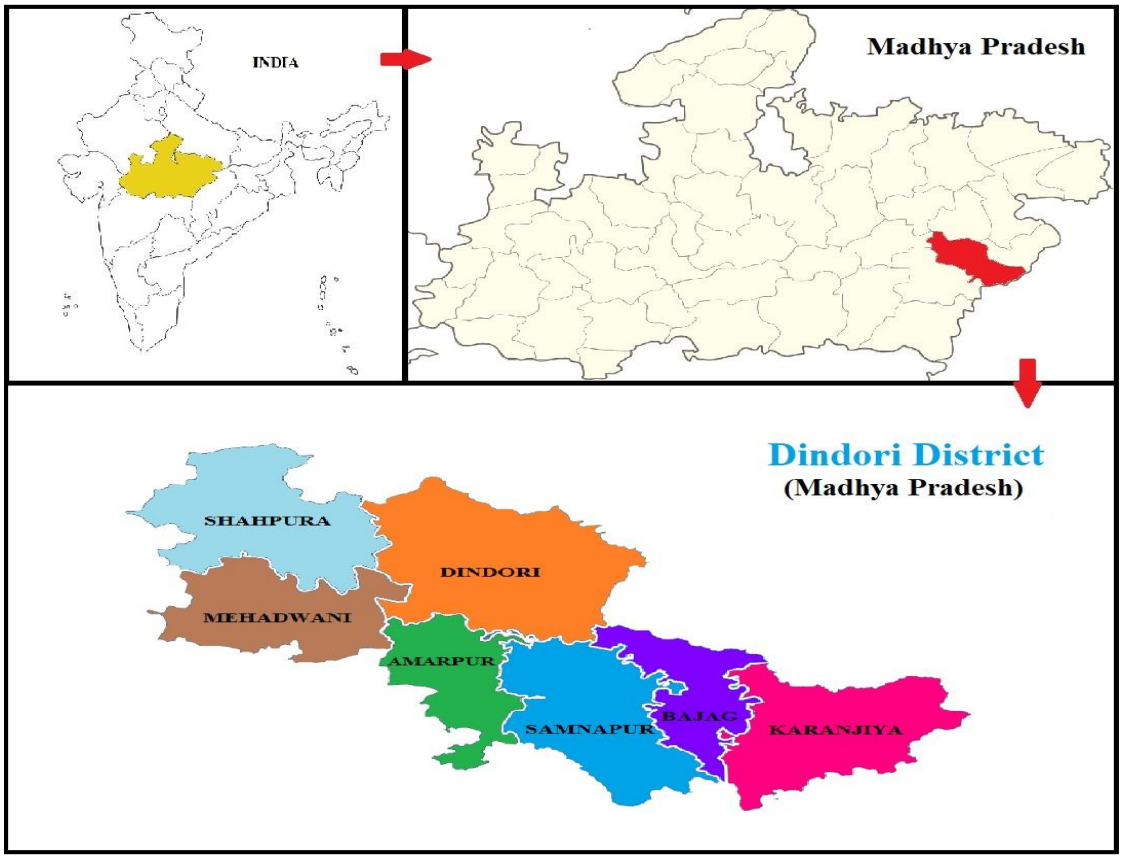


Figure 1: Integrated Map of Dindori, Maharashtra

The district comprises with 7 blocks viz. Amarpur, Bajag, Dindori, Karanjiya, Mehadwani, Samnapur and Shahpura, which are further comprises with 927 villages.

Table 2 depict the demographic profile of the Dindori district. The district has a total population of 704,524, which contribute to only 1.0 percent of the state population. Of the total population, 5.6 percent belong to Scheduled Caste and 64.7 belongs to Scheduled Tribes. The sex ratio of the district was 1002 females per 1000 males which was well high than the state (931) sex ratio and the child sex ratio of the district was 970 against the 918 for the state. The literacy rate of the district was 63.9 percent which was lower than the state average of 69.3 percent. A similar pattern was followed for the male literacy rate as well as for female literacy rate in the district against the state.

Table 2: Key Demographic Indicators of Dindori and Maharashtra

Parameters	Madhya Pradesh	Dindori
Total Area (in km^2)	308,252 km^2	7,470
Total Population	72,626,809	704,524
Male	37,612,306	351,913
Female	35,014,503	352,611
Scheduled Caste	15.6	5.6
Scheduled Tribes	21.1	64.7
Sex Ratio	931	1002
Child Sex Ratio	918	970
Population Density (km^2)	236 km^2	94
Literacy	69.3	63.9
Male literacy	78.7	75.5
Female literacy	59.2	52.4

Source: Census, 2011

1.2 Health Profile

The health profile highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output and outcomes of the public health delivery system in Dindori with respect to various domains such as Maternal Health, Child Health, Delivery Care, Family Planning etc. ***Table 3*** presents key stats of health and service delivery indicators of Maharashtra and Dindori district. As per the NFHS 4 (2015 -16) factsheet, the district was performing better than state in only total unmet need for family planning and initiation of breastfeeding to the newborn with one hours, whereas, the district was behind the state in terms of ANC registration in first trimester, coverage of 4 ANC, institutional deliveries, providing all vaccines to 9 -11 months of children and providing the unmet need for spacing, while it was performing same as the state in terms of providing Tetanus Injection to pregnant women.

Table 3: Key stats of Health and service delivery indicator of Maharashtra and Dindori

Indicators	NFHS 4	
	Madhya Pradesh	Dindori
Mother registered in the first trimester	53.0	44.9
Mother who had at least 4 ANC visits	35.7	23.5
Mothers who got at least one TT injection	89.8	89.1
Institutional Delivery	80.8	55.8
Home Deliveries assisted by SBA	2.3	4.4
New born breastfed within one hours of birth	34.4	36.8
Children (12 -23 months) fully Immunized	56.6	49.4
Using any modern method for family planning	44.3	63.0
Total Unmet need for FP	5.7	7.9
Unmet need for spacing	5.4	3.6

Source: NFHS 4 Factsheet, 2015 -16

Table 4 summarises the current status of health care service delivery indicators in the district. An important component of the maternal health is ANC, which is a systematic supervision of women during pregnancy to ascertain the well-being of the mother and the foetus. It allows for the timely management of complications and provides opportunity to prepare a birth plan and identify the facility for delivery. In Dindori, 86.6 percent of pregnant women registered for ANC in first trimester and 72.4 percent have received 4 or more ANC check –ups against the total ANC registration. Early registration of pregnancy allows for adequate care during the cycle. District has observed the adequate distribution of IFA supplementation, as it was given to 84.3 percent of women who registered for ANC. Overall, the performance of the district for pre- natal care was slightly behind compare to state. The district has observed **209** maternal deaths per 100,000 live births, which is very high compared to National level maternal deaths (173 per 100,00 live births).

Delivery care is another important component for maternal health as well for infant health. In Dindori, there were only 741 home deliveries were observed, of which 27.1 percent were conducted by SBA. Thus presence of SBA in case of home deliveries is essential to combat maternal deaths. 93.1 percent of all deliveries are institutional deliveries, while comparing the institutional deliveries versus total ANC registration, it goes down to 54.2 percent. whereas 3.8 percent women have been discharged within 48 hours of delivery, which was the good practice in the district. Only 0.1 percent of the institutional deliveries were conducted via C- Section due to lack of anaesthesiologist and due to which the maternal mortality was high in the district. With regards to PNC, only 6.1 percent of women received the 1st post-partum check-up within 48 hours and 14 days of delivery. In terms of child health care, 95.4 percent of the newborns were breastfed within one hours of birth and 99.6 percent newborns were weighed at birth. In comparison with state, the performance of the district was low for the indicators of ANC 4

coverage, IFA tablet distribution to pregnant women, home deliveries against the total deliveries, institutional deliveries against total deliveries and ANC registration, and C- section deliveries, but the district was performing better in terms of ANC registration, home deliveries by SBA, discharge in 48 hours of delivery and post-natal care. The district has observed 38 Neonatal Mortality Rate and 26 Infant Mortality Rate during April, 2019 – January 2020.

Table 4: Status of Health and Health Care Services Delivery Indicators of Dindori 2019 - 20

Health and Health Care Service Delivery Indicators		Madhya Pradesh	Dindori
	Maternal Health		
Pre Natal Care	Total number of pregnant women registered for ANC	**14,53,882**	**18373**
	% 1st trimester registration to total ANC registration	69.4	86.6
	% Pregnant women received 4 or more ANC check-ups to total ANC registration	78.2	72.4
	% Pregnant women given 180 IFA to total ANC registration	94.0	84.3
	Health Outcome – MDR^ - 209		
	Delivery and Post-Delivery Care		
Home Deliveries	Number of Home Deliveries	**51,743**	**741**
	% SBA attended home deliveries	11.8	27.1
	% home deliveries against total deliveries	5.3	6.9
Institutional Deliveries	**Institutional Deliveries**	**917,131**	**9949**
	% Institutional deliveries to total deliveries	94.7	93.1
	% Institutional deliveries to ANC registration	63.1	54.2
	% Women discharged in less than 48 hours of delivery to total reported deliveries	10.8	3.8
C-Section Deliveries	% C-Section deliveries to reported institutional deliveries	12.6	0.1
	% C-Section conducted at public facilities to deliveries conducted at public facilities	12.6	0.1
	% C – section conducted at private facilities to deliveries conducted at private facilities	-	-
Post Natal Care	% Women getting 1st Post – Partum check –ups between 48 hrs and 14 days to total reported deliveries	5.0	6.1
	% Newborns breast fed within 1 hours of birth to total live births	91.8	95.4
	% Newborns weighed at birth to live births	96.1	99.6
	Health Outcomes – IMR^ - 38, NMR^ - 26		
	Child Health and Immunization Coverage		
Number of fully immunized children (9 – 11 months)		13,46,101	17,290
% Fully Immunized Children to 1st dose of MR and Measles		99.4	99.9
Number of cases of childhood diseases (0 – 5 Years): Pneumonia		3,464	153
Number of Cases of childhood disease (0 – 5 Years): Diarrhoea		1,91,301	3958
Number of Cases of Childhood disease (0 – 5 Years): SAM		20,118	274
Number of Cases of Childhood disease (0 – 5 Years): ARI		29,383	262
	Health Outcomes - U5MR^ - 46		
	Family Planning		
Total Sterilization Conducted		2,19,247	3771
% Male sterilization (Vasectomies) to total sterilization		1.2	0.6

Health and Health Care Service Delivery Indicators	Madhya Pradesh	Dindori
% Female sterilization (Tubectomy) to total sterilization	98.8	99.4
% IUCD Insertions to all family planning methods (IUCD Plus Permanent)	56.5	62.8
Condom Pieces Distributed	17,724,756	275,781
Facility Service Delivery		
OPD	41,317,979	457,057
IPD	3,644,541	35,591
% IPD to OPD	8.8	7.8

Source: HMIS, 2019 -20

With regards to service delivery for child health, Dindori district has reported that 17,290 children of age 9 to 11 months have received full coverage of immunization. The most common childhood disease was reported as diarrhoea with 3,958 case followed by SAM with 99 cases, ARI with 262 cases and Pneumonia with 116 cases in the district. The district also reported that there were 46 children of under-five age died against the 1000 live birth during April, 2019 – January 2020.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilization as a method of permanent family planning dominates with 99.4 percent of all sterilization conducted during April, 2019 – January 2020 in Dindori district. During the same period, 62.8 percent cases of IUCD insertion was observed against the all family planning method (condom is not included).

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health system has been a contribution of NHM. The OPD patient load is as high as 457,057 number of OPD patients against 35,591 IPD patients.

2. Information from District Health Office

Information was collected with the help of district questionnaire covering all the aspects of PIP under various heads. Results of the information collected from Programme Management Unit, Health Officials and Staff Associated with various heads of PIP are as follow:

2.1 Human Resource and Health Infrastructure

The component of Human Resources under NHM is to ensure availability of adequate manpower at the public health facilities in the State. Human Resources are largely based on the requirements. The component/scheme of HR under NHM includes different interventions to ensure recruitment, development, continued capacity building and functioning of adequate health care man power. Interventions for increasing the generation of health HR to meet the demands in public sector.

The Public Health Care Infrastructure includes of Sub Centres at the most peripheral level, Primary Health Centre envisaged to provide an integrated curative and preventive health care and Community Health Centre which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

2.1.1 Human Resource

Human resources are an important component of health care system. Achievement of good health outcomes is not possible without sufficient qualified health workforce and its shortage will lead to decrease in the quality of health care services. There are some improvements in human resources after implementation of National Health Mission. ***Table 5*** presents the status of regular staff under Chief Medical and Health Office in Dindori. It shows that among the sanctioned post more than 24 percent post are vacant in the district. Of which 40.6 percent are vacant of Health Worker (Female), and more than 71 percent post are vacant of Laboratory Technician. Apart from these post, 39 percent of pharmacist, 20 percent of Health Supervisor and 21 percent of Leprosy Technician are vacant in the district.

Table 5: Regular Staff under Chief Medical and Health Officer (CMHO)

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Chief Medical and Health Officer	1	0	1
2	District Malaria officer Cl-II	1	1	0
3	Health Worker (Male)	160	95	65
4	Health Worker (Female)	178	178	0
5	Health Supervisor	66	53	13
6	Pharmacists	28	17	11
7	Leprosy Technician	19	15	4
8	Laboratory Technician	28	8	20
9	Dresser	29	17	12
	Total	**510**	**384**	**126**

Source: CMHO Dindori, 2019 - 20

Table 6: Contractual staff appointed under NHM in District Programme Management Unit

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	1	1	0
2	M&E	1	0	1
6	ASHA	1025	1024	1
9	AYUSH	7	2	5
11	BPMU	7	2	5
22	ANM	201	124	77
24	Staff Nurse	44	44	0
25	IMMUNATION	1	1	0
	Total	**1286**	**1197**	**89**

Source: CMHO Dindori 2019 – 20

Table 6 depict the status of contractual staff appointed under NHM in Dindori district. PRC monitoring team have observed that overall there were only 6.9 percent of shortages among the contractual staff under NHM. Of which, 77 are under ANM followed by 5 each of AYUSH and BPMU.

2.1.2 Health Infrastructure

Infrastructure is the basis for planning, delivering, and evaluating a wide range of essential public health services. Healthcare institution and healthcare infrastructure is an important indicator to understand the health care status, health care delivery provisions and mechanism. Furthermore, health infrastructure is necessary to ensure access to basic healthcare facilities. Ensuring well-coordinated, high-quality health care requires the establishment of a supportive health system infrastructure. Therefore, this section examines the analysis of health care infrastructure in Dindori district, Maharashtra. ***Table 7*** depict the same.

With regards to Public Health Infrastructure, there was 1 District Hospital with 100 beds, 7 Community Health Centre with 30 bed each, 22 Primary Health Centres (PHCs) with 6 bed each and 219 Sub – Centres (SCs) are functioning in the district. Apart from these, 16 AYSUH facilities are functioning in different health facilities in the district.

Table 7: Status of Health Infrastructure in Dindori district, 2019 – 20

Health Facilities	Number of Institutions	Govt. building	Rented Building
District Hospital	1	1	0
CHC	7	7	0
PHC	22	22	0
SC	219	-	-
Delivery Point	46	46	0
AYUSH	16	16	0
Transport Facility	**Number Available**		**Number of Functional**
108 Ambulance	No information		No information
Mobile Medical Unit	2		2

Source: CMHO Dindori, 2019 – 20

All the facilities are run in a government building, and 46 of them were conducting deliveries. Regarding the transport facility (Ambulance) in the district, the information was not provided. But the information about MMU was provided as 2 MMU were providing their services to the needy patients by visiting to them in the Bajag block of the district. During April, 2019 – January 2020, total 130,518 patients had utilized the MMU services.

Among the visited facilities, all four facilities are easily accessible from nearest road head and are working in government building. All facilities have residential quarter for MOs and

SNs/ANMs in their premises. Also in SC Kikaratalab, the complaint box was not available (***Table 8)***.

Table 8: Status of Health Infrastructure in facilities visited, Dindori

Physical Infrastructure Indicators	DH Dindori	CHC Shahpura	PHC Gadasarai	SC Kikaratalab
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes
Functioning in govt. building	Yes	Yes	Yes	Yes
Residential quarters for MOs and SNs/ANMs	Yes	Yes	Yes	No
Piped Water Supply	Yes	Yes	Yes	Yes
Clean Wards	Yes	Yes	Yes	Yes
Clean separate Toilets	Yes	Yes	Yes	Yes
Availability of complaint/suggestion box	Yes	Yes	Yes	No

Source: CMHO Dindori, 2019 – 20

2.2 Training of Health Personnel

The information with respect to training of the health personnel of the district is not provided by the district officials, so it is very difficult to write anything about the training status of the health personnel of the district. But we got the information about the training of health personnel in the visited facilities only for which, details are given in the respective section.

3. Maternal Health

Maternal Health is an important aspect for the development of any country in terms of increasing equity and reducing poverty. The survival and well-being of mothers is not only important in their own right but also central to solving large boarder, economic, social and developmental challenges.

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. The RMNCH+A strategy aims to reduce child and maternal mortality through strengthening of health care delivery system.

3.1 Overview

The 5×5 RMNCH+A matrix under NHM throws light on 4 important life cycle of maternal and reproductive health. ***Table 10*** depicts the performance indicators by various stages for the current financial years (April, 2019 – January 2020).

IUCD insertions is a priority area under spacing services. Pertaining to the performance under reproductive health, more than 62 percent of women opted for IUCD insertions as a family planning method. Women continue to bear an uneven burden of sterilization in Dindori, as 99.9 percent of the women has opted for permanent sterilization against the total permanent sterilization.

Table 9: Maternal Health Indicators of Dindori district

Sr. No.	Indicators	April, 2019 – January 2020
	Reproductive age	
1	%Post – partum sterilization against total female sterilization	0.1
2	%Male sterilization to total sterilization conducted	0.6
3	%IUCD insertions to all family planning methods (IUCD plus permanent)	62.8
	Pregnancy Care	
4	%1st Trimester registration to total registration	86.6
5	% Pregnant women received 4 or more ANC check-ups to total ANC registration	72.4
6	% Pregnant women given 180 IFA to total ANC registration	84.3
7	%Cases of pregnant women with Obstetric Complication managed to total deliveries	6.8
	Child Birth	
8	% SBA attended home deliveries to total home deliveries	27.1
9	% Institutional deliveries to total deliveries	93.1
10	% of C Section Deliveries to Institutional deliveries	0.1
	Postnatal, Maternal and New Born Care	
11	% of new born received 7 HBNC visits to total home deliveries	96.0
12	% New born breast fed within 1 hours of birth to total live births	95.4
13	%Women discharged under 48 hours of delivery in public institution to total deliveries in public institutions	3.8
14	% New born weighed at birth to live births	99.6
15	% New born having weight less than 2.5 kg	16.2

Source: CMHO Dindori, 2019 – 20

With regards to accessibility of ANC services, more than 86 percent of women had registered for ANC in 1st trimester and more than 72 percent had received 4 or more ANC services against the total ANC registration. Though, 6.8 percent of obstetric complications were managed against the total deliveries during April, 2019 – January 2020.

During 2019 – 20, 27.1 percent of all home deliveries were attended by SBA in Dindori. The district has performed well with regards to institutional delivery as 93.1 percent of the deliveries were conducted in health institution. During the same period there were only 0.1 percent of C – Section deliveries were conducted against the total institutional deliveries, which was the area of concern and it can be slightly high to avoid maternal deaths, which was 209 deaths per one lakh live births.

Postnatal care is yet another domain integral to maternal health. In Dindori, only 3.8 percent of women were discharged under 48 hours of delivery in health facilities, which was good practice in the facilities of the district. However, more than 95 percent of newborns were initiated breastfeeding within one of birth and almost all the newborns were weighed at birth, of them 16.2 percent were born with less than 2.5 kg.

3.2 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana is one of the key maternal health strategies under NHM. JSY a demand promotion scheme was launched in April 2005 with the objective to reducing maternal and infant mortality. This conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been lauded as successful scheme bringing about a surge in institutional deliveries since its launch. Cash assistance of ₹1400 is provide to mothers who deliver in institutional facilities.

Table 11 depict the highlights of the JSY scheme in Dindori district. Beneficiaries were satisfactorily aware about the JSY schemes, and most of the beneficiaries had bank accounts. The ASHAs were helping beneficiaries to open bank accounts. The payments are being paid through PFMS mode. ***Table 11*** shows that total 18,373 ANCs had registered for JSY, of them 10,861 women were delivered the baby and were eligible for the JSY incentive. All these women were paid as per the JSY guidelines.

Table 10: Status of Janani Suraksha Yojana in Dindori, 2019 – 20

Registered for JSY	Eligible for benefit	Number of benefited
18,373*	All	10861
	Record Maintenance	
	Available and Updated	

Source: CMHO Dindori, 2019 – 20, *All ANC registration

3.3 Janani Shishu Suraksha Karyakram (JSSK)

Government of India had come with another programme named as Janani Shishu Suraksha Karyakram (JSSK) and launched it in 2012, in order to eliminate out of pocket expenditure for pregnant women and sick –new born and infants on drugs, diet, diagnostics, user charges, referral transport etc. which was occurring during the successful implementation of JSY. The scheme entitles to all pregnant women delivering in public health institutions to absolutely free and no expenses delivery including Caesarean section.

Table 11: Status of Janani Shishu Suraksha Karyakram for pregnant women and sick infants in Dindori, 2019 – 20

District Name	Total Deliveries	Diet	Medicine	Diagnosis	Home to Institution	Institution to Institution	Institution to Home
Women	**9949**	**9949**	**12033**	**12033**	**12033**	**1677**	**8804**
Sick Neonates					**2719**	**1507**	**492**

Source: CMHO Dindori 2019 -20

In Dindori, the coverage of JSSK was extremely good, as all the institutional deliveries were covered under the JSSK (***Table 12)***, and all the beneficiaries (9949) had provided the diet services at the time of their stay at delivery point. Similarly, 12,033 pregnant women have received medicine and were diagnose at health facility during their child wearing period. With regards to transport facility, same number of pregnant women had availed the ambulance services from home to health institution during ANC/INC/PNC period, but the drop back facility was not 100 percent as there were 8,804 women had availed the drop back transport facility.

With regards to sick neonates, there were 2719 neonates were received the transport services from home to institution and 1507 had utilized it for going other institute. Similar to the pregnant women the drop back facility for sick neonates was not even 100 percent as only 492 sick neonates have been drop back after getting the treatment.

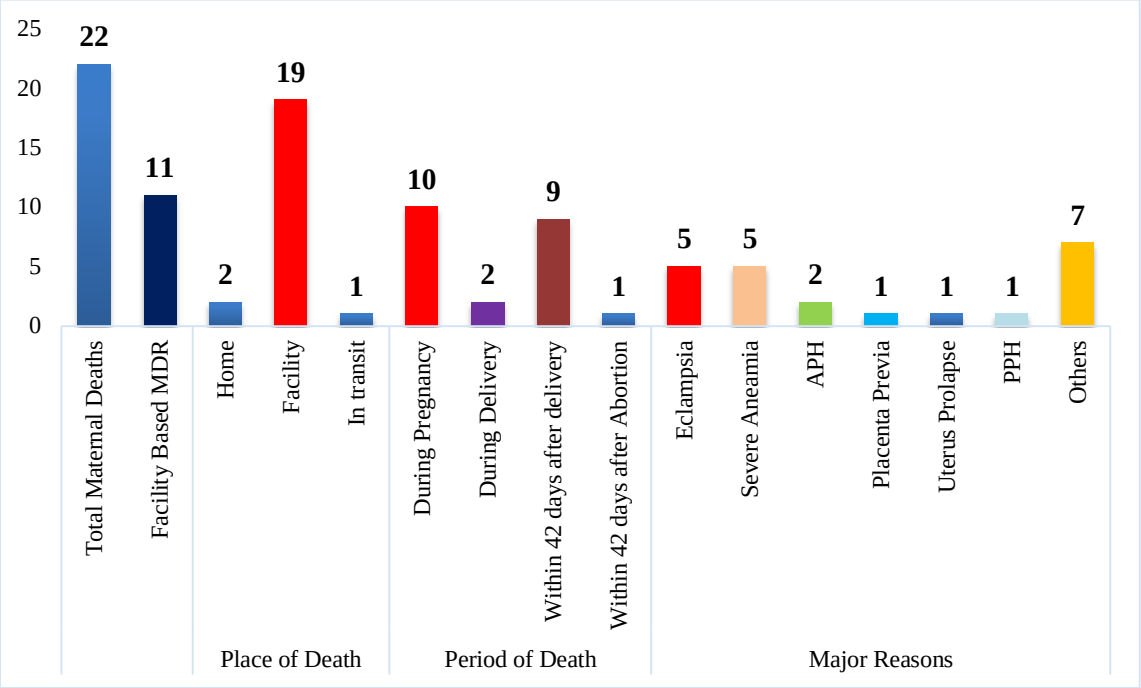
3.4 Maternal Death Review

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan documents. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in services.

There were 22 Maternal Deaths observed in Dindori district during the reference period as shown in ***figure 2,*** and 11 of these deaths were reviewed at concern facility. Among these deaths, 2 were died in home, one was died in transit, whereas remaining 19 were died in government facilities. Considering the period of deaths, 10 maternal deaths were occurred during pregnancy, 9 were maternal deaths were occurred within 42 days of delivery, 2 maternal deaths were occurred during delivery and one maternal death was occurred within 42 days after abortion. The major

problems for these deaths were Eclampsia, Severe Anaemia, PPH, Placenta Previa, Uterus Prolapse etc.

Figure 2: Status of Maternal Deaths in Dindori, 2019 – 20



Source: CMHO Dindori, 2019

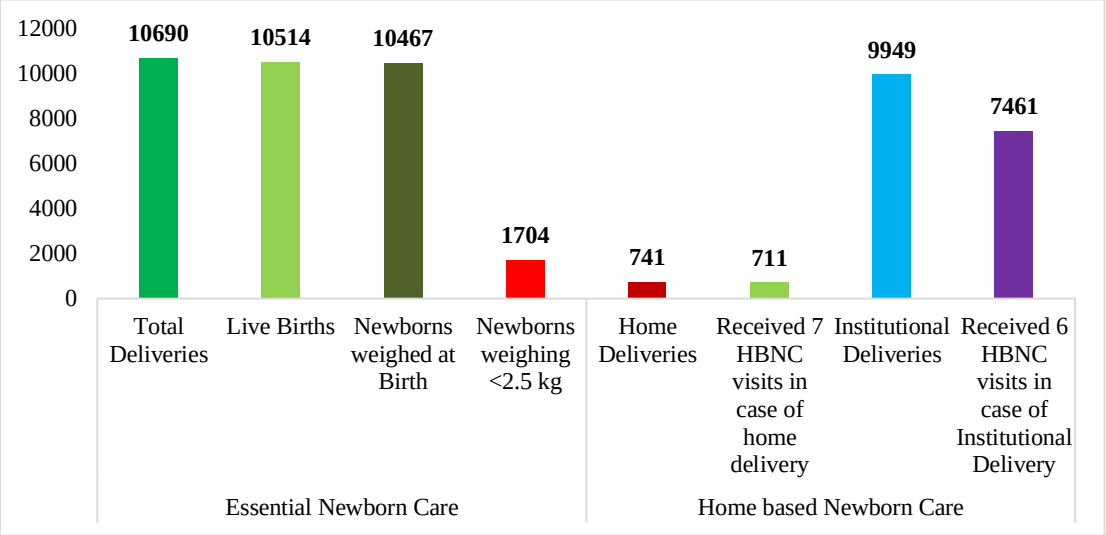
4. Child Health

The RMNCH+A under the National Health Mission also comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. Reduction of infant and child mortality has been an important precept of the health policy of the Government of India and it has tried to address the issue right from the early stages of planned development. The National Population Policy (NPP) 2000, the National Health Policy 2002 and National Rural Health Mission (NRHM – 2005 – 2012) have laid down the goals for child health.

4.1 Neonatal Health

The district has observed 9949 institutional deliveries, of the total 10690 deliveries during the reference period as presented in ***figure 3.*** Of the total newborns, 99.6 percent were weighed at birth. 1,704 newborns had a birth weight of less than 2.5 kg. Of the total home deliveries in the district, 95.9 percent newborns received 7 HBNC visits, whereas 75.0 percent of newborns received 6 HBNC visits against the total institutional deliveries.

Figure 3: Neonatal health Indicators, Dindori



Source: DHO Dindori 2019

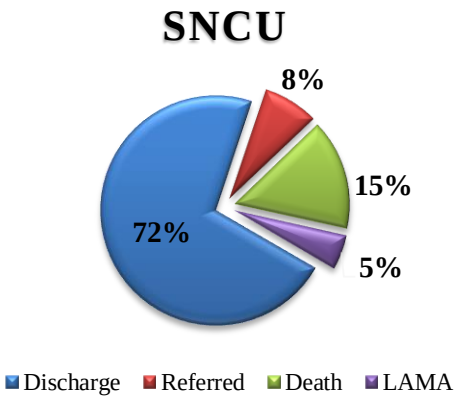
Special Newborn Care Unit: The service delivery for neonatal health in terms of infrastructure is discussed in ***Table 14.*** The district has 1 SNCU, and 1 NBSU. Manpower dedicated to SNCU in the district includes 19 medical staff members against the 26 sanctioned post. Total 872 neonates were admitted in SNCU, of which 72 percent were cured and discharged, 8 percent were referred, 5 percent were in LAMA and 15 percent were die (***Figure 4)***.

Table 12:Status of Neonatal Health Infrastructure, Dindori 2019 – 20

Type of facility	Number of facilities across district	Total Staff	Total Admissions
SNCU	1	19	872
NBSU	1	-	138
NBCC	46	-	-

Source: CMHO Dindori 2019

Figure 4:Treatment outcome of Neonatal admissions in SNCU, Dindori 2019 – 20

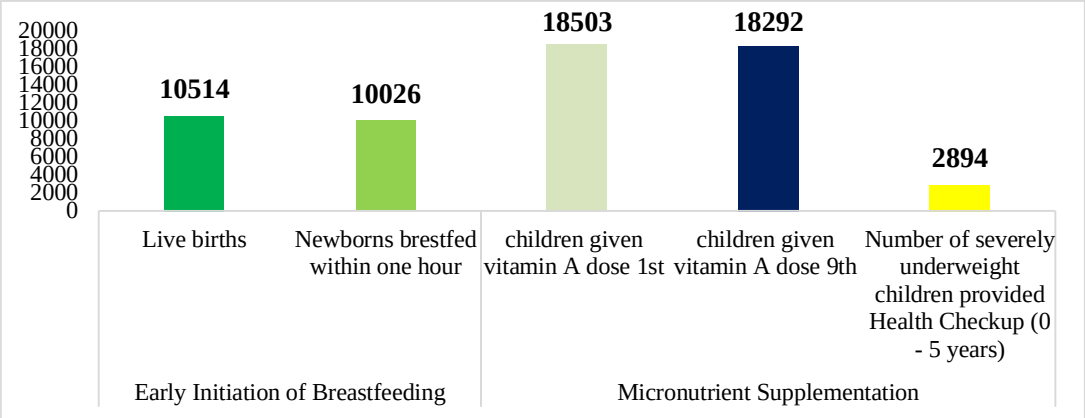


Source: CMHO Dindori 2019

4.2 Nutrition

Nutrition is known as one of the most effective entry points for human development, poverty reduction and economic development, with high economics returns. Nutrition is fundamental to all the achievement of the other National and Global Sustainable Development Goals. It is critical to check under-nutrition, as early as possible, across the life cycle, to prevent irreversible cumulative growth and development deficits. Factors contributing to under-nutrition during infancy and childhood include low birth weight and poor breast feeding.

Figure 5: Status of Child Health Nutrition, Dindori 2019 -20



Source: CMHO Dindori, 2019

RMNCH implementation in terms of nutrition includes calcium, iron and vitamin A supplementation to improve maternal and infant survival. With regards to the same, ***figure 5*** depict that, 10,026 newborns in the district were breastfed within 1 hours of birth, which accounts to 95.4 percent of the total live births. Early initiation of breastfeeding is crucial to child nutrition and should be promoted.

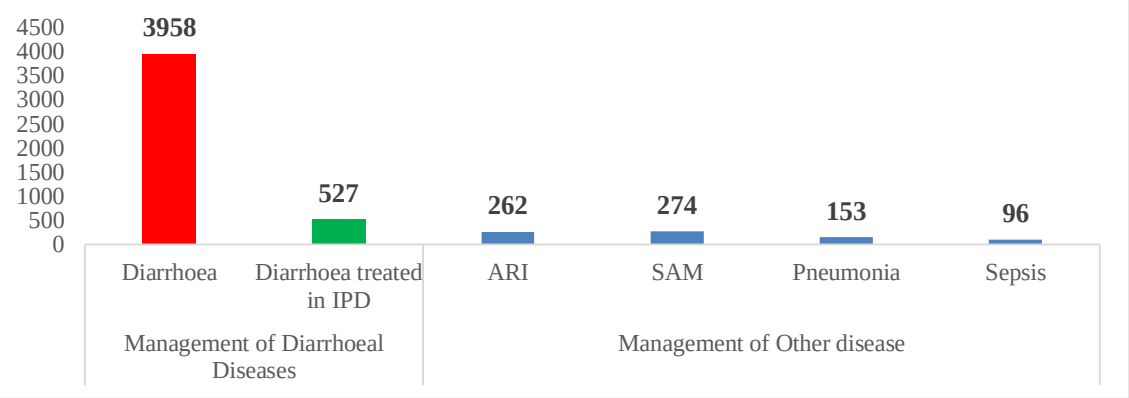
Nutritional Rehabilitation Centre (NRC) exist in the District Hospital as well as in 4 more CHCs of the district and providing nutritional related assistance to the patient. During last financial year total 1652 malnourished patients were admitted in the centre. Apart from that, the health facilities of the district have provided Vitamin A dose 1 to 18,503 children and Vitamin A dose 9 to 18,292 children. Whereas, 2,894 severely underweight children were provided health check –up during the same time.

4.3 Management of Common Childhood Illnesses

Every year about 8 million children in developing countries die before they reach their fifth birthday, of which many during the first year of life. Eight in ten of these deaths are due to neonatal conditions, acute respiratory infection, diarrhoea, malaria or severe malnutrition or combination of these conditions.

In India, common childhood illness in children under 5 years of age include fever, acute respiratory infections, diarrhoea and malnutrition (43%) and often in combination. As shown in ***figure 6***, in Dindori district, 3,958 children were suffered with diarrhoea of which 13.3 percent were treated at IPD. As for Pneumonia and acute respiratory infection, 153 children and 262 children respectively were admitted during the reference period. While 274 children were admitted in NRC of severe acute malnutrition during the same time and 96 cases of Sepsis were also occurred among the children in the district.

Figure 6: Status of childhood disease in Dindori during 2019 – 20



Source: CMHO Dindori, 2019-20

4.4 Immunization

Immunization Programme is one of the key interventions for protection of children from life threatening situations, which are available. Immunization programme under NHM, is one of the major public health intervention in the country.

Table 15 depicts the immunization coverage scenario of Dindori district. In Dindori, total 10,565 newborns have received BCG vaccination and 9,647 of them has received OPV 0 vaccination at birth. DPT vaccination was reportedly updated to Pentavalent vaccine, where the latter promisingly safeguard the child's life against not just three preventable life-threatening diseases but five diseases, including Hepatitis B and Haemophilia influenza type B as well. Measles and Rubella (MR) vaccination successfully administered to 17,299 children. Overall the district has administered to total 17,290 children for full immunization, of which 51% are male children and 49% are female children (***Fig. 7***). To cover these much children in the

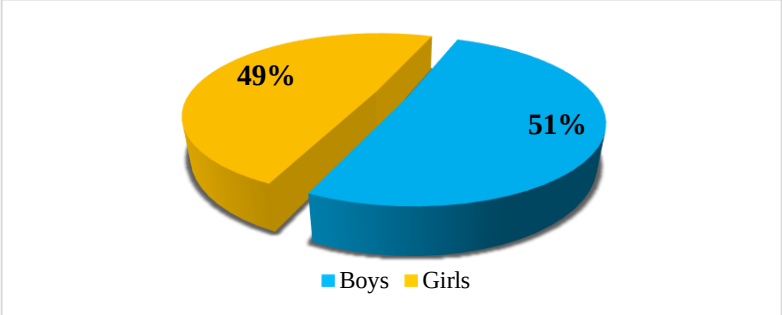


Figure 7: Fully Immunized children by gender, Dindori 2019 -20

district, Health personnel of the district had planned 14,948 immunization session, of which 14,941 were held.

Table 13: Block wise status of immunization coverage in Dindori, 2019 -20

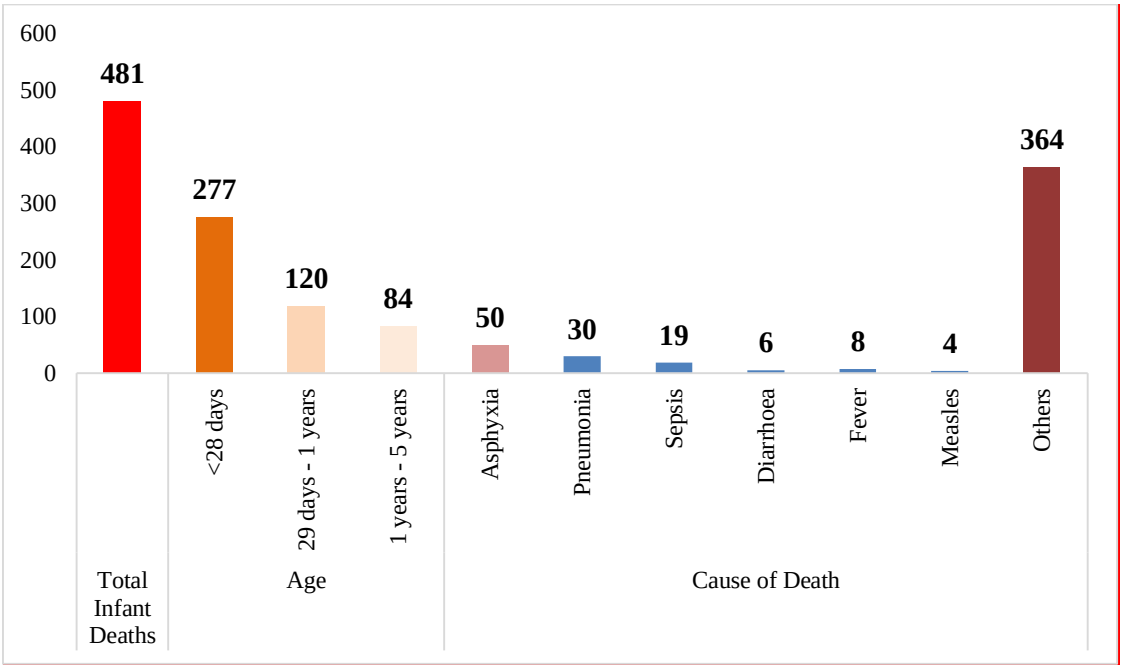
Blocks	BCG	OPV	Pentavalent			Measles &	Full
	0	0	1	2	3	Rubella	Immunization
Amarpur	1114	1083	1360	1366	1331	1742	1743
Bajag	1404	1404	1530	1498	1508	2058	2058
Dindori	2817	2239	3063	2967	3051	3764	3750
Karanjiya	1037	872	1488	1463	1453	2052	2048
Mehadwani	1058	1007	1671	1711	1766	2148	2156
Samnapur	1287	1201	1809	1786	1764	2125	2125
Shahpura	1848	1841	2870	2804	2807	3410	3410
Total	**10565**	**9647**	**13791**	**13584**	**13680**	**17299**	**17290**

Source: CMHO Dindori, 2019 -20

4.5 Infant and Child Deaths

In the district, total **481** infant deaths were occurred, of which 277 were occurred in less than 28 days of birth, 120 were within 1 years of birth and 84 were died before completing 5 years of their life. The major problems of these deaths were the Asphyxia (50), followed by Pneumonia with 30 deaths, Sepsis with 19 deaths, Fever with 8 deaths, Diarrhoea with 6 deaths, and Measles with 4 deaths. Though, these were only the know deaths with specified cause of deaths, there were 364 more infant deaths for which the cause of deaths was unknown. (***Figure 8)***.

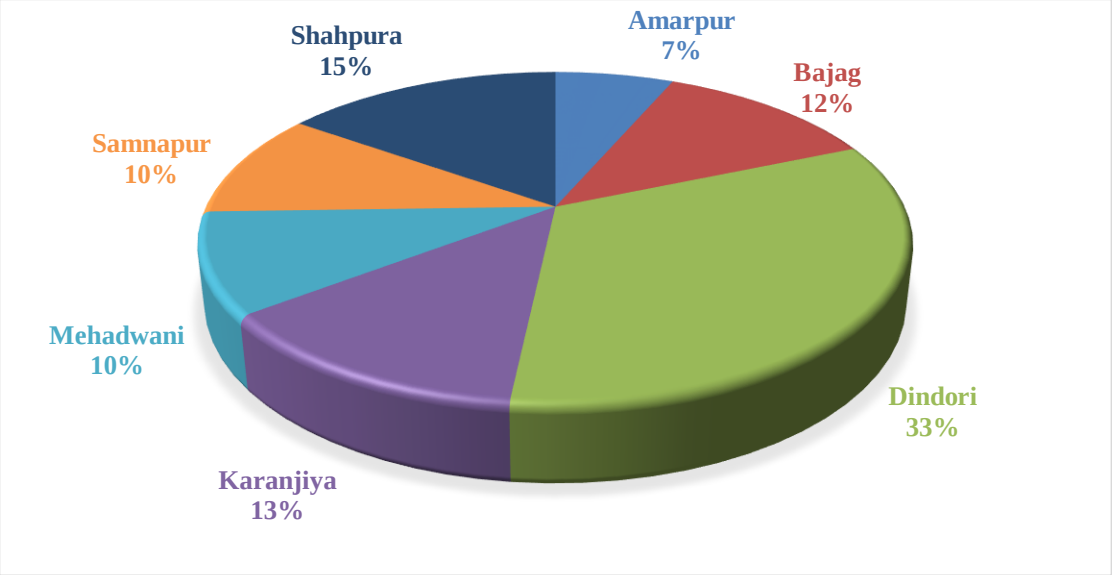
Figure 8: Status of Infant and Child deaths in Dindori 2019 - 20



Source: CMHO Dindori, 2019 – 20

With regards to still births, total 263 still birth were occurred in the district (***Figure 9)***, of which 33 percent were occurred in Dindori block followed by Shahpura block with 15 percent still birth, Karanjiya with 13 percent still birth, Bajag with 12 percent still birth, Mehadwani and Samnapur with 10 percent still birth and Amarpur with 7 percent still birth.

Figure 9: Block wise status of still birth in Dindori district, 2019 -20



Source: CMHO Dindori, 2019 – 20

5. Family Planning

Family planning offers a choice of freedom to Women for determining her Family size; number of children and control the spacing of pregnancies. A women's freedom to choose "when to become pregnant" has a direct impact on her health and well-being as well as the neonates. This could be achieved only by providing privilege of choices for contraception methods. By reducing rates of unplanned pregnancies, family planning also reduces the need for unsafe abortions.

Table 17 depict the achievement of Dindori on family panning during 2019 – 20, where female sterilization was dominated under permanent sterilization. Apart from this, the condom distribution was satisfactory in the district with a total of 2,75,781 condoms distributed during April – December, 2019.

Table 14: Status of Family Planning in Dindori during 2019 -20

	Sterilization		IUCD Insertions	Oral Pills	Condoms
	Male	Female			
Dindori	22	3,753	6,359	37,701	2,75,781

Source: CMHO Dindori, 2019 -20

6. Health Care Waste Management

Bio-medical pits and colour- coded bins were observed in all the visited facilities. With regards to sterilization practices in the district, record for fumigation of OTs was available in each of the visited facilities were maintained properly.

Figure 10: Colour - coded bin at District Hospital, Dindori

7. Information Education Communication (IEC)

Information, Education and Communication (IEC) is a public health system approach aiming at changing or reinforcing health- related behaviour in a target audience, concerning a specific problem and within a pre –define period of time, through communication methods and principles. Under IEC, posters, flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcaster or TV spots, etc. are printed/produced and circulated/broadcasted as a means of promoting desired & positive behaviour in the community. IEC Materials play a crucial role in generating awareness and promoting healthy behaviour.

The visited facilities had put in place the procured IEC material in place. Though, IEC material was placed in all the visited facilities, but some of the important posters of JSY, Citizen Charter were missing in some facilities.

Figure 11: IEC Display in Health Facilities, Dindori 2019

8. Community Process

The Accredited Social Health Activist (ASHAs) have been established as the first port of call for all health related and allied activities at the community level. Community health workers like ASHAs play strategies role in the area of public health. The bottom up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviours.

The broad working status of ASHAs is highlighted in ***Table 18***. In the Dindori district there were total 1,025ASHA workers were required, and 1024 were working. All the ASHA workers are having necessary drugs, kits and family planning methods. Apart from this 1024 ASHAs has trained module 6 & 7 to implement the HNBC schemes in the district. All the ASHA workers were paid on time with average incentive of ₹4,487, where highest incentive was ₹20,395 and lowest incentive was ₹2000 during April, 2019 – January 2020.

Table 15: Status of ASHAs worker in Dindori, 2019 – 20

Parameters	Number & Status
Number of ASHAs required	1025
Number of ASHAs available	1024
Number of AHSAs left	0
Number ASHA workers trained module 6 & 7 for implementing HBNC schemes	1024
Availability of ORS, Zinc, FP methods to all AHSAs	Yes
Highest Incentive to an ASHA during reference period (in ₹)	20,395
Lowest Incentive to an ASHA during reference period (in ₹)	2,000
Average Incentive to an ASHA during reference period (in ₹)	4,487

Source: CMHO Dindori, 2019 -20

9. Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy

Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homeopathy) system of Medicine is a major vision of NHM. The AYUSH system, especially Ayurveda and Homeopathy play an important role in the Health Care Delivery System.

In Dindori, a total of 7 Health facilities are providing AYUSH service, of which 2 are providing inpatient facilities (***Table 19***). During April, 2019 – January, 2020, 32,735 patients at OPD services were provided in AYUSH OPD of the 5 AYUSH departments in the district.

Table 16:Status of AYUSH services in Dindori, 2019 -20

Sr. No.	Details	April – December, 2019
1	Number of facilities with AYUSH health system	16
2	No. Health Facilities have AYUSH Inpatient service	12
3	No. of AYUSH staffs	41
4	No. of OPD patients	32,735

Source: CMHO Dindori, 2019 -20

10. Disease Control Programme

Several National Health Programmes such as National Vector Borne Disease Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc. come under the umbrella of National Disease Control Programme (NDCP). The status of some communicable and non-communicable disease in the district has been discussed below.

10.1 Communicable Disease

Table 20 summarizes the status of communicable disease in Dindori district during April 2019 – January 2020. Total 119,636 cases were screened for malaria, of which 67 cases were found positive. Similarly, 4,929 cases of Tuberculosis were screened, of which 355 cases were found positive. Apart from theses disease 39 cases of leprosy was reported, and all were detected by ASHA.

Table 17: Status of Communicable Diseases Programme, Dindori 2019 – 20

Name of the Disease	No. of cases screened	No. of cases detected
Malaria	119,636	67
Tuberculosis	4,929	355
Leprosy	-	39

Source: CMHO Dindori, 2019 -20

10.2 Non-communicable Disease

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer etc. are covered under NHM.

Table 21 depicts the status of Non- Communicable Disease in the district. In Dindori, total 98,414 patients were screened for oral cancer, of which 1 was detected with Oral cancer. Similarly, 47,894 patients for Breast Cancer and 33,137 patients for Cervical Cancer were screened, of which 5 cases of cervical cancer were detected. Whereas, total 98,429 patients for Diabetes and 98,605 patients for Hypertension were screened, of which 3,927 cases of Diabetes and 8,061 cases of Hypertension were detected in the district during April, 2019 – January, 2020.

Table 18: Status of Non - Communicable Diseases Programme, Dindori 2019 – 20

Name of the Disease	No. of cases screened	No. of cases detected
Oral Cancer	98,414	1
Diabetes Mellitus (DM)	98,420	3,927
Hypertension (HTN)	98,605	8,061
Breast Cancer	47,894	0
Cervical Cancer	33,137	5

Source: CMHO Dindori, 2019 -20

11. Health Management Information System

Health Management Information System (HMIS) under National Health Mission (NHM) is integral to assessing the progress, quantifying output as well as outcome of interventions and decision making.

Table 19: HMIS/MCTS status in Dindori, 2019 -20

Parameters	Status
Is HMIS implemented at all the facilities?	Yes
Is RCH implemented at all the facilities?	Yes
Is HMIS data analysed and discussed with concerned staff at state and district level for necessary corrective action to be taken in future?	Yes
Do programme managers at all level use HMIS data for monthly reviews?	Yes
Is RCH made fully operational for regular and effective monitoring of services delivery including tracking and monitoring of severely anaemic women, low birth weight babies and sick neonates?	Yes
Is the service delivery data uploaded regularly?	Yes
Is the RCH call centre set up at the District level to check the veracity of data and service delivery	No
Is HMIS data analysed and discussed with staff at all levels for necessary corrective action to be taken in future?	Yes

Source: CMHO Dindori, 2019 -20

As per the observation of the monitoring team, HMIS data in the district is validate and checked before forwarding it to the state. Well trained data entry operator or statisticians are available to do this job in the district. Though, in each health facilities the statistical or data entry operator is not available, in such a scenario, paramedical staffs are mostly allotted to complete the task which they are handling well enough.

As presented in ***table 22,*** there has been some progress with regards to HMIS while the system still has wide scope of improvements.

12. Budget Utilization

The budget utilization summary for Dindori district is presented in ***Table 23.*** For the financial year 2019 – 20, total **₹3017.62** lakhs have sanctioned as PIP grant under NHM. Of which **61.7** percent has been utilized for various scheme/programme during April 2019 – January 2020.

Table 20: Budget utilization parameters, Dindori 2019 -20

Scheme/Programme	2019 -20		
	Sanctioned	Utilized	Percent
Total Budget	301,762,163.74	186,265,503.75	61.7

Source: CMHO Dindori, 2019 -20

13. Health and Wellness Centre

AYUSHMAN BHARAT is the flagship scheme of the MoHFW, and is launched in the district in last financial year. Total ***22 PHCs*** and **50 SCs** has been sanctioned as Health and Wellness Centre in the district.

The Community Health Officer posted in the respective HWC, are working effectively. They were screening NCD related disease by providing OPD services to the village people on every day. PRC team visited two of these facilities (PHC Gadasarai and SC Kikaratalab) where CHO were present, and have maintained all their records.

16. Facility Wise Observation

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarize the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, NHM programmes etc.

The monitoring team visited the following health facilities comprising one each DH, CHC, PHC and SC. Since, Women Hospital and Civil Hospital were not available, hence not visited by the monitoring team.

16.1 District Hospital: Dindori

The monitoring team visited District Hospital of Dindori, located in Dindori Block with 100 bed strength. The DH was providing its services to the 25,000 population of the Nagar Panchayat as well as the 7 lakhs population of the district. The facility has an average IPD load of 40 patients against 292 OPD patients.

It was functioning in government building, which was in good condition as well as easily accessible from nearest road head. Though, the facility has staff quarters for MOs, SNs, and for other categories, but those were not in enough, as some of the MOs and SNs were staying way outside of periphery of the facility on rent.

Figure 12: OPD ward of District Hospital

The facility was well equipped with 24*7 running water supply, electricity with power back-up, separate clean toilet for male and female, functional and clean labour room with attached toilet, functional SNCU, separate clean wards for male and female, ICTC Centre, help desk and mechanism for BMW, which was outsource to Kripa wastage agency.

The following observations were made during the monitoring visit.

- With regards to HR, ***Table 24*** depicts the status of manpower in district hospital. Overall, more than ***41 percent*** of the sanctioned post were not filled in the District Hospital, where the post of Anaesthesiologist was vacant, due to which they were not conducting C- Section deliveries, which further cause the maternal deaths.

Table 21: Status of Human Resource at the DH Dindori 2019 -20

Sr. No.	*Position Name*	*Sanctioned*	*Filled*	*Vacant*
1	District Civil Surgeon	1	0	1
2	Pathologist	1	1	0
3	Gynaecologist	2	1	1
4	Paediatrician	2	1	1
5	Medical Officer Specialist	9	4*	5
6	MOs	18	8	10
7	BTO	2	0	2
8	Driver	4	0	4
9	Class III	108	74	34
10	Class IV	35	19	16
	Total	**182**	**108**	**74**
	NHM Staff			
11	Paediatrician	1	1	0
12	Gynaecologist	1	1	0
13	Staff Nurse	20	20	0
14	ANM	4	4	0
15	GNM	1	1	0
16	Pharmacist	1	1	0
17	Dietician	1	1	0
18	Lab Technician	1	1	0
19	Ophthalmic Assistant	1	1	0
20	DHA	1	1	0
21	DEO	4	4	0
22	Support Staff	1	1	0
	Total	**37**	**37**	**0**

Source: District Hospital Dindori, 2019 -20, * under transfer

- Apart from Anaesthesiologist post, several other post of Medical Specialist are also vacant in the DH.

- All the equipment's such as needle cutter, radiant warmer, delivery table, mobile lights etc. were available. Apart from these equipment's, equipment's related to OT and laboratory

were also available except Anaesthesia machine, Ventilator, Laparoscope, C T Scanner and Ultrasound Scanner.

- All the essential drugs and supplies were available in adequate quantity in the facility. The DH, also provides other laboratory services like Haemoglobin testing, Blood sugar testing, Malaria testing etc.
- Though, the blood bank of the facility was functional but due to lack of manpower, they were not conducting any camps for collecting blood, which further cause the lack of blood bags.
- Since adequate number of blood bags were not available and anaesthesiologist was not available, they were not managing high risk pregnancy in the facility.
- The DH was managed sick neonates & infants, and provided essential newborn care.
- All the essential registers were available and maintained properly in the facility. Apart from that, all IEC materials such as citizen charter, JSSK & JSY entitlement etc. were displayed in the periphery of the facility.
- In the DH, all the support services were available and outsource.
- During the current financial year, the facility has received ₹7.16 lakhs as a UNTIED fund, of which ₹6 lakhs has been utilized.

Table 25 highlights the services delivery indicators of the district hospital. In 2019 – 20, the facility had conducted 1860 deliveries, of which only 9 were C- Section deliveries. During the same period, all the births were screened by RBSK team for any birth defect and 1486 neonates were initiated breastfeeding within one hours of birth.

There were total 440 newborns were admitted in In-born unit of the SNCU department of the facility, of which 263 were male and 187 were female. There were 568 more cases of SAM admitted in the NRC department of the facility.

The DH had conducted total 208 permanent sterilizations during the financial year 2019 – 20, of which 204 were tubectomy and 4 were minilap. The institution has also given IUCD (15 cases) and PPIUCD (895 cases) services to the women as a temporary family planning. With regards to immunization, 153 children of age 9 – 11 months have received all the vaccine from the DH. And also 220 children have received vitamin A (dose 1st) during 2019 – 20. At DH

total 153 child deaths were occurred during 2019 -20. Apart from these death, 73 still births were also occurred in the facility.

Table 22: Service Delivery Indicators of District Hospital Dindori 2019 – 20.

Services	April, 2019 – January, 2020
OPD	89,400
IPD	12,252
ANC 1 registration	158
ANC 4 Coverage	37
No. of pregnant women given IFA tablets	158
Number of deliveries conducted	1860
No. of C Section conducted	9
Number of obstetric complications managed	374
No. of neonates initiated breastfeeding within 1 hours	1860
RTI/STI Treated	4072
No of SNCU admission	462
No. of children admitted with SAM	568
No. of sick children referred	70
No. of pregnant women referred	212
No. of children fully immunized	190
Measles and Rubella coverage	214
No. of children given Vitamin A dose 1st	220
No. of IUCD Inserted	15
No. of Minilap	4
No of Tubectomy	204
No of women who accepted post-partum FP services	895
No. of MTPs conducted in first trimester	89
Maternal death	10
No. of still births	73
Infant deaths	153

Source: District Hospital Dindori, 2019

16.2 Community Health Centre: Shahpura

The Community Health centre was located in Shahpura block and was 80 km away from District headquarter and covering 62,180 population of the block. It was easily accessible from nearest road head and working in government building with 30 bed strength. It was functioning in government building, which was in good condition as well as easily accessible from nearest road head. Though, the facility has staff quarters for MOs, SNs, and for other categories, but those were not in enough.

Figure 13: Vaccination Store of CHC Shahpura

The following observations are made by the monitoring team, who visited the CH Shahpura:

- The facility was well equipped with 24*7 water supply and electricity with power back up, along with the functional labour room with clean toilets attached, NBCC and NBSU. The facility was also had separate ward for male and female.

- The mechanism for Biomedical waste was available and the waste was outsourced on alternative days to Kripa Wastage Agency.

- With regards to instruments and supplies, all the equipment's, laboratory equipment's essential drugs, supplies were available in sufficient quantity. The facility was also provided other services like Haemoglobin, Urine albumin and sugar testing etc. during the current financial year.

- Since, the facility has not provided the sanctioned post to them, it was very difficult to comment on whether they were lacking with position or not, but surely there was the shortage of MOs as per the bed strength (30 bedded) of the facility. (***Table 26)***.

Table 23:Status of Human Resource at the CHC Shahpura 2019 -20

Sr. No.	***Position Name***	***Sanctioned***	***Filled***	***Vacant***
1	Medical Officer	-	1	-
2	SN	-	5	-
3	ANM	-	1	-
5	Pharmacist	-	1	-
6	Lab technician	-	2	-
7	BEE	-	1	-
8	Ophthalmic Assistant	-	1	-
9	Radiographer	-	1	-
10	NMA	-	1	-
11	Class IV	-	13	-
	Total	-	**27**	
		NHM Staff		
12	AYUSH MO	1	1	-
13	BCM	1	1	-
14	BAM	1	1	-
15	SN	6	6	-
16	ANM	2	2	-
17	RBSK	2	2	-
18	LT	2	2	-
19	Feeding Demonstrator	1	1	-
20	DEO	2	2	-
21	Support Staff	5	5	-
22	MTS/STS/Leprosy	3	3	-
	Total	**24**	**24**	**-**

Source: CH Shahpura 2019 – 20

- During the current financial year, total 38 health personnel had trained in different programme head. Of which 3 were MOs, 19 were SNs and remaining were LTs, FDs and DEO.

- In the post- natal ward, the facility had provided counselling on IYCF, Family Planning and asked every mother to stay for 72 hours after the birth.

- The facility was managing high risk pregnancy, sick neonates and infant and also provides essential newborn care. The health personnel of the facility were correctly using Partograph and correctly inserting IUCD as well as administrating vaccine.

- All the records were available and maintained properly, and all the IEC material were displayed except drug list, which was not displayed at OPD. Apart from these, regular fumigation, laundry services and dietary services were also available in the facility.

Table 28 highlights the services delivery indicators of the CHC. During the reference period, the facility had provided 5,169 IPD services against the 32,459 OPD service. At the same time, institute has conducted only 3 C – section deliveries against the 945 institutional deliveries. Whereas, 868 neonates were initiated breastfeeding within one hours of birth and 370 were screened for defect at birth by RBSK team.

Table 24: Health Service Delivery Indicator of CHC Shahpura, 2019 -20

Services	April 2019 – Jan., 2020
OPD	32,459
IPD	5,169
ANC 1 registration	164
No. of pregnant women given IFA tablets	164
Number of deliveries conducted	945
No. of C Section conducted	3
No. of neonates initiated breastfeeding within 1 hours	868
Number of children screened for defect at birth under RBSK	370
No of NBSU admission	141
No. of sick children referred	49
No. of pregnant women referred	152
No. of IUCD Inserted	4
No of women who accepted post-partum FP services	415
No. of children fully immunized	126
No. of MTPs conducted in first trimester	25
No. of maternal death	1
No. of still births	28
No. of neonatal deaths	6

Source: CHC Shahpura, 2019 -20

In the NBSU of the facility, total 141 neonates were admitted, of which 78 were discharged and 49 were referred to SNCU. 6 of them were die in the facility. Apart from neonatal services, the institution has administered all vaccine to 126 children of age 9 to 11 months in the facility. With respect to the family planning the institute had conducted 25 MTPs in first trimester and inserted PPIUCD to 415 women as well as IUCD to 4 women during current financial year 2019 – 20.

The institute has referred 49 sick children for better treatment along with 152 women for the follow up during the reference period. At the facility one maternal death was occurred due to cardio respiratory and uterine prolapse during April 2019 – January 2020.

Apart from these services, the facility has also provided lab services to the patients. In the facility, total 9550 Haemoglobin test, 259 Urine Albumin & Sugar test, 362 Serum Bilirubin test, 5367 Blood Sugar test, 2716 RPR test, 5514 Malaria test, 3093 HIV test, and 11668 Other test were conducted during the current financial year.

Figure 14: PIP Monitoring team with staffs of CHC Pali

16.3 Primary Health Centre: Gadasarai

The Primary Health Centre (PHC), Gadasarai is situated at Bajag Block and 32 km away from the District Headquarter. The facility was easily accessible and run in the government building. Though, it has staff quarter in its premises for MOs, SNs and Others staffs but not in function.

The following observations are made and reported by the monitoring team on the PHC Gadasarai:

- Though, the PHC has 24*7 water supply, electricity power back up, cleaned toilets for male and females, functional and cleaned labour room with attached toilet, NBCC corner, complain box and BMW mechanism, but the separate wards for male and female was not available.

- Since, the PHC was a 6 bedded health centre (as per the GOI norms), the inpatient services were not given to the general patient if there were more than 6 deliveries at a time in the facility.

Table 25: Regular staff at PHC Gadasarai, Dindori, 2019 - 20

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	-	1	-
2	Staff Nurse	-	1	-
3	ANM	-	3	-
4	AYUSH MO	-	1	-
5	Pharmacist	-	1	-
6	Lal Technician	-	1	-
7	Ward Boy	-	1	-
8	Aaya	-	1	-
9	Sweeper	-	1	-
10	Peon	-	1	-
	Total		**12**	

Source: PHC Gadasarai Dindori district, 2019 – 20

- Since the PHC has not provided the number of sanctioned post to them it was very difficult to comment on the required position in the facility, but all most all the position are there as per the GOI guidelines, as a PHC of Level-B should have total 18 position, of which 12 are there with one MO and One AYUSH MO.

- All the necessary equipment's were available at the institution except phototherapy unit, and semi autoanalyzer. Also all the essential drugs and supplies were available in the facility and were displayed in the OPD.

- With respect to post-natal care, the facility had provided IYCF counselling, family planning counselling, administered birth doses to the newborns and have asked mother to stay for 48

hours after the delivery. Apart from these services, the facility had provided free diet during delivery and have asked document for JSY payment for the account transfer.

- Record maintenance with regards to OPD, IPD, ANC, PNC registered was proper and complete except ANC register. The IEC material, Citizen Charter was also efficiently displayed at the PHC with regards to visibility as well as coverage of schemes/programme except JSY, JSSK and Immunization schedule, which were not displayed.

- Regular fumigation and functional laundry/washing services was not available in the facility along the tally software, which was not implanted in the account section of the facility.

Table 32 highlights the service delivery indicators of PHC Gadasarai. The facility has served to 18,189 OPD patients and 2,392 IPDs patients in 2019 -20. OPD to IPD ratio is a good indicator of manner in which inpatient service is being utilized in the facilities. For PHC Gadasarai, OPD to IPD conversation rate is at 13.2 percent. The facility is fully equipped with services and has a potential to cater to a varied case mix.

Apart from the OPD and IPD services, the PHC was conducted 468 deliveries, which itself tells the high burden to the facility.

Table 26: Status of Service delivery indicators at PHC Gadasarai, 2019 - 20

Services	April, 2019 – January, 2020
OPD	18,189
IPD	2392
ANC 4 coverage	232
Number of deliveries conducted at PHC	468
No. of neonates initiated breastfeeding within 1 hours	461
No of pregnant women referred	69
No. of sick children referred out	7
No of IUCD inserted	3
No. of women who accepted postpartum FP services	194
No. of MTPs conducted	44
RTI/STI treated	4
No. of Still births	8

Source: PHC Gadasarai, 2019 -20

Figure 15: Monitoring Team with PHC Gadasarai staff

16.4 Sub- Centre: Kikaratalab

Sub- Centre (SC) Kikaratalab was situated 5 km away from Gadasarai PHC at Bajag Block. SC Kikaratalab is providing its services to three villages and covering 3,800 populations. All the IEC materials were displayed as per the IMEP guidelines. It was functioning in government building, which was in good condition as well as easily accessible from nearest road head.

Figure 16: PIP Monitoring team with staffs of SC Kikaratalab

The following observations are made and reported by the monitoring team on the SC Korti:

- Though, the facility has ANM quarter, where ANM was residing and electricity with power back but the SC was lacking with facility of 24*7 running water supply. Due to which, the toilets were not cleaned properly.

- The facility was also lacking with attached clean toilet to the labour room as it was damaged and not yet repaired. The complaint box was not also not available in the SC.

- Apart from these facilities, the SC also has functional labour room, NBCC corner, and deep burial pit for biomedical waste management.

- The Humane Resource assigned at the facility was: **3 ANM, and 1 CHO**, and all these post were filled. The ANM was well trained and know all the health parameters measurement.

- The SC was well equipped with all the essential equipment's except RBSK pictorial kit. Apart from these equipment's, the SC was also equipped with all the essential drugs and supplies except urine albumin and testing kits.

- During the current financial year, the SC had registered 71 pregnant women for the ANC, of which 96 percent were registered in 1st trimester and all pregnant women had received IFA tablets.

- Though all the essential registered were maintained by ANM except VHND plan and meeting and JSY payment register.

- The Sub Centre has delivered the following services during the current financial year, 2019 – 20.

Table 27: Status of Service delivery indicators at SC Kikaratalab, 2019 - 20

Services	April, 2019 – January, 2020
Percentage of women registered in the first trimester	95.8
ANC 1 registration	71
ANC 4 coverage	37
No. of pregnant women given IFA tablets	71
Number of deliveries conducted at SC	22
Number of deliveries conducted at home	2
No. of neonates initiated breastfeeding within 1 hours	22
No. of sick children referred	1
No. of pregnant women referred	4
No. of children fully immunized	64
Measles and Rubella coverage	64
No. of children given ORS + Zinc	15
No. of children given Vitamin A	64
No. of children given IFA syrup	260
IUCD insertion	23
No. of still births	1
No. of Neonatal death	1
No. of VHND attended	65

Source: SC Kikaratalab, 2019 – 20

17 Conclusion and Recommendations

17.1 Conclusion

Programme Implementation Plan (PIP) is a crucial document under NHM through which identifying and quantifying health programme in public health address the challenges for further Improvement. The Population Research Centre, GIPE, Pune undertook this work and monitored the many states across the country. Programme Implementation Plan has focused on major key points such as facility based services, interaction with community based workers, utilization of untied fund, infrastructure, status of Human Resources, training of HR, quality in health facility, IEC, budget utilization, maternal and child health and disease control programme which support to state for the process of planning to smooth health services. The Population Research Centre (PRC), Pune team has visited District Hospital Dindori, CH Shahpura, CHC Pali, PHC Gadasarai and SC Kikaratalab.

The district has total 7 blocks, where 1 District Hospital, 7 Community Health Centre, 22 Primary Health Centre and 219 Sub-Centre are functioning and all are functioning in Government building and Apart from these facility, 16 AYUSH department are also functioning in the district in which 7 are giving IPD services.

With respect to Health and Wellness Centre under AYUSHMAN Bharat Programme, total 72 health facilities have been selected, of which 50 were SCs and 22 were PHCs. Deficient of human resources especially the main pillar of three tier health system in India. In a such scenario health institution cannot perform well. The district has reported 41 percent of shortfall against the total sanctioned post.

In Dindori, the male sterilization is almost negligible with respect to their female counter part. During the same period, district has experienced 10514 live births and 93.1 percent births has been taken place in health institution. The utilization of JSY and JSSK satisfactory in the district as almost all the mother who delivered their baby in health institution has received JSY payment as well as benefited by diet and transport facility during their pregnancy period. There were 22 maternal deaths were reported during April, 2019 – January, 2020 owing to Eclampsia, Severe Anaemia, PPH, Placenta Previa, Uterus Prolapse etc.

Among the live births 75 percent of the newborns has received 6 HBNC visits in the district. Currently 1024 ASHAs are working against 1025 in the district and 61 percent of the total PIP budget have been utilized during the current financial year.

17.2 Recommendations

Based on the monitoring the following recommendations for improving the service delivery in the district are made -

- ✓ In the district, overall more than 41 percent of the post are vacant, which need to be fill up on urgent basis for the smooth functioning of the health facilities. Specially, DH is needed these post on very urgently basis as they lacking behind due to lack of manpower.
- ✓ Inadequate and damaged staff quarters needs to be repair soon for the health personal, so they can give their 24 hours' services to the patients.
- ✓ Among he visited facilities, some of them were facing the shortage of essential drugs, due to which they were unable to provide the required services to the needy person. It needs to taken care and timely provision of the all the medicine will help them deliver the necessary service.
- ✓ It was observed that in RH Pali the electricity power backup was not available since last two months. It is recommended to repair it on urgently basis, so the unnecessary things can avoid.
- ✓ Though the RH was conducting deliveries, but they were referring the newborns to the DH after the delivery due unavailability of NBCC corner and radiant warmer. It is recommended that at least two radiant warmer needs to be there to tackle the emergency cases of newborn.
- ✓ Supervisory visits by Monitoring and Evaluation Officer, and other coordinator of various programme should be conducted in regular interval to ensure adherence to the standards and norms with respect to various activities. Systematic review may be conducted to understand the existing demand-supply gaps in public health facilities and must be timely rectified.

Baldev Singh Kulaste Gayatri Tejankar

List of acronyms and Abbreviations

ANC	Ante Natal Care	**MOIC**	Medical Officer In- Charge
MDR	Maternal Death Review	**BMW**	Biomedical waste
ANM	Auxiliary Nurse Midwife	**NBCC**	New Born Care Corner
MMU	Mobile Medical Unit	**NBSU**	New Born Stabilization Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	**NSSK**	Navjat Shishu Suraksha Karyakram
MoHFW	Ministry of Health and Family Welfare	**SNCU**	Special New Born Care Unit
BEMOC	Basic Emergency Obstetric Care	**BSU**	Blood Storage Unit
CHC	Community Health Centre	**CMO**	Chief District Medical Officer
PIP	Programme Implementation Plan	**DPM**	District Programme Manager
RBSK	Rashtriya Bal Suraksha Karyakram	**HMIS**	Health Management Information System
NSV	No Scalpel Vasectomy	**PRC**	Population Research Centre
DMPA	Depot Medroxyprogesterone Acetate	**IEC**	Information, Education and Communication
OPD	Out Patient Department	**RKS**	Rogi Kalyan Samiti
ECG	Electrocardiography	**RCH**	Reproductive Child Health
EMOC	Emergency Obstetric Care	**IPD**	In Patient Department
PNC	Post Natal Care	**PPP**	Public Private Partnership
FRU	First Referral Unit	**OPV**	Oral Polio Vaccines
DH	District Hospital	**OCP**	Oral Contraceptive Pill
IYCF	Infant and Young Child Feeding	**VHND**	Village Health and Nutrition Day
TT	Tetanus Toxoid	**LT**	Laboratory Technician
MCTS	Mother and Child Tracking System	**ALOS**	Average Length of Stay
IMEP	Infection Management and Environment	**IUCD**	Plan Intra Uterine Contraceptive Device
RPR	Rapid Plasma Reagin	**SBA**	Skilled Birth Attendant
JSSK	Janani Shishu Suraksha Karyakram	**JSY**	Janani Suraksha Yojana
SKS	Swasthya Kalyan Samiti	**LHV**	Lady Health Visitor
SN	Staff Nurse	**LSAS**	Life Saving Anaesthetic Skill
TFR	Total Fertility Rate	**M&E**	Monitoring and Evaluation