



Monitoring and Evaluation of Programme Implementation Plan 2019 – 20,
Hoshangabad 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). 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 monitor the NHM components.

This report presents the key findings from the concurrent monitoring of essential components of NHM in Hoshangabad district of Madhya Pradesh. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Hoshangabad. The following public health facilities were visited by the PRC Pune team: DH Hoshangabad, CH Itarsi, CHC Seoni Malwa, PHC Kothra and SC Bharlay. 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 tehsil level health administrators including the Chief Medical & Health Officer (CMHO), Civil Surgeon (CS) of District Hospital, Block Medical Officer (BMO) 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 service providing. Further, we reviewed relevant programmatic 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 Observations

- ❖ PRC Monitoring team has observed that more than 35 percent of total sanctioned post are vacant under the Chief Medical & Health Office, of which 75 percent are MOs post of Class I, followed by LHV with 57.6 percent, Radiologist with 55 percent and Health Worker (Male) with 53.6 percent. Apart from these, posts of MO Class II, MPS,

Pharmacist, Class IV post etc. are also significantly vacant in the district. They might be hampered the service delivery system if not filled on urgent basis.

- ❖ The same constrain of manpower was observed in the visited facilities too. As the SNCU of DH, CH Itarsi, CHC Seoni Malwa, and PHC Kothra were lacking with Medical Officer as well as the Medical Specialist.
- ❖ C – Section deliveries in the CH Itarsi was reported high (more than 43 percent) as per the GOI guidelines of maximum 25 percent.

Apart from these key observation, 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 percentage of institutional delivery has reached at its peak level as 99.7 percent of the institutional deliveries are conducted in health institutions.
- ✚ RBSK is efficiently working in the district.
- ✚ The district has a dedicated pool of NHM personnel who are striving to work in accordance with the mission and vision of the programmes.
- ✚ The JSY scheme is functioning well and all ASHA workers are doing their best by providing awareness about the schemes benefits and bringing them for institutional delivery.

Weakness

- ⊖ The District Hospital was facing the shortage of staff quarters; as more than 40 percent of the employee are not having the facility of staff quarters in the district headquarters.
- ⊖ The building of the DH was 101 years old and its drainage system was also damaged, which was not even properly cleaned and maintained.
- ⊖ On the day of monitoring visit, PIP team observed that the DH was over-crowded, as there was not enough space available at delivery ward as well as at OPD ward.
- ⊖ The staffs of DH, also asked for sick room for them as well as new health policies for them (for contractual staff if they will get any morbidities during the work period).

- ⊖ The contracted agencies for cleanliness of the facility was also not working, due to which the cleanliness of the facility was not good.
- ⊖ The drug storage building of DH was not in good condition, most of the medicines were lying on the floor. Though, the construction of the new building is in progress but the management of the drug store was not good due to lack of space as well as the rustiness of the racks.
- ⊖ Though the Community Health Centre Seoni Malwa delivering its services very effectively but it was not managing high risk pregnancy due to unavailability of Medical Specialist in the facility.
- ⊖ The Primary Health Centre, Kothra was also affected by the scarcity of manpower, as only one MO on deputation was available.
- ⊖ The staff quarters of the Kothra PHC were also not in liveable condition. They were severely damaged. Due to which, except LHV, no other staffs were residing near the staff quarters.
- ⊖ The Kothra PHC could not conduct any deliveries since last October due to unavailability of Medical officer as well as other man power.
- ⊖ All the laboratory equipment's and other equipment's were not available at PHC Kothra. As a result, they were not performing any OTs, and also not maintained any record related to OT and Family Planning operation.
- ⊖ Though the JSSK programme is implemented in the block, but no records were found at the Bharlay SC, as a result no information was available for the referral linkage.
- ⊖ With regards to IEC, nothing was displayed at the visited SC (Bharlay SC) on the day of visit except visit schedule of ANM and area distribution of VHND plan.

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 Hoshangabad District in Madhya Pradesh, which was carried out during the period February 6 – to February 8, 2020. In the district apart from Chief Medical Health Officers Office, District Hospital Hoshangabad, Civil Hospital Dr. Shyama Prasad Mukharjee, Itarsi, Community Health Centre Dr. Bhimrao Ambedkar, Seoni Malwa, Primary Health Centre Kothra and Sub – Centre Bharlay were visited.

This report provides a review of key population, health and service delivery indicators of the Hoshangabad 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 RCH. This report is based on the interview of DHO, Civil Surgeon, Medical Superintendent, ANMs and beneficiaries.

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

Facility Type	Name of the facility
District Hospital	District Hospital Hoshangabad
Civil Hospital (FRU)	Dr. Shyama Prasad Mukharjee Hospital Itarsi
Community Health Centre (Non- FRU)	Dr. Bhimrao Ambedkar Community Health Centre Seoni Malwa
Primary Health Centre	Primary Health Centre Kothra
Sub - Centre	Sub – Centre Bharlay

Source: DHO Hoshangabad, 2019

1.1 District Profile

Hoshangabad district has predominantly an agriculture based economy. It is located in the eastern region of Madhya Pradesh. and covering an area of 6,704 km². It is surrounded by Sehore and Raisen in the North, Narsinghpur in the east, Chhindwara district in south west, Betul district in South and Harda district in East.

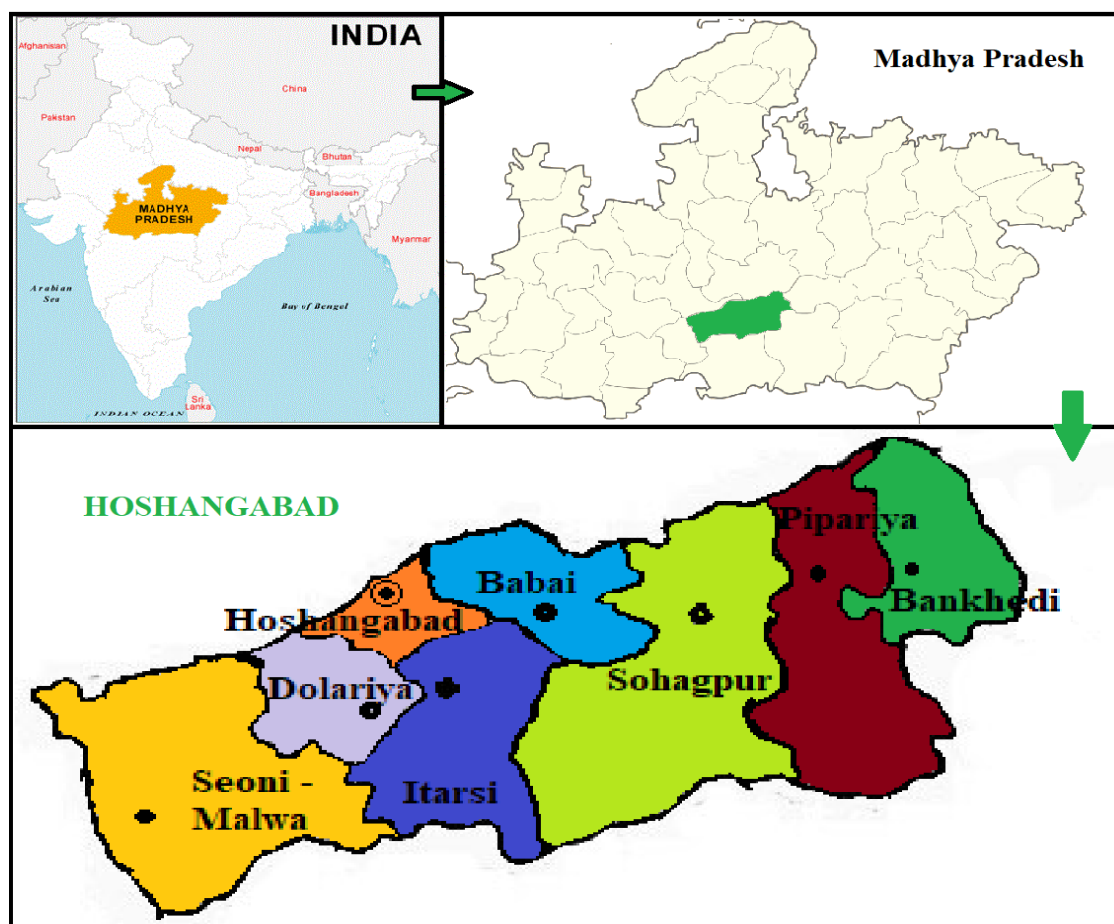


Figure 1: Integrated Map of Hoshangabad, Madhya Pradesh

The district comprises with 8 talukas viz. Hoshangabad, Itarsi, Sohagpur, Pipariya, Bankhedhi, Seoni Malwa, Dolaria, Babai, which are further comprises with 965 villages.

Table 2 depict the demographic profile of the Hoshangabad district. The district has a total population of 12,41,350, which contribute to around 1.7 percent of the state population. Of the total population, 16.5 percent belong to Scheduled Caste and 15.9 belongs to Scheduled Tribes. The sex ratio of the district is 914 females per 1000 males which is lower than the state (931) sex ratio and the child sex ratio of the district is 919 against the 918 for the state. The literacy rate of the district is 83.4 percent which is above the state average of 69.3 percent. Similar pattern was observed for the male and female literacy rate.

Table 2: Key Demographic Indicators of Hoshangabad and Madhya Pradesh

Parameters	Madhya Pradesh	Hoshangabad
Total Area	308,252 km ²	6704 km ²
Total Population	72,626,809	12,41,350
Male	37,612,306	6,48,725
Female	35,014,503	5,92,625
Urban Population	27.63%	31.42%
Scheduled Caste	15.6	16.51%
Scheduled Tribes	21.1	15.89%
Sex Ratio	931	914
Child Sex Ratio	918	919
Population Density	236 km ²	185 km ²
Literacy	69.32%	75.29%
Male literacy	78.73%	83.35%
Female literacy	59.24%	66.45%

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 Hoshangabad 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 Madhya Pradesh and Hoshangabad district. As per the NFHS 4 (2015 -16) factsheet, the district was performing better than state in terms of ANC registration, coverage of ANC 4, providing Tetanus Injection to pregnant women, Institutional deliveries, and new born breastfed within one hours, whereas, the district was behind the state in terms of administering all vaccine to 9 -11 month children, unmet need for family planning and unmet need for spacing.

Table 3: Key stats of Health and service delivery indicator of Madhya Pradesh and Hoshangabad

Indicators	NFHS 4	
	Madhya Pradesh	Hoshangabad
Mother registered in the first trimester	53.0	55.2
Mother who had at least 4 ANC visits	35.7	46.3
Mothers who got at least one TT injection	89.8	95.3
Institutional Delivery	80.8	88.8
Home Deliveries assisted by SBA	2.3	2.3
New born breastfed within one hours of birth	34.4	36.7
Children (12 -23 months) fully Immunized	56.6	49.5
Using any modern method for family planning	44.3	42.4
Total Unmet need for FP	5.7	5.7
Unmet need for spacing	5.4	4.2

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 Hoshangabad, 89.4 percent of pregnant women registered for ANC in first trimester and 94.3 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 93.1 percent of women who registered for ANC. Overall, the performance of the district for pre- natal care was well ahead compare to state.

Delivery care is another important component for maternal health as well for infant health. In Hoshangabad, there were only 23 home deliveries were observed, of which 78.3 were conducted by SBA. Thus presence of SBA in case of home deliveries is essential to combat maternal deaths. 99.7 percent of all deliveries are institutional deliveries, while comparing the institutional deliveries versus total ANC registration, it goes down with 68.6 percent and 21 percent women have been discharged within 48 hours of delivery. About 11 percent of the institutional deliveries were C- Section deliveries. With regards to PNC, 78.9 percent of women received the 1st post-partum check-up within 48 hours and 14 days of delivery. In terms of child health care, 99.3 percent of the newborns were breastfed within one hours of birth and 99.7 percent newborns were weighed at birth. In comparison with state, the performance of the district was high for the indicators of home deliveries, institutional deliveries, C- section deliveries, and post-natal care except the institutional deliveries against the ANC registration.

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

Health and Health Care Service Delivery Indicators		Madhya Pradesh	Hoshangabad
Maternal Health			
Pre Natal Care	Total number of pregnant women registered for ANC	13,28,614	17656
	% 1 st trimester registration to total ANC registration	69.1	71.2
	% Pregnant women received 4 or more ANC check-ups to total ANC registration	78.6	67.1
	% Pregnant women given 180 IFA to total ANC registration	94.1	80.6
Delivery and Post-Delivery Care			
Home Deliveries	Number of Home Deliveries	47,236	231
	% SBA attended home deliveries	88.5	99.6
	% home deliveries against total deliveries	5.3	1.4
Institutional Deliveries	Institutional Deliveries	848,153	16730
	% Institutional deliveries to total deliveries	94.7	98.6
	% Institutional deliveries to ANC registration	63.8	94.7
	% Women discharged in less than 48 hours of delivery to total reported deliveries	10.3	0.6
C-Section Deliveries	% C-Section deliveries to reported institutional deliveries	12.8	27.1
	% C-Section conducted at public facilities to deliveries conducted at public facilities	-	27.1
	% C – section conducted at private facilities to deliveries conducted at private facilities	-	-
Post Natal Care	% Women getting 1 st Post – Partum check –ups between 48 hrs and 14 days to total reported deliveries	14.2	0.4
	% Newborns breast fed within 1 hours of birth to total live births	91.7	93.0
	% Newborns weighed at birth to live births	96.0	94.3
Child Health and Immunization Coverage			
Number of fully immunized children (9 – 11 months)		325,929	22,251
% Fully Immunized Children to MR 1 st dose		101.7	100.1
Number of cases of childhood diseases (0 – 5 Years): ARI		29,	334
Number of Cases of childhood disease (0 – 5 Years): Diarrhoea		182,972	937
Number of Cases of Childhood disease (0 – 5 Years): SAM		19,524	209
Family Planning			
Total Sterilization Conducted		180,541	3072
% Male sterilization (Vasectomies) to total sterilization		1.1	0.5
% Female sterilization (Tubectomy) to total sterilization		76.6	73.4
% IUCD Insertions to all family planning methods (IUCD Plus Permanent)		28.5	23.7
Condom Pieces Distributed		16,042,412	975,755

Health and Health Care Service Delivery Indicators		Madhya Pradesh	Hoshangabad
Facility Service Delivery			
OPD		37,123,419	7,65,246
IPD		34,85,675	75049
% IPD to OPD		9.4	9.8

Source: HMIS, 2019 -20

With regards to service delivery for child health, Hoshangabad district has observed that 22,251 children of age 9 to 11 months have received full coverage of immunization. The most common childhood disease is reported as diarrhoea with 937 case followed by ARI with 334 cases and SAM with 209 cases in the district.

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 73.4 percent of all sterilization conducted during April – December, 2019 in Hoshangabad district. During the same period, 23.7 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 7,65,246 number of OPD patients against 75,049 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.

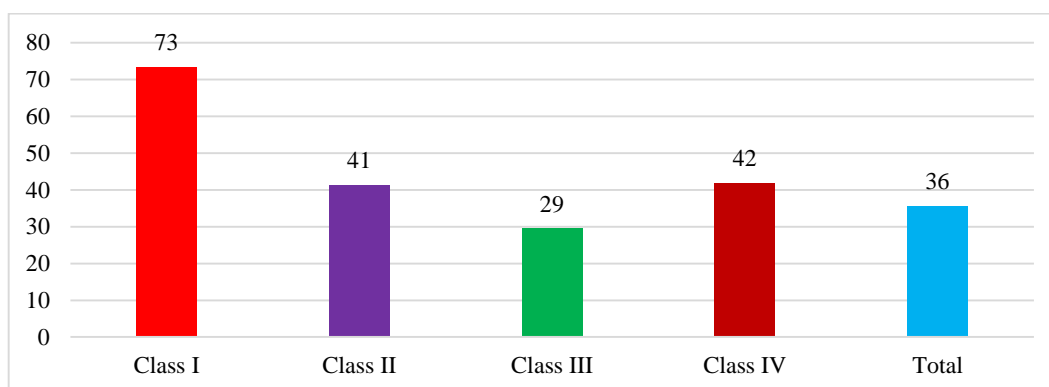
2.1.1 Human Resource

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 Hoshangabad. It shows that among the sanctioned post more than 75 percent post of Medical Officer of class I are vacant in the district, which looks a serious crunch of Medical Officers in the district. This crunch is not stopping in class II MOs as well, where more than 41 percent post are vacant. Due to these vacant post, district is not able to perform of certain indicators of MCH. Apart from the post of MOs, the post of Male Health Worker, MPS, LHV, Pharmacist, Radiographer, Other Class III and Class IV are in serious crunch, as we can observe it from the **table 5**.

Table 5: Regular Staff under District Health Officer (DHO)

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post	% of VP
1	Chief Medical Officer	1	1	0	-
2	District Health Officer (DHO)	1	1	0	-
3	Medical Officer I	87	21	66	75.9
4	Medical officer II	97	57	40	41.2
5	Matron	8	5	3	37.5
6	ANM	190	176	14	7.4
7	Staff Nurse	231	203	28	12.1
8	Health Worker (Male)	153	71	82	53.6
9	Lab Technician	37	30	7	18.9
10	MPS	32	18	14	43.8
11	LHV	33	14	19	57.6
12	Accountant	14	7	7	50.0
13	Statistical Assistant	1	1	0	-
14	Pharmacist	41	21	19	46.3
15	Driver	14	12	2	11.7
16	Radiographer	20	9	11	55.0
17	Other Class III	193	115	78	40.4
18	Class IV	291	169	122	41.9
	Total	1444	931	513	35.5

Source: CMHO Office Hoshangabad, 2019 - 20

Figure 2: Vacancy of Regular Staff in Hoshangabad, 2019

Overall there are 36 percent of total sanctioned post are vacant. Pertaining to the Class wise vacancies, there are 73 percent of Class I post, 41 percent of Class II post, 29 percent of Class III post and 42 percent of Class IV post are vacant in the district (**Figure 2**).

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

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Doctors	27	27	0
2	BPM	8	8	0
4	BAM	4	4	0
5	RBSK MO	15	15	0
6	RNTCP	9	9	0
7	VVDT Supervisors	5	5	0
8	Staff Nurse	65	65	0
9	ANM	37	37	0
10	Pharmacist	15	15	0
11	FD	7	7	0
12	LTs	17	17	0
13	DEIC	2	2	0
14	MIS	2	2	0
15	Counsellor Female	1	1	0
16	Data Entry Operator	40	40	0
17	Staff at district level	8	8	0
	Total	262	262	0

Source: CMHO Office Hoshangabad 2019 – 20

Table 6 depict the status of contractual staff appointed under NHM in Hoshangabad district. Regarding the posting of staffs under NHM, DPM of Hoshangabad told us that, the information of sanctioned post is not given them from the state NHM office, so they have provided us only currently working positions in the district and they assume it as sanctioned post. So there was no vacant position under NMH.

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 Hoshangabad district, Madhya Pradesh. *Table 7* depict the same.

With regards to Public Health Infrastructure, there is 1 District Hospital, and 1 Sub – District Hospitals which sanctioned but not functioning with full fledged as it is still working as CHC. Apart from that Community Health Centre (CHC), 6 more CHCs, 25 Primary Health Centres (PHCs) and 153 Sub – Centres (SCs) are functioning in the district. The district also has 1 skill lab and 4 Adolescent Friendly Health Clinic. Apart from these, 10 AYUSH facilities are functioning different health facilities in the district.

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

Health Facilities	Number of Institutions	Govt. building	Rented Building
District Hospital	1	1	0
Civil District Hospital	2	2	0
CHC	7	7	0
PHC	17	17	0
SC	173	173	34
Delivery Point	20	20	0
AYUSH	10	10	0
Transport Facility	Number Available		Number of Functional
108 Ambulance	-		-
Janani Express	-		-
Mobile Medical Unit	-		-

Source: CMHO Office Hoshangabad, 2019 – 20

All the facilities are run in a government building except 34 Sub-Centre and Among these health facilities, 20 health facilities were conducting deliveries. Regarding the transport facility in the district, the information has been not provided by the DPMU office.

Among the visited facilities, all five 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 but in CHC Seoni Malwa those were not in liveable condition. Similarly, PHC Kothra does not have piped water supply at the moment and SC Bharlay does not have clean separate toilets and suggestion box in the premises (*Table 8*).

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

Physical Infrastructure Indicators	DH Hoshangabad	CH Itarsi	CHC Seoni Malwa	PHC Kothra	SC Bharlay
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes	Yes
Functioning in govt. building	Yes	Yes	Yes	Yes	Yes
Residential quarters for MOs and SNs/ANMs	Yes (only for MOs)	Yes	Yes	Yes	Yes
Piped Water Supply	Yes	Yes	Yes	No	Yes
Clean Wards	No	Yes	Yes	Yes	Yes
Clean separate Toilets	No	Yes	Yes	Yes	No
Availability of complaint/suggestion box	Yes	Yes	Yes	Yes	No

Source: CMHO Office Hoshangabad, 2019 – 20

2.2 Training of Health Personnel

Table 9 depict the status of training given to health personnel of Hoshangabad district at District Training Centre under various Programmes during April – December 2019. Total 920 health personnel had trained under various programme head. Of which 423 were ASHAs under ASHA heads. With regards to training heads, 275 health personnel were trained under Malaria programme, followed by 81 MOs for batching matching high risk pregnancy, 48 MO & SN for Antara, 39 ANM for Chhaya, 25 SN & ANM for Dakshata.

Table 9: Training given to health personnel of Hoshangabad district at Health & Family Welfare Training Centre under various Programmes

Sr. No.	Training Programmes	No. of health personnel
1	GDM	29 (MO,SN)
2	ASHA	423 (ASHA)
3	Dakshata	25 (SN, ANM)
4	Batching Matching High Risk Pregnancy	81 (MO)
5	Antara	48 (MO, SN)
6	Chhaya	39 (ANM)
7	Malaria	275 (MPS, MPW, ANM, ASHA)
	Total	920

Source: CMHO Office Hoshangabad, 2019 – 20

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 – December, 2019).

IUCD insertions is a priority area under spacing services. Pertaining to the performance under reproductive health, more than 54.7 percent of women opted for IUCD and PPIUCD insertions as a family planning method.

Table 10: Maternal Health Indicators of Hoshangabad district

Sr. No.	Indicators	April - December 2019
	Reproductive age	
1	% Male sterilization to total sterilization conducted	0.5
2	% IUCD insertions to all family planning methods (IUCD plus permanent)	54.7
3	% PPIUCD to all family planning methods	29.2
	Pregnancy Care	
4	% 1 st Trimester registration to total registration	70.2
5	% Pregnant women received 4 or more ANC check-ups to total ANC registration	67.1
6	% Pregnant women given 180 IFA to total ANC registration	80.6
7	% Cases of pregnant women with Obstetric Complication managed to total deliveries	16.6
	Child Birth	
8	% SBA attended home deliveries to total home deliveries	1.4
9	% Institutional deliveries to total deliveries	98.6
10	% of C Section Deliveries to Institutional deliveries	27.1
	Postnatal, Maternal and New Born Care	
11	% of new born received 7 HBNC visits to total home deliveries	90.1
12	% New born breast fed within 1 hours of birth to total live births	93.0
13	% Women discharged under 48 hours of delivery in public institution to total deliveries in public institutions	0.6
14	% New born weighed at birth to live births	94.3
15	% New born having weight less than 2.5 kg	17.3

Source: CMHO Office Hoshangabad, 2019 – 20

Women continue to bear an uneven burden of sterilization in Hoshangabad, as 99.5 percent of the women has opted for permanent sterilization against the total permanent sterilization.

With regards to accessibility of ANC services, more than 70 percent of women had registered for ANC in 1st trimester and more than 67 percent had received 4 or more ANC services against the total ANC registration. Though, 16.6 percent of obstetric complications were managed against the total deliveries during April – December, 2019.

In 2019 – 20, almost all home deliveries were attended by SBA. Hoshangabad has performed extremely well with regards to institutional delivery as 98.6 percent of the total deliveries were conducted in health institution. During the same period there were 27.1 percent of C – Section deliveries were performed against the total institutional deliveries.

Postnatal care is yet another domain integral to maternal health. In Hoshangabad, less than 1 percent of women were discharged under 48 hours of delivery in health facilities, which is a good sign of maternal health. However, all newborns were not initiated breastfeeding within one of birth (93.0%) and also all the newborns were not weighed at birth (94.3%), of them 17 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: Status of Janani Suraksha Yojana in Hoshangabad, 2019 – 20

Total deliveries	Eligible for JSY	Number of benefited
14,533	All	14,015
	Record Maintenance	
	Available and Updated	

Source: CMHO Office Hoshangabad, 2019 – 20

Table 11 depict the highlights of the JSY scheme in Hoshangabad 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 evitprabha portal. **Table 11** shows that total 14,533 deliveries were registered for JSY, and all of

them were eligible as per the state guidelines. Among them, 14,015 beneficiaries were paid as per the JSY guidelines.

3.3 Prasuti Sahayata Yojana (PSY)

Government of Madhya Pradesh had come with a scheme named Mukhya Mantri Shramik Sewa Prasuti Sahayata Yojana in short Prasuti Sahayata Yojana in order to provide financial assistant to the worker of unorganized sector. The scheme was launched in 2018 and effective from 1st April, 2018. The objective of the scheme is to create a status of working women in unorganized sectors, under which a pregnant woman who delivered her newborn in health institution will get a financial assistant of ₹16,000. The amount was provided in 2 instalments. One before the birth and other after the birth.

During the current financial year 2019 – 20, in Hoshangabad district, 10,781 women had benefited from the scheme, of which 4461 were during ANC period (1st Instalment) and 6320 were after delivery (2nd Instalment). Apart from these women, 139 women are registered for the scheme but did not get yet any amount due to document verification.

3.4 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 12: Status of Janani Shishu Suraksha Karyakram for pregnant women in Hoshangabad, 2019 – 20

District Name	Total Deliveries	Diet	Medicine	Diagnosis	Home to Institution	Institution to Institution	Institution to Home
Women	16730	13318	13318	18243	6179	1899	5746
Sick Neonates	-	-	1591	1591	1845	661	1563

Source: CMHO Office Hoshangabad 2019 -20

In Hoshangabad, the coverage of JSSK was good as it was almost 80 percent of the total institutional deliveries, as 13,318 mothers has received the diet facility during their stay in health institution against the 16,730 institutional delivery (**Table 12**). Similarly, 13,318 pregnant women

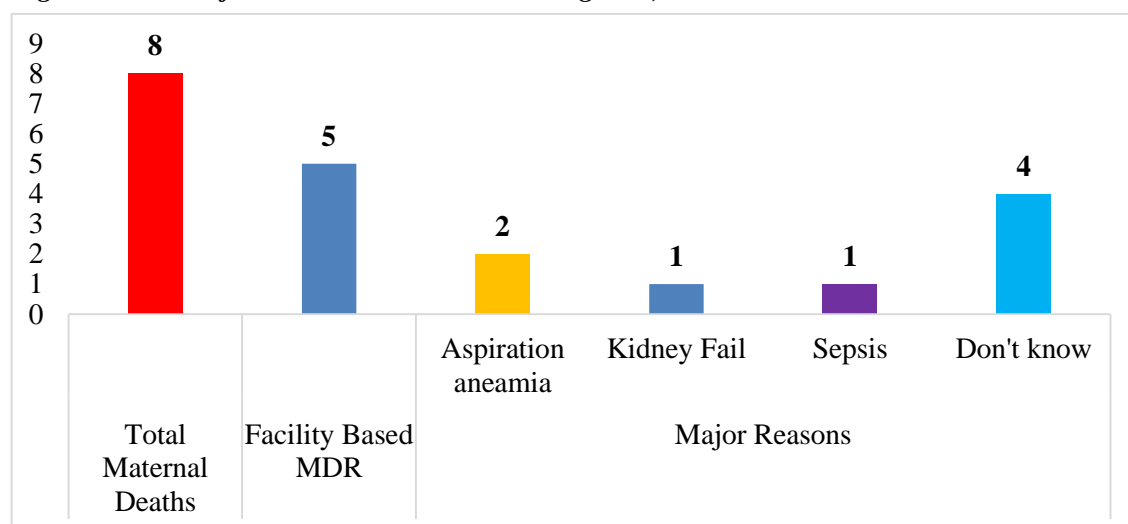
have received medicine and 18,243 pregnant women were diagnosed at health facility during their child wearing period. With regards to transport facility, total 6179 pregnant women had availed the ambulance services from home to health institution during ANC/INC/PNC period. The drop back facility was either not 100 percent as there were 5746 women had availed the drop back transport facility.

With regards to sick neonates, there were 1591 children who received free Medicine and were diagnose free of cost under JSSK, and 1845 neonates were received the transport services from home to institution, 661 neonates were received free transportation from one institute to another institute, whereas 1563 neonates were received drop back transport services.

3.5 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.

Figure 3: Status of Maternal Deaths in Hoshangabad, 2019 – 20



Source: CMHO Office Hoshangabad, 2019

There were 8 Maternal Deaths observed in Hoshangabad district during the reference period as shown in **figure 4**, and 5 of them were reviewed at concern facility. The major problems for these deaths were Aspiration anaemia, sepsis, kidney fail and others.

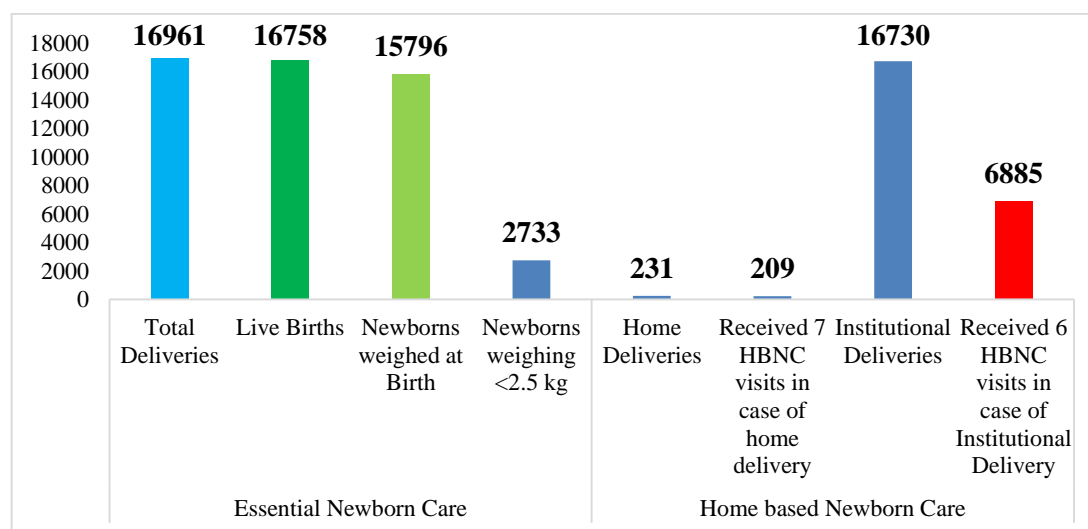
4. Child Health

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 16730 institutional deliveries, of the total 16,961 deliveries during the reference period as presented in *figure 5*. Of the total newborns, 94.3 percent were weighed at birth. 2733 newborns had a birth weight of less than 2.5 kg. Of the total home deliveries in the district, 90.5 percent newborns received 7 HBNC visits, whereas only 41.2 percent of newborns received 6 HBNC visits against the total institutional deliveries.

Figure 4: Neonatal health Indicators, Hoshangabad



Source: CMHO Office Hoshangabad 2019

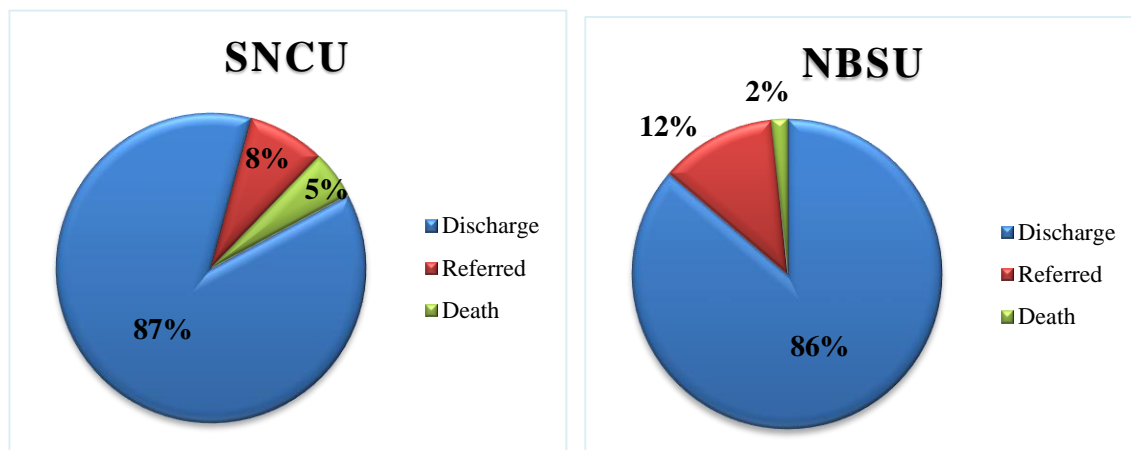
The service delivery for neonatal health in terms of infrastructure is discussed in *Table 13*. The district has 1 SNCU, 2 NBSUs and in all the delivery point has NBCCs. Manpower dedicated to SNCU in the district includes 27 medical staff members, 5 ward boys, 2 security guard, 3 sweepers, 1 Lab Technician and one DEO. Total 1591 neonates were admitted in SNCU, of which 87 percent were cured and discharged, 8 percent were referred, and 5 percent were die (*Figure 5*). In 2 NBSUs, there were 169 admissions, of which 86 percent were cured and discharged, 12 percent were referred and 2 percent were died (*Figure 5*).

Table 13: Status of Neonatal Health Infrastructure, Hoshangabad 2019 – 20

Type of facility	Number of facilities across district	Total Staff	Total Admissions
SNCU	1	39	1591
NBSU	2	-	690
NBCC	20	-	-

Source: CMHO Office Hoshangabad 2019

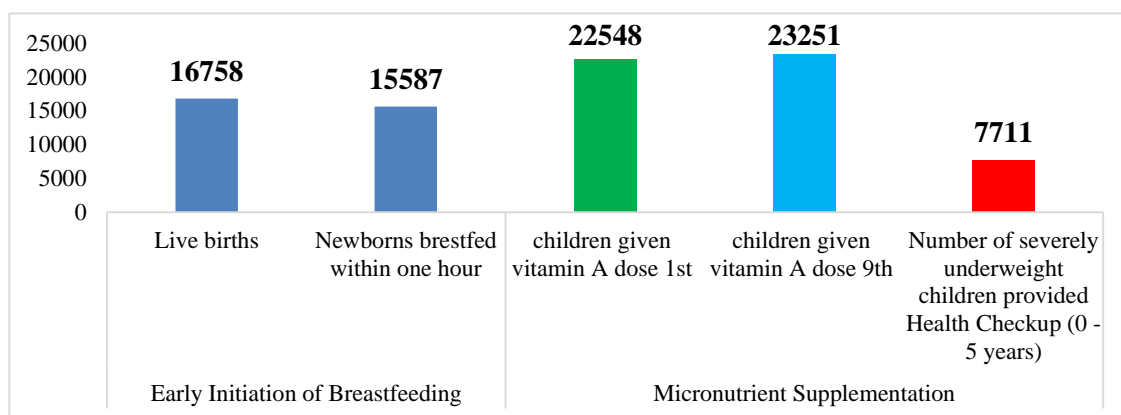
Figure 5: Treatment outcome of Neonatal admissions in SNCU and NBSU, Hoshangabad 2019 – 20



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 6: Status of Child Health Nutrition, Hoshangabad 2019 -20



Source: CMHO Office Hoshangabad and HMIS 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 6* depict that, 15587 newborns in the district were breastfed within 1 hours of birth which accounts to 93.0 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 Hoshangabad as well as 6 other health facilities (CH Itarsi and 5 CHCs). These facilities are providing nutritional related assistance to the patient. During last financial year total 1316 malnourished patients were admitted in the centre with total bed occupancy rate of 104. Apart from that, the health facilities of the district have provided Vitamin A dose 1 to 22548 children and Vitamin A dose 9 to 23251 children. Whereas, 7711 severely underweight children were provided health check –up during the same time.



Figure 7: PIP team member checking the records of NRC Hoshangabad



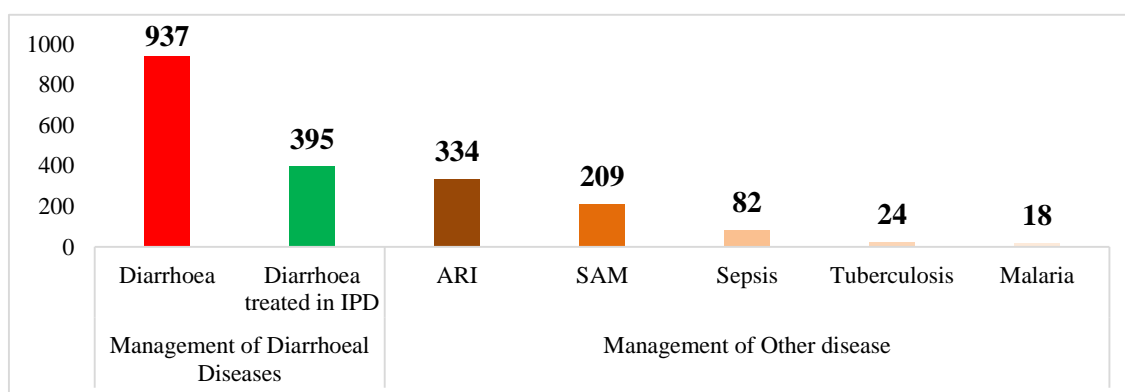
Figure 8: NRC Ward of DH Hoshangabad

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 9*, in Hoshangabad district 937 children were suffered with diarrhoea of which 42.2 percent were treated at IPD. As for acute respiratory infection and sepsis, 334 children and 82 children respectively were admitted during the reference period. While 209 children were admitted in NRC with severe acute malnutrition during the same time. 24 cases of Tuberculosis and 18 cases of Malaria were also occurred among the children in the district.

Figure 9: Status of childhood disease in Hoshangabad during 2019 – 20



Source: CMHO Office Hoshangabad and HMIS 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 13 depicts the immunization coverage scenario of Hoshangabad district. In Hoshangabad, total 15,012 newborns have received BCG vaccination and 14,426 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 18,433 children. Overall the

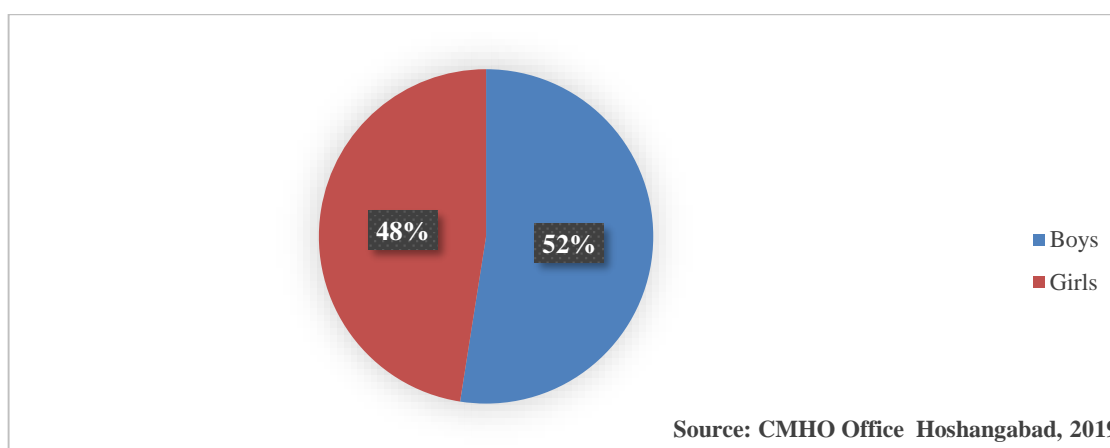
district has administered to total 18,433 children for full immunization, of which 52% are male children and 48% are female children (*Fig. 10*)

Table 14: Block wise status of immunization coverage in Hoshangabad, 2019 -20

District	BCG	OPV	Pentavalent			Measles & Rubella	Full Immunization
	0	0	1	2	3		
Hoshangabad	15012	14426	18213	17858	17786	18433	18433

Source: CMHO Office Hoshangabad, 2019 -20

Figure 10: Fully Immunized children by gender, Hoshangabad 2019 -20



4.5 Rashtriya Bal Swasthya Karyakram (RBSK)

National Health Mission has made certain noteworthy progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

Rashtriya Baal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

Table 15: Status of RBSK Programme in Hoshangabad, 2019 - 20

Parameters	Status
Number of team working	11
Number of School covered	-
Number of Anganwadi covered	-
Children/Adults Screened	1,34,823
Cases identified with problems	17,686
Treated	8558

Source: DHO Hoshangabad, 2019 -20

Table 15 depicts the status of RBSK activities in the district for the years 2019 -20. In Hoshangabad, total 1,34,823 children/adults were screened/diagnosed by the 11 RBSK team, of which 17,686 cases were identified with some problems and 8558 of them were treated.

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 16 depict the achievement of Hoshangabad on family panning during 2019 – 20, where female sterilization was dominated under permanent sterilization as only 46 male sterilization was observed against the 5497 female sterilization. Apart from this, the condom distribution was satisfactory in the district with a total of 10,10,684 condoms distributed during 2019 – 20. Similarly, 81,405 oral pills were distributed among the women to control the fertility.

Table 16: Status of Family Planning in Hoshangabad during 2019 -20

	Sterilization		IUCD	PPIUCD	Oral Pills	Condoms
	Male	Female	Insertions			
Hoshangabad	46	5497	2650	3528	81,405	10,10,684

Source: CMHO Office Hoshangabad and HMIS 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 11: Colour - coded bin at PHC , Hoshangabad

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.



Figure 12: IEC Display in Health Facilities, Hoshangabad 2019

The visited facilities had put in place the procured IEC material in place except PHC Kothra as it was recently repainted for being one of the Health and Wellness Centre. Though, IEC material was placed in all the visited facilities, but some of the important posters of JSY, JSSK were missing in some facilities.

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 17*. In the Hoshangabad district there were total 1,126 ASHA workers were required, of 1,138 are currently working. All the ASHA workers are having necessary drugs, kits and family planning methods. Apart from this 1048 ASHAs has trained module 6 & 7 to implement the HNBC schemes in the district. All the ASHA workers are being paid on time with average incentive of ₹4202, where highest incentive was ₹19,990 and lowest incentive was ₹2000 during April – December, 2019.

Table 17: Status of ASHAs worker in Hoshangabad, 2019 – 20

Parameters	Number & Status
Number of ASHAs required	1138
Number of ASHAs available	1126
Number of AHSAs left during the last quarter	7
Number ASHA workers trained module 6 & 7 for implementing HBNC schemes	1048
Availability of ORS, Zinc, FP methods to all AHSAs	Yes

Source: CMHO Office Hoshangabad, 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.

Table 18: Status of AYUSH services in Hoshangabad, 2019 -20

Sr. No.	Details	April – December, 2019
1	Number of facilities with AYUSH health system	10
2	No. Health Facilities have AYUSH Inpatient service	7
3	No. of AYUSH staffs	108
4	No. of patients who received treatment	49060

Source: CMHO Office Hoshangabad, 2019 -20

In Hoshangabad, a total of 10 Health facilities are providing AYUSH service, of which 7 are providing inpatient facilities (*Table 18*) with 108 AYUSH staffs against the sanctioned 158 staffs. During April – December, 2019, 49060 patients received AYUSH service in Hoshangabad district.

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 19 summarizes the status of communicable disease in Hoshangabad district during April – December 2019. Total 8332 slides were prepared for the screening of malaria, of which 12 cases were found positive. Similarly, 9756 cases of sputum test were conducted for the screening of Tuberculosis, of which 959 cases were found positive. Apart from these disease 140 cases of leprosy was reported, of which all were detected by ASHA.

Table 19: Status of Communicable Diseases Programme, Hoshangabad 2019 – 20

Name of the Disease	No. of cases screened	No. of cases detected
Malaria	8332	12
Tuberculosis	9756	959
Leprosy	-	140

Source: CMHO Office Hoshangabad, 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 20: Status of Non - Communicable Diseases Programme, Hoshangabad 2019 – 20

Name of the Disease	No. of cases screened	No. of cases detected
Diabetes Mellitus (DM)	57056	9653
Hypertension (HTN)		11218
Cancer		37
Blindness	-	5480

Source: CMHO Office Hoshangabad, 2019 -20

Table 20 depicts the status of Non- Communicable Disease in the district. In Hoshangabad, there were 9653 cases of Diabetes Mellitus, 11218 cases of Hypertension, and 37 cases of cancer () were detected against the 57056 screened cases during April – December, 2019. Apart from these, there were 5480 operations under blindness programme were conducted, which was about 55 percent of the target operation for the blindness in the district.

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.

As per the observation of the monitoring team, HMIS data in the district faces some errors, the primary cause of which remains the shortage of manpower. Well trained data entry operator or statisticians are not available in most of the facilities. In such a scenario, paramedical staffs are mostly allotted to complete the task which leads to multitude pf errors. It was further reported that data validation and error is not being considered while reporting and uploading the data.

As presented in **table 21**, there has been some progress with regards to HMIS while the system still has wide scope of improvements.

Table 21: HMIS/MCTS status in Hoshangabad, 2019 -20

Parameters	Status
Is HMIS implemented at all the facilities?	Yes
Is MCTS 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 MCTS 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 MCTS 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 Office Hoshangabad, 2019 -20

12. Budget Utilization

The budget utilization summary for Hoshangabad district is presented in *Table 22*. Total **63** percent of the total sanctioned budget for the PIP has utilized for various scheme/programme during April – December 2019.

Table 22: Budget utilization parameters, Hoshangabad 2019 -20

Scheme/Programme	2019 -20		
	Sanctioned	Utilized	Percent
ASHA Programme	5,35,39,027	4,24,38,346	79.3
AYUSHMAN Bharat	11,22,103	9,95,022	88.7
Child Health	4051154	2099157	51.8
Family Planning	1,62,02,774	86,87,145	53.6
Health and Wellness Centre	3,224,080	1,852,170	57.5
Human Resources	81,836,191	55,721,991	68.1
IDSP	11,34,500	8,94,952	78.9
IEC/BCC	1,667,798	1,037,833	62.2
Immunization	1,45,61,347	1,02,49,748	70.4
Leprosy Programme	23,02,305	12,38,794	53.8
Malaria Programme	52,17,847	38,93,608	74.6
Maternal Health	4,20,39,274	3,60,31,869	85.7
Mental Health	1,00,000	61,692	61.7
Mobility Support	4127700	2722636	66.0
NBCP	18,62,000	13,21,072	71.0
NIDDCP	18,78,353	11,66,050	62.1
NPCDCS	4,36,500	2,46,203	56.4
NRC	4217300	2659641	63.1
NUHM Programme	89,33,403	60,33,165	67.5
ORAL Health	1,20,000	39,650	33.0
PCPNDT	62,125	5828	8.3
Printing	1,396,838	1,361,184	97.5
Procurement	8,906,315	5,046,831	56.7
Programme Management	13,72,000	9,08,766	66.2
Quality Assurance	17,750,200	7,322,926	41.3
RBSK Programme	2,49,14,600	1,23,70,197	49.7
RKSK Programme	2760	0	0.0
RNTCP Programme	1,85,04,115	1,33,71,872	72.3
Tobacco Programme	6,47,000	2,48,109	38.3
Training	3,089,722	856,875	27.7
Untied Fund	20,516,931	1,597,312	7.8
Others	88,42,996	6,15,106	7.0
Total	354,582,258	223,095,750	62.9

Source: CMHO Office Hoshangabad, 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 **17 PHCs** and **18 SCs** has been sanctioned as Health and Wellness Centre in the district.

Total 35 Community Health Officer has been given charges at 35 SCs, and they providing their service to community by screening NCD related disease. An average of 42 patients they are treating on a day. PRC team visited two of them (PHC Kothra and SC Bharlay).

14. 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, CH, CHC, PHC and SC. Since Women Hospital was not available, hence not visited by the monitoring team.

14.1 District Hospital: Hoshangabad

The monitoring team visited District Hospital of Hoshangabad, located in Hoshangabad Block. The facility has an average OPD load of 590 patients per day.

The following observations were made during the monitoring visit.

- ✚ Though, the facility was easily accessible from nearest road and functioning in government building but it was a 101-year-old building.



Figure 13: ANC IPD of DH Hoshangabad

Consequently, the construction work of new buildings is in progress in the periphery only.

- ✚ The drug storage building was not in good condition, most of the medicines were lying on the floor. Though, the construction of the new building is in progress but the management of the drug store was not good due to lack of space as well as the racks.

- ✚ There was no colour coded mechanism for the bedsheet was found in the district as they were using check bedsheet instead of green and maroon.
- ✚ Though, the staff quarters were available for the MOs and SNs, but in very less quantity as only 7 quarters were available, of which 3 were allotted to MOs and 4 were allotted to SNs. Apart from this, staff quarter other categories were also not available.
- ✚ The facility was well equipped with electricity power back, 24*7 running water, cleaned toilets for male and female, functional labour room with attached clean toilet, and NBCC corner.
- ✚ The facility was also having SNCU department, NRC department to manage sick neonates and malnourished children. Apart from these, BMW mechanism, ICTC centre, complain box and Help desk were also available in the periphery of the facility.
- ✚ At the time of monitoring visit, the facility does not have any supply of IFA tablets (blue). Apart from this, all the medicines were available with sufficient quantity.
- ✚ Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD, ANC, PNC, OT, MDR etc. were well maintained and updated.
- ✚ All the essential IEC material were displayed in the premises of the facility except citizen charter and JSY entitlement.
- ✚ All the necessary equipment's i.e. BP Instruments, Weighing Machine, Needle Cutter, Radiant Warmer, Delivery table, CT Scanner (provided by private partner), ECG Machine etc. were available and functioning.
- ✚ The institution is providing the lab services to the needy patients. During April – December, 2019, institution has conducted 6781 test for HIV, of which **40** were found positive and given treatment to them at the facility. Similarly, 8332 test for Malaria were conducted, of which **12** were found positive. Apart from these test, the institute also performed **31130** haemoglobin test, **27763** CBC test, **2329** urine albumin and sugar test, **4553** blood sugar test, **4949** RPR test, 1549 LFT test, **6533** ultrasound text (Ob and general), **10832** X-ray, and **3156** ECG test.



Figure 14: Skill lab of DH Hoshangabad

Table 24 highlights the services delivery indicators of the district hospital. In 2019 – 20, the facility had conducted 4282 deliveries, of which 1911 were C- Section deliveries. All the neonates were screened by RBSK team for any birth defect and whereas 3994 newborns were initiated breastfeeding within one hours of birth.

There were total 1591 newborns were admitted in SNCU department of the facility, of which 882 were inborn and 709 were out born. There were 179 more cases of SAM admitted in the facility.

Table 23: Service Delivery Indicators of District Hospital Hoshangabad

Services	April – December, 2019
OPD	162,402
IPD	24,007
ANC 1 registration	1689
ANC registration in 1 st trimester	788
ANC 4 coverage	920
No. of pregnant women given IFA tablets	1607
Number of deliveries conducted	4282
No. of assisted deliveries (Ventous/Forceps)	-
No. of C Section conducted	1911
Number of obstetric complications managed	1167
No. of neonates initiated breastfeeding within 1 hours	3994
Number of children screened defects at births under RBSK	4282
RTI/STI treated	5292
No of SNCU admission	1591
No. of children admitted with SAM	179
No. of sick children referred	240
No. of pregnant women referred	541
No. of children fully immunized	2404
Measles and Rubella coverage	2705
No. of children given Vitamin A dose 1 st	2404
No. of children given ORS + Zinc	718
No. of IUCD Inserted	18
No. of Minilap	454
No of Tubectomy	264
No. of Vasectomy	5
No of women who accepted post-partum FP services	699
No. of MTPs conducted in first trimester	114
No. of maternal deaths	1
No. of still births	102
Neonatal deaths	88
Infant deaths	11

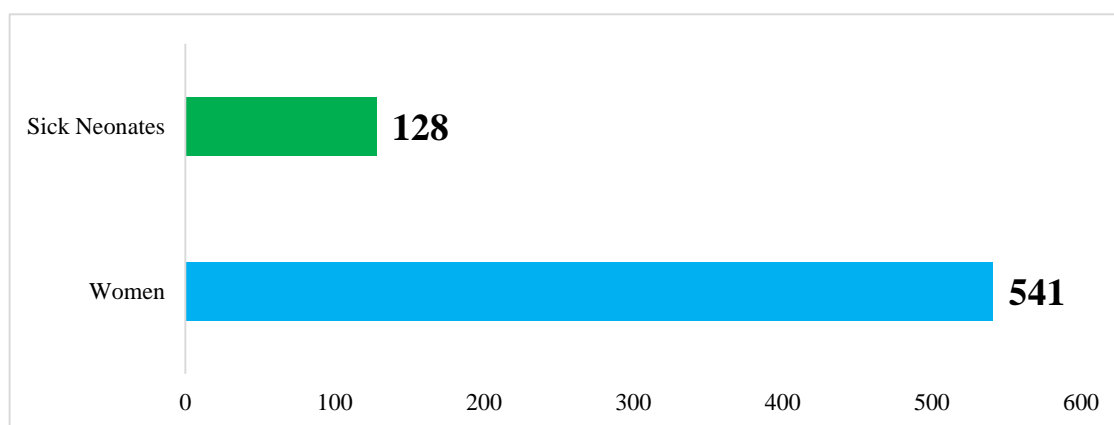
Source: District Hospital Hoshangabad, 2019

The DH had conducted total 723 permanent sterilizations during the financial year 2019 – 20, of which only 5 were vasectomy, and remaining were tubectomy and minilap (tubectomy – 264, minilap – 454). The institution has also performed IUCD insertion (18 cases) and PPIUCD

insertion (699 cases) during the current financial year as a temporary family planning. With regards to immunization, 2404 children of age 9 – 11 months have received all the vaccine from the DH. Consequently, all of these children were also received vitamin A (dose 1st). Apart from this, 2705 children were also received ORS and Zinc during the current financial year. DH observed, total 201 child deaths during 2019 -20, of which 102 were still births, 88 were neonatal deaths and 11 were infant deaths.

Separate record for the referral services was not available in the DH and in the referred (out & in) register only inter facility referral information was available. From there only, we observed 541 women were referred during ANC/INC/PNC and 128 sick infant were referred to the other facilities for better treatment (*Table 24 & Figure 12*).

Figure 15: Referral services during April - November, 2019



Source: District Hospital Hoshangabad, 2019 -20



Figure 16: Monitoring team with staff of District Hospital Hoshangabad

14.2 Dr. Shyama Prasad Mukharjee Civil Hospital: Itarsi

Dr. Shyama Prasad Mukharjee Civil Hospital was located in Tesla block of Itarsi tehsil with catchment population of 114,495 of 20 enumeration wards of the city. The SPM civil hospital was 20 km away from District headquarter and it was easily accessible from nearest road head and working in government building. Though, it was working in government building, but in the premises many buildings were not in good conditions as we observed on the day of our visit.



Figure 17: Delivery room at Dr. SPM CH Itarsi

The Medical Superintendent at the facility was observed to be highly efficient and orderly in keeping the health facility functional as well as systematic to the fullest, given its infrastructure and Human Resource provided at the health facility (*Table 25*).

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

- ✚ A severe crunch of manpower was observed in the facility as more than 31 percent of total regular sanctioned post are vacant. It was observed that, among the class I MO, 9 post were vacant against the 13 sanctioned post. Only two gynaecologist and two paediatrician were working there, all other post of Medical specialist was vacant in the CH.
- ✚ During the financial year 2019 - 20, total 11 health personnel of facility has received training on DM, Skill lab and Dakshata programme. (*Table 26*).
- ✚ Staff Quarters for MOs and SNs were available in the premises of the facility but the same facility was not available for the staff of other category.
- ✚ The facility has 24*7 running water supply, the electricity supply with power back –up, functional and clean labour room with attached toilet, functional NBCCs, Blood Bank Unit, ICTC Centre and complaint box. Apart from these services, the facility was outsourced its BMW to the Green field agency.

Table 24: Status of Human Resource at the CH Itarsi 2019 -20

Sr. No.	Position Name	Sanctioned	Filled	Vacant	% of Vacant
1	OBG	2	2	0	-
2	Anaesthetist	2	0	2	100
3	Paediatrician	2	2	0	-
4	MO Class I	7	0	7	100
5	MO Class II	17	12*	6	35.3
6	SNs	43	33	10	23.3
7	ANMs	8	7	1	12.5
8	LTs	7	5	2	28.6
9	Pharmacist	6	6	0	-
10	LHV	3	2	1	33.3
11	Radiographer	2	2	0	-
12	Other Class III staff	37	26	12	32.4
13	Class IV	35	20	16	45.7
	Total	171	117	54	31.6
NHM Staff					
14	Anaesthesia MO	1	1	0	-
15	Obs. & Gynaecologist MO	1	1	0	-
16	Paediatric MO	1	1	0	-
17	SN	10	10	0	-
18	ANM	2	2	0	-
19	Pharmacist	1	1	0	-
20	Counsellor	1	1	0	-
21	DEO	2	2	0	-
	Total	19	19	0	-

Source: CH Itarsi 2019 – 20, * one post of dentist is filled extra.

Table 25: Training status of various cadres at CH Itarsi, 2019 – 20

Sr. No.	Training Programmes	No. of health personnel
1	DM	2
2	Skill Lab	5
3	Dakshata	4
	Total	11

Source: CH Itarsi 2019 – 20

- ✚ All the essential equipment's and equipment's related to laboratory, essential drugs, supplies and consumable were available in the facility. The institution was also provided laboratory services.
- ✚ The facility was also equipped with NBSU unit and NRC unit to manage the sick neonates and malnourished children in the city as well as at block level. But it was lacking with the ARSH clinic.
- ✚ Though, the essential drug list were available in the facility but not displayed in the OPD.

- ✚ In the facility, all mothers were asked to stay for 48 hours after birth and provided diet free of cost. However, JSY payments were not made to all the eligible beneficiaries at the time of discharge, as these payments were initiated through E-vittprabha after getting all the necessary information for the online transection from the beneficiaries.
- ✚ All the necessary registered were available and maintained properly.

Table 27 highlights the services delivery indicators of the CH. During the reference period, the facility had provided 12987 IPD services against the 104,210 OPD service. At the same time, institute has conducted 831 C – section deliveries against the 1925 institutional deliveries, of which 787 obstetric complications were managed. Where all the neonates were initiated breastfeeding within one hours of birth.

At the NBSU unit of the institute, total 117 sick neonates were admitted, of which 84 were referred to the SNCU of the district, which is located in the district hospital. Apart from that, the institution has also referred 32 pregnant women during the current financial year and administered all vaccines to 1739 children of 9 to 11 months.

Table 26: Health Service Delivery Indicator of CH Itarsi, 2019 -20

Services	April – December, 2019
OPD	104,210
IPD	12,987
ANC1 registration	1536
Number of deliveries conducted	1925
No. of C Section conducted	831
Number of obstetric complications managed	787
No of NBSU admission	117
No. of children referred	84
No. of pregnant women referred	32
No. of children fully immunized	1739
No. of children given Vitamin A	8031
No. of IUCD Inserted	0
No. of Vasectomy	1
No. of Minilap	119
No of Tubectomy	330
No of women who accepted post-partum FP services	181
No. of maternal deaths	1
No. of still births	-
Neonatal deaths	10
No. of Infant deaths	1

Source: CH Itarsi, 2019 -20

The institute had conducted 181 post-partum family planning. Apart from these family planning methods, institute had performed 330 tubectomy, 119 minilap and 1 vasectomy during April – December 2019.

The facility was also observed one each of maternal death and infant death due to aspiration anaemia and pneumonia, and 10 neonatal deaths.

14.3 Community Health Centre: Seoni Malwa

Dr. Bhimrao Ambedkar Community Health Centre (CHC) Seoni Malwa was located in Seoni Malwa Block and 40 km away from District headquarter, covering 30,100 populations with it 30 bed strength. It was running in newly constructed government building, where newly staff quarters were also available along with the old staff quarters. The facility has electricity supply with power back and 24*7 running water supply but during the summer season facility faces shortage of water.

Table 27: Regular Staff under CHC Seoni Malwa in Hoshangabad District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	MO	12	2	10
2	Staff nurse	14	7	7
4	LHV	1	1	0
5	LT	3	3	0
6	Pharmacist	2	0	2
8	Accountant	1	0	1
9	Class III	19	9	10
10	Class IV	26	3	23
	Total	78	25	53
NHM Staff				
11	RBSK Medical Officer	3	3	0
12	ANM	1	1	0
13	Block Account Manager	1	1	0
14	Block Community mobilizer	1	1	0
15	DEO	1	1	0
	Total	7	7	0

Source: CHC Seoni Malwa, 2019 -20

The following observations are made by the monitoring team, who visited the CHC Seoni Malwa:

- ✚ The CHC has all the mandatory physical infrastructure except separate male and female wards and New Born Stabilization Unit. Due to unavailability of NBCC corner, the facility was not managing high risk pregnancy.

- ✚ In terms of HR, total 68 percent of the total sanctioned post under CMHO were vacant. Of which, 10 are MOs post, 7 are SNs post, 2 are pharmacist post, 10 are Other Class III and 23 are Class IV post (*Table 28*).
- ✚ Under NHM, there were total 7 post were filled in the institution, whereas the information about the total sanctioned post was not available, as the state NHM office has not provided it to them.
- ✚ All the essential equipment's and equipment's related to laboratory, essential drugs, supplies and consumable were available in the facility, and the list of drugs available in the facility was also displayed in OPD.
- ✚ All records were available, updated and correctly filled. Also all the IEC material were correctly displayed, except JSY and JSSK entitlements
- ✚ Though, the referral register were available in the facility but the information regarding home to facility and facility to home was not available.
- ✚ Since all the health personnel are trained in all the heads of training, so not a single health personnel of the facility have received any training during the current financial year.
- ✚ The institution was not using Tally software in their account department. They are still using excel to maintain the account sheet.

Table 30 highlights the service delivery indicators of Community Health Centre Seoni Malwa during 2019 – 20. The facility has conducted total 1095 deliveries during last financial year, and all mothers were initiated breastfeeding within one hours of births and screened by RBSK team. During ANC period and PNC period institute has referred 714 pregnant women to the higher institute for treatment. Also, they have referred 95 sick neonates to the higher facilities.



Figure 18: NBCC Corner at CHC Seoni Malwa

With regards to family planning, the institute has provided 288 PPIUCD services, and performed 450 tubectomy and 5 Vasectomy. And also administered all vaccine to 2773 children during the current financial year. Apart from these services, the facility also observed 60 neonatal deaths and infant deaths during last financial year.

Table 28: Service delivery indicators of CHC Seoni Malwa 2019 - 20

Services	April – December, 2019
OPD	78,839
IPD	7,314
ANC1 registration	2989
No. of pregnant women given IFA tablets	2989
Number of deliveries conducted at CHC	1095
No. of neonates initiated breastfeeding within 1 hours	1095
No. of children screened for defects at Birth under RBSK	1095
No. of sick neonates referred	95
No of pregnant women referred	714
No. of children fully immunized	2773
No of IUCD inserted	-
No. of Vasectomy	5
No. of Tubectomy	450
No of women who accepted post-partum FP service	288
Neonatal deaths + infant deaths	60

Source: CHC Seoni Malwa, 2019 – 20



Figure 19: PIP Monitoring team with staffs of CHC Seoni Malwa

14.4 Primary Health Centre: Kothra

The Primary Health Centre (PHC), Kothra is situated at Seoni Malwa Block and 67 km away from the District Headquarter, covering a population of 2500 of the one villages. Total 6 post are sanctioned to this PHC, which consist one each of MOs, ANMs, SNs, Pharmacist, LTs, and Sweeper. Out of which 1 post of each of MO, Pharmacist, LT and Sweeper are vacant (*Table 31*). Consequently, they were not managing high risk pregnancy as well as sick neonates due to unavailability of Medical Officer. Though, the PHC has selected as one of the Health Wellness Centre in the district, but no extra manpower has provided.

Table 29: Regular staff at PHC Kothra, Block Seoni Malwa, Hoshangabad, 2019 - 20

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	1	0	1
2	ANM	1	1*	0
3	SN	1	1	0
4	Pharmacist	1	0	1
5	LTs	1	0	1
6	Sweeper	1	0	1
	Total	6	2	4

Source: PHC Kothra 2019 -20. *working in Babai sector.

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

- ✚ The facility was running in the government building, but it was not easily accessible as it was located in interior. It has staff quarter in its premises for MOs, and SNs, but not in liveable condition. Consequently, the SN of the facility was not residing at the PHC.
- ✚ The facility well equipped with 24*7 running water supply, electricity with power back, clean toilets for male and female, clean labour room with attached toilets, NBCC corner, clean wards and complain box.
- ✚ The facility was not conducting deliveries since last October due to unavailability of Medical officer as well as other man power.
- ✚ Records with regards to OPD, IPD, ANC, PNC registered was also not properly maintained in the facility. Apart from this, the IEC material, Citizen Charter, essential drug list and immunization schedule was also not displayed at the PHC with regards to visibility as well as coverage of schemes/programme.
- ✚ All the laboratory equipment's and other equipment's were not available at the facility. as a result, they were not performing any OTs, and also not maintained any record related to OT and Family Planning operation.
- ✚ Though, the facility has all the essential drugs and supplies except injection oxytocin and mifepristone. Also the supplies like urine albumin & sugar testing kits and IUCDs were

not available. Consequently, they were not performing IUCD or PPIUCD insertion, as well as they also not conducting any test of CBC, urine albumin & sugar test, serum bilirubin test, RPR test, Tuberculosis etc.

- ✚ Though, all the mother were initiated breastfed within one hours of birth, but they were not asked to stay for 48 hours at the facility and also the JSY payment were not made before the discharge but the list of eligibility was provided to the block programme manager, who supposed to made payment after checking the eligibility and other documents of the beneficiaries.
- ✚ The facility has administered all the birth vaccine to the newborns and provided IYCF counselling as well as Family Planning counselling. But they have not provided diet facilities to them as the diet facility was not available at the institution. Also there was no record available related to referral linkage.

Table 32 highlights the service delivery indicators of PHC Kothra. The facility has served to 5,830 OPD patients and only 14 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 Kothra, OPD to IPD conversation rate is at 0.24 percent.

Table 30: Status of Service delivery indicators at PHC Kothra, 2019 - 20

Services	April – December, 2019
OPD	5830
IPD	14
ANC 1 registration	48
No. of pregnant women given IFA tablets	48
Number of deliveries conducted at PHC	14
No. of obstetric complications managed	4
No. of neonates initiated breastfeeding within 1 hours	14
No. of children screened for defects at birth under RBSK	14
No. of children fully immunized	107
No of children given Vitamin A	189

Source: PHC Kothra, 2019 -20

Statistically, such a lower rate indicates that the type of inpatient care in relation to the demand for medical services is poor. It was observed that, the service utilization at the institution was very low, as only 48 women were registered for ANC and only 14 deliveries were performed during the current financial year.



Figure 20: Monitoring Team with PHC Kothra staff

14.5 Sub- Centre: Bharlay

Sub- Centre (SC) Bharlay is situated 14 km away from Kothra PHC at Seoni Malwa Block. SC Bharlay is providing its services to five villages and covering 6,350 populations. The SC has been selected for HWC Programme, and also two Community Health Officers appointed where one CHO was given appointment on temporary basis, but the SC was not painted as per the guidelines of the HWC.

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

- ✚ The facility was located at the nearest habitation and was run in a government building in which ANM quarter is attached, ANM was not residing.
- ✚ The SC was lacking with 24*7 piped water supply, clean toilets, labour room, NBCC, and complain box. The cleanliness of the facility was also not good.
- ✚ The facility was also lacking with the availability of Haemoglobin meter, delivery equipment, neonatal ambu bag, newborn weighing machine and colour coded bins.
- ✚ Though, the SC has available essential drug list like, IFA tablets, IFA syrup ORS packets, Zinc tablets and antibiotics but all of these were in short. Supply of injection Magnesium

Sulphate, injection Oxytocin and Misoprostol tablets were also not there. The SC only provides haemoglobin test, blood sugar test and malaria test in the facility.

- + With regards to quality parameter of the facility, the ANM and CHO of the SC were correctly measure the BP, haemoglobin and were also identifying high risk pregnancy but they were not measuring urine albumin & protein, not inserting IUCDs.
- + The facility was not conducting deliveries, so they were not maintaining any delivery registered as per the GOI format. Apart from this, village register, referral register, line listing register, due list register and JSY payment register (not needed though) were also not available at the SC.
- + Though the JSSK programme is implemented in the block, but no records were found at the SC, as a result no information was available for the referral linkage.
- + With regards to IEC, nothing was displayed at the SC on the day of visit except visit schedule of ANM and area distribution of VHND plan.
- + The Sub Centre has delivered the following services during the current financial year, 2019 – 20.

Table 31: Status of Service delivery indicators at SC Bharlay, 2019 - 20

Services	April – December, 2019
Percentage of women registered in the first trimester	80%
ANC 1 registration	111
ANC 4 coverage	107
No. of pregnant women given IFA tablets	111
Number of deliveries conducted at SC	0
No. of neonates initiated breastfeeding within 1 hours	-
No. of sick children referred	2
No of pregnant women referred	6
No. of children fully immunized	78
Measles and Rubella coverage	78
No. of VHND attended	60
Number of VHNSC meeting attended	45

Source: SC Bharlay, 2019 – 20

15. Conclusion and Recommendations

15.1 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 Hoshangabad, CH Itarsi, CHC Seoni Malwa, PHC Kothra and SC Bharlay.

The district has total 8 tehsils, where 1 District Hospital, 2 Civil Hospitals, 7 Community Centre, 17 Primary Health Centre and 173 Sub-Centre are functioning and all are functioning in Government building except 34 SCs and among the DH, CH and CHC, total 10 AYUSH department are functioning. Apart from health services, 17 PHCs and 18 SCs has selected as Health and Wellness Centre under AYUSHMAN Bharat programme. 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 observed more than 35 percent of shortfall against the total sanctioned post, of which 73 percent were Class I post, 41 percent of Class II, 29 percent of Class III post and 42 percent of Class IV post. During April – December, total 920 health personnel have trained under various programme head at district HFW Training Centre.

In Hoshangabad, the male sterilization is almost negligible with respect to their female counter part. During the same period, district has observed 16758 live births and 98.6 percent of births has been taken place in health institution. The utilization of JSY and PSY was satisfactory along with the utilization of free service under JSSK, which was also good.

Among the live births only 41 percent of the newborns has received 6 HBNC visits in the district. Total 1591 newborns and 690 newborns were admitted in the SNCU and NBSU respectively, where 5 percent and 2 percent of the newborns were die against the total admission. Currently 1138 ASHAs are working against 1126 in the district.

15.2 Recommendations

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

- ✓ There is urgent need to fill up the vacant post of MOs, Health Worker (Male & Female) and Class IV post for the smooth functioning of the health facilities. Specially, DH and CH and CHC are 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.
- ✓ Drainage system of DH Hoshangabad needs to be repair immediately as cleanliness was hampering, which may further cause the occurrences of diseases like Malaria and Dengue in the hospital premises.
- ✓ Though, the CHC Seoni Malwa was conducting deliveries in its best possible ways but they were not managing high risk pregnancies due to unavailability of Medical Specialist. It is recommended to provide them the Medical Specialist, so they can manage the high risk pregnancy and avoid the unnecessary health complications.
- ✓ per months, but it does not have New Born Stabilization Unit to tackle the sick neonates. It is utmost important to establish a NBSU at CHC Seoni Malwa.
- ✓ The Staff quarters of the PHC needs to be repair, so that the health personnel of the facility can be reside there and will be available for 24*7 to the needy person.
- ✓ Supervisory visits by DPM, 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.
- ✓ The DHO of the district has asked for more number of well-trained computer operator for the data entry purpose in the facilities. She also suggested to stop the target mode of the programme as the health personnel are not able to focus on their primary job.



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