



Monitoring and Evaluation of Programme Implementation Plan 2019 – 20,
Shajapur 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 Shajapur District during February 9, to 12, 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 monitor the NHM components.

This report presents the key findings from the concurrent monitoring of essential components of NHM in Shajapur district of Madhya Pradesh. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Shajapur. The following public health facilities were visited by the PRC Pune team: District Hospital Shajapur, Civil Hospital Shujalpur, Community Health Centre Moman Barodiya, PHC Arniya Kalan and Sub Centre Dudhana. 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 Observations:

- The lack of manpower in health sector is big problem, and the same problem was reported in the district.
- The service delivery was good but records were not maintained properly.
- IEC material was not displayed in the visited facilities.
- All the equipments, drugs and supplies were available and functional in the visited facilities. The coverage of family planning was not good.

The major strength and weakness of the district in terms of providing health services are as follows:

Strengths

- ✚ The percentage of institutional delivery has reached at its peak level as 96.1 percent of the institutional deliveries are conducted in health institutions.
- ✚ 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 and its benefits and bringing them for institutional delivery.
- ✚ JSSK scheme is functioning as per the guidelines of the MOHFW.

Weakness

- ⊖ PRC Monitoring team has observed that more than 37 percent of total sanctioned post are vacant under the District Health Office, of which most of them are Health Workers (Male), assistant statistical officers, Pharmacists & MOs and these two are core pillars of the three tier health system in India. They might hamper the service delivery system if not filled on urgent basis.
- ⊖ Some of the specialist posts are also vacant.

- ⊖ The staff quarters of CH Shujalpur was not repaired and not maintained.
- ⊖ Some of the Essential IEC material related to JSY and JSSK was not displayed in health facilities visited.
- ⊖ In all visited facilities, the condition of water and sanitation is below the satisfaction level.
- ⊖ There is no coordination among RBSK teams and ASHAs. ASHAs of particular village are not aware about RBSK team visits to their village, whereas ASHAs are having crucial role in HBNC. If ASHAs would know RBSK team programme well in advance, then they can mobilise sick children for screening during the visit of RBSK team in the village.

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 Madhya Pradesh and Madhya Pradesh for the year of 2019 – 20.

In order to carry out quality monitoring and evaluation of important components of NHM, various types 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 Shajapur District in Madhya Pradesh, which was carried out during the period 9th Feb – 12th Feb 2020. In the district apart from Chief Medical and Health Officers Office, District Hospital Shajapur, Civil Hospital Shujalpur, Community Health Centre Moman Barodiya, Primary Health Centre Arniya Kalan and Sub – Centre Dudhana were visited.

This report provides a review of key population, health and service delivery indicators of the Shajapur 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 Shajapur District, 2019 – 20

Facility Type	Name of the facility
District Hospital	Dr. Bhimrao Ambedkar, District Hospital, Shajapur
Civil Hospital (FRU)	Civil Hospital Shujalpur
Community Health Centre	Community Health Centre Moman Barodiya
Primary Health Centre	Primary Health Centre Arniya Kalan
Sub – Centre	Sub – Centre Dudhana

Source: CMHOs Shajapur, 2019

1.1 District Profile

Shajapur district is a part of Malwa Plateau. The district is situated in the north-western part of Madhya Pradesh, the district is bounded by Ujjain District to the west, Devas and Sehore to the south as well as to the east, Raigarh Agar Malwa to the north. Shajapur district is a part of Ujjain Division. Total area is of 6196 km².

The region delineates over the western part of the district covering the major areas of agar tehsil. The region stretches from north to south in the middle of the district covering considerable portions of Agar and Shajapur tehsils and small part of Susner tehsil. It is a part of Malwa plateau with typical topography. There is a continuous chain of hills in the entire region. The height of the region varies between 450 and 530 meters above the mean sea level. The hilly terrain is covered with the forest.

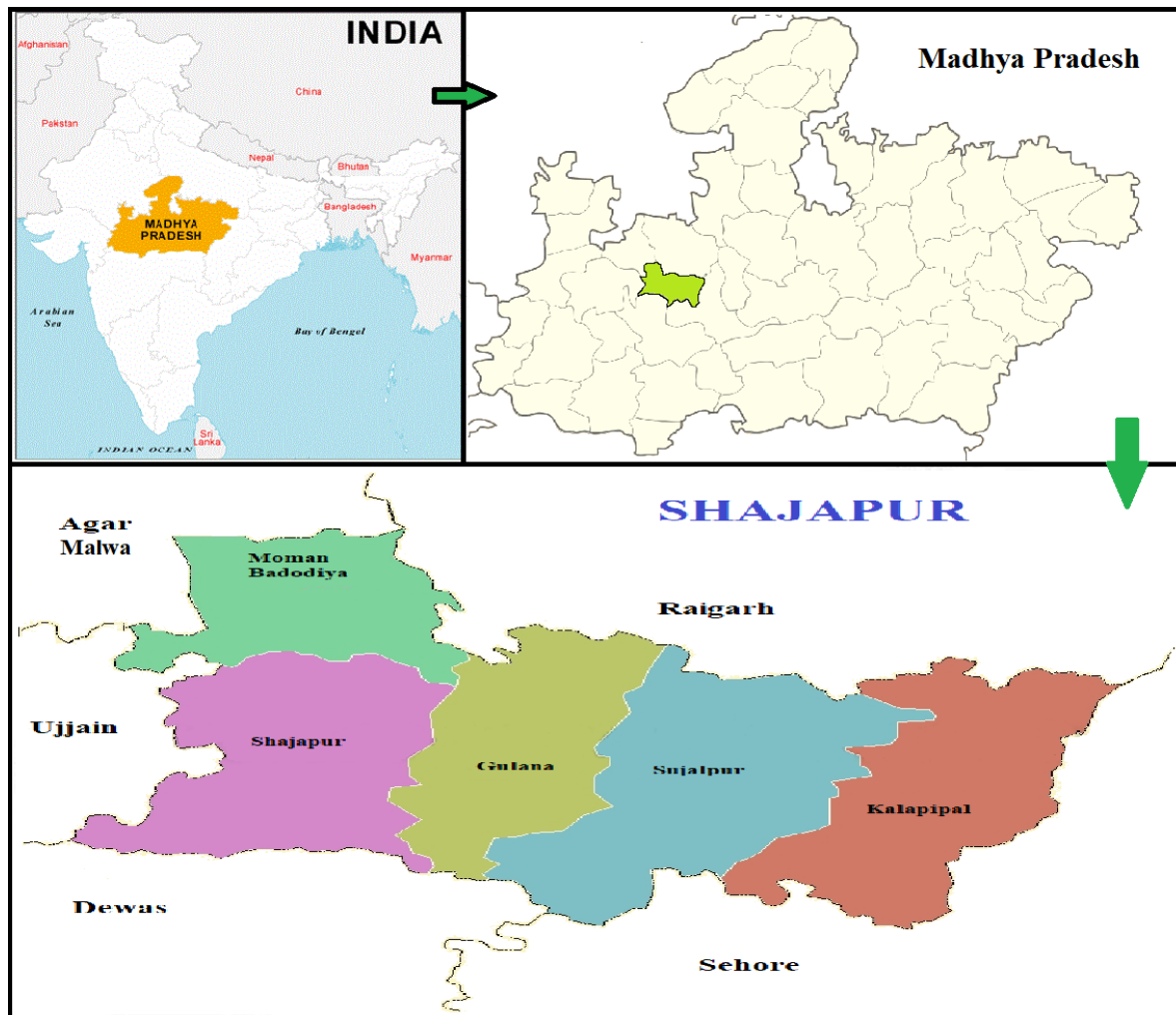


Figure 1: Integrated Map of Shajapur, Madhya Pradesh

The district comprises of 5 tehsils viz. Gulana, Kalapipal, Moman Barodia, Shajapur, Shujalpur, which further comprise of 635 villages.

Table 2 depict the demographic profile of the Shajapur district. The district has a total population of 7,76,907, which contributes to only 1.0 percent of the state population. Of the total population, 24.8 percent belongs to Scheduled Caste and 2.9 belongs to Scheduled Tribes. The sex ratio of the district was 929 females per 1000 males which was slightly low than the state (931) sex ratio and the child sex ratio of the district was 909 against the 918 for the state. The literacy rate of the district was 60.0 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 Shajapur and Madhya Pradesh

Parameters	Madhya Pradesh	Shajapur
Total Area (in km ²)	308,252 km ²	6196 km ²
Total Population	72,626,809	7,76,907
Male	37,612,306	4,02,656
Female	35,014,503	3,74,251
Scheduled Caste	15.6	24.8
Scheduled Tribes	21.1	2.9
Sex Ratio	931	929
Child Sex Ratio	918	909
Population Density (km ²)	236 km ²	244
Literacy	69.3	60.0
Male literacy	78.7	71.1
Female literacy	59.2	48.1

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 Shajapur 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 Shajapur district. As per the NFHS 4 (2015 -16) factsheet, the district was performing better than state in only total unmet needs 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 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 Shajapur, 70.6 percent of pregnant women registered for ANC in first trimester and 56.5 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.

Table 3: Key status of Health and service delivery indicator of Madhya Pradesh and Shajapur

Indicators	NFHS 4	
	Madhya Pradesh	Shajapur
Mothers registered in the first trimester	53.0	70.6
Mothers who had at least 4 ANC visits	35.7	56.5
Mothers who got at least one TT injection	89.8	96.2
Institutional Delivery	80.8	96.1
Home Deliveries assisted by SBA	2.3	1.1
New born breastfed within one hour of birth	34.4	22.7
Children (12-23 months) fully Immunized	56.6	71.7
Using any modern method for family planning	44.3	53.7
Total Unmet need for FP	5.7	12.2
Unmet need for spacing	5.4	6.0

Source: NFHS 4 Factsheet, 2015 -16

Delivery care is another important component for maternal health as well for infant health. In Shajapur, only 54 home deliveries were observed, of which 12.96 percent were conducted by SBA. Thus presence of SBA in case of home deliveries is essential to combat maternal deaths. 99.5 percent of all deliveries are institutional deliveries. While comparing the institutional deliveries versus total ANC registration, it goes down to 68.4 percent, whereas 0.3% percent women have been discharged within 48 hours of delivery. 4.2 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 5.4 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 percent of the newborns were breastfed within one hour of birth and 99 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 9 Neonatal Mortality Rate and 14 Infant Mortality Rate during April, 2019 – January 2020.

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

Health and Health Care Service Delivery Indicators		Madhya Pradesh	Shajapur Pradesh
Maternal Health			
Pre Natal Care	Total number of pregnant women registered for ANC	14,53,882	15043
	% 1 st trimester registration to total ANC registration	69.4	72.69
	% Pregnant women received 4 or more ANC check-ups to total ANC registration	78.2	79.44
	% Pregnant women given 180 IFA to total ANC registration	94.0	97.41
Health Outcome – MDR[^] - 96			
Delivery and Post-Delivery Care			
Home Deliveries	Number of Home Deliveries	51,743	54
	% SBA attended home deliveries	11.8	12.96
	% Home deliveries against total deliveries	5.3	
Institutional Deliveries	Institutional Deliveries	917,131	10285
	% Institutional deliveries to total deliveries	94.7	99.5
	% Institutional deliveries to ANC registration	63.1	68.4
	% Women discharged in less than 48 hours of delivery to total reported deliveries	10.8	0.3
C-Section Deliveries	% C-Section deliveries to reported institutional deliveries	12.6	4.2
	% C-Section conducted at public facilities to deliveries conducted at public facilities	12.6	4.2
	% 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	5.0	5.04
	% Newborns breast fed within 1 hours of birth to total live births	91.8	95
	% Newborns weighed at birth to live births	96.1	99
Health Outcomes – IMR 14.15, NMR[^] - 9			
Child Health and Immunization Coverage			
Number of fully immunized children (9 – 11 months)		13,46,101	17240
% Fully Immunized Children to 1 st dose of MR and Measles		99.4	96.2
Number of cases of childhood diseases (0 – 5 Years): Pneumonia		3,464	1
Number of Cases of childhood disease (0 – 5 Years): Diarrhoea		1,91,301	848
Number of Cases of Childhood disease (0 – 5 Years): SAM		20,118	1
Number of Cases of Childhood disease (0 – 5 Years): ARI		29,383	637
Health Outcomes - U5MR[^] - 20			
Family Planning			
Total Sterilization Conducted		2,19,247	3560

Health and Health Care Service Delivery Indicators	Madhya Pradesh	Shajapur
% Male sterilization (Vasectomies) to total sterilization	1.2	2.24
% Female sterilization (Tubectomy) to total sterilization	98.8	97.75
% IUCD Insertions to all family planning methods (IUCD Plus Permanent)	56.5	9.80
Condom Pieces Distributed	17,724,756	11540
Facility Service Delivery		
OPD	41,317,979	544403
IPD	3,644,541	53359
% IPD to OPD	8.8	9.8

Source: HMIS, 2019 -20

With regards to service delivery for child health, Shajapur district has reported that 17,240 children of age 9 to 11 months have received full coverage of immunization. The most common childhood disease was reported as diarrhoea with 848 case followed by SAM with 1 case, ARI with 637 cases and Pneumonia with 1 case in the district. The district also reported that 20 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 needs. Female sterilization as a method of permanent family planning dominates with 99.4 percent of all sterilization conducted during April, 2019 – January 2020 in Shajapur district. During the same period, 9.80 percent cases of IUCD insertion were observed amongst all family planning methods (excluding condoms).

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 544403 number of OPD patients against 53359 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 follows:

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 serves 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 Shajapur. It shows that among the sanctioned post more than 37 percent post are vacant in the district; of which 76 percent are vacant of Health Worker (Male), and 64 percent of pharmacist, 35 percent of Assist. The posts of Statistical Officers 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	1	0
2	DHO 1	1	1	0
3	DHO 2	1	1	0
3	Assist Director Leprosy CI- I	0	0	0
4	Additional Chief Medical Office CI - II	0	0	0
5	Administrative Officer CI – II	1	0	1
6	District Malaria Officer CI – II	2	0	2
7	THO CI – II	1	1	0

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
8	MO Group A	0	0	0
9	Assist. Statistical Officer	62	40	22
10	Accountant	1	1	0
11	Public Health Nurse	12	5	7
12	Attendant	1	0	1
13	Dresser	33	22	11
14	Health Worker (Male)	103	25	78
15	Health Worker(Female)	129	125	4
16	Pharmacist	31	11	20
17	Health Supervisor	18	17	1
18	Laboratory technician	20	17	3
19	Sweeper	25	10	15
	Total	442	277	165

Source: CMHO Shajapur, 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	11	9	2
2	M&E	1	0	1
3	ASHA	704	704	0
4	AYUSH	0	0	0
5	BPMU	16	9	7
6	ANM	65	55	10
7	Staff Nurse	25	18	7
8	RKS	22	22	0
9	RBSK	33	16	17
10	Procurement	1	1	0
11	Urban RCH ANM	14	4	10
12	IDSP	2	1	1
13	IMMUNIZATION	1	1	
	Total	895	840	55

Source: CMHO Shajapur 2019 – 20

Table 6 depicts the status of contractual staff appointed under NHM in Shajapur district. PRC monitoring team has observed that overall there was only 7 percent shortage of staff among the contractual staff category under NHM.

2.2.2 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 Shajapur district, Madhya Pradesh. **Table 7** depicts the same.

With regards to Public Health Infrastructure, there was 1 District Hospital with 206 beds, 3 CH with 76 beds, 4 Community Health Centre with 30 beds each, 16 Primary Health Centres (PHCs) with 6 beds each and 129 Sub – Centres (SCs) are functioning in the district. Apart from these, 28 AYSUH facilities are functioning in different health facilities in the district.

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

Health Facilities	Number of Institutions	Govt. building	Rented Building
District Hospital	1	1	-
SDH	3	3	-
CHC	4	4	-
PHC	16	16	-
SC	129	-	-
Delivery Point	15	15	-
AYUSH	28	-	-
Transport Facility	Number Available		Number of Functional
108 Ambulance	17		17
Mobile Medical Unit	1		1

Source: CMHO Shajapur, 2019 – 20

All the facilities are run in a government building. Regarding the transport facility (Ambulance) in the district, 17 ambulances in their services and the information about MMU was provided as 1 MMU were providing their services to the needy patients by visiting to them in the Moman Barodia block of the district.

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 Dudhana, the complaint box was not available (**Table 8**).

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

Physical Infrastructure Indicators	DH Shajapur	CHC Shujalpur	PHC Arnian kalan	SC Dudhana
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 Shajapur, 2019 – 20

2.3 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.

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 cycles of maternal and reproductive health. **Table 10** depicts the performance indicators by various stages for the current financial years (April, 2019 – January 2020).

IUCD insertion is a priority area under spacing services. Pertaining to the performance under reproductive health, more than 9.9 percent of women opted for IUCD insertions as a family planning method. Women continue to bear an uneven burden of sterilization in Shajapur as 97.8 percent of women have opted for permanent sterilization against the total permanent sterilization.

Table 9: Maternal Health Indicators of Shajapur district

Sr. No.	Indicators	April, 2019 – January 2020
Reproductive age		
1	%Female sterilization to total sterilization conducted	97.75
2	%Male sterilization to total sterilization conducted	2.24
3	%IUCD insertions to all family planning methods (IUCD plus permanent)	9.80
Pregnancy Care		
4	% 1 st Trimester registration to total registration	72.7
5	% Pregnant women received 4 or more ANC check-ups to total ANC registration	79.44
6	% Pregnant women given 180 IFA to total ANC registration	97.4
7	%Cases of pregnant women with Obstetric Complication managed to total deliveries	
Child Birth		
8	% SBA attended home deliveries to total home deliveries	12
9	% Institutional deliveries to total deliveries	74.03
10	% of C Section Deliveries to Institutional deliveries	2.9
Postnatal, Maternal and New Born Care		
11	% of new born received 7 HBNC visits to total home deliveries	53
12	% New born breast fed within 1 hours of birth to total live births	95
13	%Women discharged under 48 hours of delivery in public institution to total deliveries in public institutions	5.4
14	% New born weighed at birth to live births	99
15	% New born having weight less than 2.5 kg	12.4

Source: CMHO Shajapur, 2019 – 20

With regards to accessibility of ANC services, more than 72.7 percent of women had registered for ANC in 1st trimester and more than 79.44 percent of them 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, 12 percent of all home deliveries were attended by SBA in Shajapur. The district has performed well with regards to institutional delivery as 74 percent of the deliveries were conducted in health institution. During the same period there were only 2 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 96 deaths per one lakh live births. Postnatal care is yet another domain integral to maternal health. In Shajapur, only 5.4 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 into breastfeeding within one hour of birth and almost all the newborns were weighed at birth, of them 12.4 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 a 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 10: Status of Janani Suraksha Yojana in Shajapur, 2019 – 20

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

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

Table 11 depict the highlights of the JSY scheme in Shajapur 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.

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 the out of pocket expenditure of pregnant women, sick –newborns and infants on drugs, diet, diagnostics, user charges, referral transport etc. which was occurring during the successful implementation of JSY. The scheme entitles all pregnant women delivering in public health institutions to an absolutely free delivery, including Caesarean section.

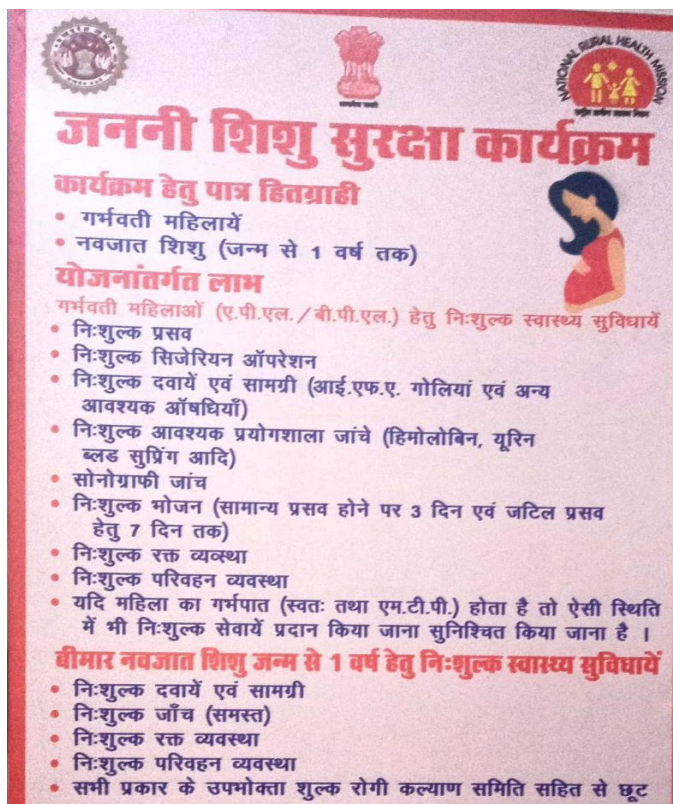


Figure 2: IEC Display of JSSK at DH Shajapur

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

District Name	Total Deliveries	Diet	Medicine	Diagnosis	Home to Institution	Institution to Institution	Institution to Home
Women	10605	10511	10605	10605	6536	6554	1910
Sick Neonates	-	-	-	-	1178	722	821

Source: CMHO Shajapur 2019 -20

In Shajapur, the coverage of JSSK was good, as all the institutional deliveries were covered under the JSSK (**Table 12**), and most of beneficiaries (10511) had provided the

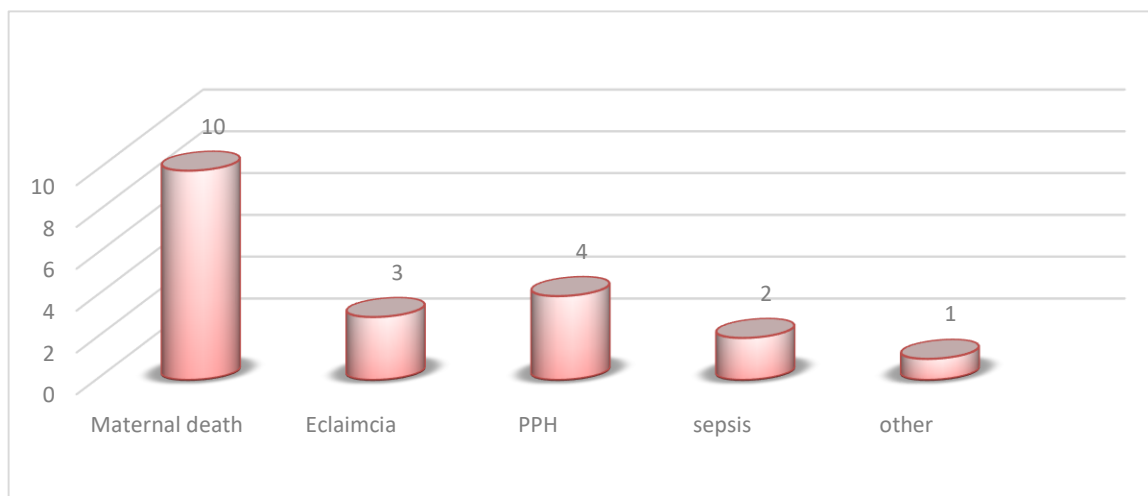
diet services at the time of their stay at delivery point. Similarly, 10605 pregnant women have received medicine and were diagnose at health facility during their child wearing period. With regards to transport facility, same number of pregnant women had availed the ambulance services from home to health institution during ANC/INC/PNC period, but the drop back facility was not 100 percent as there were 1910 women had availed the drop back transport facility.

With regards to sick neonates, there were 1178 neonates were received the transport services from home to institution and 722 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 821 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.

Figure 3: Status of maternal deaths in Shajapur, 2019-20



Source: CMHO Shajapur, 2019

There were 10 Maternal Deaths observed in Shajapur district during the reference period as shown in *figure 3*, and all 10 these deaths were reviewed at concern facility. The major problems for these deaths were 3-Eclampsia, 4-PPH, 2- Sepsis, 1- Other.

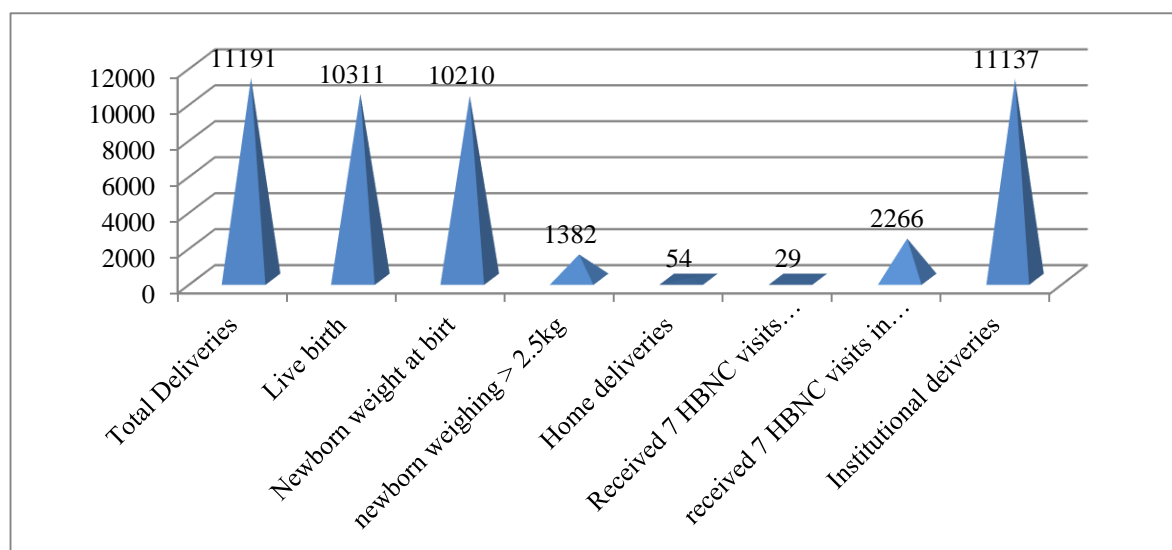
4 Child Health

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 11137 institutional deliveries, of the total 11191 deliveries during the reference period as presented in *figure 4*. Of the total newborns, 99 percent were weighed at birth. 1382 newborns had a birth weight of less than 2.5 kg. Of the total home deliveries in the district, 53 percent newborns received 7 HBNC visits, whereas 22 percent of newborns received 6 HBNC visits against the total institutional deliveries.

Figure 4: Neonatal health Indicators, Shajapur



Source: DHO Shajapur 2019

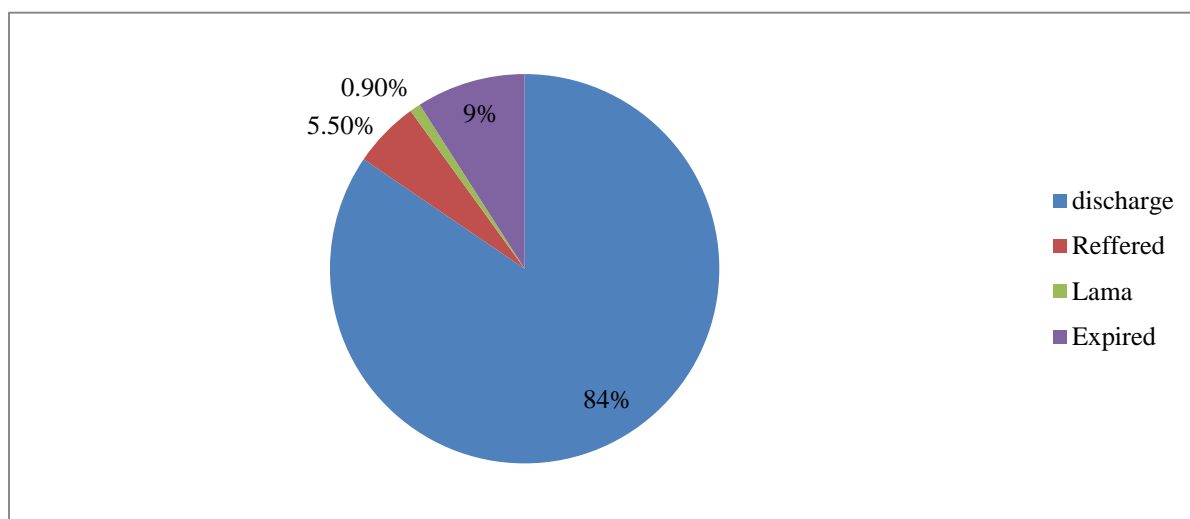
Special Newborn Care Unit: The service delivery for neonatal health in terms of infrastructure is discussed in **Table 14**. The district has 1 SNCU, and 1 NBSU. Manpower dedicated to SNCU in the district includes 30 medical staff members against the 26 sanctioned post. Total 872 neonates were admitted in SNCU, of which 72 percent were cured and discharged, 8 percent were referred, 5 percent were in LAMA. (**Figure 5**).

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

Type of facility	Number of facilities across district	Total Staff	Total Admissions
SNCU	1	30	1376
NBSU	1		

Source: CMHO Shajapur 2019

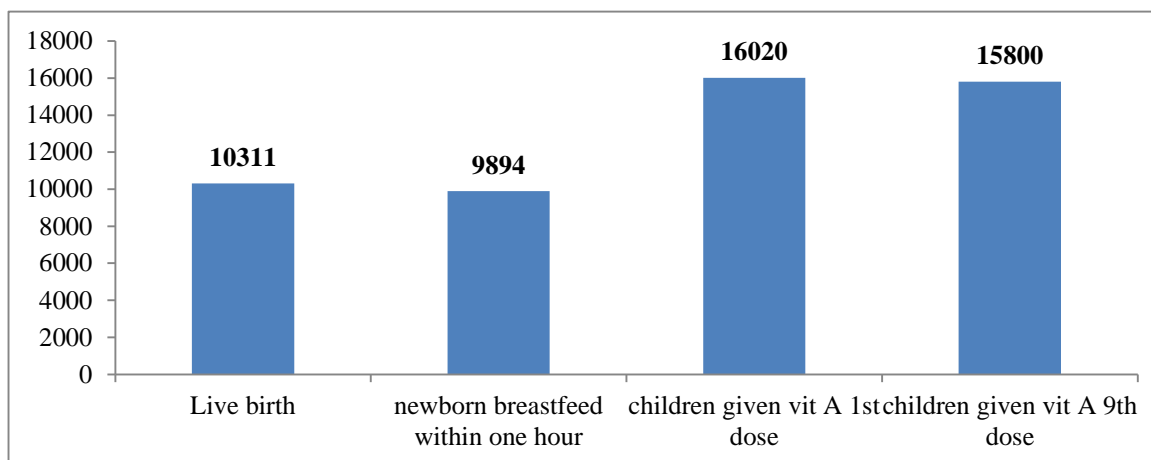
Figure 5: Treatment outcome of Neonatal admissions in SNCU, Shajapur 2019 – 20



Source: CMHO Shajapur 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 6: Status of child Health Nutrition Shajapur 2019-20

Source: CMHO Shajapur, 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, 9894 newborns in the district were breastfed within 1 hours of birth, which accounts to 96 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 1 more CHC of the district and providing nutritional related assistance to the patient. During last financial year total 238 malnourished patients were admitted in the centre. Apart from that, the health facilities of the district have provided Vitamin A dose 1 to 238 children. Whereas, 209 severely underweight children were provided health check –up during the same time.

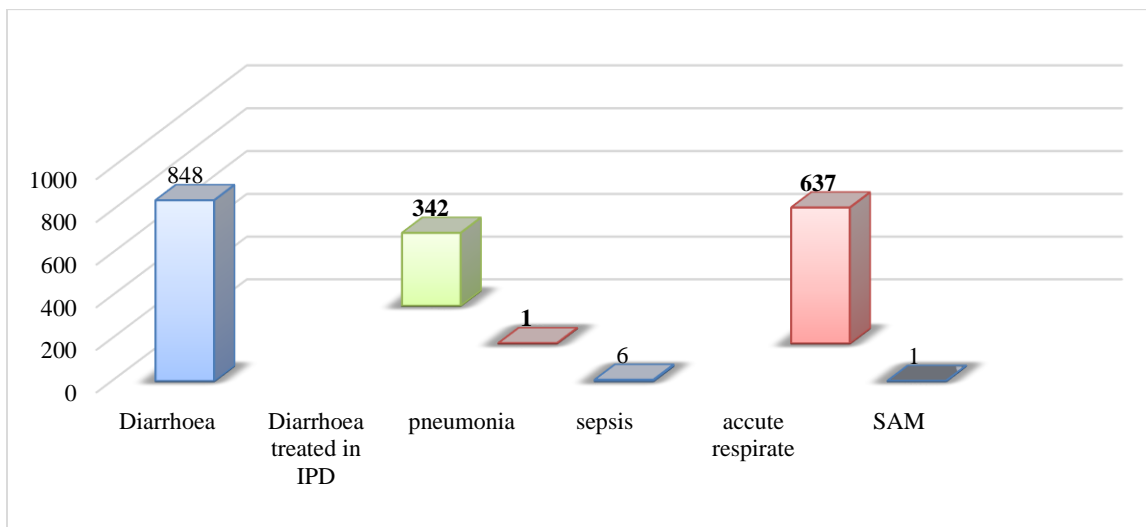
4.3 Management of Common Childhood Illnesses

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 7*, in Shajapur district, 848 children were suffered with diarrhoea of which 40% percent were treated at IPD. As for Pneumonia and acute respiratory infection, 1 child and 637 children respectively were admitted during the reference period. While 238 children were admitted in NRC of severe acute malnutrition during the same time and 6 cases of Sepsis were also occurred among the children in the district.

Figure 7: Status of Childhood disease in Shajapur



Source: CMHO Shajapur, 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 Shajapur district. In Shajapur, total 11249 newborns have received BCG vaccination and 11042 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

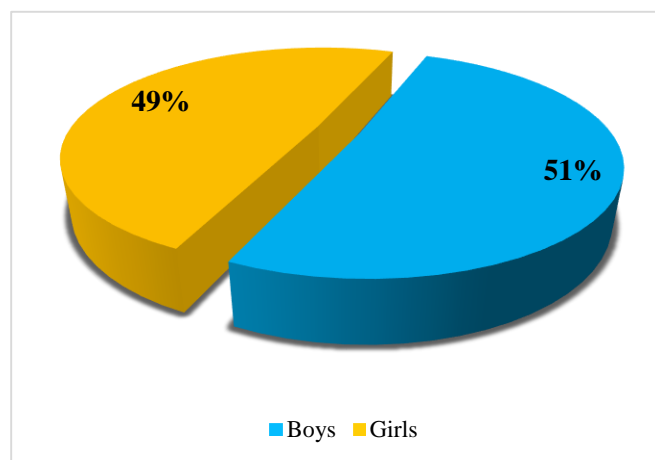


Figure 8: Fully Immunized children by gender, Shajapur 2019 -20

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 17,914 children. Overall the district has administered to total 17,240 children for full immunization, of which 51% are male children and 49% are female children (*Fig. 8*). To cover these much children in the district, Health personnel of the district had planned 9537 immunization session, of which 9435 were held.

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

District	BCG 0	OPV 0	Pentavalent			Measles & Rubella	Full Immunization
			1	2	3		
Shajapur	11249	11042	15583	15600	15496	17914	17240

Source: CMHO Shajapur, 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.



Figure 9: IEC Display of Family Planning Programme at DH Shajapur

Table 17 depict the achievement of Shajapur 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 11540 condoms distributed during April – December, 2019.

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

	Sterilization		IUCD	Oral Pills	Condoms
	Male	Female	Insertions		
Shajapur	80	3480	349	6132	11540

Source: CMHO Shajapur, 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, Shajapur

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.

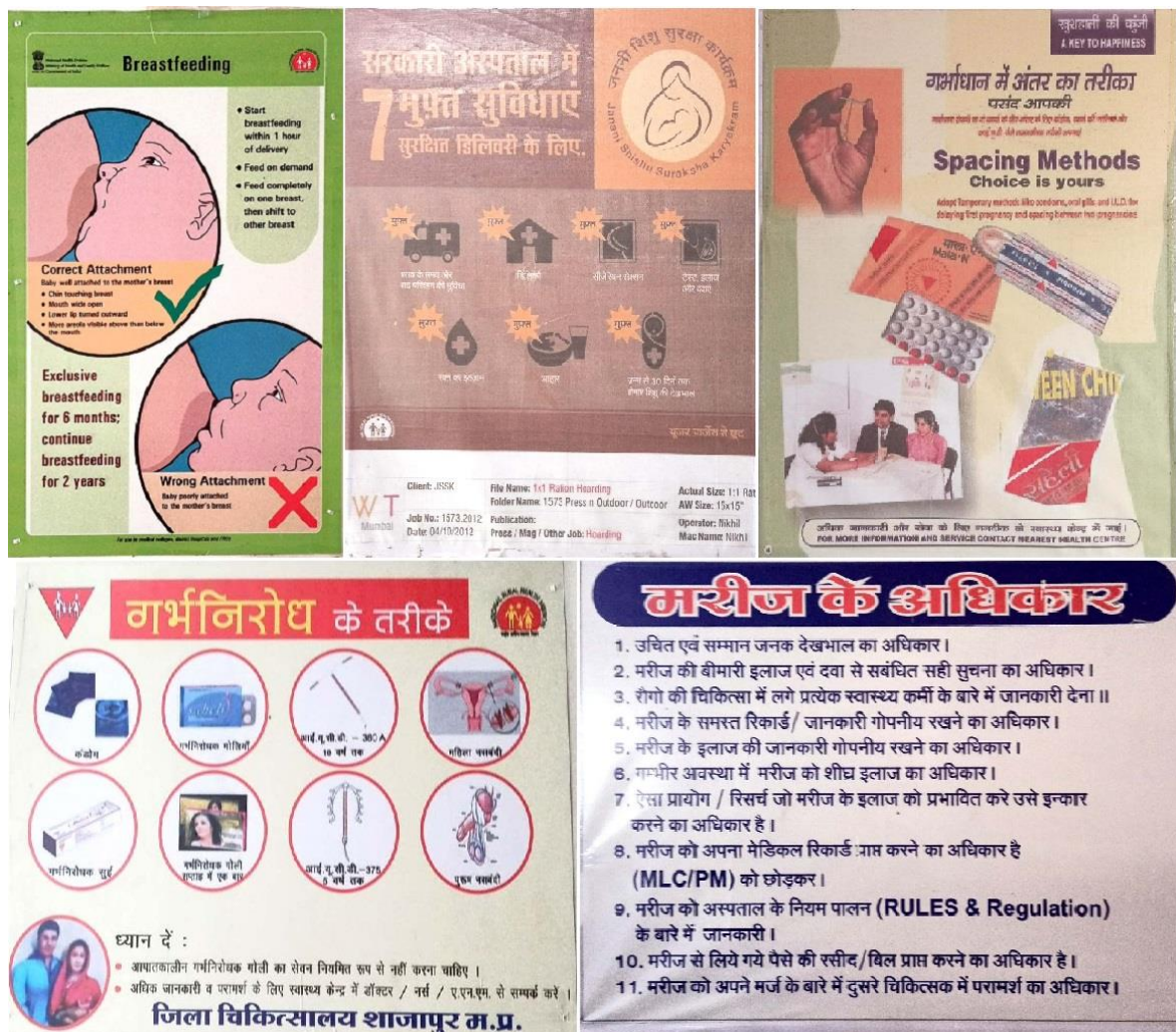


Figure 11: IEC Display at various Health Facilities of Shajapur District

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 Shajapur district there were total 709 ASHA workers were required, and 688 were working. All the ASHA workers are having necessary drugs, kits and family planning methods. Apart from this 688 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 ₹44346, where highest incentive was ₹121575 and lowest incentive was ₹2000 during April, 2019 – January 20

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

Parameters	Number & Status
Number of ASHAs required	709
Number of ASHAs available	688
Number of AHSAs left	0
Number ASHA workers trained module 6 & 7 for implementing HBNC schemes	688
Availability of ORS, Zinc, FP methods to all AHSAs	Yes
Highest Incentive to an ASHA during reference period (in ₹)	121575
Lowest Incentive to an ASHA during reference period (in ₹)	2000
Average Incentive to an ASHA during reference period (in ₹)	44346

Source: CMHO Shajapur, 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 Shajapur, a total of 28 Health facilities are providing AYUSH service. (*Table 19*). During April, 2019 – January, 2020, 177717 patients at OPD services were provided in AYUSH OPD.

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

Sr. No.	Details	April – December, 2019
1	Number of facilities with AYUSH health system	28
2	No. of AYUSH staffs	70
3	No. of OPD patients	177717

Source: CMHO Shajapur, 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 Shajapur district during April 2019 – January 2020. Total 3771 cases were screened for malaria, of which 4 cases were found positive. Similarly, 2364 cases of Tuberculosis were screened, of which 559 cases were found positive. Apart from these disease 39 cases of leprosy was reported.

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

Name of the Disease	No. of cases screened	No. of cases detected
Malaria	3771	4
Tuberculosis	2364	559
Leprosy	-	39

Source: CMHO Shajapur, 2019 -20

10.2 Non-communicable Disease

No information for non-communicable disease

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 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.

Table 18: HMIS/MCTS status in Shajapur, 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 Shajapur, 2019 -20

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 information of Shajapur district has been not provided by the district official.

13 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.

13.1 District Hospital: Shajapur

The monitoring team visited District Hospital of Shajapur, located in Shajapur Block with 206 bed strength. The DH was providing its services to the 75,386 population of the Nagar Panchayat as well as the 9.5 lakhs population of the district.

It was functioning in government building, which was in good condition as well as easily accessible from nearest road head. Though, the facility has no staff quarters for MOs, SNs, and for other categories. MOs and SNs were staying way outside of periphery of the facility on rent.



Figure 12: Registration of OPD patients at DH Shajapur

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 private 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 **30 percent** of the sanctioned post were not filled in the District Hospital, where the post of Anaesthesiologist 4 post are vacant, due to which they were not conducting C- Section deliveries, which further cause the maternal deaths.

Table 19: Status of Human Resource at the DH Shajapur 2019 -20

Sr. No.	Position Name	Sanctioned	Filled	Vacant
1	District Civil Surgeon	1	0	1
2	Gynaecologist	3	1	2
3	Anaesthesiologist	4	0	4
4	Specialist CI I	21	6	15
5	MO CI II	21	11	10
6	Admin officer	1	0	1
7	ASO	1	0	1
8	Radiographer	5	2	3
9	Lab Technician	5	2	3
10	Pharmacist	5	4	1
11	Matron	3	3	0
12	Staff Nurse	122	89	33
13	Male Nurse	11	0	11
14	ANM	6	6	0
15	LHV	2	0	2
16	OT Technician	4	0	4
17	Others Class III	40	13	27
18	Class IV	69	29	40
19	Total	328	171	157

Source: District Hospital Shajapur, 2019 -20

- ✚ 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.

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

Services	April, 2019 – January, 2020
OPD	143068
IPD	
ANC 1 registration	
ANC 4 Coverage	
No. of pregnant women given IFA tablets	
Number of deliveries conducted	3569
No. of C Section conducted	98
Number of obstetric complications managed	
No. of neonates initiated breastfeeding within 1 hours	3103
RTI/STI Treated	
No of SNCU admission	1376
No. of children admitted with SAM	385
No. of sick children referred	76
No. of pregnant women referred	
No. of children fully immunized	1219
Measles and Rubella coverage	
No. of children given Vitamin A dose 1 st	1219
Infant deaths	18

Source: District Hospital Shajapur, 2020

Table 25 highlights the services delivery indicators of the district hospital. In 2019 – 20, the facility had conducted 3569 deliveries, of which only 98 were C- Section deliveries. During the same period, all the births were screened by RBSK team for any birth defect and 3103 neonates were initiated breastfeeding within one hours of birth.

There were total 1376 newborns were admitted in In-born unit of the SNCU department of the facility. There were 238 more cases of SAM admitted in the NRC department of the facility.

13.2 Civil Hospital: Shujalpur

The civil hospital Civil Hospital was located in Shujalpur block of Shujalpur tehsil with catchment population of 54804. The civil hospital was 59 km away from District headquarter and it was easily accessible from nearest road. and working in government building. Though, it was working in government building with 76 bed strength.

- Staff Quarters for MOs and SNs were available in the premises of the facility.
- 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 Harsh Bin agency.

Table 216: Service Delivery Indicators of civil Hospital Shujalpur 2019 – 20.

Services	April, 2019 – January, 2020
OPD	155623
IPD	13913
ANC 1 registration	809
ANC 4 Coverage	496
Number of deliveries conducted	2254
No. of C Section conducted	0
No. of neonates initiated breastfeeding within 1 hours	2254
RTI/STI Treated	168/230
No of SBSU admission	560

No. of children admitted with SAM	262
No. of pregnant women referred	239
No. of children fully immunized	1017
Measles and Rubella coverage	1017
No. of children given Vitamin A dose 1 st	2340
No. of IUCD Inserted	79
No. of Minilap	32
No of Tubectomy	57
No of women who accepted post-partum FP services	488
Maternal death	1
No. of still births	19

Source: Civil Hospital Shujalpur, 2020

Table 26 highlights the services delivery indicators of the district hospital. In 2019 – 20, the facility had conducted 2254 deliveries, of which no were C- Section deliveries. During the same period, all the births were screened by RBSK team for any birth defect and 2254 neonates were initiated breastfeeding within one hours of birth.

There were total all 560 newborns were admitted in In-born unit of the NBSU department of the facility.

In CH Shujalpur had conducted total 98 permanent sterilizations during the financial year 2019-20 of which 57 were tubectomy and 32 were minilap. The institution has also inserted 79 IUCDs to the women as a temporary family planning. With regards to immunization, 1017 children of age 9-11 month have received all vaccine from the CH and 2340 children have received vitamin A (dose 1st) during 2019-20.

13.3 Community Health Centre: Moman Barodiya

The Community Health centre was located in Moman Barodia block and was 37 km away from District headquarter and covering 228885 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, are available and for other categories, quarters are not available.

The following observations are made by the monitoring team, who visited the CHC Moman Barodia:

- + 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. The facility was also had separate ward for male and female.
- + The mechanism for Biomedical waste was available and the waste was outsourced.
- + 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.
- + In the post- natal ward, the facility had provided counselling on IYCF, Family Planning and asked every mother to stay for 48 hours after the birth.
- + 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.

In the NBSU of the facility, total 152 neonates were admitted, of which 116 were discharged and 30 were referred to SNCU. 16 of them were die in the facility. Apart from neonatal services, the institution has administered all vaccine to 3900 children of age 9 to 11 months in the facility. With respect to the family planning the institute had conducted 35 MTPs in first trimester and inserted IUCD to 83 women during current financial year 2019 – 20.

The institute has referred 30 sick children for better treatment along with 104 women for the follow up during the reference period. At the facility no maternal death was during April 2019 – January 2020.

Table 22: Health Service Delivery Indicator of CHC Moman Barodiya, 2019 -20

Services	April 2019 – Jan., 2020
OPD	35878
IPD	1200
ANC 1 registration	3138
No. of pregnant women given IFA tablets	3097
Number of deliveries conducted	810
No. of neonates initiated breastfeeding within 1 hours	810
Number of children screened for defect at birth under RBSK	29
No of NBSU admission	152
No. of sick children referred	30
No. of pregnant women referred	104
No. of IUCD Inserted	83
No. of children fully immunized	3900
No. of MTPs conducted in first trimester	35
No. of maternal death	00
No. of still births	5
No. of neonatal deaths	16

Source: CHC Moman Barodia, 2019 -20

Apart from these services, the facility has also provided lab services to the patients. In the facility, total 9050 Haemoglobin test, 241 Urine Albumin & Sugar test, 278 Serum Bilirubin test, 5078 Blood Sugar test, 2600 RPR test, 5514 Malaria test, 3009 HIV test, and 12502 Other test were conducted during the current financial year.

- ✚ The facility has reported, overall 14 vacancies against the 25 sanction post, of which 5 medical officers. (*Table 29*)
- ✚ The facility was managing high-risk pregnancy and also provides essential newborn care but not managing sick neonates and infant because of lack of Specialist.

Table 29: Status of Human Resource at the CHC Moman Barodiya 2019-20

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	M.O.	5	0	5
2	SNs/GNMs	6	4	2
3	ANM	1	1	0
4	LTs	1	1	0
5	Pharmacist	3	1	2
6	PHV/PHV	1	0	1
7	Others (sweeper/ward boy)	8	4	4
	Total	25	11	14

*Figure 13: PIIP Monitoring team with the staff of CHC Moman Barodiya*

13.4 Primary Health Centre: Arniya Kalan

The Primary Health Centre (PHC), Arniya Kalan is situated at Kalapipal Block and 60 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 and are functional.

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

- + 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 is available 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 PHC has not provided any information and data.
- + Concern person (medical officer) was not available at the visit time.
- + Record not maintenance with regards to OPD, IPD, ANC, PNC registered was not proper and complete. 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.

13.5 Sub- Centre: Dudhana

Sub- Centre (SC) Dudhana was situated 15 km away from Moman Barodia Block. SC Dudhana is providing its services to 5 villages and covering 3,500 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 14: PIP Monitoring team with staff of SC Dudhana

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

- ✚ 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.
- ✚ The facility has the labour room and toilets (work in progress). The complaint box was not also available in the SC.
- ✚ The Humane Resource assigned at the facility was: **1ANM, and 1 CHO**, and all these post were filled.
- ✚ 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 99 pregnant women for the ANC, of which 89 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 23: Status of Service delivery indicators at SC Dudhana, 2019 - 20

Services	April, 2019 – January, 2020
Total women registered in the first trimester	89
ANC 1 registration	99
ANC 4 coverage	38
No. of pregnant women given IFA tablets	99
Number of deliveries conducted at SC	-
Number of deliveries conducted at home	-
No. of neonates initiated breastfeeding within 1 hours	79
No. of sick children referred	-
No. of pregnant women referred	15
No. of children fully immunized	114
No. of children given ORS + Zinc	45
No. of children given Vitamin A	114
No. of children given IFA syrup	69
IUCD insertion	3
No. of still births	0
No. of Neonatal death	0
No. of VHND attended	54

Source: SC Dudhana, 2019 – 20

16 Conclusion and Recommendations

16.1 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 Shajapur, CH Shujalpur, CHC Moman Barodia, PHC Arnia Kalan and SC Dudhana.

The district has total 9 blocks, where 1 District Hospital, 3 Sub – District Hospitals, 4 Community Health Centre, 16 Primary Health Centre and 129 Sub-Centre are functioning and all are functioning in Government building. total 28 AYUSH department are functioning. Apart from health services, all PHCs has selected as Health and Wellness Centre under AYUSHMAN Bharat programme. For transport facility, district have 106 ambulances. 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 30.4 percent of shortfall against the total sanctioned post. During April – December,

In Shajapur, the male sterilization is almost negligible with respect to their female counter part. During the same period, district has experienced 96 live births and almost all the births has been taken place in health institution. The utilization of JSY satisfactory but the utilization of free service under JSSK was low, as it just above 25 percent to the total deliveries in the district. There were 10 maternal deaths occurred during April – December, 2019 owing to retained placenta, PPH, IUD with DIC, HELLP with DIC and Septic peritonitis leading to shock due to pelvic.

Among the live births only 53 newborns have received 6 HBNC visits in the district. RBSK programme is functioning to screen the defect child and cure them from the disease by referring them to health facilities. Currently 688 ASHAs are working against 709 in the district.


16.2 Recommendations

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

- ✓ In the district, overall more than 37 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 and CH 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.
- ✓ 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 take care and timely provision of the all the medicine will help them deliver the necessary service.
- ✓ Though the CHC 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.
- ✓ The monitoring and evaluation officer of the district has recommended for training at block level for program implementation plan in the district



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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