



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

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March 2020

[Report prepared for Ministry of health and Family Welfare, Government of India, New Delhi]

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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 Umaria District during February 23, 2020 to February 27, 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 Umaria district of Madhya Pradesh. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Umaria. The following public health facilities were visited by the PRC Pune team: DH Umaria, CHC Manpur, PHC Chauri and SC Bakeli. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the NHM.

Key Observations and Findings

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

Key Observation

- ❖ The child deaths (NMR, IMR and U5MR), in the district very high, 644 child deaths were reported during the current financial year, of which 413 deaths were occurred in less than 28 days of birth.

- ❖ The lack of manpower in health sector is big problem, and the same problem was reported in the district. Specially in the district hospital as more than 51 percent post of the total sanctioned post are vacant.
- ❖ Among the Medical Officers, the vacancy of the post further increases to 66.7 percent, as the post of Paediatrician, Pathologist and other specialist are almost 100 percent.
- ❖ The service delivery was very good in the visited facilities, as well as the records were maintained properly.
- ❖ All the equipment's, drugs and supplies were available and functional in the visited facilities.
- ❖ The coverage of family planning was also good except the NSV, which was low in the district.
- ❖ Some of the IECs were not displayed in the visited facilities.

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 Umaria District in Madhya Pradesh, which was carried out during the period February 23, 2020 to February 27, 2020. In the district apart from Chief Medical and Health Officers Office, District Hospital Umaria, Community Health Centre Manpur, Primary Health Centre Chauri and Sub – Centre Bakeli were visited.

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

Facility Type	Name of the facility
District Hospital	District Hospital Umaria
Community Health Centre (FRU)	Community Health Centre Manpur
Primary Health Centre	Primary Health Centre Chauri
Sub - Centre	Sub – Centre Bakeli

Source: CMHOs Umaria, 2019

1.1 District Profile

Situated on the north eastern part of Madhya Pradesh, Umaria district has extensive forest with 42 percent of the total area are covered by forest only. The famous Bandhavgarh National Park (Tala) and Sanjay Gandhi Thermal Power Station (Pali) are also located in the district. It has Shahdol in the east, Katni and Jabalpur in the West, Satna in the North and Mandla and Dindori in South with total area of 4,548 km². The district is rich in minerals, as a result 8 mines are being operated by South Eastern Coalfield Limited in the district.



Figure 1: Integrated Map of Umaria, Madhya Pradesh

The district comprises with 5 tehsils viz. Manpur, Pali, Nowrozabad, Bandhavgarh, and Chandia, which are further comprises with 683 villages.

Table 2 depict the demographic profile of the Umaria district. The district has a total population of 6,44,758, which contribute to only 0.9 percent of the state population. Of the total

population, 9 percent belong to Scheduled Caste and 46.6 belongs to Scheduled Tribes. The sex ratio of the district was 950 females per 1000 males which was higher than the state (931) sex ratio and the child sex ratio of the district was 943 against the 918 for the state. The literacy rate of the district was 65.9 percent which was slightly higher than the state average of 69.3 percent. Similar pattern was not followed for the male literacy rate and female literacy rate as these were lower than the state.

Table 2: Key Demographic Indicators of Umaria and Madhya Pradesh

Parameters	Madhya Pradesh	Umaria
Total Area (in km ²)	308,252 km ²	4,548 km ²
Total Population	72,626,809	644,758
Male	37,612,306	330,674
Female	35,014,503	314,084
Scheduled Caste	15.6	9.0
Scheduled Tribes	21.1	46.6
Sex Ratio	931	950
Child Sex Ratio	918	943
Population Density (km ²)	236 km ²	158
Literacy	69.3	65.9
Male literacy	78.7	76.0
Female literacy	59.2	55.2

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 Umaria with respect to various domains such as Maternal Health, Child Health, Delivery Care, Family Planning etc.

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

Indicators	NFHS 4	
	Madhya Pradesh	Umaria
Mother registered in the first trimester	53.0	51.8
Mother who had at least 4 ANC visits	35.7	18.1
Mothers who got at least one TT injection	89.8	90.8
Institutional Delivery	80.8	84.5
Home Deliveries assisted by SBA	2.3	3.3
New born breastfed within one hours of birth	34.4	37.2
Children (12 -23 months) fully Immunized	56.6	67.1
Using any modern method for family planning	44.3	48.3
Total Unmet need for FP	5.7	11.7
Unmet need for spacing	5.4	6.1

Source: NFHS 4 Factsheet, 2015 -16

Table 3 presents key stats of health and service delivery indicators of Madhya Pradesh and Umaria district. As per the NFHS 4 (2015 -16) factsheet, the district was performing better than state in all MCH parameters except ANC registration in first trimester and coverage of 4 ANC.

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 Umaria, 64.6 percent of pregnant women registered for ANC in first trimester and 73.9 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 was reported the very low distribution of IFA supplementation, as it was given to only 1.4 percent of women who registered for ANC. Overall, the performance of the district for pre- natal care was behind compare to state. The district has observed 73 maternal deaths per 100,000 live births, which better than the state level maternal deaths (188 per 100,00 live births).

Delivery care is another important component for maternal health as well for infant health. In Umaria, there were only 150 home deliveries were reported. Thus presence of SBA in case of home deliveries is essential to combat maternal deaths. Therefor 46.7 percent of these deliveries were conducted by SBA. 98.4 percent of all deliveries were conducted at the health institution, while comparing the institutional deliveries versus total ANC registration, it goes down to 66.1 percent, whereas 6.6 percent women have been discharged within 48 hours of delivery, which was the good practice in the district. It was also reported that, only 2.0 percent of the institutional deliveries were conducted via C- Section. With regards to PNC, only 9.9 percent of women received the 1st post-partum check-up within 48 hours and 14 days of delivery. In terms of child health care, 94.4 percent of the newborns were breastfed within one hours of birth and 98.2 percent newborns were weighed at birth. In comparison with state, the performance of the district was good for all the indicators except weighing the birth weight. The district was also reported 43 Neonatal Mortality Rate and 57 Infant Mortality Rate during April, 2019 – January 2020.

With regards to service delivery for child health, the district was reported that 17,963 children of age 9 to 11 months have received full coverage of immunization. The most common childhood disease was reported as diarrhoea with 6,073 case followed by Pneumonia with 42 cases, Pertussis with 38 cases (59.4 percent cases of the state) and Asthma with 30 cases in the district. The district was also reported that, there were 67 children of under-five age died against the 1000 live birth during April, 2019 – January 2020.

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

Health and Health Care Service Delivery Indicators		Madhya Pradesh	Umaria
Maternal Health			
Pre Natal Care	Total number of pregnant women registered for ANC	14,53,882	14,308
	% 1 st trimester registration to total ANC registration	69.4	64.6
	% Pregnant women received 4 or more ANC check-ups to total ANC registration	78.2	73.9
	% Pregnant women given 180 IFA to total ANC registration	94.0	1.4
Health Outcome – MDR[^] - 73			
Delivery and Post-Delivery Care			
Home Deliveries	Number of Home Deliveries	51,743	150
	% SBA attended home deliveries	11.8	46.7
	% home deliveries against total deliveries	5.3	1.6
Institutional Deliveries	Institutional Deliveries	917,131	9,456
	% Institutional deliveries to total deliveries	94.7	98.4
	% Institutional deliveries to ANC registration	63.1	66.1
	% Women discharged in less than 48 hours of delivery to total reported deliveries	10.8	6.6
C-Section Deliveries	% C-Section deliveries to reported institutional deliveries	12.6	2.0
	% C-Section conducted at public facilities to deliveries conducted at public facilities	12.6	2.0
	% 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	9.9
	% Newborns breast fed within 1 hours of birth to total live births	91.8	94.4
	% Newborns weighed at birth to live births	96.1	98.2
Health Outcomes – IMR[^] - 57, NMR[^] - 43			
Child Health and Immunization Coverage			
Number of fully immunized children (9 – 11 months)		13,46,101	17,963
% Fully Immunized Children to 1 st dose of MR and Measles		99.4	99.7
Number of cases of childhood diseases (0 – 5 Years): Diarrhoea		1,91,301	6,073
Number of Cases of childhood disease (0 – 5 Years): Pneumonia		3,464	42
Number of Cases of Childhood disease (0 – 5 Years): Pertussis		64	38
Number of Cases of Childhood disease (0 – 5 Years): Asthma		3,464	30
Health Outcomes - U5MR[^] - 67			
Family Planning			
Total Sterilization Conducted		2,19,247	2,465
% Male sterilization (Vasectomies) to total sterilization		1.2	0.8
% Female sterilization (Tubectomy) to total sterilization		98.8	99.2
% IUCD Insertions to all family planning methods (IUCD Plus Permanent)		56.5	72.3
Condom Pieces Distributed		17,724,756	
Facility Service Delivery			
OPD		41,317,979	339,713
IPD		3,644,541	34,974
% IPD to OPD		8.8	10.3

Source: HMIS, 2019 -20

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilization as a method of permanent family planning dominates with 99.2 percent of all sterilization conducted during April, 2019 – January 2020 in Umaria district. During the same period, 72.3 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 339,713 number of OPD patients against 34,974 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. It was reported by the DPM (in-charge) of the district that there was the lack of medical officer in the district, though no official information (regular as well as NMH post) has been provided by them.

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 Umaria district, Madhya Pradesh.

Table 5: Status of Health Infrastructure in Umaria district, 2019 – 20

Health Facilities	Number of Institutions	Govt. building	Rented Building
District Hospital	1	1	-
CHC	3	3	-
PHC	12	12	-
SC	29	29	-
Delivery Point	-	-	-
AYUSH	No information	-	-
Transport Facility	Number Available		Number of Functional
108 Ambulance	No information		-
Mobile Medical Unit	1		1

Source: CMHO Umaria, 2019 – 20

With regards to Public Health Infrastructure, there was 1 District Hospital with 100 beds, 3 Community Health Centre with 30 bed each, 12 Primary Health Centres (PHCs) with 6 bed each and 29 Sub – Centres (SCs) are functioning in the district. All these facilities are functioning in the government buildings. Information with respect to delivery points and AYUSH are not provided by the district officials.

Regarding the transport facility (Ambulance) in the district, the information was not provided. But the information about MMU was provided as 1 MMU was providing its services to the needy patients by visiting to them in the Pali 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 PHC Chauri and SC Bakeli, the complaint box was not available (*Table 6*).

Table 6: Status of Health Infrastructure in facilities visited, Umaria

Physical Infrastructure Indicators	DH Umaria	CHC Manpur	PHC Chauri	SC Bakeli
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	Yes
Piped Water Supply	Yes	Yes	Yes	Yes
Clean Wards	Yes	Yes	Yes	Yes
Clean separate Toilets	Yes	Yes	Yes	No
Availability of complaint/suggestion box	Yes	Yes	No	No

Source: CMHO Umaria, 2019 – 20

2.2 Training of Health Personnel

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

3. Maternal Health

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

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

3.1 Overview

The 5×5 RMNCH+A matrix under NHM throws light on 4 important life cycle of maternal and reproductive health. **Table 7** depicts the performance indicators by various stages for the current financial years (April, 2019 – January 2020).

IUCD insertions is a priority area under spacing services. Pertaining to the performance under reproductive health, more than 72 percent of women opted for IUCD insertions as a family

planning method. Women continue to bear an uneven burden of sterilization in Umaria, as 99.2 percent of the women has opted for permanent sterilization against the total permanent sterilization.

Table 7: Maternal Health Indicators of Umaria district

Sr. No.	Indicators	April, 2019 – January 2020
	Reproductive age	
1	% Post – partum sterilization against total female sterilization	1.3
2	% Male sterilization to total sterilization conducted	0.8
3	% IUCD insertions to all family planning methods (IUCD plus permanent)	72.3
	Pregnancy Care	
4	% 1 st Trimester registration to total registration	64.6
5	% Pregnant women received 4 or more ANC check-ups to total ANC registration	73.9
6	% Pregnant women given 180 IFA to total ANC registration	1.4
7	% Cases of pregnant women with Obstetric Complication managed to total deliveries	1.5
	Child Birth	
8	% SBA attended home deliveries to total home deliveries	46.7
9	% Institutional deliveries to total deliveries	98.4
10	% of C Section Deliveries to Institutional deliveries	2.0
	Postnatal, Maternal and New Born Care	
11	% of new born received 7 HBNC visits to total home deliveries	51.3
12	% New born breast fed within 1 hours of birth to total live births	94.4
13	% Women discharged under 48 hours of delivery in public institution to total deliveries in public institutions	6.6
14	% New born weighed at birth to live births	98.2
15	% New born having weight less than 2.5 kg	15.7

Source: CMHO Umaria, 2019 – 20

With regards to accessibility of ANC services, more than 64 percent of women had registered for ANC in 1st trimester and more than 74 percent had received 4 or more ANC services against the total ANC registration. Though, only 1.5 percent of obstetric complications were managed against the total deliveries during April, 2019 – January 2020.

During 2019 – 20, 46.7 percent of all home deliveries were attended by SBA in Umaria. The district has performed well with regards to institutional delivery as 98.4 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 73 deaths per one lakh live births.

Postnatal care is yet another domain integral to maternal health. In Umaria, only 6.6 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 94 percent of newborns were initiated

breastfeeding within one of birth and 98.2 percent of the newborns were weighed at birth, of them 15.7 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.

Information has been not provided by the district official with respect to JSY programme in the district.

3.3 Janani Shishu Suraksha Karyakram (JSSK)

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

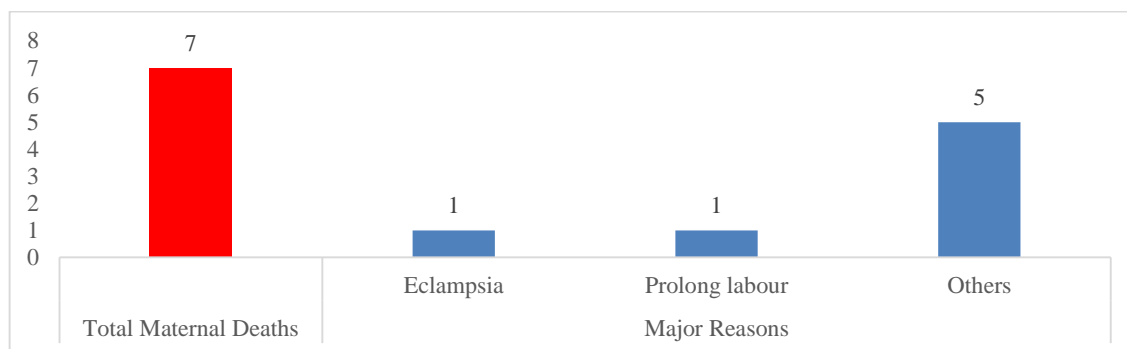
Information has been not provided by the district official with respect to JSSK programme in the district.

3.4 Maternal Death Review

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

There were 7 Maternal Deaths observed in Umaria district during the reference period as shown in *figure 2*. The major problems for these deaths were Eclampsia, Prolong labour etc.

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



Source: CMHO Umaria, 2019

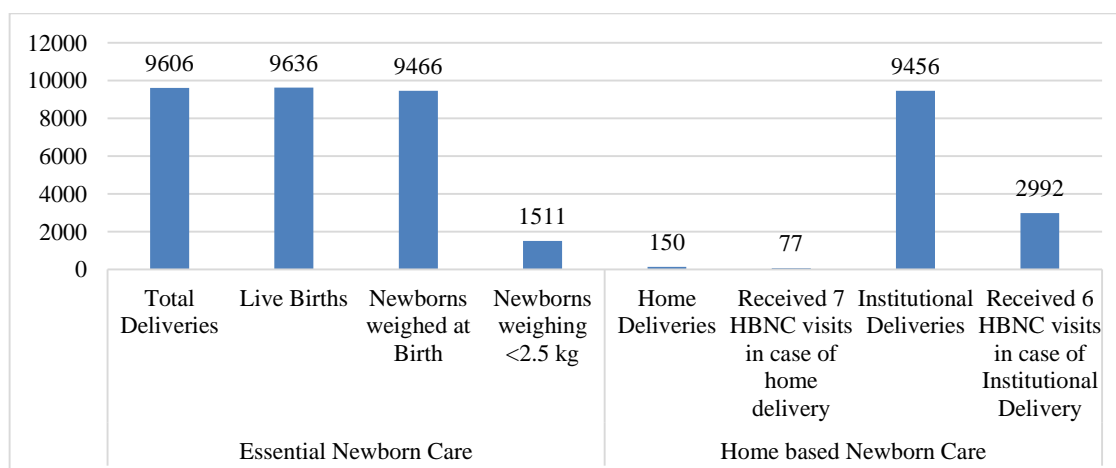
4. Child Health

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

4.1 Neonatal Health

The district has reported 9456 institutional deliveries, of the total 9606 deliveries during the reference period as presented in *figure 3*. Of the total newborns, 98.2 percent were weighed at birth, of which 1,511 were born with less than 2.5 kg of weight. Of the total home deliveries in the district, 51.3 percent newborns received 7 HBNC visits, whereas 31.6 percent of newborns received 6 HBNC visits against the total institutional deliveries.

Figure 3: Neonatal health Indicators, Umaria

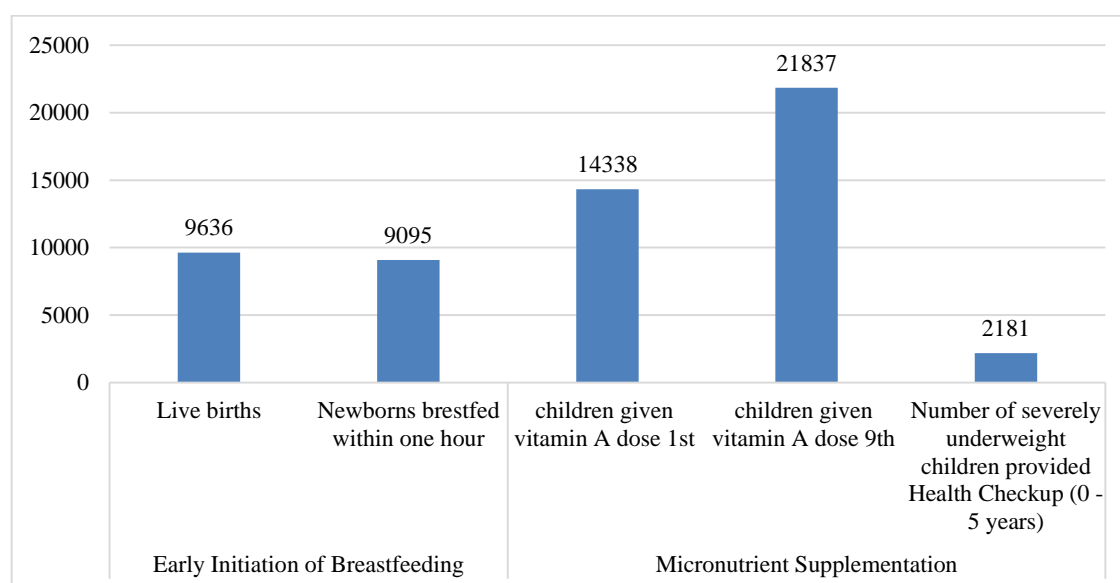


Source: DHO Umaria 2019

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 4: Status of Child Health Nutrition, Umaria 2019 -20



Source: CMHO Umaria, 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 4** depict that, 9095 newborns in the district were breastfed within 1 hours of birth, which accounts to 94.4 percent of the total live births. Early initiation of breastfeeding is crucial to child nutrition and should be promoted.

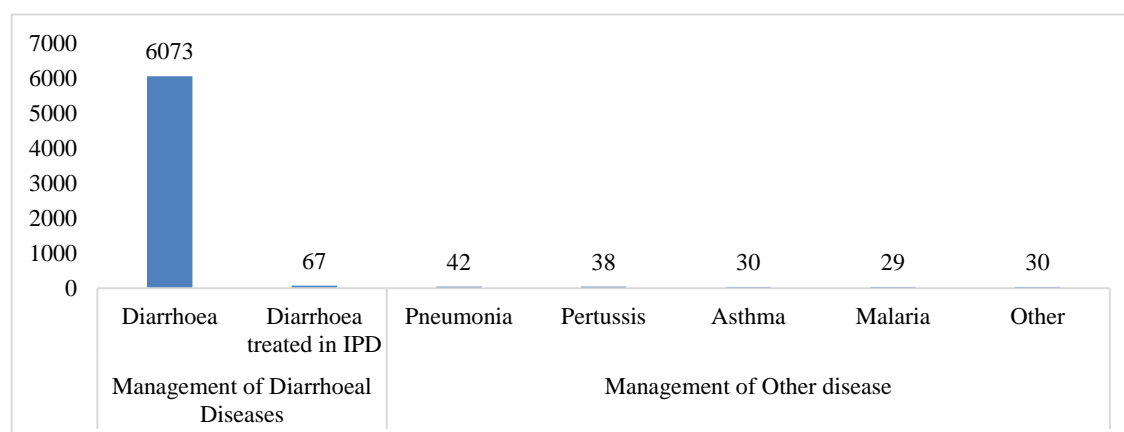
Nutritional Rehabilitation Centre (NRC) exist in the District Hospital as well as in 2 more CHCs of the district and providing nutritional related assistance to the patient. During last financial year total 150 malnourished patients were admitted in the centre. Apart from that, the health facilities of the district have provided Vitamin A dose 1 to 14,338 children and Vitamin A dose 9 to 21,837 children. Whereas, 2,181 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 5*, in Umaria district, 6,073 children were suffered with diarrhoea of which only 1.1 percent were treated at IPD. Apart from the diarrhoea, the district had also reported 42 cases of Pneumonia, 38 cases of Pertussis, 30 cases of Asthma, 29 cases of Malaria and 30 cases of other diseases during the reference period. While 3 children were admitted in NRC of severe acute malnutrition in the district.

Figure 5: Status of childhood disease in Umaria during 2019 – 20



Source: CMHO Umaria, 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 8 depicts the immunization coverage scenario of Umaria district. In Umaria, total 9,469 newborns have received BCG vaccination and 8,992 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 12,999 children. Overall the district has administered to total 12,963 children for full immunization, of which 52% are male children

and 48% are female children (*Fig. 6*). To cover these much children in the district, Health personnel of the district had planned 10,917 immunization session and 10,997 were held.

Table 8: Block wise status of immunization coverage in Umaria, 2019 -20

Blocks	BCG	OPV	Pentavalent			Measles & Rubella	Full Immunization
	0	0	1	2	3		
Manpur	3085	2805	4412	4338	4280	4684	4685
Pali	1016	896	1810	1693	1711	1986	1983
Umaria (Karkeli)	5368	5291	5830	5537	5603	6329	6295
Total	9469	8992	12052	11568	11594	12999	12963

Source: CMHO Umaria, 2019 -20

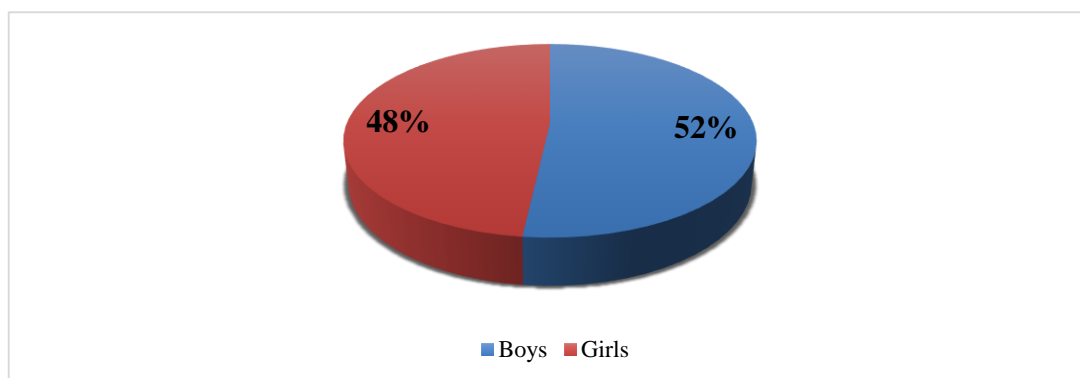
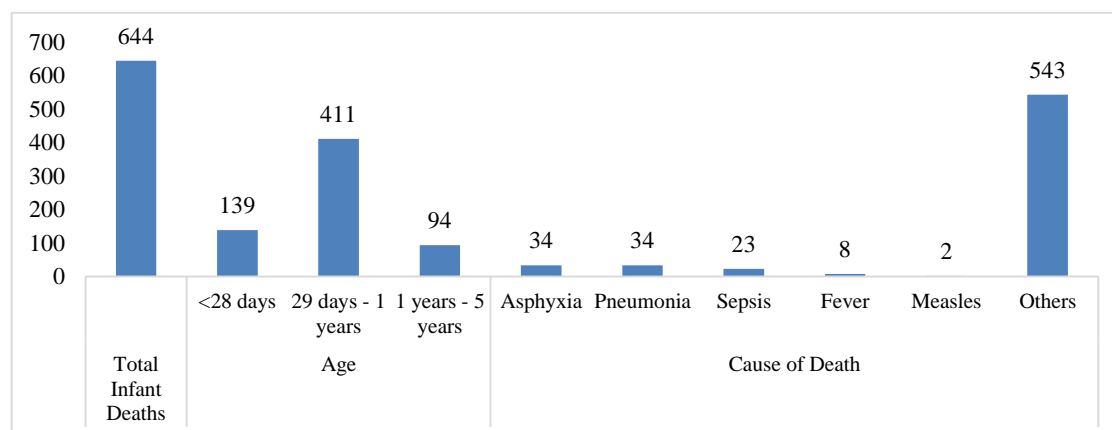


Figure 6: Fully Immunized children by gender, Umaria 2019 -20

4.5 Infant and Child Deaths

In the district, total **644** infant deaths were reported, of which 139 were occurred in less than 28 days of birth, 411 were within 1 years of birth and 94 were died before completing 5 years of their life. The major problems of these deaths were the Asphyxia and Pneumonia with 34 deaths of each, followed by Sepsis with 23 deaths, Fever with 8 deaths, and Measles with 4 deaths. Though, these were only the know deaths with specified cause of deaths, there were 543 more infant deaths for which the cause of deaths was unknown. (*Figure 8*).

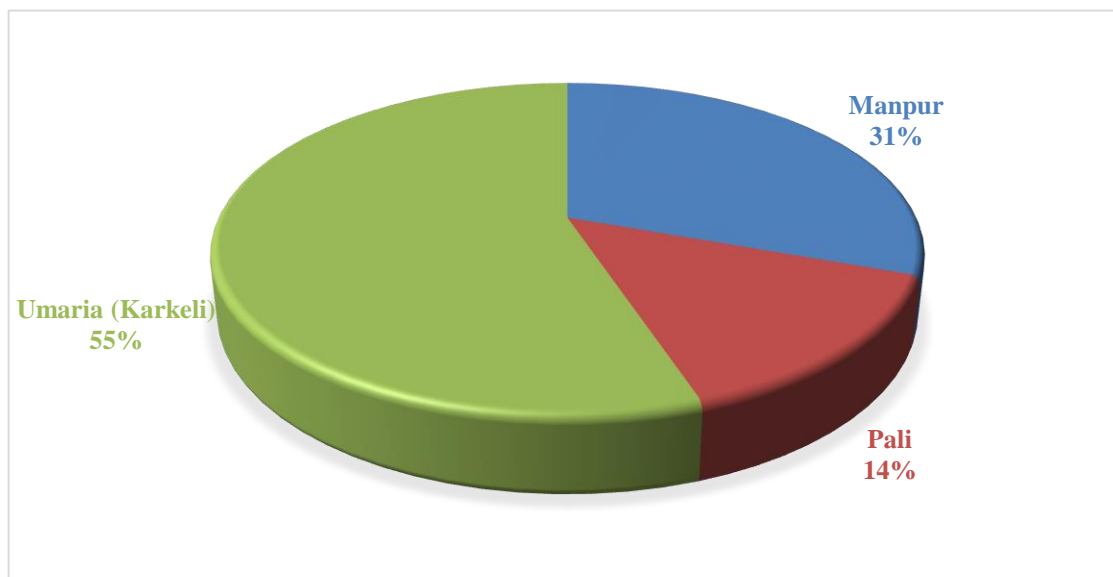
Figure 7: Status of Infant and Child deaths in Umaria 2019 - 20



Source: CMHO Umaria, 2019 – 20

With regards to still births, total 223 still birth were reported in the district (*Figure 8*), of which 55 percent were reported in Umaria block followed by Manpur block with 31 percent still birth, and Pali with 14 percent still birth.

Figure 8: Block wise status of still birth in Umaria district, 2019 -20



Source: CMHO Umaria, 2019 – 20

5. Family Planning

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

Table 9 depict the achievement of Umaria 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 88,853 condoms distributed during April – December, 2019.

Table 9: Status of Family Planning in Umaria during 2019 -20

	Sterilization		IUCD Insertions	Oral Pills	Condoms
	Male	Female			
Umaria	15	1795	4040	22416	88853

Source: CMHO Umaria, 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 9: Colour - coded bin at BB of District Hospital, Umaria

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 10: IEC Display in Health Facilities, Umaria 2019

5 X 5 matrix for High Impact RMNCH+A Interventions

List of Minimum Essential Commodities

R eproductive Health	M aternal Health	N ewborn Health	C hild Health	A dolescent Health
<ul style="list-style-type: none"> •Tubal Rings •IUCD 380-A, IUCD 375 •Oral Contraceptive Pills (OCs) / (Mala-N) •Condoms •Emergency Contraceptive Pills (ECP) - (Levonorgestrel 1.5mg) •Pregnancy Testing Kits (PTKs) - Nischay 	<ul style="list-style-type: none"> • Injection Oxytocin • Tablet Misoprostol • Injection Magnesium Sulphate • Tablet Mifepristone (Only at facilities conducting Safe Abortion Services) 	<ul style="list-style-type: none"> •Injection Vitamin K •Mucous extractor •Vaccines - BCG, Oral Polio Vaccine (OPV), Hep B 	<ul style="list-style-type: none"> • Oral Rehydration Salt (ORS) • Zinc Sulphate Dispersible Tablets • Syrup Salbutamol & Salbutamol nebulising solution • Vaccines - DPT, Measles JE (19 States), Pentavalent vaccine (in 8 States) • Syrup Vitamin A 	<ul style="list-style-type: none"> •Tablet Albendazole •Tablet Dicyclomine •Sanitary Napkin
<p>Cross cutting Commodities as per level of facility</p> <ul style="list-style-type: none"> • Iron & Folic Acid (IFA) Tablet, IFA small tablet, IFA syrup • Syrup /tablets : Paracetamol, Trimethoprim & Sulphamethoxazole, Chloroquin and Inj. Dexamethasone • Antibiotics : Cap /Inj. Ampicillin, Metronidazole, Amoxycillin; Inj. Gentamicin, Inj. Ceftriaxone; • Clinical Digital Thermometer; Weighing machine; BP apparatus; Stop Watch; Cold box; Vaccine carrier; Oxygen. Bag & mask • Testing for Haemoglobin, urine and blood sugar 				

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.

Information with respect to availability and required ASHAs are not provided by the district officials.

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 the Umaria district, information about the AYUSH services has been not provided by the respective department.

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

No information for communicable diseases.

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.

Also information was not provided by the district officials of Umaria district related to NCD.

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.

As presented in *table 10*, there has been some progress with regards to HMIS while the system still has wide scope of improvements.

Table 10: HMIS/MCTS status in Umaria, 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	Yes

Parameters	Status
district level for necessary corrective action to be taken in future?	
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 Umaria, 2019 -20

12. Budget Utilization

The budget utilization summary for Umaria district has been not provided by the district official.

13. Health and Wellness Centre

AYUSHMAN BHARAT is the flagship scheme of the MoHFW, and is launched in the district in last financial year. Though, it has been implemented by the district but nothing was found in the visited HWCs (PHC Chauri and SC Bakeli) except painting.

16. Facility Wise Observation

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

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

16.1 District Hospital: Umaria

The monitoring team visited District Hospital of Umaria, located in Bandhavgarh Block with 100 bed strength. The DH was providing its services to the 1,24,000 population of the block as well as the 6.5 lakhs population of the district. The facility has an average IPD load of 13 patients against 313 OPD patients.

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

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

The following observations were made during the monitoring visit.

- ✚ With regards to HR, **Table 11** depicts the status of manpower in district hospital. Overall, more than **51 percent** of the sanctioned post were not filled in the District Hospital, where the post of Paediatrician was vacant, due to which they were not conducting counselling for newborns, which further cause the infant deaths.

Table 11: Status of Human Resource at the DH Umaria 2019 -20

Sr. No.	Position Name	Sanctioned	Filled	Vacant
1	Surgeon	4	2	2
2	Pathologist	2	0	2
3	Gynaecologist	3	1	2
4	Paediatrician	6	0	6
5	Medical Officer Specialist	17	1	16
6	MOs	19	13	6
7	Dentist	1	1	0
8	Administrative Officer	1	0	1
9	SNs	93	59	34
10	Other Class III	67	25*	44
11	Class IV	59	31	28
	Total	272	133	141

Source: District Hospital Umaria, 2019 -20, * two post of ANM are extra

- ✚ Apart from Paediatrician 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 CT 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.

- + The blood bank of the facility was functional and were well equipped with sufficient number of blood bags.
- + The DH was managed sick neonates & infants, and provided essential newborn care.
- + All the essential registers were available and maintained properly in the facility. Apart from that, all IEC materials such as citizen charter, JSSK & JSY entitlement etc. were displayed in the periphery of the facility.
- + In the DH, all the support services were available and outsource.
- + During the current financial year, the facility has received ₹7.35 lakhs as a UNTIED fund, of which ₹6 lakhs has been utilized.

Table 12 highlights the services delivery indicators of the district hospital. In 2019 – 20, the facility had conducted 2,201 deliveries, of which 210 were C- Section deliveries. During the same period, 39 births were screened by RBSK team for any birth defect and 1,869 neonates were initiated breastfeeding within one hours of birth.

Table 12: Service Delivery Indicators of District Hospital Umaria 2019 – 20

Services	April, 2019 – January, 2020
OPD	1,06,064
IPD	4,224
Number of deliveries conducted	2,201
No. of assisted deliveries (Ventous/Forceps)	10
No. of C Section conducted	210
Number of obstetric complications managed	289
No. of neonates initiated breastfeeding within 1 hours	1869
No. of children screened for defects at birth under RBSK	39
No of SNCU admission	832
No. of children admitted with SAM	329
No. of sick children referred	103
No. of pregnant women referred	205
No. of children fully immunized	128
Measles and Rubella coverage	128
No. of children given Vitamin A dose 1 st	128
No. of IUCD Inserted	724
No. of Minilap	54
No of Tubectomy	62
No. of MTPs conducted in first trimester	50
Maternal death	3
No. of still births	44
Neonatal deaths	108

Source: DH Umaria, 2019 - 20

There were total 832 newborns were admitted in In-born unit of the SNCU department of the facility, of which 332 were inborn and 500 were out-born. There were 329 more cases of SAM admitted in the NRC department of the facility.

The DH had conducted total 116 permanent sterilizations during the financial year 2019 – 20, of which 62 were tubectomy and 54 were minilap. The institution has also inserted 724 IUCDs to the women as a temporary family planning. With regards to immunization, 128 children of age 9 – 11 months have received all the vaccine from the DH. And same number of children have received vitamin A (dose 1st) during 2019 – 20. At DH total 108 child deaths and 3 maternal deaths due to eclampsia, aspiration anaemia and PPH were reported during 2019 -20. Apart from these death, 44 still births were also occurred in the facility.

Apart from these services, the facility has also provided lab services to the patients. In the facility, total 4,488 Haemoglobin test, 10,128 CBC test, 2,319 Urine Albumin & Sugar test, 10,994 Blood Sugar test, 5,366 RPR test, 4,738 Malaria test, 2,435 TB test, 4,864 HIV test, and 914 LFT test were conducted during the current financial year.



Figure 11: PDU District Hospital Umaria

16.2 Community Health Centre: Manpur

The Community Health centre was located in Manpur block and was 47 km away from District headquarter. 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. The facility has staff quarters for MOs, SNs, and for other categories, with sufficient quantities.

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

- ✚ The facility was well equipped with 24*7 water supply and electricity with power back up, along with the functional labour room with clean toilets attached, NBCC and NBSU. The facility was also had separate ward for male and female.
- ✚ The mechanism for Biomedical waste was available and the waste was outsourced on alternative days to Kripa Wastage Agency.
- ✚ With regards to instruments and supplies, all the equipment's, laboratory equipment's essential drugs, supplies were available in sufficient quantity. The facility was also provided other services like Haemoglobin, Urine albumin and sugar testing etc. during the current financial year.

Table 13: Status of Human Resource at the CHC Manpur 2019 -20

Sr. No.	Position Name	Sanctioned	Filled	Vacant
1	Medical Officer	6	1	5
2	SN	4	3	1
3	ANM	2	2	0
5	Pharmacist	2	0	2
6	Lab technician	2	2	0
7	LHV/PHN	2	2	0
8	Radiologist	1	1	0
9	NMA	1	1	0
10	Class IV	12	10	2
	Total	32	22	10
NHM Staff				
11	BPM	1	1	-
12	BCM	1	1	-
13	BAM	1	1	-
14	SN	2	2	-
15	ANM	2	2	-
16	Pharmacist	1	1	-
17	Feeding Demonstrator	1	1	-
18	DEO	3	3	-
19	Support Staff	1	1	-
	Total	13	13	-

Source: CH Manpur 2019 – 20

- + The facility has reported, overall 10 vacancies against the 32 sanctioned post, of which 5 were Medical Officers and 2 were Pharmacist (*Table 13*).
- + During the current financial year, information with regards to training was provided for only Block Programme Manager, who attended two training programme i.e. family planning and immunization and cold chain.
- + In the post- natal ward, the facility had provided counselling on IYCF, Family Planning and asked every mother to stay for 72 hours after the birth.
- + The facility was managing high risk pregnancy, and also provides essential newborn care but not managing sick neonates and infant. The health personnel of the facility were correctly using Partograph and correctly inserting IUCD as well as administrating vaccine.
- + All the records were available and maintained properly except line listing of severely anaemic pregnant women, 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 14 highlights the services delivery indicators of the CHC. During the reference period, the facility had provided 4,120 IPD services against the 19,085 OPD service. At the same time, institute has conducted 1366 institutional deliveries.

Table 14: Health Service Delivery Indicator of CHC Manpur, 2019 -20

Services	April 2019 – Jan., 2020
OPD	19,085
IPD	4.120
ANC 1 registration	52
No. of pregnant women given IFA tablets	698
Number of deliveries conducted	1366
No. of C Section conducted	0
No. of obstetric complication managed	26
No. of neonates initiated breastfeeding within 1 hours	1324
Number of children screened for defect at birth under RBSK	1354
RTI/STI treated	67
No. of sick children referred	94
No. of pregnant women referred	296
No. of IUCD Inserted	85
No of women who accepted post-partum FP services	467
No. of children fully immunized	46
No. of MTPs conducted	2
No. of still births	49
No. of neonatal deaths	1

Source: CHC Manpur, 2019 -20

Whereas, 1324 neonates were initiated breastfeeding within one hours of birth and 1354 were screened for defect at birth by RBSK team.

Apart from neonatal services, the institution has administered all vaccine to only 46 children of age 9 to 11 months in the facility. With respect to the family planning the institute had conducted 2 MTPs in first trimester and inserted PPIUCD to 467 women as well as IUCD to 85 women during current financial year 2019 – 20.

The institute has referred 94 sick children for better treatment along with 296 women for the follow up during the reference period. At the facility no maternal death was during April 2019 – January 2020.

Apart from these services, the facility has also provided lab services to the patients. In the facility, total 2,906 Haemoglobin test, 1,694 Urine Albumin & Sugar test, 2,482 Blood Sugar test, 1,330 RPR test, 36,957 Malaria test, 827 TB test, 2,118 HIV test, and 1,199 Other test were conducted during the current financial year

Figure 12: PIP Monitoring team with staffs of CHC Manpur



16.3 Primary Health Centre: Chauri

The Primary Health Centre (PHC), Chauri is situated at Pali Block and 85 km away from the District Headquarter, covering a population of 24,000 of 33 villages. 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 Chauri:

- ✚ The Primary Health Centre Chauri was upgraded from Sub-Centre and its functioning in both the buildings.
- ✚ Though, the PHC has 24*7 water supply, electricity power back up, cleaned toilets for male and females, functional and cleaned labour room with attached toilet, NBCC corner, complain box and BMW mechanism, but the separate wards for male and female was not available.

Table 15: Regular staff at PHC Chauri, Umaria, 2019 - 20

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	ANM	1 (NHM)	1	-
3	Pharmacist	1+1 (NHM)	1 (NHM)	1
4	LHV/PHN	1	0	1
5	Dresser	1	1	0
6	Sweeper	1	1	0
7	Lab Technician	1	1	0
	Total	9	7	2

Source: PHC Chauri Umaria district, 2019 – 20

- ✚ All the necessary equipment's were available at the institution except phototherapy unit, and semi autoanalyzer. Also, all the essential drugs and supplies were available in the facility but were not displayed in the OPD.
- ✚ With respect to post-natal care, the facility had provided IYCF counselling, family planning counselling, administered birth doses to the newborns and have asked mother to stay for 48 hours after the delivery. Apart from these services, the facility had provided free diet during delivery and have asked document for JSY payment for the account transfer.
- ✚ Record of IPD ward, Indoor bed head ticket, line listing of severely anaemic pregnant women, OT register, FP register were available in the facility. Apart from these register, Drug stock register, referral register and Partograph were not maintained properly.

- ✚ The facility has utilized one lakh of Untied fund against the 1.75 lakh during the current financial year.
- ✚ Since, the PHC was selected as HWC, painting work was in progress, so the IEC materials were not displayed except few protocol poster (in SC building).
- ✚ Regular fumigation service was not available in the facility along with the grievance redressal mechanism and tally software, which was not implanted in the account section of the facility.
- ✚ Regular monitoring of the facility was not happening as the last supervisory visit to facility was on July 26, 2017.

Table 16 highlights the service delivery indicators of PHC Chauri. The facility has served to 2,924 OPD patients and 125 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 Chauri, OPD to IPD conversation rate is at 4.3 percent. The facility is fully equipped with services and has a potential to cater to a varied case mix.

Apart from the OPD and IPD services, the PHC was conducted 125 deliveries, of which 121 neonates were initiated breast milk within one hour and all were screened for the possible birth defect by RBSK team, of which 2 were reported with defect. Apart from these services, 4 still births were reported in the PHC.

Table 16: Status of Service delivery indicators at PHC Chauri, 2019 - 20

Services	April, 2019 – January, 2020
OPD	2,924
IPD	125
ANC registration	58
Number of deliveries conducted at PHC	125
Number of obstetric complications managed	2
No. of neonates initiated breastfeeding within 1 hours	121
Number of children screened for defect at birth under RBSK	121
No of pregnant women referred	6
No. of children fully immunized	53
No. of children received Measles and Rubella	53
No. of children given ORS + Zinc	15
No. of children given Vitamin A	368
No of IUCD inserted	3
No. of women who accepted postpartum FP services	117
No. of Still births	4

Source: PHC Chauri, 2019 -20

The facility has provided 1964 lab services to the patients, of which 499 were for Haemoglobin test, 384 were for blood sugar test, 269 were for Malaria test, 261 were for HIV test, 147 were

for RPR, 131 were for TB, 92 were for Urine albumin and sugar, 10 were for serum bilirubin test and 171 were other test.

Apart from these services, the facility has also provided lab services to the patients. In the facility, total 499 Haemoglobin test, 92 Urine Albumin & Sugar test, 10 Serum Bilirubin test, 384 Blood Sugar test, 147 RPR test, 269 Malaria test, 261 HIV test, and 171 Other test were conducted during the current financial year.



Figure 13: Monitoring Team with PHC Chauri staff

16.4 Sub- Centre: Bakeli

Sub- Centre (SC) Bakeli was situated 15 km away from Chauri PHC at Pali Block. SC Bakeli is providing its services to only one village and covering 3,268 populations. It was functioning in government building, which was in good condition (repairing and painting work was in progress under AYUSHMAN Bharat) as well as easily accessible from nearest road head.

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

- ✚ Though, the facility has ANM quarter, where ANM was residing and 24*7 running water supply but the SC was lacking with facility of electricity with power back and clean separate toilets for male and female.

- + Apart from these facilities, the SC also has functional labour room, NBCC corner, and deep burial pit for biomedical waste management. But was lacking with attached clean toilet to the labour room as well as the complaint box.
- + The Humane Resource assigned at the facility was: **3 ANM, and 1 CHO**, and all these post were filled. The ANM was well trained and know all the health parameters measurement.
- + The SC was well equipped with all the essential equipment's. Apart from these equipment's, the SC was also equipped with all the essential drugs and supplies except OCPs and EC Pills (EC Pills were not provided to all the SCs of the district reported by ANM of the SC).
- + During the current financial year, the SC had registered 55 pregnant women for the ANC, of which 45 percent were registered in 1st trimester and all pregnant women had received IFA tablets.
- + Though all the essential registered were maintained by ANM except VHSNC meeting and action register, eligible couple register and village register.
- + The Sub Centre has delivered the following services during the current financial year, 2019 – 20.

Table 17: Status of Service delivery indicators at SC Bakeli, 2019 - 20

Services	April, 2019 – January, 2020
Percentage of women registered in the first trimester	45.4
ANC 1 registration	55
ANC 4 coverage	21
No. of pregnant women given IFA tablets	55
Number of deliveries conducted at SC	111
No. of neonates initiated breastfeeding within 1 hours	111
No. of sick children referred	1
No. of pregnant women referred	6
No. of children fully immunized	78
Measles and Rubella coverage	78
No. of children given ORS + Zinc	246
No. of children given Vitamin A	224
No. of children given IFA syrup	246
No. of maternal Deaths	1
No. of still births	2
No. of Neonatal death	7
No. of VHND attended	70

Source: SC Bakeli, 2019 – 20



Figure 14: PIP Monitoring team with staffs of SC Bakeli

17 Conclusion and Recommendations

17.1 Conclusion

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

The district has total 5 tehsils, where 1 District Hospital, 3 Community Health Centre, 12 Primary Health Centre and 29 Sub-Centre are available. With respect to transport, 1 Mobile Medical Unit is available in the district and providing its services to the patients. All the visited health facilities such as DH Umaria, CHC Manpur, PHC Chauri and SC Bakeli are running in government buildings. However, the infrastructure in the health facilities premises was not proper. Further, there is a vacancy for Medical Officers Specialist, Anaesthetist, Staff Nurses, Pharmacist, Accountant and Fourth Class Employees in the district.

Umaria district experienced a total 9636 live births in 2019 – 20, among the live births at the health facilities, only 31.6 percent of the newborns has received 6 HBNC visits in the district. 7 maternal deaths were reported in the last financial year owing to eclampsia, prolong labour, PPH and other causes.

In Umaria, the male sterilization is almost negligible with respect to their female counter part, despite it being the easier and safer option among the two. Achievements of female sterilization far outnumber the targets. Certain facilities experienced non-availability of Emergency contraceptives.

There has been a huge number of pertussis cases were reported in the district, almost 60 percent of the state cases. Also the cases of diarrhoea were reported with huge number, whereas the treatment seeking behaviour for the disease was very less (only 1.1 %) in the district.

17.2 Recommendations

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

- ✓ In the district hospital, overall more than 51 percent of the post are vacant, which need to be fill up on urgent basis for the smooth functioning of the health facilities. Specially, the post of paediatrician, Medical Specialist and other post of SNs.
- ✓ It was reported that in SC Bakeli, the electricity power backup was not available since last one year. It is recommended to repair it on urgently basis, so the unnecessary things can avoid.
- ✓ It was recommended by the BPM that the target given for any programme to the block, should be revised based on total population.
- ✓ The Monitoring and Evaluation Officer of the district has recommended for training mechanism at block level for Programme 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