

## Madhya Pradesh

### 1.. District Harda

#### Major observations of Regional Evaluation Team, Bhopal about the Evaluation work in Harda District of Madhya Pradesh in May, 2009

#### I.Details of the visited Institutions:

District Visited	DH/PHCs/CHCs visited	SCs Visited
Harda	Distt.Hospital Harda CHC at.Khirkiya Sirali & Timarni PHC at Makdai,Rahatgaon,& Nausar.	Sirali,Mohalkala,Padava,Charva ,Barangi,Chokadi,Rahatgaon, Chhindgaon,Sodalpur and Nausar.

#### II. Major Observations:

##### 1. Human resources:

- Shortage of medical and paramedical staff was noticed in the district and is as follows:

##### Sanction, in position and vacant posts of district Harda

Category	Sanctioned	In Position	Vacant
Specialists Class I	16	02	14
PGMO	10	03	07
Staff Nurse	71	25	46
ANMs	67	54	13
MPW(M)	62	32	46
Radiographer	06	02	04
Compounder/Pharmsci	16	04	12

- The PHC Sirali is upgraded to CHC since one year in which not a single post out of 18 posts sanctioned was filled up.

##### 2. Implementation of Rogi Kalyan Samithi (RKS) and Village Health & Sanitation Committee (VHSC)

- In the visited PHCs it was observed that the meetings of RKS were being held regularly and budget was utilized as per norms.
- 215 village health committees have been formed in the district against the target of 373. Out of 215 VHCs, 155 VHCs have been provided funds.
- Out of the total 09 sub-centres visited it was observed that village health committee have been formed in all the visited sub-centre villages with ASHA as a member and till the visiting month . 7 village health committees have been provided with Rs. 10,000/- each and 2 village health committees with Rs. 2000/ each.

### **3. Services of Janani Suraksha Yojana**

- a) This scheme is functioning in proper way in the district .
- b) All the payments under the scheme are being made regularly.
- c) It is also found that the records and registers in respect of the JSY beneficiaries were maintained with complete information, in the CHCs/PHCs and sub-centres visited.
- d) All the contacted beneficiaries were happy with the scheme and they had received all the required health care , facilities and also incentives.

### **4. Implementation of ASHA Scheme:**

- a) In this District, the target of 376 ASHAs have been completed and all of them are being trained . 296 ASHAs have received 1<sup>st</sup> module training , 200 ASHA have received 2<sup>nd</sup> and 3<sup>rd</sup> module training. 110 ASHAs have received 4<sup>th</sup> module training.
- b) All 376 ASHAs are provided with drug kits.

### **5 Physical Infrastructure:**

#### **5.1 CHCs**

- a) CHCs at Khirkiya Sirali and Timarni are functioning in Govt. buildings and are providing 24X7 services.
- b) Blood storage Unit and specialist services are not available in the CHCs visited.
- c) In CHC Khirkiya one ward room, is used as Store Room. During rainy season the roof of the building leaks affecting even the OT services.

#### **5.2 PHCs**

- a) PHCs visited at Makadai,Rahatgaon, & Nausar are running in Govt. building.
- b) Separate wards for male and females patients were not available in PHCs at Rahatgaon and Nausars visited.
- c) No Lab and OT facility was found in Nausar PHC.
- d) Boundry wall,waiting space for patients, suggestion box , vehicle, laundry facility etc are lacking in the PHCs visited.

#### **5.3 Sub-Centres**

- a) Sub-centre at Mohalkala ,Padwa , Chokadi, Chhindgaon, Barangi and Charva , are functioning in Govt. buildings whereas Sub-Centres Rahatgaon and saral are functioning in PHC/CHC buildings.
- b) Water facility and public utility is found available in all the visited centres except Mohalkala SC. Electricity is not available at the Sub-centres at Barangi, Mohalkala, Padwa, and Charva.
- c) Emergency contraceptive Pills, tab misofrostrol, tab. Magsulth,DDK,Tablet Oxitocin,Injection gentamicine were not available in any of the visited Sub-centres.
- d) Supply of Kit A and Kit B for the current year 2009-10 has not yet been distributed at sub-centre level. BP Appratus which are available in few sub-centres were not in functioning.
- e) Examination table, cup-board, delivery table,and delivery kit were not found at some of the centres. Vit. A solution was not in stock in many centres. Delivery Kit was not available in Mohalkala, Padwa and charwa sub-centre.
- f) Out of 9 sub-centres visited, only three ANMs were staying in sub-centre villages.

**6) Community satisfaction & opinion on health services;**

- a) To assess the community satisfaction 39 mothers of one year old child were interviewed and found that 27 were happy about the regular availability of the ANMs.
- b) They were generally not aware about danger sign of ARI, use of ORS, proper use of contraceptive methods. IEC activities need to be geared up.
- c) About 67% mothers were aware of the Government health facilities where they can get all health facilities.

**7) False reporting under spacing methods of FP:**

Out of 83 cases of acceptors of spacing methods of Family Planning (IUD-39,OP-18,Nirodh-26) contacted during sample verification,41 (49.40%) were found to be false .

**8) Maintenance of registers:**

- a) Printed registers for family planning services were lacking at all sub-centres except Sirali and Mohalkala.
- b) Reported figures for IUD for last year and current year could not be verified due to absence of service registers at CHCs Khileria and Timarni.
- c) SC registers and OP/Nirodh distribution registers were not either maintained or available at the visited centres.

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## 2. District Datia

### Major observations of Regional Evaluation Team, Bhopal about the Evaluation work in Datia District of Madhya Pradesh in June, 2009 and Dhar District of Madhya Pradesh in August, 2009

#### I. Details of the visited Institutions:

District Visited	DH/PHCs/CHCs visited	SCs Visited
Datia	Distt.Hospital Datia CHC Bhandar PHC Unav (block) and Sonagir (sector) .	Targuwan,Uproy,Sinawal,Gorag hat,Chandrol,Sarsai, and Berachh

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#### II. Major Observations:

##### 1.Human Resources:

- Most of paramedical posts are filled up.
- 5 Posts of Lady Health Visitors and 8 posts of MPW (Male) were lying vacant in the district.
- 21 posts of Specialist Class I were also found vacant causing shortage of specialist services in the district.

##### 2. Implementation of Rogi Kalyan Samithi (RKS) and Village Health & Sanitation Committee (VHSC)

- Rogi Kalyan Samithis have been constituted at all the institutions in the district but regular meetings of RKS is not being held in PHC Unnav and Sonagir visited by the team..
- In the District 150 VHCs have been formed and ASHA was working as a member.

##### 3. Services of Janani Suraksha Yojana

- This scheme is functioning in proper way in the district .
- All the concern records and registers were maintained properly at all the visited centres.
- All 40 beneficiaries interviewed in the visited areas were satisfied with the services provided to them under the scheme.

##### 4. Implementation of ASHA Scheme:

- a) It is reported that 487 ASHAs were selected in the district as on May 2009 against the target of 577 ASHAs.
- b) All 487 ASHAs are being trained . 469 ASHAs have received 1<sup>st</sup> module training, 464 ASHA have received 2<sup>nd</sup> module training and 471 got 3<sup>rd</sup> module training. And 451 ASHAs have received 4<sup>th</sup> module training at the time of visit of the district.
- c) 389 ASHAs were provided with drug kits.

## **5 Physical Infrastructure:**

### **5.1 CHCs**

- a) CHC at Bhandar was functioning in Govt. building and the premises was found clean and tidy.
- b) OT with equipments, Blood storage unit, Anesthesia equipment and incinerator were not available in CHC Bhandar.
- c) Ambulance was available but sanctioned post of driver was lying vacant.
- d) Resuscitation and Neonatal resuscitation equipments were lying unused in the CHC.
- e) No Posts of specialist is filled up in the CHC.

### **5.2 PHCs**

- a) PHCs visited at Unav, & Sonagir are running in Govt. building.
- b) The present condition of building of PHC Unav is very poor. Seepage has occurred of walls and roof during rainy season. OPD room is used as store. Similarly In PHC Sonagir building is in good condition but maintenance is poor.
- c) PHC at Unnav is a block level PHC and has very good facility. PHC at Sonagir is sector level PHC and need to improve some essential equipments like OT, lab facility etc. were not available.

### **5.3 Sub-Centres**

- a) Sub-centre at , Chandrol, Sarsai, Tarugwan, Uproy, Sinawal, , are functioning in Govt. buildings whereas Sub-Centres at Berachh and Goraghat 1 were functioning in rented buildings.
- b) Water facility and public utility was available in two namely Sinawal and Goraghat SC. Electricity is not available at the Sub-centre Goraghat.
- c) Emergency contraceptive Pills, Macintosh sheet and , Injection gentamicine were not available in any of the visited Sub-centres.

- d) Supply of Kit A and Kit B for the current year 2009-10 has not yet been distributed at sub-centre level. BP Apparatus which are available in few sub-centres were not in functioning.
  - e) Examination table, cup-board, delivery table, and delivery kit were not found at some of the centres. Vit. A solution was not in stock in some of the centres.
  - f) ANMs of Sarsai, Sinawak and Goraght SC were staying in sub-centre villages.
- 6) Community satisfaction & opinion on health services;**
- a) To assess the community satisfaction, 43 mothers of one year old child were interviewed and found that they were happy about the regular availability of the ANMs.
  - b) Most of them were generally not aware about danger sign of ARI, use of ORS, use of contraceptive methods.
- 7) Family Planning and MCH Services :**
- a) Achievement in respect of Sterilisation and OP has declined in 2008-9 as compared to 2007-08. No. of IUD Users and CC users has however been increased.
  - b) Similarly achievement of BCG and Measels has also declined reased during 2008-09 as compared to previous year.
- 8) False reporting under spacing methods of FP:**
- 36 IUD accepters out of 70 cases of acceptors of spacing methods of Family Planning contacted were were found to be false .
- 9) Maintenance of registers:**
- a) Printed registers for family planning services were lacking at all sub-centres
  - b) MCH Registerer was found maintained and updated in all sub-centres except Berachh and Sinawal
  - c) Stock registers and JSY cash registers were maintained properly.
  - d) Reported performance under IUD scheme could not be verified due to non-maintenance of service registers at the reporting units.

### **3. District Dhar**

**Major observations of Regional Evaluation Team, Bhopal about the Evaluation work in Datia District of Madhya Pradesh in June, 2009 and Dhar District of Madhya Pradesh in August, 2009**

#### **I. Details of the visited Institutions:**

Dhar	Distt.Hospital Dhar CHCs at Dharmपुरi , Dhamnod PHCs at Teesgaon and Nalcha .	Anarad,Tornod,Sadalpur,Utawad,Khandariya,Hatnaar,Pagara, Sulibayadi,Lunhera.
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## II. Major Observations:

### 1. Human Resources:

- Large number of vacancies of sanctioned posts noticed in the district.
- The latest staff position of key posts Shortage of medical and paramedical staff was noticed in the district and is as follows:

### Sanction, in position and vacant posts of district Dhar

Category	Sanctioned	In Position	Vacant
Specialists Class I	29	05	24
Medical Officers	110	85	25
Staff Nurse	55	44	11
Lab Technicians	53	51	02
LHV	57	43	14
Male Supervisor	36	24	12
ANM	485	426	59
MPW Male	303	205	98

- it was also observed that 25 posts of specialists against 30 sanctioned posts and 68 posts of Staff nurse against 100 sanctioned posts were lying vacant in the Raja Bhoj District hospital, Dhar.

### 2. Implementation of Rogi Kalyan Samithi (RKS):

- Rogi Kalyan Samithi was constituted at all the institutions in the district including Distt Hospital CHCs and Block Level /Sector level PHCs in the district and their meetings are being conducted on regular basis.
- RKS formed at Teesgaon was not utilising the funds .

### 2. Village Health & Sanitation Committee (VHSC)

- In the District 957 VHCs have been formed and ASHA of those 400 VHSCs have provided with the funds was working as a member.
- During the field visit it is noticed that some VHSCs were not having ASHAs as a member.

### 3. Services of Janani Suraksha Yojana

- All the concern records and registers were maintained properly at all the visited centres.
- Due to non availability of funds at CHCs/PHCs under JSY, the beneficiaries are not getting payments in time. At PHC Teesgaon, 266 cases are pending for payment since April 2009. Similar position was found in other PHCs and CHCs visited.

#### **4. Implementation of ASHA Scheme:**

- a) It is reported that 1336 ASHAs were selected in the district as on May 2009 against the target of 1478 ASHAs.
- b) All ASHAs are being trained . 1118 ASHAs have received 1<sup>st</sup> module training, 809 ASHA have received 2<sup>nd</sup> module training and 796 got 3<sup>rd</sup> module training. And 465 ASHAs have received 4<sup>th</sup> module training at the time of visit of the district.
- c) 1118 ASHAs have been also provided with drug kits.

#### **5 Physical Infrastructure:**

##### **5.1 CHCs**

- a) CHC at Dharmapuri and Dhamnoda was functioning in Govt. building and the premises was found clean and tidy.
- b) Blood storage unit, Anaesthesia equipment and incinerator were not available in both CHCs.
- c) Water supply was inadequate in both the CHCs visited. Water supply is done only once in three days.
- d) Posts of Specialists were vacant in the CHCs visited.

##### **5.2 PHCs**

- a) PHCs visited at Teesgaon and Nalcha are running in Govt. building They are located within village locality and easily accessible to villagers..
- b) Both the visited PHCs are found in good condition. PHC Teesgaon had no OT with OT table and Nalcha PHC had OT room and OT table but used only for sterilization operation.
- c) Facility for separate septic and aseptic delivery were not found available in both PHCs.
- d) Essential equipments and drug are available in these PHCs.

##### **5.3 Sub-Centres**

- a. All the visited sub-centres were functioning in Govt. building, except sub-centre Kandriya.
- b. DDK, Emergency contraceptive pills, injection ,Gentamicine tab Misofrostol, tab Oxytoxin, were not available at any of the visited sub-centres.

- c. No water facility found in sub-centre Anarad and Suliyadi.
- d. Examination table was available at all the visited subcentres except SC Aarad, Utawad, and Kandaruya.
- e. BP apparatus was not available at sub-centre Tornod Utawad Sadalatpur, and Kandariya sub-centres and non functional in Pagara and Talwada sub-centre.
- f. Family Planning service registers were not found at any of the sub-centres visited. Monthly reporting format is not available at all visited sub-centres except Pagara SC. Printed cash book of untied fund is available only at SC Hatnawar and Sulibayadi.
- g. SBA training not received by workers of the visited sub-centres Lunhera, Talwada, Anarad and Tored.

**6) Community satisfaction & opinion on health services;**

- a. To assess the community satisfaction 41 mothers of having upto one year old child were interviewed and found that they were happy about the regular availability of the ANMs at sub-centre villages.
- b) Only 37 to 44% mothers aware about danger sign of ARI, and use of ORS.
- c) All the respondents knew the sGovt. Health facilities from where they can get health services.
- d) Villages were happy with services provided at PHCs.

**7) False reporting under spacing methods of FP:**

48 cases (IUD-38, OP Users -7 and 3 Nirodh users were contacted and IUD -45, OP users-25 and 20 Nirodh users were found fake recorded. In this connection, strict step need to be taken to new maintain the quality of services.

**8) Maintenance of registers:**

- a) MCH Register found maintained and updated in all the sub-centres visited.
- b) Reported performance under IUD scheme could not be verified due to non-maintenance/or incomplete service registers at the reporting units.
- c) Registers verified at the visited centres were mostly not updated.

**4. District Ashoknagar**

**Major observations of Regional Evaluation Team, Bhopal about the Evaluation work in Ashok Nagar districts of Madhya Pradesh in Sept. and Nov. 2009 .**

**I.Details of the visited Institutions:**

District Visited	DH/PH PHCs/CHCs visited	SCs Visited
Asoknagar	Distt. Hospital, Ashoknagar CHC: Chanderi & Shadora, PHC:Kachanar,and Nai Saray.	Diyadhari,Ratikheda,Seji,Barkheda, Singhpur,Pranpur,Gorakala,Maholi, And Singhpur

**II. Major Observations:**

**1. Human resources:**

- a) 11(34%) Posts of Medical officers, 22(78%)posts of Specialists , 6(27%) posts of Male supervisor and 30(31%) posts of MPW(Male) and 9 (24%)posts of LHV 13(11%) posts of ANM and 10(50%) posts of lab technicians were lying vacant in District .
- b) It is to be mentioned that out of sanctioned 68 posts of staff nurse only 5 are filled up . Shortage of staff nurse were available only 3 in number out of 50 posts in District Hospital,Ashok Nagar.

**2. Rogi Kalyan Samithi (RKS) and Village Health & Sanitation Committee (VHSC)**

- a) It was observed that the Rogi Kalyan Samities have been constituted in the district hospital, CHCs & PHCs.
- b) Maximum villages were covered with the VHSCs in the district As reported by the district, blockwise and sub-centre level VHSCs have been constituted, Regular meetings were being conducted and ASHA is involved as a member of VHSC.

**3. Services of Janani Suraksha Yojana(JSY)**

- a) The scheme was properly functioning in the district.
- b) 35 beneficiaries who were contacted during the field check in the area of 6 sub-centres were mostly satisfied with the services received under the scheme.
- c) Maximum 31 (88.57%) beneficiaries, out of contacted 35 received cheques for cash incentives within three days after delivery.
- d) Only 22 (62.86%) beneficiaries found getting post natal check ups.

**4. Services of ASHA Scheme:**

- a) Report received from the district shows blockwise data that 640 ASHAs were selected and trained in the district.

- b) All the ASHAs were equipped with drug kits. The roll of ASHA in the visited sub centres was found satisfactory.
- c) ASHAs at some of the centres were not working as per requirement of the service, it was reported by the team.

#### **5. 24 X 7 hours Delivery Care System:**

All four CHCs and 04 PHCs totaling 08 institutions were providing 24 X 7 hours delivery care facilities in the district.

#### **6. Untied funds:**

- a) The untied funds were being provided to all visited CHCs/PHCs and sub-centres and account is opened by them. Cash books were maintained at all visited SCs.
- b) It was reported that PHC Naisaray, Kachnar Parsol and Sahrai have not incurred expenditure against sanctioned funds for 2008-09.
- c) At all visited sub-centres, the untied funds were being utilized properly.

#### **7 Physical Infrastructure:**

##### **7.1 CHCs**

- a) CHCs at Shadora and Chanderi were functioning in Govt. buildings and they were found in neat and tidy condition. CHC Shadora has 15 beds and Chandori had 20 beds instead of stipulated 30 beds for CHC.
- b) Resuscitation Equipment was not available at CHC Chanderi.
- c) Anesthesia equipment , Blood storage unit and incinerator facility was not available in both the CHCs.

##### **7.2 PHCs**

- a) PHCs at Nai saray and Kachanar were functioning in Govt. building. Electricity & water supply facilities were available in both the PHCs.
- b) There were no vehicle /Jeep in both PHCs.
- c) Microscopes ,Oxygen cylinder and Resucutation equipment were not available in both the PHCs visited.
- d) Cold chain equipment , Autoclave and stock of vaccine vials was not available at the PHC Kachanar.
- e) Shortage of paracetamol, cough syrup Septran & stichmaterial was found in PHC Kachanar.

- f) Medical Officer AYUSH was not available in both the PHCs.

### 7.3 Sub-Centres

- a) Visited Sub-centres, were Diyadhari, Ratikheda, Seji, Barkheda, Maholi Singhpur, Pranpur, Gorakala and Govt. building was available to all visited sub centres except Singhpur
- b) Water facility was available at all the sub-centres. Electricity was not provided to any SCs except Singhpur. Toilet facility was available in all Sub-centres except Rathikheda.
- c) Not a single Male Health worker was residing in the centre and also no delivery was being conducted in the Sub Centres visited.
- d) DDK, Emergency contraceptive pills, tab Miscofrostol, tab Magsulth, injection gentamisine and Cap. Ampicillin were not available at any of the sub-centres visited.
- e) Labour room was not available at Singhpur and Pranpur Sub centre.

### 8) Knowledge & opinion on health services;

- a) 45 Mothers having one year old child were interviewed in eight sub-centre area for assessing the knowledge and opinion of mothers
- b) Only 16 (35.56%) mothers were provided post natal check ups and 19( 42.22%) mothers found having knowledge of danger sign of ARI in child.
- c) Similarly , only 11(24.44%) mothers replied that they have been told about the advantages and side effects of contraceptive methods.

### 9) Sample verification of FW acceptors:

- a) While sampling of 138 FW acceptors of the selected 168 cases, the following discrepancies from the service registers were found in the entries.
  - i) Age of spouse 86 (51.19%) cases.
  - ii) Total no. of children in 10(5.95%) cases.
  - iii) No. of male/female children 30 (17.86%) cases.
  - iv) Age of the youngest child in 79 (47.02%) cases.
- b) Out of the 111 contacted cases of IUD, OP and Nirodh users for physical verification aqs many as 65 (58.56%) acceptors were found to be reported false. Only in IUD case, 34 (87.17%) out of contacted 39 acceptors false reporting was noticed. All these 65 denial / false reporting cases reported under the performance of spacing method of Family Planning and need remedial action so that false reporting does not re occur in future.

### 10) Maintenance of registers:

- a) In some places, printed registers for eligible couple were found at some centres while some . sub centres. did not provide the registers.
- b) Printed registers for immunisation and MCH services s were maintained at most of the centres.
- c) Sterilisation, OP and Nirodh service registers were mostly not printed.

d) Service register for IUD was not maintained at visited CHCs and District Hospital.

**12) Main Observations and Suggestions:**

- a) It was found in the visited CHCs Shahdora and Chanderi specialist services were not provided to beneficiaries.
- b) Due to non availability of Medical Officer in sector PHCs the funds of untied , RKS & maintenance was not properly utilized.
- c) Lack of supervision noticed at all levels which should be strengthened.
- d) Most of Medical, para medical & field staff are not residing in headquarters due to which sufficient services are not provided to beneficiaries.
- e) During ANC PNC surveillance it is learnt that IFA consumption exclusive breast feeding & three PNC is less, ranging from 51-62%

**5. District Chattarpur**

**Major observations of Regional Evaluation Team, Bhopal about the Evaluation work in Chattarpur districts of Madhya Pradesh in Sept. and Nov. 2009 .**

**I. Details of the visited Institutions:**

Chhattarpur	Distt. Hospital, Chattarpur CHC: .Khajuraho & Nawgaon, PHC:Rajnagar,Bamitha Harpalpur.	and Khajwa,Ganj,Gada,Ghura, Bilehri,Mau-sahania,Badagaon and Dhauratiya
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**II. Major Observations:**

II Findings relating to the District is given below:

**1. Human resources:**

- a) Mostly the posts of Medical and Para medical staff like Specialist , PGMO/MO,Staff Nurse , LabTech, Supervisor /LHV MPW male/female are lying vacant at periphery level institutions including district hospital.
- b) 12(22%) Posts of Medical officers, 24(80%) posts of PGMO, 46(77%) posts of staff nurse 11(34%) posts of Male supervisor and 20 (10%)posts of MPW(Male) and 14(26%) posts of LHVand 10(59%) posts of lab technicians were lying vacant in District.

**2. Rogi Kalyan Samithi (RKS) and Village Health & Sanitation Committee (VHSC)**

- a) It was observed that the 44 Rogi Kalyan Samities have been constituted in the district hospital, and CHCs & PHCs. In the visited district, district hospital, PHC and CHCs, meetings of these samities were being held regularly and recordsd are maintained properly.

- b) 819 VHSCs have been constituted, in the district. 611 have opened account to handle funds. Regular meetings of VHSCs was being conducted at all the visited sub-centres.

### **3. Services of Janani Suraksha Yojana(JSY)**

- a) It was reported that 33,377 beneficiaries in 2008-09 and 14642 beneficiaries in year 2009-10 upto August Sept. were benefitted by JSY in the district.
- b) 23 beneficiaries who were contacted during the field check in the area of 8 sub-centres visited were mostly satisfied with the services received under the scheme.

### **4. Services of ASHA Scheme:**

- a) 1111 ASHAs against the proposed villages 1203 in the district have been selected , and that 1085 ASHAs have completed their training upto 4th module .
- b) It was also reported that 960 ASHAs were provided with drug kits.

### **5. 24 X 7 hours Delivery Care System:**

- a) District Hospital, CHCs and PHCs have been upgradd to set up the 24X7 service scheme in **the district.**
- b) In District hospital and CHC at Nowgaon, Bademalahra and PHC Rajnagar maximum deliveries of the district are being conducted. It is reported that 91.97% institutional deliveries in the district are conducted in these institutions during the current year upto August 2009.

### **6. Untied funds:**

- a) The untied funds were being provided to all visited CHCs/PHCs and sub-centres . Cash books and Bank accounts found maintained at all visited Sub-centres.
- b) At all visited subcentres the untied funds were being utilized properly .
- c) No funds were released to the Sub-centres for the year 2009-2010 in the district.

### **7 Physical Infrastructure:**

#### **7.1 CHCs**

- a) CHCs at Nowgaon and Khajuraho were functioning in Govt. buildings and the premises were found in neat and tidy condition. CHC Nowgaon is functioning in 180 year old building .
- b) Anesthesia equipment, blood storage unit, and incinerater were not available in CHC Khajurao. This CHC was lacking residential rooms for Doctor and Para medical staff.

#### **7.2 PHCs**

- a) The visited PHCs were located in the villages and easily accessible area at Rajnagar, Barmitha and Harpalpur. All the three PHCs were functioning in Govt. building.

- b) In PHC Harpalpur and Bamitha there were no vehicle or /ambulance. In PHC Rajnagar vehicle was available but driver was not posted.
- c) OT facility was not available at PHC Harpalpur. This PHC was also not set up for 24X7 delivery services.

### **7.3 Sub-Centres**

- a) Sub-centres visited at Khajwa,Ganj,Gada,Ghura, Bilehri,Mau- sahania, Badagaon, Dhauratiya were functioning in Govt. accommodation having adequate space to run clinics and other activities.
- b) Prime facility like water supply facility was not available at Ganj and Mau-sahania sub-centres. Electricity was not provided to SC Mau-sahania and Toilet facility was not available in some Sub-centres visited..
- c) Not a single MPW(M or F) was residing in the centre accommodation.
- d) Labour room facility , foot stool, delivery table, McIntosh sheet etc. was not available at most of the centres visited .

### **8) Knowledge and opinion on health services;**

- a) 31 mothers having upto one year old child were interviewed in the coverage area of all 8 sub-centres visited in the district for assessment of Knowledge and Opinion on services provided by ANMs .
- b) Maximum 24 respondedents were not using any contraceptive methods and 19 mothers out of 31 contacted did not know the facility of Govt. health facilities.
- c) Community was also satisfied with the services of Health workers(Male) in these areas.

### **9) Sample verification of Family welfare acceptors**

- a) During verification of service registers of Nirodh users, it was observed that the information regarding age of acceptors, age of spouse,total No. of children,break up of male/female children and age of youngest child etc were missing.
- b) Out of the 88 contacted cases of IUD, OP and Nirodh users for physical verification as many as 34 cases of were found to be false. There is a need for strong action by the authority to rectify such false reporting cases.

### **10) Maintenance of registers:**

- a) Registers for eligible couple have not been presented before the team for verification at PHCs visited.
- b) Staff at the sub-centre level used to purchase registers by their own money.
- c) Service registers of FW and MCH services registers were not maintained properly at most of the centres

d) Cash book in respect of Untied funds was also not made available to the team.

**11) Miscellaneous observations:**

- a) Almost all the sub-centres are maintaining the records of permanent and temporary methods of Family planning in a single register except ANC/PNC.
- b) All the contacted cases of JSY have been provided IFA tablets and 03 post natal check-ups have been done.
- c) Most of the Para-Medical staff of visited PHC,CHC and sub-centres is not residing in headquarters.
- d) At Harpalpur sector PHC , the mothers of new born babies had not been informed about breast feeding practices by PHC staff.
- e) Bilehri Sub-centre under Nowgaon PHC has been found well equipped for all purpose , and can be utilized easily for conducting deliveries.

**6.District Hoshangabad**

**Major observations of Regional Evaluation Team, Bhopal about the Evaluation work in Hoshangabad District of Madhya Pradesh in July, 2009**

**I.Details of the visited Institutions:**

District Visited	DH/PHCs/CHCs visited	SCs Visited
Hoshangabad	Distt.Hospital Hoshangabad CHC at.Babai &,Sukhtswa, PHC at Bagratswa & Jamani .	Anchalkheda,Ankhmaun, Gujarwada,Ari,Jamani,Saheli, Patharota &Khakrapura.

**II. Major Observations:**

**1. Implementation of Rogi Kalyan Samithi (RKS) and Village Health & Sanitation Committee (VHSC)**

- a) It was observed that the Rogi Kalyan Samithies have been constituted in the district and were functioning well in the visited CHCs & PHCs .
- b) In the District 440 VHSCs have been sanctioned and 337 of them have been operationalised.
- c) In the visited 9 sub-centres it was observed that village health committee were constituted and were having ASHA as a member.
- d) It was reported to the team that 7 VHSCs have been provided with Rs. 10,000/- each and 2 VHSCs with Rs. 2000/ each.

**2. Services of Janani Suraksha Yojana**

- a) This scheme is implemented and functioning in the district .

- b) payments under the scheme were being made regularly to the beneficiaries.
- c) It was also found that the records and registers in respect of the JSY beneficiaries were maintained with complete information, in the CHCs/PHCs and sub-centres visited.
- d) 39 beneficiaries who were contacted in the field under 6 sub-centre areas were satisfied with the services received under the scheme.

### **3. Services of ASHA Scheme:**

The role of ASHAs in the visited villages was found satisfactory; the villages were mostly happy with the services of ASHAs

### **4 Physical Infrastructure:**

#### **4.1 CHCs**

- a) CHCs at Babai and Sukhtswa were functioning in Govt. buildings .
- b) Separate public utility for male and female patients, Separate waiting room , suggestion complaint box, Emergency /casualty room, functional OT and ambulance, incinerator and Blood storage unit etc were not available in both the CHCs visited .
- c) Resuscitation equipment was not available at CHC Babai.

#### **4.2 PHCs**

- a) PHCs visited at Bagratawa and Jamani were functioning in Govt. building.
- b) The condition of the buildings was good and overall cleanliness was found fair in both the PHCs visited.
- c) Some of the essential facilities like separate public utility and separate wards for male and female patients, separate waiting room, suggestion/ complaint box, Emergency room, on road vehicle were not available in both the PHCs visited.

#### **4.3 Sub-Centres**

- a) Sub-centre at Anchalkheda, Ankhmaun, Gujarwada were functioning in Govt. buildings and Sub-centre Ari, Saheli, Pathrota, Taronda, Khakrapur were functioning in rented building. Sub-centre Jamani was functioning in PHC building.
- b) Water facility and public utility was not available at Mohalkala SC. Electricity was not provided to the Sub-centres at Barangi, Mohalkala, Padwa and Charva.
- c) Emergency contraceptive Pills and Injection gentamicine were not available in any of the visited Sub-centres.
- d) BP Appratus which are available in a few sub-centres were not functioning .

- e) Examination table, cup-board, delivery table and delivery kit were not available at some of the centres. Vit. A solution was not in stock in many centres. Delivery Kit was not available in Mohalkala, Padwa and charwa sub-centre.
- f) Out of 9 sub-centres visited, only in 3 cases ANMs were staying in sub-centre villages.

**5) Community satisfaction & opinion on health services;**

- a) To assess the community satisfaction, 39 mothers having child upto one year old were interviewed in the area of the sub-centre visited.
- b) More than 50% respondents were not aware about danger sign of ARI and schedule of child immunization.
- c) Only 23% respondents were found to be aware of contraceptive methods.
- d) About 90% mothers were aware of the Government health facilities where they can get all health services.
- e) To assess the opinion on the work of male health workers, the villagers of different categories of 5 villages at Ari, Gujarwada, Anchalkheda Ankhmaun, and Saheli were interviewed and they were of the view that all the male workers are doing their jobs satisfactorily.

**6) False reporting under spacing methods of FP:**

**Out of the 172 contacted cases of IUD, OP and Nirodh users for physical verification as many as 87(50.58%) reported cases of acceptors were found to be false. There is a need for strong action by the authority to rectify such false reporting cases.**

**7) Performance of FP and Child Immunisation:**

- a) Achievement of Family Planning programme in respect of Sterilisation, CC and OP has decreased in 2008-09 as compared to 2007-08, except in case of IUD in the district.
- b) Similarly achievements of DPT, Polio BCG and Measles have also decreased during 2008-09 as compared to previous year.
- c) The trend of Institutional deliveries was increasing every year 2003-04 to 2006-07. But it is observed that institutional deliveries are coming down since the year 2007-08.
- (d) There is a need to take urgent action to arrest downward trend of child immunization and family planning performance in the district. **8) Maintenance of registers:**

- a) Service register for IUD in not found maintained in CHC/PHCs.
- b) Service registers of FW and MCH services registers were not maintained or produced during the visit of the sub-centres at Anchalpur, Ankhmaun, Jamani and Pathroda SCs .
- c) Non printed registers were observed at sub-centre level.

**9) Miscellaneous observations:**

- a) Out of visited 8 Sub-Centres it was found in 6 sub centres that no Health Worker is residing at Headquarters.

- b) It was found that in CHCs Babai & Sukhtawa Specialists are not in position.
- c) There is lack of supervision at all levels.
- d) The X-ray facility in CHC Babai is not available as the X-Ray machine is out of order since last two years.
- e) Though the medical Officer in CHC Babai is trained in MTP but there is no proper facilities for conducting MTP.

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## 7. District Panna

**Major observations of Regional Evaluation Team, Bhopal about the Evaluation work in District Panna of Madhya Pradesh in Feb. 2010.**

### I.Details of the visited Institutions:

District Visited	DH/PH PHCs/CHCs visited	SCs Visited
Panna	Distt. Hospital Panna, CHC : Amanganj, Gunnor and Shahnagar	Paderi, Hardwahi, Bisni, Maheba, Khamtara, Lamtara, Tunda, & Aama.

### II. Major Observations:

#### 1. Human resources:

- a) Many essential posts at visited institutions was noticed to be lying vacant .

Name of the institutions	Name o the posts	Sanctioned streangth	No. of pos Vacant
District Hospital Panna	Civil Surgeon Class I	1	1
	Medical Specialist Class I	3	3
	Pediatrics	2	2
	OBG Class I	3	2
	Pathologist	2	2
	PGMO	13	8
	Nursing supervisor	1	1
	Staff Nurse	75	57
	Nursing sister	5	4
	ANM	9	9
	LHV	2	2
	Matron	3	3
CHC Amanganj	Specialists	2	2
	Staff Nurse	4	3
CHC Gunnor	Staff Nurse	4	3
	MPW(M)	13	7

CHC Shahnagar	BMO	1	1
	Medical Officer	5	4
	BEE	1	1
	X-Ray technician	1	1
	Compounder	1	1
	LHV	4	2

- b) Besides some technical and non- technical posts were also lying vacant at the above institutions. In this connection urgent steps to fill up vacant positions needs to be taken at state level.

## 2 **Rogi Kalyan Samithi (RKS) and Village Health & Sanitation Committee (VHSC)**

- It was observed that the Rogi Kalyan Samities have been constituted and were functioning well in the visited CHCs & PHCs .
- The funds allotted to the RKS at CHC/PHCs are reported to be utilized during last year and current year
- Most of all the blocks in the district have completed the target of VGSCs but there are some VHCs to get their joint accounts open for handling the funds.
- In the visited sub-centres it was observed that village health & sanitation committees were conducting regular meetings of VHSCs and all were having ASHAs as members

## 3. **Services of Janani Suraksha Yojana(JSY)**

- Janani Suraksha Yojana(JSY) is functioning well in the district and the beneficiaries were having the services.
- 29 JSY beneficiaries who were contacted during the field check in the selected area of 8 sub-centres found to be satisfied with the services received under the scheme. However IFA consumption during pregnancy and minimum three post natal check ups were observed to be 59% and 74% respectively.
- It was also noticed that more than 66.% beneficiaries were accompanied by ASHA to the hospitals. . All of them went for institutional delivery and got their incentives within three days of delivery. All of them were also provided monetary assistance for transport.

## 4. **Services of ASHA Scheme:**

- ASHAs in the selected centres were trained and working properly having drug kits.
- It was observed that the ASHAs were taking active part in each service i.e ANC, Immunisation, institutional delivery and preparation of blood slides from the febrile patients. Villagers were in good opinion with the work of ASHAs.

## **5. 24 X 7 hours Delivery Care System:**

It is reported that 12 institutions including district hospital, 6 CHCs and 5 PHCs were providing 24X7 delivery care system in the district.

## **6. Untied funds:**

During the year 2008-09 all the CHCs and PHCs have incurred 100% expenditure towards the untied funds and during the current year funds have been received and being utilized. All the sub centres which were visited by the team have received and utilized the fund properly and have maintained cash book.

## **7 Physical Infrastructure:**

### **7.1 CHCs**

- a) CHCs at Gunnor, Amanganj, and Shahnagar were functioning in Govt. buildings and the premises were found in neat and tidy condition. All the three visited CHCs are sanctioned with 30 beds but at present only 20 beds are available at CHC Gunnor and Amanganj and 10 beds at Shahnagar.
- b) Anesthesia equipments, Blood storage unit and incinerators were not found in any of the CHCs visited. Resuscitation equipments were not available at CHC Shahnagar. Neonatal resuscitation equipment was not found at CHC Amanganj.
- c) In Gunnor and Amanganj it is found that the sewage system is improper. In Shahnagar water supply is not proper. Water of the river is supplied through tap which is not potable.

### **7.2 PHC**

- a) PHC at Raipura visited and found functioning in Govt. building having 6 bedded facility and OT was utilized only for LTT operation.
- b) AYUSH MO is not posted at the PHC.
- b) Vehicle at PHC and residential quarter for MO was not available.

### **7.3 Sub-Centres**

- a) Visited Sub-centres at Paderi, Hardwahi and Maheba were functioning in Govt. buildings and SCs at Bisani, Khamatara, Lamatara, Tunda and Aama were in rented rooms. Labour room was available in Paderi, Hardwahi and Maheba but deliveries were not being conducted there.
- b) Water facility was not available in sub centre Paderi, Bisani and Khamtara SCs. Toilet facility was available only at Maheba SC. Electricity was not provided to any of the Sub-centres visited.
- c) Emergency contraceptive pills, Cap. Ampicillin, Oral Pills and condoms and IUD were not available in many of the sub centres

- d) Examination table , cup board, delivery table, Ambu Bag , weighing Machine (Adult and Infant) , stove and thermometer were not available in one or the other sub-centre visited.
- e) The roll of ASHA and Anganwadi worker in the visited sub-centres is found satisfactory. ANMs of other visited sub centres were not staying in sub-centre villages.

**8) Knowledge and opinion of the community on health services:**

- a) To assess the Knowledge and opinion of the community on health services provided by the ANMs , 42 mothers having upto one year old child were interviewed in the area of eight (8) sub-centres visited.
- b) 43% respondents were aware about danger sign of ARI and 48% knew schedule of child immunization.
- c) 45% respondents found to be aware of contraceptive methods.
- d) Mothers mostly received the ANC/PNC services in time and also got counseling for breast feeding practices.) Almost 100% mothers were aware of the Government health facilities where from they can get all health services.

**9) Sample verification of FW acceptors:**

- a) Out of selected 149 acceptors of Family Planning methods, 78 (52.35%) could be contacted for sample verification. In 52.35% cases the age of spouse was not recorded. Age of the youngest child was not recorded in 18% cases. In 10% cases no. of male /female children of the acceptor was also not recorded.
- b) Out of 106 acceptors of spacing methods of Family Planning were selected for Sample verification, 48 (45.7%) could be contacted. The team found that out of them 28 (58%) were reported as false. Such reporting may show wrong parameters of the district and thus need to rectify the situation urgently.
- c) Among the 140 MCH beneficiaries, 111 (79%) were contacted . Almost 37% of them reported that they did not get follow up services by the Health staff.

**10) Reconciliation of performance reports:**

- a) Performance report for the year 2008-09 for sterilization , IUD, OP and Nirodh and for the year 2009-10 (upto Jan 2010) for IUD , OP and Nirodh have not been provided by the district office to the team.
- b) During verification by the reporting system at CHCs Amanganj and Shahnagar and District hospital , Panna, Monthly Progress reports at Shahnagar and Service registers for total reporting of IUD at CHC Amanganj and Shahnagar were not made available to the team.

- c) It was also observed that the sterilization beneficiaries, who were operated out of the PHC/CHC areas were reported by the PHCs/CHCs but their sterilization cases names and other particulars were not recorded in the service registers.

**11) Maintenance of registers:**

- a) During the inspection of 09 sub-centres viz Padre, Hardwahi, Bisni, Lamtara, Kamtara, Aama and Toonda , Maheba no reports and services registers are produced for year 2008-09 in spite of prior information of team visit.
- b) OP and CC registers were found not maintained in most of the sub-centres.
- c) In the register at sub-centres Maheba, Paderi and Aama , IUD cases were much less than that of the reported.
- d) Registers that are being maintained at Sub-centre level were not being checked by the supervisory staff regularly. Some of the registers i.e. immunization and cash book of untied funds were being checked.

**12) Observation and Suggestions:**

- a) Lack of supervision noticed at all levels which should be strengthened.
- b) Service registers were not maintained. It was found that performance reports sent every month could not be verified.
- c) IUD cases mentioned in the sub-centre registers actually got their IUD inserted in PHC, CHC or District hospital. This was a case of double reporting.
- e) During the course of verification of ANC, PNC, JSY beneficiaries in Lamtara .it was found that entries made for date of services in service registers do not tally with MCH card entries.
- f) During the verification of JSY bebeneficiaries in Sub-centre Tunda it is found that MCH cards are available with JSY beneficiaries but their registration is not made in MCH registers kept with ANM.
- g) During the verification of records it is found that ANM s are not recording the weight at birth of baby in any of the MCH or Birth registration registers. In monthly reporting forms they show all babies born are weighed and are above 2.5 Kgs at birth.

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**8.District Gwalior**

**Major observations of Regional Evaluation Team, Bhopal about the Evaluation work in Gwalior of Madhya Pradesh in Oct, 2009**

**I.Details of the visited Institutions:**

<b>District Visited</b>	<b>DH/PH PHCs/CHCs visited</b>	<b>SCs Visited</b>
Gwalior	Distt. Hospital, Gwalior UFWC, Thalipur CHC: .Bhitarwar,& Mohana, PHC:Chinor, Mohangarh, Barai,& Antri .	Kithonda,Chitoli, Chinor, Dubaha,Naugaon, Rehat & Simaria.

## **II. Major Observations:**

### **1. Human resources:**

- 5 (14%) Posts of Medical officers , 8 (36%) posts of staff nurse 9(33%) posts of Male supervisor and 41(41%) posts of MPW(Male) are lying vacant in District Gwalior.
- In District Hospital 24 posts of Casualty Doctors/GDM have been found filled up against the sanctioned strength of 16, making 8 posts Surplus. 2 posts of Ophthalmic assistant have been found in excess to 1 post.
- Staff position in the CHC and PHCs visited ,by the team were found satisfactory.

### **2. Rogi Kalyan Samithi (RKS) and Village Health & Sanitation Committee (VHSC)**

- It was observed that the Rogi Kalyan Samithies have been constituted in the district and were functioning well in the visited CHCs & PHCs . Meetings of these samithies were being held regularly.
- 267 VHSCs have been functioning in 4 blocks of the district. and all of them opened account to handle funds.
- In the visited it was observed that village health committees were constituted and were having ASHA as a member. Regular meetings of VHSCs was being conducted at all the visited sub-centres.

### **3. Services of Janani Suraksha Yojana(JSY)**

- Under JSY Rs. 1400/- is paid for institutional deliveries and Rs. 500/- paid for home delivery to the family below poverty line.
- 38 beneficiaries who were contacted during the field check in the area of 6 sub-centres visited were mostly satisfied with the services received under the scheme. However IFA consumption during pregnancy and minimum three post natal check ups were observed to below 60% of the cases.
- The visited blocks of Bhitarwar, it was found that JSY beneficiaries who arrived hospitals for delivery purpose were not paid transportation charges.

### **4. Services of ASHA Scheme:**

- Out of 643 ASHAs selected in the district, it was reported that 609 ASHAs have completed their training upto 1<sup>st</sup> module and 526 ASHAs have received were trained upto 4<sup>th</sup> module .
- 609 ASHAs were provided with drug kits.

### **5. 24 X 7 hours Delivery Care System:**

24 X 7 hours ddelivery care System is available in all the institutions functioning in Urban and rural area.

## **6. Untied funds:**

- a) The untied funds were being provided at CHC/PHC and sub-centre level.
- b) CHC Mohana utilized the funds fully in time, but at CHC Bhitwar the funds were not being utilized fully for the last 3 years.
- c) PHC Barai utilized its grat fully during 2006-7 to 2008-9. But PHC Chinar could not utilize the fund .
- d) At all visited subcentres the untied funds were provided and utilized properly.

## **7 Physical Infrastructure:**

### **7.1 CHCs**

- a) CHCs at Bhitwar and Mohana were functioning in Govt. buildings and they were found in neat and tidy condition.
- b) Blood storage unit and incinerators were not there in both the CHCs visited .
- c) Both the visited CHCs having OT which was being used for sterilization operation only.

### **7.2 PHCs**

- a) All the visited PHCs were functioning in Govt. building. In PHC Mohangarh there was no power supply for the last 4-5 years and also functional OT was not available here.
- b) Oxygen cylinder is available at all the visited centres except PHC Mohangarh. Lab facility was available all the visited PHCs but post of Lab Technicians, was not filled up in PHC Mohangarh. AYUSH MO was also not posted in this PHC.
- c) 24 hours service was being provide in all PHCs visited except PHC Mohangarh .

### **7.3 Sub-Centres**

- a) Visited Sub-centres, were functioning in Govt. buildings .
- b) Except sub centres at Chinar and Panihar ANMs of other visited sub centres were not staying in sub-centre villages.
- c) Water facility and public utility was not available at Kithonda, Chinor,Naugaon,Simaria and Raipur SCs. Electricity was not provided to any Sub-centre except Simaria.
- d) DDKs, Emergency contraceptive pills, Injection gentamicin , antiseptic solution, Ampicillin, Inj. Gentamycine etc were not available at most of the visited sub-centres.
- e) BP apparatus provided to the sub-centres were not in working condition at some of the visited centres.

## **8) Community satisfaction & opinion on health services;**

- a) To assess the community satisfaction, 46 mothers having child upto one year old were interviewed in the area of the sub-centre visited.
- b) More than 60% respondents were not aware about danger sign of ARI and schedule of child immunization.
- c) Only 47.83% respondents found to be aware of contraceptive methods.

- d) Mothers mostly were satisfied having received the ANC/PNCI services in time.
- e) Almost 100% mothers were aware of the Government health facilities where they can get all health services.
- f) To assess the opinion on the work of male health workers ,some villagers of the Naugaon,Rehat and Simaria villages ere interviewed and they were of the view that all the male workers were doing their jobs satisfactorily.

**9) False reporting under spacing methods of FP:**

Out of the 67 contacted cases of IUD, OP and Nirodh users for physical verification as many as 45 reported cases of acceptors were found to be false. There is a need for strong action by the authority to rectify such false reporting cases.

**10) Reconciliation of Performance Reports:**

- a) The team noticed discrepancy/variation in the reported performance of sterilization and, IUD for the year 2008-09 in the records of District Office and PHC Bhitwar.
- b) Variations in IUD performance for the year 2009-10 (Upto Sept. 2009) was also found in the records of District Office and PHCs visited at Bhitwar and Barai.

**11) Sample verification of family welfare acceptors:**

- a) 95(61.29%) acceptors of Family Welfare out of selected 155 cases were contacted in the district and the following discrepancies were found:
  - i. In the age of spouse in 45(29.03%) cases
  - ii In total No. of Children of 10(6.45%) cases.
  - iii Break up of male/female children in 19 (12.26%)cases.
  - iv. In the age of youngest child in 50(32.26%) cases.

**12) Maintenance of registers:**

- a) Service register for IUD was not being maintained in CHC/PHCs headquarter.
- b) During the visit at sub-centre level all records of sub-centre Rehat was not made available to the team. Similarly, SC registers, OP Nirodh and IUD record could not be made available at aa the centres visited.
- c) Service registers of FW and MCH services registers were not maintained or produced during the visit of the sub-centres.
- d) Cash book in respect of untied funds was also not made available to the team.

**13) Observation and Suggestions:**

- a) It was noticedthat most of the medical, paramedical and field staff were irregular in visiting their area.
- b) Records and registers were not available for verification at the centre headquarters because field staff were not staying there.
- c) Lack of supervision was noticed at all the visited centres in upkeeping of records.

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## 9. District:Umaria

**Major observations of Field Survey Unit, Bhopal about the Evaluation work in Umaria of Madhya Pradesh state during the month of February and March 2010 respectively.**

### I. Details of the visited Institutions:

District Visited	DH/PHCs/CHCs visited	SCs Visited
Umaria	Distt. Hospital, Umaria CHCs: Virsinghpur pali and Manpur, PHCs: Jamadi Chouri Tala and Indwar.	Ghunguti, Amiliha, Chouri, Bakeli, Chansura, Damoya, Mungwani and Umaria Bakeli

### II. Major Observations:

#### 1. Human resources:

- 5 out of (9 sanctioned) Posts of specialists, 28 (out of 35) Posts of Medical officers, 51 posts of staff nurse, 9 (out of) 15 posts of Male supervisors, and 38 (Out of 89) posts of MPW (Male) were lying vacant in the District.
- Contractual staff which was identified as per requirement under RCH in the different category was also not filled up. 1 Post of PGMO in Pediatrics, 2 (Out of 2) Posts of PGMO Anesthetics, 2 (out of 2) Posts of PGMO in Gynecology, 2 (out of 4) posts of Medical Officer, and 32 (Out of 70) posts of ANMs are still lying vacant in the district.
- CHC Pali still requires 3 staff nurse, 1 Accountant, 1 BEE, 2 computers 6 Male MPWs and 2 MPS.

#### 2. Rogi Kalyan Samithi (RKS) and Village Health & Sanitation Committee (VHSC)

- It was reported that the Rogi Kalyan Samithies have been registered constituted the in District Hospital, in 3 CHCs & in 9 PHCs and in the district.
- During 2008-09 both the CHCs visited at Virsinghpur pali and Manpur and utilized the funds allotted in current year 2009-10 50-58% funds were utilized.
- As stated above, out of 12 PHCs, 9 PHC were RKS and they were given the funds for last two years.
- Blockwise wise details from the two blocks Manpur and Pali received at VHSCs 268 villages out of 319 covered with VHSCs. In 268 VHCs have been working with ASHA as a member. 235 VHSC were reported to have been opened bank account for maintaining their funds.
- Village Health & sanitation committees are conducting regular meetings

#### 3. Services of Janani Suraksha Yojana (JSY)

- a) To assess the quarterly at village level, 29 beneficiaries who were contacted in the area of 8 sub-centres.
- b) As stated by beneficiaries only 41.38% beneficiaries received cheques for cash assistance .
- c) The beneficiaries were mostly satisfied with the services received under the scheme.

#### **4. Services of ASHA Scheme:**

- a) For 588 villages in the district , 568 ASHAs were proposed in to be selected. have been selected.
- b) 459 out of 568 ASHAs got training in Module III and 433 got training in Module IV during 2009-10 in the of them got training in Module III , and 433 got training in Module IV during 2009-10 in the district.
- c) 433 ASHAs were in position with drug kits.

#### **5. 24 X 7 hours Delivery Care System:**

Details of 24 X 7 hours delivery care services could not be made available in the district . The team has reported the services system is not made available by DF WB. But this service was not available at visited PHCs Jamdi , Chouri and Indwar but available only in PHC Tala.

#### **6. Untied funds:**

- a) Rs 50,000/- to CHC and Rs. 25000/- to PHCs were provided as untied fund for the year 2008-09 and 2009-10.
- b) Most of the CHCs, PHCs, and sub-centres have utilized the funds but there were some centres that could utilize their funds less than 50%. This needs regular monitoring by the higher authorities.
- c) In Sub-Centre Umaria Bakeli ANM is not using the Untied funds due to interference of Sarpanch.

#### **7 Physical Infrastructure:**

##### **7.1 CHCs**

- a) CHCs at Virsinghpur and Manpur were functioning in Govt. buildings and the premises were found in neat and tidy condition.
- b) Functional Blood storage unit was not there in the visited CHCs.
- c) Resuscitation equipments, Neonatal Resuscitation equipments , Anesthesia equipments and not available in CHC Manpur, which had 20 bed facility.
- d) In both CHCs, sanctioned posts of specialists were lying vacant.

##### **7.2 PHCs**

- a) PHCs at Jamadi, Chouri, Tala and Indwar were functioning in Govt. building and the building condition is good. Most of the equipments and facilities are available with them.
- b) There was no Functional OT at any PHC.

- c) There was no cold chain equipments in Jamadi and Chouri PHCs . AYUSH MO Is not posted in any of the PHCs visited.
- d) Medical Officer's Residential Quarters were not available in Chauri and Indwar PHCs.

### **7.3 Sub-Centres**

- a) Visited Sub-centres at Ghunghuti, Amiliha,Chouri, Bakeli,Chansura,Damoya,, Mugwani and Umaria Bakeli were functioning in Govt. buildings.The Sangmania SC is functioning in the building of PHC Naina. All SC Buildings are maintained properly. There is no toilet facility in any of the sub-centres visited.
- b) Emergency contraceptive pills and Cap Ampicillin were not available at any of the visited sub-centres. Tab Metronidazole, was not found in any of the sub-centres visited. Paracetamol and Chloroquine were not available in some of the Sub-centres.
- c) Sub-centre Umaria Bakeli found having much less facility. The essential furniture and drugs were not available there.

### **8) Community satisfaction & opinion on health services;**

- a) 29 mothers who were having last child of upto one year old age were interviewed to assess their opinion about the services provided by the ANMs in the area of the sub-centre visited.
- b) Only 48.27% respondents had the awareness of danger sign of ARI. Most of the respondents were aware about the services . especially, MCH, FP, Immunization schedule etc.
- c) Mothers expressed satisfaction towards having received the ANC/PNC services in time.
- d) Almost 58.62% mothers were aware of the Government health facilities where they can get all health services.
- e) Opinion on the work of male health workers, could be assessed only in Chauri and SC Amiliha because of vacancy of workers in centres. The workers were looking after immunization blood slides collection and sub-centre reports.
- f) The workers were looking after the immunization , blood slide collection and sub centre reporting. Villagers in these centres were of view that MPWs are providing services regularly.

### **9) Sample verification of FW beneficiaries:**

- a) In the district The team could contact 177 FW acceptors out of 234 selected for sample verification .It has been noticed that the following data of the acceptors was not available in the concerned records at the reporting centres.
  - i. Age of the acceptors was not recorded in 28(11.97% ) cases.
  - ii.Age of spouse was not recorded in 56( 23.93%) cases.
  - iii.Age of youngest child was not recorded in 114( 48.72%) cases.
  - iv. Total No. of children was not recorded in 38(16.24%) cases.

- b) Out of the 141 contacted cases of IUD, OP and Nirodh users for physical verification as many as 91 acceptors denied having utilized the services . Proper steps to rectify such false reporting are needed urgently.

**10) Maintenance of registers:**

- a) ) Register for Family Planning services was not maintained at sub-centres at Chansura and Mugwani .
- b) Printed register for Eligible Couple were mostly not either maintained or updated at the visited centres.
- c) ANC/PNC service register and Immunisation services register were maintained properly in all SCs except Mugwani SC.
- d) JSY register was not maintained at SC level . They are maintained at CHC/PHC level where deliveries are conducted.
- e) Not printed registers were being maintained by the workers at sub-centre level.

**11) Observation and Suggestions:**

- a) It was noticed that most of the sanctioned posts of Medical and paramedical staff posts were lying vacant and were adversely affecting the services in the district. Especially specialist services were not received by beneficiaries.
- b) The beneficiaries were not getting the cash assistance under JSY in time at some of the visited centres.
- c) Block Medical officers are not verifying the records. Lack of supervision was noticed at all the visited centres in upkeeping of records.
- d) OP and CC was not available at Mungwani SC since Oct 2009 & Nov. 2009 respectively and at Chansura sub centres not available since June 2009.
- e) Eligible couple survey has not been done in the visited institutions /HSCs / SHCs and Eligible couple Numbers were not given in FW, MCH and JSY records.

**10. District Annupur:**

**Major observations of Field Survey Unit, Bhopal about the Evaluation work in Annupur of Madhya Pradesh state during the month of February and March 2010 respectively.**

**I. Details of the visited Institutions:**

Annupur	District Hospital Annupur CHCs : Pushparajgarh and Jaithari PHCs: Benibari, Amarkantak and Lapta	Kohka, Beldongri, Podki, Pipraha, Chorwadi, Godhan, Kukur goda and Beed.
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## II. Major Observations:

### 1. Human resources:

- a) 35 (67.3%) Posts of specialists, 19(90%) posts of PGMO, 78 Posts of Para Medical staff , 77(60% )posts of staff nurse , 45(36.6% )posts of MPW(Male) and 3 posts of ANM were lying vacant in the District .
- b) Sanctioned Contractual staff under RCH in the different category 2 Post of PGMO in Pediatrics, 2 Posts of PGMO Anesthetics, 2 Posts of PGMO in Gynecology, 12(100%) posts of staff nurse and 44(58.6%) posts of ANM were also not filled in the district.

### 2. Rogi Kalyan Samithi (RKS) and Village Health & Sanitation Committee (VHSC)

- a) It is reported that the Rogi Kalyan Samities have been registered in District Hospital, and all 4 CHCs. No PHC has been reported to have the registration for RKS.
- b) During 2008-09 both the CHCs visited Pushparajgarh and Jaithari had received RKS funds and also utilized it.
- c) All 16 PHCs reported to been provided RKS funds for in the year 2008-09 and for the current year 2009-10 only 3 PHCs got the funds.
- d) There are 4 Blocks Anuppur, Kotma, Jaitahri, and Pushpragarh in the district. The Blockwise report shows all 574 villages in the district have VHSCs.
- e) All 574 VHSCs are functioning with ASHA as a committee member. 564 VHSCs have been reported to have opened the bank account.
- f) It has also been requested that the funds for all VHSC have been provided during 2008-09 and 2009-10.

### 3. Services of Janani Suraksha Yojana(JSY)

- a) Services under JSY were providing to the beneficiaries and as many as 32 clibs who were benefitted in the area of 8 isited Sub-centre area interviewed for assessing the quality status.
- b) All the contacted beneficiaries were happy with the services received during ANC and PNC period.
- c) Though the beneficiaries had got their cash assistance under the scheme . Some of them were dissatisfied due to late payments.

**4. Services of ASHA Scheme:**

- a) It has been reported that in the year 2009-10 1007 villages were proposed for selection of ASHAs to be selected. 833 ASHAs have been selected in the district. All of them got training upto Module IV.
- b) 574 ASHAs were provided with drug kits.

**5. 24 X 7 hours Delivery Care System:**

These services were being provided in the district 18 institutions including in which CEMOCs and BeMOCs facilities. Apart from above, the team has also identified 24 hour delivery care system were set up in the visited PHCs at Singhoura, Lapta, Beribai and Amarkantak.

**6. Untied funds:**

- a) 4 CHCs and 15 PHCs had been provided with an amount of Rs. 50,000 and all PHCs got an amount of Rs. 25,000 as untied funds for the year 2008-09 to each centre respectively as Untied fund 2009-10. No expenditure by this centres were shown in the report received from DPMU , Annupur.
- b) 166 sub-centres out of 177 had been provided with untied funds during 2008-09 and 2009-10 and also submitted the utilisation certificate by all centres.

**7 Physical Infrastructure:**

**7.1 CHCs**

- a) CHCs at Pushparajgarh and Jaithari in the district were functioning in Govt. buildings and the premises were found in neat and tidy condition on the day of visit..
- b) Blood storage units, incinerators, and Anesthesia equipments were not available in these CHCs. was not there in any of the visited CHCs.
- c) CHCs at Pushparajgarh and Jaithari had 30 and 18 beds respectively and the wards and beds were in good condition..

- d) In both CHCs, 4 sanctioned posts of specialists were lying vacant. Norms for infrastructure and equipment were also not as per IPHS standard.

## **7.2 PHCs**

- a) The team visited 4 PHCs at Benibari, Singhoura, Lapta and Amarkantak. All of them were functioning in Govt. building and the building condition was good.
- b) There was no electricity in PHC Singhoura.
- c) There was no vehicle and telephone connection in any PHC visited.
- d) The cold chain equipments were available at Benihari and Amarkantak.
- e) Some PHCs had no stock of contraceptives at the time of visiting by the team.
- f) AYUSH MO was posted only at Benihari PHC.

## **7.3 Sub-Centres**

- a) Visited Sub-centres at Chorwadi, Godhan, Kukurgoda, Beed, Podki, Piparha, Kohka, and Beldongri were functioning in Govt. buildings. There was no electric facility and water in 2 subcentres namely Kohka and Beldongri. All SC Buildings are maintained properly.
- b) In most of the SCs deliveries are being conducted except at Podki SC.
- c) Delivery table and Steam sterilizer was not available in Chorwadi, and Piparha. Delivery table was not available in Beed SC and Steam sterilizer was not available in Godhan SC also. IUD Kit was not available in Chorwadi and Beldongi SCs.
- d) Tab Metronidazole Tab Oxytocin, and Cap Ampicillin were not available at some of the visited sub-centres. Injection gentamicin Co-trimoxazole, and Anticeptic solution were found only in any of the sub-centres visited.

### **8) Community satisfaction & opinion on health services;**

- a) To assess the community satisfaction, 40 mothers having last child of upto one year old were interviewed in the area of the sub-centre visited. All the respondents reported that ANM was available when needed.
- b) 62 % mothers knew the use of contraceptives but nobody had knowledge of their advantages and side effects of contraceptives. was of it.
- c) 47.50% had the awareness of danger sign of ARI. Most of the respondents were aware of immunization schedule.

- d) Most of the mothers were provided ANC/PNC services and New born care services covered in time.
- e) During the course of visit to PHCs various beneficiaries and local representatives were contacted to assess the PHC level services and all were of the view that the Medical Officers and staff of PHCs were providing proper services to the people with proper care.

**Sample verification of FW beneficiaries:**

- a) Out of 153 selected acceptors of Family Planning methods, 110 (71.8%) were contacted for sample verification. Age of the youngest child was not recorded in 26.53% cases.
- b) 13 acceptors (all of spacing methods ) were reported for not having follow up services.
- c) It is notable that out of 114 spacing methods(IUD, OP and Nirodh) acceptors contacted in the district,81 (71.05%) found of false reporting cases. Such reporting needs urgent corrective step to set up genuine parameters of the district.
- d) Among the 144 MCH beneficiaries, 115 (79.86%) were contacted . All of them reported that they got follow up services by the Health staff.

**11. District Bhind:**

**Major observations of Regional Evaluation Team, Bhopal about the Evaluation work in District Bhind of Madhya Pradesh in March 2010.**

**I.Details of the visited Institutions:**

District Visited	DH/PHCs/CHCs visited	SCs Visited
Bhind	Distt. Hospital Bhind, CHC : Mehagaon and Ater. PHC: Phoop and Umari	Barakala,Kachongara,Jamna,Virdhanpura,Para, Ridoli,Udottapura,Manhad,and Mehadoli.

## II. Major Observations:

### 1. Human resources:

- a) The district was suffering acute shortage of the technical staff. The entire position of essential post in the district is given below

Name o the posts	Sanctioned streangth	No. of posts Vacant
Surgical Specialist	24	14
MPW(M)	133	43
Medical Officer	83	25
LHV	51	11
MPS	31	6
ANMs	212	5

- b) District hospital which is only Govt. high level health services provider in the district is presently suffering the shortage of following most essential technical persons:

Name o the posts	Sanctioned strength	No. of posts Vacant
Surgical Specialist	3	3
Anesthetist	4	4
Pediatrics	3	1
OB &G Class I	4	4
Ophthalmologist	2	2
Orthopedician	2	2

Radiologist	2	2
Nursing supervisor	1	1
Staff Nurse	100	80
Hospital worker	59	9

c) Contractual staff under RCH in some of the most important category was also not filled up. 1 Post each of PGMO in Pediatrics and Anesthetics, 3 Posts of (PGMO) in Gynecology, 9 posts of staff Nurse (CE moc), and 14 posts staff Nurse (BE moc) were still lying vacant in the district .

d) Both CHCs visited at Ater and Mahegaon were not having any post of specialist.

## **2. Rogi Kalyan Samithi (RKS) and Village Health & Sanitation Committee (VHSC)**

a) RKS formed at PHC and CHC level had been provided a sumof Rs. 1,00000 each during 2008-09 and 2009-2010 in the district.

b) As reported by DPMU , out of existing 20 PHCs , 8 PHCs had not incurred any expenditure during 2008-09 and 12 PHCs during 2009-10 in the district did not show any expenditure upto Feb 2010.

c) Similarly, CHC Mehagaon and Amayan had not spent RKS fund 2008-09 and 2009-10.

Also ,CHC at Gohad and Lahar did not spend any amount in the year 2009-10.

d) 871 VHSCs have been functioning in 6 blocks of the district and out of those, 695 were having bank account to handle the funds.

e) Village health & Sanitation committee are formed at most of the visited sub centres except Manhad sub centre and all were having AHSAs as members except in a village of SC Barakalan..

## **. 3. Services of Janani Suraksha Yojana(JSY)**

a) Janani Suraksha Yojana(JSY) was functioning well in the district and the beneficiaries were having the services.

b) 42 JSY beneficiaries who were contacted during the field check in the selected area of 9 sub-centres found to be satisfied with the services received under the scheme. However IFA consumption during pregnancy and minimum three post natal check ups among the respondents were observed to be 55% and 57% respectively.

- c) It was also noticed that more than 78.% beneficiaries were accompanied by ASHA to the hospitals. . All of them went for institutional delivery and 52.38% got their incentives within three days of delivery. All of them were provided monetary assistance for transport.

#### **4. Untied Funds:**

- a. As reported by DPMU , during the year 2008-09 all CHCs received untied funds. CHC Mau, Amayan, and Lahar have not incurred any expenditure.
- b. Similarly, during the year 2009-10 all CHCs received untied funds. CHC Mehagaon and Amayan, have not incurred any expenditure till Feb. 2010. Some CHCs have spent full amount but CHC Ater has spent only Rs. 11949/-.
- c. During the year 2008-09 all PHCs received untied funds. PHC Guhisar, Bharli, Gormi, Katrol, Aihtaar, Kanera, Pithsnpura, Sinhuda, Bijora & Alampur has not incurred any expenditure. PHC Bijora and Umari have spent less than 50% amount. The remaining 8 PHCs have utilized the money fully.
- d. Similarly, during the year 2009-10 all PHCs received untied funds. PHC Guhisar, Mihona, and Daboh have made 100% expenditure The rest except PHC Bhoop , have not incurred any expenditure till Feb. 2010.
- e) All Visited Sub-centres at Barankalan, Kachongra, Virdhanpura, Para, Udottapura, Mehadoli, Jamna, Ridhol and Manhad received Untied funds for 2008-09 and 2009-10 . Except Barankalan and Virdhanpur other Sub-centres utilized it properly.

#### **5. Services of ASHA Scheme:**

- a) The information from DPMU , Bhind shows that 1580 ASHAs in 920 villages were selected in the district. 1111 ASHAs were trained and having drug kits.
- b) Maximum villages in the visited sub-centres were covered by ASHA scheme and most of them were working properly.
- c) It was observed that the ASHAs were taking active part in each service i.e ANC, Immunisation , institutional delivery and blood slides preparation of patients .

#### **6. 24 X 7 hours Delivery Care System:**

It is reported that 16 institutions were providing 24X7 delivery care system in the district.

#### **7 Physical Infrastructure:**

##### **7.1 CHCs**

- a) CHCs at Ater, and Mehagaon were functioning in PHC buildings and the premises were found in neat and tidy condition. CHC Mehagaon had 40 beds but CHC at Ater had only 6 beds.. OT is available in both the CHCs but were mostly used for TT and LTT operations.

- b) Anesthesia equipments, Blood storage unit and incinerators were not found in both the CHCs visited . Resuscitation equipments were not available at CHC Ater. Neo natal resuscitation equipment also was not found at CHC Ater.
- c) Residential quarters for MO and Para medical staff were very old buildings.
- d) Anesthesia equipments, Blood storage unit and incinerator are not available in both the CHCs visited.

## **7.2 PHC**

- a) PHC at Phoop and Umari was visited and found functioning in Govt. building having 6 and 2 beds respectively. Functional OT was not available in both the centres. Oxygen cylinder, Resuscitation equipment Stock of vaccines etc was not available in PHC Umari.
- b) AYUSH MO was not posted at the PHC Umari.
- c) No Vehicle for any of the two PHCs visited was available. PHC and residential quarter for MO was available in both of them.

## **7.3 Sub-Centres**

- a) Visited Sub-centres at Baran kalan, Kachongra, Viradhanpur, Para, Udottapura and Mehdoli were functioning in Govt. buildings and SCs at Jamna, Ridhol and Manhad were in rented rooms. In Baran kalan and Viradhan pur Sub centres Labour room was available deliveries were not being conducted in any of the SCs visited.
- b) Water facility was available in all sub centres But Toilet facility was available only at Viradhanour and Para SCs. In Udotta and Mehdoli SC condition of the toilet was very poor. Electricity was not provided to Jamna and Para SCs out of the Sub-centres visited.
- c) Emergency contraceptive pills Tablets Metronodazole, Misofrostol, Magsulth Tab. Oxytocin and were not available in many of the sub centres
- d) Foot stool, delivery table, Ambu Bag ,were not available in the SCs visited. and BP Apparatus was not working in 4 of them.

## **8) Knowledge and opinion of the community on health services:**

- a. To assess the Knowledge and opinion of the community on health services provided by the ANMs , 53 mothers having child aged upto one year were interviewed in the area of the sub-centre visited.
- b. Nearly 50% respondents were aware about danger sign of ARI and 47% knew schedule of child immunization.
- b. 55% respondents found to be aware of contraceptive methods and 37% knew of its side effects.

- c. Most of the mothers received the ANC/PNC services in time and also got counseling for breast feeding practices.) Almost 100% mothers were aware of the Government health facilities where from they can get all health services.
- d. 3 sub centre areas were covered to ascertain the work of MPW(M) namely Vidhanpura, Para and Manhad. The performance the workers of SCs Vidhanpura, and Manhad were found satisfactory but that in n Para Sub-centre was not satisfactory. No MPW (M) found residing at the HQ.
- e. During the visit to PHC Phoop and Umari it was found that services of the staff and Medical Officers of PHCs were satisfactory as per the opinion of villages and FW and MCH beneficiaries.

**9) Sample verification of FW acceptors:**

- a) Out of 198 selected acceptors of Family Planning methods, 133 (67.17%) were contacted for sample verification. In 58.08% cases the age of the spouse was not recorded. Age of the youngest child was not recorded in 60.61% cases.
- b) 15 acceptors (all of spacing methods ) were reported for not having follow up services.
- c) It is notable that out of 98 spacing methods(IUD, OP and Nirodh) acceptors contacted in the district, 50 (51.02%) found of false reporting cases. Such reporting needs urgent corrective step to set up genuine parameters of the district.
- d) Among the 125 MCH beneficiaries, 106 (84.80%) were contacted . Almost 55.66% of them reported that they did not get follow up services by the Health staff.

**10) Maintenance of registers:**

- a) EC Registers was not updated at most of the centers visited. This register was not produced before the team at visited CHCs, PHCs and Sub-centers.
- b) Sterilization registers were not in printed form.
- c) IUD registers were not maintained at reporting centers.
- d) OP and Nirodh distribution registers were not submitted by the sub centre level workers.
- e) Registers that are being maintained at Sub-centre level were not being checked by the supervisory staff regularly. Some of the registers i.e. immunization and cash book of untied funds were being checked.

**11) Observation and Suggestions:**

- a) Lack of supervision noticed at all levels which should be strengthened.
- b) In the District Bhind Janani Express Yojana is found functioning. But, JSY beneficiaries are not taking the service of the vehicle, instead they use their own transport and seek transportation money.

## 11) Observation and Suggestions:

- a) Antenatal checkups and Post natal checkups at the village were observed to be not conducted upto the month. These services must be covered in 100% cases.
- b) Monthly progressive report (Institutionwise ) in respect of FP methods for the year 2008-09 and 2009-10 have not been produced before the team. At district office.
- c) Two PHCs out of three in the district are still waiting for the services of specialists

## 12. District Jabalpur

### Major observations of Field Survey Unit, Bhopal about the Evaluation work in District Jabalpur of Madhya Pradesh in Oct, 2009

#### I. Details of the visited Institutions:

District Visited	DH/PH PHCs/CHCs visited	SCs Visited
Jabalpur	Distt. Hospital (Seth Govind Das Hospital , Jabalpur. CHCs: Majholi,& Patan, PHCs:Barela, Indrana, Chargava and Katangi.	Konikalan, Umaria, Dhirra, Tilehri, Hinotia Bhoi,Nausar, Binaki, Bijori,and Bhidki

#### II. Major Observations:

##### 1. Human resources:

- a) 40 (32.5%) Posts of Medical officers , 126(43.4%) posts of staff nurse 28(70%) posts of Male supervisor and 35( 18.9% ) posts of MPW(Male) were lying vacant in the District .
- b) Contractual staff under RCH in the different category was also not filled up.3 Posts of PGMO in Pediatrics and Anesthetics, 2 Posts of PGMO in Gynecology, 3 posts of Medical Officer, 14 posts of staff Nurse, and 84 posts of ANMs are lying vacant in the district.
- C) Posts of superintendents , one post of specialist and 4 Posts of Nursing sister has not been filled up in Rani Durgawati Hospital, Jabalpur .

##### 2. Rogi Kalyan Samithi (RKS) and Village Health & Sanitation Committee (VHSC)

- a) It was observed that the Rogi Kalyan Samithies have been constituted in the district and were functioning well in the visited CHCs & PHCs . Meetings of these samithies were being held regularly.

- b) There are 1508 villages in the district, and 712 VHSCs have been formed there. Joint Bank accounts are opened in 611 VHSCs.
- c) It was observed that village health committees were having ASHA as a member. And it is reported that in the meetings of VHSCs, MPWs (M&F) and ASHAs were taking participation regularly.

### **3. Services of Janani Suraksha Yojana(JSY)**

- a) Beneficiaries are facilitated under the scheme, it was reported that 30976 mothers out of 58368 deliveries conducted in the year 2008-09 were benefitted under JSY.
- b) In some of the Sub-centres beneficiaries were not getting their cash assistance in time due to insufficient funds.
- c) 29 beneficiaries who were contacted during the field check in the area of 8 sub-centres were mostly satisfied with the services received under the scheme. However IFA consumption during pregnancy and minimum three post natal check ups were observed to be 62 and 51 % respectively.

### **4. Services of ASHA Scheme:**

- a) 972 ASHAs have been selected during 2008-09 in the district.
- b) It was reported that 953 ASHAs have completed their training upto 2nd module and 935 ASHAs have completed their training upto 3rd module. 695 ASHAs have received training upto 4<sup>th</sup> module .
- c) All selected 972 ASHAs were also provided with drug kits.

### **5. 24 X 7 hours Delivery Care System:**

24 X 7 hours delivery care System is available in district hospital, CHCs and PHCs visited in the district.

### **6. Untied funds:**

All visited CHCs/PHCs and 8 sub –centres the untied funds were received timely and account is opened by them . Cash books were found maintained at all the visited sub-centres.

### **7 Physical Infrastructure:**

#### **7.1 CHCs**

- a) CHCs at Majholi and Patan were visited in the district were functioning in Govt. buildings and the premises were found in neat and tidy condition.
- b) Blood storage unit and incinerators were not there in both the CHCs visited .

- c) Both the visited CHCs having OT which was being used for conducting deliveries, sterilization operations and minor operations.

## **7.2 PHCs**

- a) PHCs at Chargawa, Barela and Indrana were functioning in Govt. building and building condition is good. Most of the equipments and facilities are available with them.
- b) 24 hours service was being provide in all PHCs visited except PHC Mohangarh .

## **7.3 Sub-Centres**

- a) VisitedSubcentresatKonikalan,Umaria,dhirra,Tilehri,HinotiaBhoi,Nausar,Binaki,Bijori and Bhidki were functioning in Govt. buildings are having adequate space to run clinics. But deliveries were not being conducted there . Regular water supply is not available in sub centre Konikalan and Binaki and public utility was not available with Bijori sub centre.
- b) Health wokers (F) were skilled providing SBA training in the visited sub-centres
- c) The roll of ASHA and Anganwadi worker in the visited sub-centres is found satisfactory.s.
- d) DDKs, Emergency contraceptive pills, tand Cap. Ampicillin etc were not available at any of the visited sub-centres.

## **8) Community satisfaction & opinion on health services;**

- c) To assess the community satisfaction, mothers having last child of upto one year old were interviewed in the area of the sub-centre visited.
- d) Most of the respondents were aware about the services of health related matters especially, MCH, FP, Immunisation and the Govt facilities where they can get the services.
- e) Most of the Mothersexpressed their were satisfaction towards having received the ANC/PNC services in time.
- d) Almost 100% mothers were aware of the Government health facilities where they can get all health services.
- e) To assess the opinion on the work of male health workers, villagers were of the view that all the male workers were doing their jobs satisfactorily but they are not paying visits regularlyand not residing in headquarters.

## **9) False reporting under spacing methods of FP:**

**Out of the 80 contacted cases of IUD, OP and Nirodh users for physical verification as many as 37 acceptors denied having utilized the services and 8 cases**

were of fake reporting. Proper steps to rectify such false reporting are needed urgently.

**10) Maintenance of registers:**

- a) Maintenance of records and registers were found very poor in the visited sub centres except Konikalan and Tilheri SCs.
- b) Reported Performance under IUD Scheme at CHC had Head Quarter Majholi and Patan could not be verified due to absence of service registers.

**11) Observation and Suggestions:**

- a) It was noticed that most of paramedical and field staff were irregular in visiting their area.
- b) Records and registers were not available for verification at the centre headquarters because field staff were not staying there.
- c) Lack of supervision was noticed at all the visited centres in upkeeping of records.
- d) It was found that some of the sub-centres having more than 8-13 villages under their jurisdiction . Villages are also in difficult areas and not reachable during rains. Due to this, workers are not able to cover the whole area and there is lack of supervision.

**13. District Burhanpur**

**Major observations of Regional Evaluation Team, Bhopal about the Evaluation work in Burhanpur District of Madhya Pradesh in Dec., 2009**

**I. Details of the visited Institutions:**

District Visited	PHCs/CHCs and DH visited	SCs Visited
Burhanpur	District Hospital- Burhanpur CHC - Khaknar and Shahpur PHC – Doifodiya and Loni	Doifodiya, Ritalai, Derhatalai, Nimandad, Karkheda, Dapora, Chapora, Ichchhapur, Bambhada and Mohad

**II. Major Observations:**

**2. Health Human Resource**

- a. District is facing hardship in providing health care delivery to the people due to lack of skilled manpower. The following table shows the skilled personnel i.e Specialists & Staff Nurses etc available as against the sanctioned strength in the district.

<b>Particulars</b>	<b>Sanctioned Posts</b>	<b>In-position</b>	<b>Vacant</b>
Specialist	33	11	<b>22</b>
Staff Nurse	96	27	<b>69</b>
MPW Male	58	36	22
LHV	14	9	5

As may be seen from above, a large number of posts of Specialist, Staff nurse and MPW(M) are lying vacant. It is required to take urgent necessary action to fill up these posts for providing health care delivery in the district.

- b. Contractual staff under RCH was also found to be inadequate. Posts of PGMOs for pediatrics and Anesthetics were lying vacant. Only 2 out of sanctioned 5 posts of Medical Officers were filled up. Posts of staff Nurse were not filled up.
- c. It was observed that 2 out of 3 posts of Specialists and 63 out of 75 sanctioned posts of Staff Nurse were lying vacant in District Hospital, Burhanpur
- d. Posts of Specialists and MPW(M) were lying vacant in visited CHCs.

### **3. Implementation of Janani Suraksha Yojana :**

- a. JSY was functioning well in the district.
- b. All the 39 beneficiaries contacted were satisfied with the services provided under JSY. All of them had received cheques for cash assistance under the scheme within three days of delivery.
- c. Only 24 ( 61.5%) beneficiaries got three post natal checkup by ASHAs and ANMs.

### **4. Utilisation of Untied Funds:**

- a. Visited CHCs Khaknar and Shahpur had received untied funds during 2008-09 and utilized properly. For the year 2009-10 both the CHCs received untied funds but the CHC at Khaknar utilized the fund whereas but CHC Shahpur couldn't utilize the fund till the time of visit by the team.
- b. Similarly all 13 PHCs were provided with untied funds during 2008-09. Some of them have not utilized the funds. PHCs at Loni and Dhulkot neither submitted accounts nor refunded. All 13 PHCs provided untied fund during November and December for the year 2009-10 and didn't utilize the funds.
- c. During visit to the sub centers it was observed that untied funds were received and utilized by them and maintained cash book properly.

## **5. Implementation of Rogi Kalyan Samiti (RKS)**

- a) Rogi kalyan Samitis were set up in all 13 PHCs, 3 CHCs and District hospital in the District.
- b) All 13 PHCs provided RKS funds during 2008-09, but due to non-registration of RKS all PHCs except PHC at Loni has refunded the RKS funds. PHC Loni has not refunded or expenditure incurred in this regard.
- c) In th visited CHCs Khaknar and Shahpur were received RKS funds and utilized properly during 2008-09. For the year 2009-10 both CHCs received RKS funds, CHC Khaknar utilized the fund but CHC Shahpur couldn't utilize the fund till the time of visit.

## **6. Village Health Sanitation Committee (VHSCs):**

- a. In all the sub centers Village Heath & Sanitation Committes have been formed and were having ASHA as a member.
- b. Bank accounts (Joint) were opened as per norms for handling the funds.

## **7. Functioning of ASHA Scheme:**

- a. It was reported that 467 ASHAs were functioning and trained in the district. Out of them 400 ASHAs were provided with drug kits.
- b. In the visited sub centers role of most of the ASHAs was found satisfactory. At the time of ANC, Immunization ASHAs were helping ANMs and motivating Institutional deliveries; they were also accompanying with the mothers for delivery . It was also found that ASHAs were preparing blood slides from the febrile patients.

## **8. 24 X 7 hours Delivery Care System:**

2 CHCs and 7 PHCs were providing 24X7 delivery care system in the district.

## **9. Physical Infrastructure:**

### **i. CHC**

- a. CHC Khaknar and Shahpur were functioning in Govt. buildings and their premises were found neat & clean. Both the CHCs should to be 30 bedded but at present only 20 beds are available at Khaknar and 15 beds at Shahpur.
- b. Blood storage unit and incinerator were not available in both the visited CHCs.
- c. Infrastructures were not available in these CHCs as per IPHS standard.

### **ii. PHC:**

- a. Both the visited PHCs at Doifodiya and Loni were functioning in government building. Microscope, Resuscitation equipment was not available at both the PHCs. Functional Operation Theater with OT table was not available at Doifodiya PHC. OT for LTT operation was available at Loni PHC. Minor surgical equipments and Auto clave were not available at PHC Doifodiya. Similarly, Jeep and Laboratory facilities were not available at both the visited PHCs.
  - b. Contraceptives (IUD, OP, CC) and Prophylactic drugs (IFA, Vitamin A) were adequately available in both the PHCs visited.
  - c. Ayush Medical Officers were not available at both the visited PHCs.
  - d. Residential quarters for Medical officers were available at both the visited PHCs and also 24 hours delivery service are being provided at both the visited PHCs .
- ii. **Sub-centre:**
- a. Visited sub centers were functioning in Government building except sub centers at Karkheda. Karkheda sub center was located in a rented room. All the workers of the visited sub centers were residing in sub center villages. Labour rooms were available in sub centres at Chapora, Ichchhapur, Bhambhada & Mohad sub centers, but deliveries were being conducted only at Ichchhapur.
  - b. Weighing machine for infants was not available at all the centers visited except Doifodiya and Nimandad sub centers. The weighing machine for infants kept at Raitalai was not in working condition.
  - c. DDK, Emergency contraceptive pills, Injection Gentamycin, and Cap Ampicillin were not available at any of the visited sub centers.

#### **10 Knowledge and opinion of community on health services:**

- a. **54** mothers having child upto one-year of age were interviewed for assessing the services being rendered by the ANM working in the visited sub-centres.
- b. **only 24 (44.4%)** mothers replied that the ANMs visited within three days after delivery.
- c. 21( **38.9%** )mothers received three post natal check ups and also knew the danger sign of ARI. **31(57.4%)** mothers were aware about the use of ORS during diarrhoea.
- d. **22(40.7%)** mothers knew the schedule of child immunization. and **37.04%** mothers were aware of contraceptive methods.
- e. All 54 mothers were aware of the government health facilities where they can get all health facilities.
- f. During the course of visit to PHC Doifodiya and Loni pregnant women, recently delivered women, mother having 2 years old child, Dai, Village leaders and JSY

beneficiaries when interviewed, it was found that they were satisfied with the services received from staff and Medical Officers of PHCs.

#### **11. Sample Verification of Family Welfare Acceptors:**

- a. Out of 289 FW acceptors selected, 191 (66.1%) could be contacted for sample verification. While verification the team observed that there were discrepancy in the age of spouse recorded in the register in 172(59.5%) cases. Follow up services were not provided to 68(35.6%) F.P acceptors.
- b. Out of 213 acceptors of spacing methods of FP selected for sample verification, 140(65.7%) acceptors could be contacted The team found 68(48.6%) fake reporting cases. 26(36.1%) acceptors were also found to have been discontinued the services within 6 months of use of the service, such data shows poor service of the spacing methods of the FP and need close monitoring for improvement.
- c. Out of selected 107 beneficiaries of child immunization, 84 children could be contacted and also found that as many as 30(35.71%) beneficiaries were not followed up.

#### **12. Reconciliation of reported performance:**

Performance reported under IUD by District Family Welfare Bureau for the year 2008-09 did not tally with the figures reported at CHC Shahpur.

#### **13. Maintenance of records and Registers:**

- a. Though printed EC Register was available but the same was not updated at all the centers visited.
- b. Service registers for IUD cases were not maintained in the visited sub centers at Raitalia, Nimandad, Bambhada and Mohad .

#### **14. Other observation and Suggestions: -**

- a. Lack of supervision and monitoring noticed at all levels which should be strengthened.
- b. During ANC/PNC surveillance it was learnt that IFA consumption, exclusive breast feeding & three post natal checkups were in the range of 48-56%.
- c. Most of the ANMs said that they kept the stock of OP and Nirodh with. Anganwadi workers and ASHAs distribute them among users throughout the year. In the month of April, they calculate users of OP& CC based on the stock and show distribution during entire year. In registers, ANM do this exercise without getting confirmed the actual distribution by AWW and ASHAs and hence users are shown more in number without follow up and knowledge of ANMs

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#### 14. District Satna

### Major observations of Field Survey Unit, Bhopal about the Evaluation work in District Satna of Madhya Pradesh State in January, 2010

#### I Details of the visited Institutions:

District Visited	DH/PH PHCs/CHCs visited	SCs Visited
Satna	Distt. Hospital, Satna CHCs: .Kothii & Nagod, PHCs:Jaso,Ghoordang,Sohawal & Singhpur.	Jaso, Gangwariya, Bhoomkahar,Sangwaiya,Karhiya, Chunha,Sinding, Kothar & Barakala

#### II. Major Observations:

##### 1. Human resources:

- a) 30 (70%) Posts of specialists, 25 (41%) Posts of Medical officers ,142 (65%) (posts of staff nurse, 67 (97%) posts of Male supervisor, 64 (25%) posts of MPW(Male),31 (10%) posts of ANMs and 19 (30%)posts of LHVs were lying vacant .
- b) Contractual staff identified as per requirement under RCH in the different category was also not filled up. 3 Posts of PGMO in Pediatrics, out of 5 required, both the 2 required posts of PGMO Anesthetics and Gynecology, all 23 posts of staff Nurse, and 199/out of 207 posts required of ANMs were lying vacant in the district.

##### 2. Rogi Kalyan Samithi (RKS) and Village Health & Sanitation Committee (VHSC)

- a) It was reported that 52 Rogi Kalyan Samithies have been constituted in the district and are functioning all institutions i.e.District Hospital, Civil Hospital, 9 CHCs and in all 40 PHCs . All the 40 PHCs have been provided RKS funds for last year and current year 2009-10.
- b) The visited CHC Nagod and Kothi had received RKS funds of Rs. 60,000 and 70,000 for the year 2008-09 and current year (2009-10) respectively and the meetings were held regularly. The Nagod had utilized on 30% during the year 2008-09 and 100% in the current year. CHC Kothi utilized only 14% last year and 33% in the current year up to the visiting month.
- c) There are 1760 villages in the district, and in 1646 villages VHSCs have been formed there .Joint Bank accounts were opened in 1274 VHSCs to handle funds.

- d) As per the information received from the district 1627 village health committees were having ASHA as a member. And it was reported that the meetings of VHSCs, were held regularly.

### **3. Services of Janani Suraksha Yojana(JSY)**

During sample verification, the beneficiaries expressed their satisfaction on the services under the scheme. All 36 beneficiaries who were contacted during the field verification in the area of 8 sub-centers were mostly satisfied with the assistance the received by cheques within three days of delivery. 97% Institutional delivery was reported. PNC check-ups were required to be provided to 100% beneficiaries but was only to 69.44% beneficiaries.

### **4. Services of ASHA Scheme:**

- a) The team has visited two blocks (Nagod and Kothi) and nine sub-centers to assess the status of ASHA scheme. In Nagod block, all the 232 villages covered under the scheme and there were 232 ASHAs trained and having drug kits. In Kothi block there were 200 ASHAs against 228 villages and all ASHAs were provided provided with the kits. 60 ASHAs were reported to have been trained up to the visiting month.
- b) In the sub-centers, village wise ASHAs were working there and all were provided with drug kits.
- c) The ANM, JSY beneficiaries and villagers of visited sub center were fully satisfied with the role of ASHAs. At the time of ANC, Immunization ASHAs are helping ANMs and motivating Institutional deliveries & accompanying with delivery cases also.

### **5. 24 X 7 hours Delivery Care System:**

- a) It has been reported that 24X7 hours delivery care system is available in 22 institutions in the district.
- b) Of the visited PHCs, Singhpur PHC was conducting a good number of deliveries under the scheme as 268 deliveries in last year and 203 deliveries conducted in the current year.

### **6. Untied funds:**

- a) All visited CHCs/PHCs and Sub-centers received the Untied funds and utilized maximum amount by most of the centers.
- b) During 2008-09 CHCs, PHCs and sub-centers got Rs. 50,000/ Rs. 20,000 and Rs. 10,000 as Untied funds respectively. Cash books were found maintained at some of the visited sub-centers. Cash book of SC Gangwariya was not maintained properly for the year 2008-09.

### **7 Physical Infrastructure:**

#### **7.1 CHCs**

- a) Visited CHCs at Nagod and Kothi were functioning in Govt. buildings and the premises were found in neat and tidy condition.

- b) Blood storage unit was there in Nagod but it was waiting for licence. There was no Blood storage unit in CHC Kothi.
- c) OT with all surgical equipments and Operation Table was in a good condition in CHC Nagod but CHC Kothi had no such facility.

## **7.2 PHCs**

- a) PHCs at Jaso and Singpur were functioning in Govt. building and the building condition is good. Most of the equipments and facilities are available with them.
- b) There was no cold chain equipments in the both the PHCs. Only ILR refrigerator was available in Singhpur PHC.
- c) Medical Officer's Residential Quarters were available in the PHCs, but the condition of MOs quarter at Jaso was not good and needed repair.

## **7.3 Sub-Centres**

- a) Visited sub centres at Jaso, Gangwaria, Bhoomkahar, Sangwariya, Karhiya, Chuna, Sinding, Kot Sinding, Kothar & Barakala. All of them were functioning in Govt. buildings except SCs Barakala and Sangmiya. Sub-centre Sangmaiya is running in PHC building and Barkala in Rented building.
- b) There is no water facility in the sub-centres Karhiya, Sinding, Kothar and Sangmiya. Toilet facility was available in all visited sub-centers except Jaso, Barakala and Bhoom Kahar. There was no electricity in 5 out of 8 sub-centers visited.
- c) Emergency contraceptive pills, DDK, Injection gentamicin cap Ampicillin etc were not available at any of the visited sub-centres. Kit A was provided to all subcentres in 2009-10 and Kit B was not found in many of the sub-centers visited. BP apparatus is available at all visited sub-centres but it was found not in working condition at Sangmaniya Sub-centre.
- d) Facilities like Labour room, delivery table were not available in many sub-centres out of 8 visited. Mcintosh sheet, Ambu bag suction, sterilizer, Tab. Co. trimoxazole, clorin solution, cap, Ampicillin, Inj. Gentamycin etc were not supplied to most of the centres visited.
- e) SBA training not provided to ANMs of any sub-centres.

## **8) Community satisfaction & opinion on health services;**

- f) To assess the community satisfaction, 20 mothers having child of upto one year age were interviewed in the area of the sub-centre visited. 17 mothers inform that ANMs are available as and when needed.
- g) Most of the respondents were aware about the services of health related matters especially, MCH, FP, Immunization and the Govt. facilities where they can get the services.
- h) 90% Mothers informed that they visited AWC for ANC, PNC, nutritional immunization etc. and 7 mothers received 3 PNC services.
- i) MPW(M) of 6 sub-centres use to stay at sub-centre except Bhoomkakar, they were taking round of the villages to collect blood slides of fever patients. They are also giving proper advice to the villagers and latest activities of health programmes and also gave radical treatment in time to the malaria patients with proper advice. At some sub-centers. Nirodh users complained irregular supply of condoms which was due to short supply. Shortage of OP also seen in some sub-centers.

**9) Sample verification of FW acceptors:**

- a) Out of selected 200 acceptors of Family Planning methods, 143 (71.5%) could be contacted for sample verification. In a few cases i.e.3 (2.10%) the total no. of children and 2 (1.40%) in the no. of male children, discrepancy was found.
- b) Age of spouse in 37 cases, total no.of children and break up of male/female children in 10 cases were not recorded at all.
- c) Totally 161 acceptors of spacing methods of Family Planning were selected and 114 (70.8%) could be contacted. Out of that the team found 64 false reporting cases. Further 12 beneficiaries had discontinued the services.

**10) Reconciliation of reported Performance:**

- a) Performance report in respect of family planning methods for the year 2008-09 and 2009-10 was not made available at the district office. Institution wise performance report is maintained and always available at district office. Since not available the report its shows negligence towards the evaluation work.
- b) The team was unable to verify the figures reported center wise in the district for last two years due to absence of the data at the performance report at district office. Similarly, the reported figures of IUD have no authenticity of the record at CHCs visited at Nagod and Kothi. No register was maintained there for IUD cases at both the CHCs head quarters.

**11) Maintenance of registers:**

- a) ) CHC Kothi maintained only Sterilization and ANC register.

- b) Register for Family Planning services was not maintained at CHC Kothi, sub-centre Karhiya, and Sinding Kothar . SC Chunaha did not produce them for inspection .
- c) Eligible Couple registers were mostly not maintained or updated CHC Kothi & CHC Nagod and 4 out of 8 visited sub-centres.
- d) ANC/PNC service register and Immunisation services register were maintained properly.
- e) JSY register was not maintained at SC level . They are maintained at CHC/PHC level where deliveries are conducted.
- g) Stock register was not maintained by most of the SCs.
- h) Cash book and Untied funds were maintained properly by most of the SCs except Sangwaiya and Sinding Kothar.

**12) Observation and Suggestions:**

- a) Records and registers were not available for verification at some of the centres visited. Block Medical officers are not verifying the records. Lack of supervision was noticed at all the visited centers in upkeeping of records.
- b) It was found that some of the sub-centers were not getting supply of Oral Pills and some were not keeping records of distribution of IFA tablets.
- c) ANMs of most of the sub-centers have not taken SBA training except the ANM of Ganwariya.

**15. District Katni**

**Major observations of Field Survey Unit, Bhopal about the Evaluation work in District Katni of Madhya Pradesh State in January, 2010**

**I Details of the visited Institutions:**

Katni	CHC-Bohariband, Vijay , Raghogarh PHC-Singoudi, Kymore , Sleemnabad and Teori.	Harrai, Kamore, Dokariya, Gohawal, Padwar, Sansarpur, and Bandhi Station
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**II. Major Observations:**

**1. Human resources:**

- a) A large number of posts were vacant in the district, 38 (65%) posts of Medical officers, 11 (30%) Male Supervisors, 55 (35%) MPW(M), 9 (20%) LHVs and 64(56%) Staff Nurse were lying vacant in the District.

- b) Contractual staff under RCH,i.e. 2 PGM(OAnesthetics) 2 PGM(OGynecologist) 4 Medical Officer, 3 Staff Nurse CEmoc, 9 Staff Nurse BEmoc and 20 ANMs were lying vacant in the district.
- c) Post of Laboratory technician at PHC level was lying vacant almost all PHCs visited.

## **2 Rogi Kalyan Samithi (RKS)**

- a) There were total 26 Rogi Kalyan samities registered. 1 at District Hospital, 7 at CHCs and 18 at PHCs in the district.
- b) The meetings were being conducted every quarter, regularly in the CHCs and PHCs visited.
- c) It was found that the whole fund provided to PHC under RKS scheme has been utilized for the year 2008-09.

## **3.Services of Janani Suraksha Yojana (JSY)**

- a) During sample verification, total 33 beneficiaries out of 37 selected cases 100% beneficiaries satisfied with the services and 100% beneficiaries accompanied by ASHA to visit hospital for delivery. All beneficiaries were mostly satisfied with the assistance received by cheques within three days after delivery. Total 84.85% beneficiaries made self arrangement of transport to go to hospital. 30.30% beneficiaries got three post natal checkups by ASHA and ANM.

## **4. Services of ASHA Scheme:**

- a) The information received from DPMU there are 316 villages in the district & 322 ASHAs were working. 314 ASHAs were trained and having drug kits.
- b) It was observed that ASHAs in the sub-center villages at Harrai, Dkariya,Sansarpur and bandhi were selected and most of them working properly.

## **5. 24 X 7 hours Delivery Care System:**

15 Institutions were reported to be identified for 24 X 7 delivery care service in the district.

## **6. Untied funds:**

- a) Visited CHCs Vijay Raghogarth and Bhribandh received untied fund of Rs. 50,000 for each CHCs for the year 2008-09 and 25000 for the current year and utilized properly during both the year.
- b) All the visited PHCs were provided untied fund during 2008-09 and entire fund has been utilized properly.

- d) All the visited sub centers had received an amount of Rs 20000 for the current year and last year and their records of its utilization has been found proper maintained.

## **7) Village Health and sanitation Committee (VHSCs)**

- a) 881 VHSCs have being functioning in the district and out of those 799 were having bank account to handle the funds.
- b) Village health & Sanitation committee are formed at most of the visited sub-centers and all were having ASHAs as member. Some of the villages having more than one ASHA.

## **8 Physical Infrastructure & Stock Position:**

### **8.1 Sub centers**

- a) 8 Sub- centers visited in the district, Government building was available at 5 places and Sub centers Gohawal, Padwar and Bandi were functioning in rented building and Kymore sub center is functioning in PHC building.
- b) Functional labour room was not at any of the visited sub centers. ANMS conducting the deliveries at their respective CHCs. Electricity connection was not in Sansarpur sub center. Toilet facility was lacking in Sansarpur and Gohawal sub- centers.
- c) Examination Table, Ambu bag suction, Disposable syringes, Tab Chloroquine etc. were not available in some of the centers. Drugs like Tab. Metronidazole, Ing.gentamicin, Cap.Ampicillin etc.were not available in most of the centers.

### **8.2 PHCs**

- a) PHCs visited Teori,Kymore,sleemnabad and singaudi were functioning in Govt. building. There was no cold chain equipments available in 3 PHCs except Teori due to irregular power supply, maintaining cold chain for vaccine at PHC level was a problem.
- b) Residential quarters for MOs were not available at Singoudi and Sleemnabad.

### **8.3 CHCs**

- a) Visited CHC at Vijay Rahogarh and Bohriband were functioning in government building. The premises of the CHCs found neat & clean.
- b) All necessary equipments like BP Apparatus, Microscopes & Lab Equipments, auto clave, oxygen Cylinder, Anesthesia equipment Labour room, are available at both the visited CHCs.

- c) Blood storage unit was functioning at both of the CHCs but incinerator was not set for both the CHCs.

**9) Community satisfaction & opinion on health services;**

- a) To assess the knowledge and opinion on the health services provided by the ANMs , 31 mothers having child of up to one year age were interviewed in the villages of eight sub-centers.
- b) The services in extant to mother and child care were observed not access to all the beneficiaries, it needs close servilence to improve the activities at remote areas. .
- c) However 100% satisfaction was observed providing the services of train persons for conduction deliveries, baby weight at birth, contrasptive use and breast feeding counseling etc.
- d) Almost all the Medical Officers of the visited PHC use to stay at Head quarter and all the emergency medical and drugs were available in all the visited 3 PHCs facilities where they can get all health services.
- e) In order to access the performance of the male workers some opinion were interviewed the worker takes round of the village regularly. They are also giving proper advice to the villagers and information of latest activities of Health Programmes and also gave radical treatment in time to fever patients with proper advice.

**10) Sample verification of FW Acceptors:**

- a) 236 cases of sterilization and temporary methods (IUD), OP & CC cases were selected, out of these 236 only 174 (73.73%) could be contacted and the rest 62 (26.27%) could not be contacted as were temporarily out of home.
- b) The percentage of entries of the column of total children and number of Male/Female not recorded were 1.72. The follow-up services confirmed by 35.63% out of 174 contacted family planning method acceptors.
- c) Not even a single case of pregnancy has been reported from the contacted acceptors of permanent and temporary methods of F.P.

**11) Maintenance of registers:**

- a) IUD register were mostly not maintained or updated at the visited centers.
- b) ANC/PNC service register and EC registers were not maintained at CHC level.
- c) JSY register were not printed & maintained at SC level .
- d) Stock register was maintained by most of the SCs except SC Dokaria.
- e) Cash book and Untied funds were not maintained properly by most of the SCs.

**12) Observations :**

- a) Total 97% institutional deliveries were found in visited SHCs. There is need to pay attention towards pos natal checkups as they found only 30.30%.
- b) Out of 881 villages 817 have VHSC (799 with bank account ) and 808 VHSCs with ASHA.
- d) The payment to cases under JSY pending since August 2009 and September 2009 in Gohawal and Sleemnabad SHC respectively due to shortage of fund.
- d) Block medical Officers are not verifying the records regularly which result poor maintenance of records. The monitoring and supervision needs to be strengthened.
- e) The follow up of services given by field staff for FW programmes comes out to only 35.63%.

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