



# 6<sup>th</sup> Common Review Mission

## Madhya Pradesh

Dr. Sila Deb  
DC (Child Health)



Government of India

**NATIONAL RURAL HEALTH MISSION**  
Ministry of Health & Family Welfare  
Govt. of India





# Team Composition

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## *Gwalior Team*

### GOI Representatives

- Mr. Deep Shekhar, Director, MOHFW
- Dr Sher Singh, NVBDCP
- Mr. Will Starbuck, World Bank
- Mr. Surojeet Chatterji, PFI
- Dr. Anuradha Jain, NHSRC
- Mr. Sanjiv Rathore, FMG

### State Representative

- Dr. K.L Sahu, Director ,Family Planning
- Mr. Vishal, State Accounts Manager

## *Hoshangabad Team*

### GOI Representatives

- Dr Sila Deb, DC Child Health
- Ms Geetanjli Agrawal, Consultant, Adolescent Health
- Ms Mona Gupta, MSG, TMSA
- Dr Nimisha Goel, Consultant FP
- Dr Dinesh Jagtap, PHFI
- Dr Rashmi Kukreja, DFID

### State Representative

- Dr P.N.S. Chauhan
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# Places Visited

## Gwalior

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- District Hospital (Morar Prasuti Gria)
  - NRCs- Mohana, Thatipur
  - CHCs- Bhitwar, Dabra, Mohana
  - PHC-Chinnaur, Atari, Barai, Pichaur
  - SCs- Rahi, Simaritaka, Sukhapada, Chinnaur, Ghatigao
  - AWC- Rahi
  - VHSC & VHND- Rahi,
  - Urban Field Centre Thatipur
  - Civil Dispensary-Shabd Pratap Ashram
  - Urban delivery Points- Harijan Basti Ausdhalaya
  - SIHMC
  - DPMU
  - Drug warehouse
  - ASHA Training (PHOTC, in front of Madhav dispensary)
  - Community Interaction(village & urban slums): Rahi, Simaritaka
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## Hosangabad

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- District Hospital Hosangabad
- NRCs- Hosangabad, Itarsi, Sukhtawa, Pipariya
- SDH Itarsi
- CHCs- Babai, Sukhtawa, Seoni Malwa, Panchmari, Pipariya
- PHCs- Semari Harchand
- SHC- Ghana, Doomer, Kaisla, Paraswada, Matkuli, Pagara
- AWC- Matkuli, Pagara
- VHND & VHSC- Amlakala, Ghana, Doomer, Matkuli, Pagara
- Samarpan(Early Intervention Clinic) Hosangabad.
- Vaccine Warehouse
- DPMU
- ANMTC
- Community Interaction in village: Paraswada



# Positives

- **Utilization of services:** Hospitals providing delivery services increased from 335 in 2006 to about 900 at present. DH offers a wide range of IPD. Medico- legal cases and post-mortems performed in large numbers in block level .
  - **Drugs & Equipments:** State Public Health Procurement Corporation established for drugs & medical equipments. Free drugs available for JSSK. Generally Good supply of drugs at all levels.
  - **Online State Drug Management Information System (SDMIS):** 50 DH, 59 CH and 333 CHC are uploading online. 43 district warehouses out of 50 are ready and staffed.
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# Positives

- Adequate SNCUs & NRCs
- Cold Chain including deep freezers and ILRs found functional
- Initiatives with NIPI Support: Human Breast milk Bank, Vaccine Storage at District Hospital, Early Intervention Clinic (Samarpan)
- MMUs are functional
- Finance: Books of accounts are properly maintained.
- IEC: The display of signage, Citizen charters and IEC material
- Sub centres performing immunization, ANC and OPD function. concept of Sector Sub centre - good.



Early Intervention Clinic  
(Samarpan)

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## The cold chain equipment space

Well ventilated  
and airy

Weatherproof  
roof and walls

Immunization  
session rosters  
and job aids

Each Equipment  
connected to stabilizers  
on stand



Clean, level, dry  
floors

Equipment on  
stands

Well placed equipment  
with appropriate spacing

Fixed plug and no  
loose wires

## Vaccine Stores- DH Hoshangabad (NIPI)

## Dry store



Separate partitioned area

Adjustable racks and shelves for storing material

Cold boxes neatly arranged



Diluents' cartons also stored here

Syringes and other logistics

New DFs and ILRs for distribution

# Dry Store- Vaccine Store DH Hoshanagabad





# Human Resources

## Area of Improvements

- **Acute Shortage of Staff Nurses:** ANMs deputed at Facility makes shortage of ANMs at Sub Centres
  - **Non Performing Specialists:** The DH Gwalior has 4 gynecologist and on an average performing 10-15 C-Section per month .
  - **Non Rational Deployment of Specialists:** 2CHC and 1 CHC cannot be made functional as FRU for want of a gynecologist, and gynecologist in one of the blocks is posted in PHC.
  - **Skill Building of trained MOs.:** The LSAS trained doctor at Bhitarwar, DGO in Itarsi were not confident and is requesting for a 15 days refresher/undergoing refresher training
  - **Delayed Payments of Contractual Staff:** Contractual ANMs not paid for last 6 months as observed in PHC Barai and Sector sub centre. The contract of staff has not been renewed after the first appointments.
  - **Lack of appraisal System of Contractual Staff/Attrition:** No systems of appraisal or increment of the contractual staff; Higher attrition rates. Huge vacancies in programme mgt.
  - **Motivation and HR Policy for Regular Staff:** The permanent sanctioned staff is demotivated due to poor HRH management in terms of nonexistent transfer policy and promotion policy
  - **Low Training achievement:** SBA trained SN not placed/trained at L3
  - **Large No. of Posts under NVBDCP – vacant**
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# Issues

- **Critical HR gaps need to be addressed.** The posts of 26 District Account Managers (DAM), including 103 Block Accountants, Staff Nurse, Specialists, NVBDCP staff . ANMs deputed to higher facilities to fill up gap of Staff Nurse.
  - **Diagnostic:** Diagnostic services are sub optimal in the facilities. **Range of lab tests** needs improvement.
  - **Adequacy of facilities and infrastructure:** The existing public health facilities are less as per the population norms and **existing FRUs to be made operational. Inadequate no. of Sub Centres** as per population norms; Old buildings need renovation; Unmanned Sub Centres
  - **Blood: Blood Storage units to be established in other facilities (FRUs)** to provide comprehensive L3 services. At CH Itarsi the post of blood transfusion officer was vacant .
  - **Supportive services:** Supportive services like electricity (generators), water supply remain problem at many delivery points visited. Baby warmers in NBCC are not being used due to electricity issues
  - **Bio medical waste management and Infection prevention:** Biomedical waste management remains a concern in most of the facilities visited-sharps spread around in open, soiled clothes and placenta are dumped in open pits.
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# Issues

- The pace of implementation of **School Health Program** is slow
  - There is a need to create **common call centre for 108 and Janani Express**. Majority of the pregnant women use 108 as the Janani Express call centers are busy.
  - **Grievance redressal set up for ASHAs** requires improvement in its functioning.
  - **Capacity building of the VHSNC** members and post training handholding is required.
  - E-transfer of funds from District Health Society to the health facilities and other agencies should be operationalized.
  - **Customization Version of Tally ERP9** has already been implemented in the State Health Society and District Health Society but no one is using it for the accounting.
  - **Audit observations to be shared with the facilities**
  - **Frequency of visits of MMU** to be planned as per facility coverage.
  - **Mobilization of drop outs of immunization**
  - Need for training and Monitoring for **Drug Inventory management**.
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# Issues

- **Rising trend of Institutional deliveries, But few (27.2%) stay for 24 hours (AHS 2010)**
  - Increase in No. of Delivery Points but not much reduction in MMR (310)
  - **ARSH Clinics not performing-** Training and appropriate positioning of staff, availability of protocols
  - **Community Based MDR is not taking place.**
  - **ANM shortage, Poor progress on Childcare Outreach-** low Vitamin A, IFA coverage, breastfeeding rates.
  - **NRC:** Utilization, Admission criteria(Sick SAM children), Follow up. desired weight gain to be aligned as per guidelines. NRCs are releasing children without adequate nutritional rehabilitation as they are bound by day norm and not by improving status of nutrition. Low rates of target improvement. IEC of mother not properly done
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# Issues

- NVBDCP :
  - The Microscopes not working for need of minor repair
  - ASHAs are not having or not using RDT kit for diagnosis of Malaria cases
  - National Drug Policy for treatment of Malaria is not implemented. Both Pf and Pv cases are treated with Chloroquine only. However, DMO has displayed a copy of policy at all delivery points and supplied to ASHAs.
  - Decrease Malarial Cases but increase in PF cases
  - NLEP :Prevalence Rate and New Cases Detection have increased in 2012
  - RNTCP : Prevalence Rate and New Cases Detection have increased in 2012
  - IDSP:Acute Shortage of District epidemiologists (18/50)
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✓ Display of IEC material and signages, citizen charters was found adequate and impressive!!!

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# CHC Pipariya- CRM 3







CHC-Pipariya: CRM 6

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# Janani Express

District Hoshangabad has maruti vans, functioning as Janani Express Pick – up facility is available round – the clock but drop – off facility is given over a period of three hours every day from 12 noon till 3 p.m.







*Thank You !*



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