8th CRM Visit to Madhya Pradesh
November 8-14, 2014
**CRM TEAM MEMBERS**

<table>
<thead>
<tr>
<th>Sno</th>
<th>Panna District</th>
<th>Katni District</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Dr. Dinesh Baswal, Dy. Commissioner (MH), GoI – Team Leader</strong></td>
<td>Dr Nikhilesh Chandra, Sr Regional Director</td>
</tr>
<tr>
<td>2.</td>
<td>Dr. Sher Singh Kashotiya, Asst. Dir (NVBDCP), GoI</td>
<td>Dr. Preeti Kumar, PHFI</td>
</tr>
<tr>
<td>3.</td>
<td>Dr. Apurva Chaturvedi, Unicef</td>
<td>Dr. Lalit Mahendru, RNTCP, GoI</td>
</tr>
<tr>
<td>4.</td>
<td>Dr. Sri Priya, SAATHI</td>
<td>Dr. Sandhya Ahuja, NHSRC</td>
</tr>
<tr>
<td>5.</td>
<td>Mr. Sanjiv Gupta, FC (FMG), GoI</td>
<td>Mr. Lalit Makwana, EO (Health), Planning Commission</td>
</tr>
<tr>
<td>6.</td>
<td>Dr. Raghunath Saini, RCH, GoI</td>
<td>Mr. Bijit Roy, PFI</td>
</tr>
<tr>
<td>7.</td>
<td>Dr. Ravish Behal, NHM TSA-Deloitte</td>
<td>Dr. Rattan Kumar, NIPI</td>
</tr>
<tr>
<td>8.</td>
<td>Ms. Neha Agarwal, NRHM, GoI</td>
<td>Mr. D K Pandey, Dir (OL), GoI</td>
</tr>
<tr>
<td>9.</td>
<td>Mr. Syed Abbas, NHSRC</td>
<td>Ms. Risha, Adolescent Health, GoI</td>
</tr>
<tr>
<td>10.</td>
<td>Mr. Perwaiz Alam, HMIS, GoI</td>
<td>Mr. Ritesh Aeron, MCTS, GoI</td>
</tr>
</tbody>
</table>
# UNITS VISITED

<table>
<thead>
<tr>
<th>Level</th>
<th>Panna</th>
<th>Katni</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>District hospital</strong></td>
<td>1. DH Panna</td>
<td>1. Katni</td>
</tr>
<tr>
<td><strong>SDH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHC</strong></td>
<td>1. CHC Amanganj</td>
<td>1. CHC, Rithi</td>
</tr>
<tr>
<td></td>
<td>2. CHC Powai</td>
<td>2. CHC, Barhi</td>
</tr>
<tr>
<td></td>
<td>3. CHC Shahnagar</td>
<td></td>
</tr>
<tr>
<td><strong>PHC</strong></td>
<td>1. PHC Mahendru</td>
<td>1. PHC Slimnabad</td>
</tr>
<tr>
<td></td>
<td>2. PHC Suleha</td>
<td>2. PHC Teori</td>
</tr>
<tr>
<td></td>
<td>3. PHC Raipura</td>
<td>3. PHC Bilhari</td>
</tr>
<tr>
<td><strong>Village/Sub health centre</strong></td>
<td>1. Village &amp; HSC Mehwa</td>
<td>1. S/C Devgaon (also GAK)</td>
</tr>
<tr>
<td></td>
<td>2. Village &amp; HSC Sathaniya</td>
<td>2. S/C Kaudia (also GAK)</td>
</tr>
<tr>
<td></td>
<td>3. GAK Naya Bara</td>
<td>3. S/C Kua (L1)</td>
</tr>
<tr>
<td></td>
<td>4. GAK Beli Hinoti</td>
<td>4. S/C Sansarpur (also GAK)</td>
</tr>
<tr>
<td></td>
<td>5. Tribal Village Umaria</td>
<td>5. S/C Gulwara (also GAK)</td>
</tr>
<tr>
<td></td>
<td>7. HSC Pahadi Khera</td>
<td>7. GAK Bichpura</td>
</tr>
<tr>
<td></td>
<td>8. VHND Village Lorehai</td>
<td>8. High School badwara</td>
</tr>
<tr>
<td></td>
<td>10. Village Diya</td>
<td>10. Primary School Badagaon</td>
</tr>
<tr>
<td></td>
<td>11. Village &amp; Primary School Hinoti</td>
<td></td>
</tr>
<tr>
<td><strong>Other facilities</strong></td>
<td>1. Sentinel site, DH Panna</td>
<td>1. District warehouse</td>
</tr>
<tr>
<td><strong>Urban areas/ slums</strong></td>
<td></td>
<td>1. Baghseoni, Bhopal</td>
</tr>
</tbody>
</table>
POSITIVES & GOOD PRACTICES
POSITIVES & GOOD PRACTICES

- Progress noted on key recommendations from last CRM.
- Considerable increase in inpatient and out patient admissions.
- Most of essential supplies, drugs, commodities - available.
- MCHN protocols displayed in all LRs, up to SHC delivery points.
- Good line listing observed for high risk PW.
- Facility level maternal death review is being done.
- Good services through SNCUs and NRCs.
- PPIUCD are picking up.
Certification of Model Maternity Wings initiated: DH Panna certified on the basis of key indicators.

State has merged three village level committees related to WATSAN, ICDS & Health, to form the GSSGTS under NHM.

Good progress on ASHA training - Round 1 & 2 (Module 6 & 7).

CM online - Complaints being registered, reviewed and actions are being taken promptly.

Tally ERP9 software at State and District levels and computerized accounting maintained.

E-transfer from SHS to DHS and below.
OBSERVATIONS
KEY OBSERVATIONS - I

RMNCH+A & Systems strengthening under NRHM

- Large gaps in infrastructure availability.
- Functionality of L3 delivery points poor at sub-district levels; blood storage and specialists – key gaps.
- Transport adequate, but timely accessibility an issue.
- Intrapartum and NBC protocols and practices not followed.
- No system of updating service providers on protocols/technical guidelines.
- Weak peripheral linkages for SNCU and NRC services.
- NRC functioning at sub-district level needs attention.
- Safe abortion services not available at sub-district level.
- Under-reporting of maternal deaths. CBMDR???
• FP services need attention; camp approach still in vogue and quality of care is of concern.
• Eligible couple registers not seen at HSCs.
• Slow progress on RBSK.
• AH services very poor at sub-district level - no counselling; WIFS implementation gaps.
• Counselling efforts & skills of ANM-ASHA-AWW need improvement.
• Inadequate display of IEC at sub-district facilities; no IEC for NCDs.
• BMW mechanisms are weak especially at sub-district levels.
KEY OBSERVATIONS - III

○ **IDSP:**
  ○ 50-60% units reporting – irregular feedback to non-reporting units.
  ○ Surveillance data not used effectively for forecasting reports.
  ○ SIT rooms non-functional at State & in both the districts visited.

○ **RNTCP:**
  ○ Increase in suspected TB cases
  ○ Huge knowledge gaps among key staff involved in the program.
  ○ Delay in timely identification & testing of MDR TB suspects
  ○ Retreatment cases not followed up → very low cure & success rate
  ○ Nikshay entry not decentralized to make it real time.
KEY OBSERVATIONS - IV

**NVBDCP:**
- Upsurge of reported cases of malaria, dengue and chikungunya in the past two years - not reflected in IDSP portal.
- Quality of microscopy & RDT kits for malaria diagnosis compromised
- Suspected Dengue cases tested by Rapid card test - against National guidelines. Elisa reader - NA.
- NDP 2013 for malaria treatment not displayed at focal points - poor awareness of NDP among paramedics & doctors.
- MDA not done regularly for past 5 yrs & desired results not achieved - resulting in delay in elimination to eradication

**NCDs**
- Need attention – several programmes still to take off; activities not yet streamlined.
KEY OBSERVATIONS - V

- **HUMAN RESOURCES**
  - Large gaps in regular cadre across the State; gaps glaring at sub-district levels
  - Some SCs with 2-3 ANMs; however formal work division ???

- **ASHAs**
  - Managing GAK (11am - 1.00/4.00 pm) - not incentivized. Several GAKs physically located in ASHA’s residence.
  - HBNC: Mandated 6-7 household contacts not being done/monitored; Poor identification of danger signs and timely referral

- **VHSNC funds** – directives from State.
KEY OBSERVATIONS - VI

- **MIS**
  - Multiple software functioning in silos.
  - Issues with Quality, Understanding, Validation, Analysis, and Use

- **Financial Management**
  - Large HR gaps
  - GOI Guidelines not seen at sub-district level.
  - Age-wise advances not monitored. Large no. pending.
  - Absence of financial monitoring at all levels.

**Urban Health**

- Recruitment of MO, SN, LT slow
- Delays in identification of sites for U-PHCs and land acquisition
- PHC services timing not as per guidelines.
KEY OBSERVATIONS - VII

- **Drugs**
  - Poor arrangement of stores in DH Panna; no FEFO maintained; several cases of short expiry drugs seen
  - Expired and rejected drugs seen in Katni warehouse
  - STGs not used; irrational prescription of antibiotics by frontline workers
  - JSSK - Instances of OPEs seen

- **Diagnostic**
  - Poor availability of LTs at some PHCs; Microscopy centre LTs need refresher

- **Equipment**
  - Redundant / non-functional equipment seen
  - Mechanisms for repair and condemnation are very weak
Governance & Management

- DHS meetings not held regularly
- RKS meetings – no mechanism for follow up action.
- Several new recruits in PMUs - induction training delayed.
- In Panna, DH doctors given charge as programme officers – but reporting to CS.
- Weak supervision by district and block levels. Further, no record of visits maintained in facilities.
RECOMMENDATIONS
KEY RECOMMENDATIONS for PANNA

Panna district has one of the poorest MMR, IMR/ U5MR, and TFR - This district needs special focus

- Prepare a separate strategy (with timelines). Intensive support needed from the State.
- Strengthen monitoring and supervision – prepare a calendar and strictly follow; technical officers need to regularly monitor adherence to technical protocols.
- Pool of Skill lab trained SNs already available (9) - organise in groups of 3 each for mentoring of DPs; prepare a visit calendar.
- Undertake training on analysis and use of data.
- Program officers should not have clinical responsibilities, for effective management of their programs.
- Technical consultants as well as program officers should be given training in their respective program areas – both induction and regular refreshers.
THANKS TO STATE & DISTRICT OFFICIALS FOR THEIR SUPPORT TO THE CRM VISIT!