

**GWALIOR & CHAMBAL DIVISION (Madhya Pradesh)-  
MONITORING VISIT REPORT  
April-2013**

# INTRODUCTION

## A. Profile of the Gwalior & Chambal Division

Gwalior and Chambal Divisions are administrative subdivisions of Madhya Pradesh consisting 9% & 6% of state population respectively. Gwalior Division covers five districts namely Ashoknagar, Datia, Guna, Gwalior, and Shivpuri and Chambal Division consists of the three districts namely Morena, Bhind and Sheopur. The MMR of the Chambal Division is 311 and Gwalior Division is 262. Four Districts in the Division have higher IMR & U5MR as compared to State average. The detailed analysis of HMIS data 2012-13 is attached in annexure-I

Districts	Population	Blocks	Villages
<b>Gwalior Division</b>	<b>6,646,375</b>	<b>24</b>	<b>4636</b>
Gwalior	2,030,543	4	670
Datia	785,000	3	602
Guna	1,240,938	5	1259
Shivpuri	1,725,818	8	1273
Ashoknagar	864,076	4	832
<b>Chambal Division</b>	<b>4,356,514</b>	<b>16</b>	<b>2363</b>
Bhind	1,703,562	6	935
Morena	1,965,000	7	815
Sheopur	687,952	3	613
<b>Grand Total</b>	<b>11,002,889</b>	<b>40</b>	<b>6999</b>

Mortality Statistics –AHS 2011			
	IMR	Neonatal MR	U5MR
MP	67	44	89
Bhind	53	29	66
Datia	75	43	99
Guna	79	48	96
Gwalior	51	35	69
Morena	64	36	87
Sheopur	74	42	101
Shivpuri	71	45	105

## B. Visit Schedule

District	Facilities
Gwalior	Hatinapur PHC, Behat HSC, Dist. Hospital Murar
Datia	Sewada Civil Hospital
Bhind	Malanpur HSC, Dang HSC, Mehgaon CHC

# OBSERVATIONS

## I. Public Health Infrastructure

- I. As per the population norm there is huge gap exist in terms of infrastructure (shortfall- 51% for SCs, 71%for PHCs and 55% for CHCs). However the existing ones are mostly functioning in government buildings (all DH & 97% of CHCs and 90% SCs).
- II. On an average each primary care facility (PHC/CHC/SDH/DH) shares average population of 67919 which is very high.

**Table 1: Public Health Facilities- Shortfall as per population norms (Census-2011)  
Gwalior Division**

District	CHC			PHC			SC		
	Existing	Projected*	Shortfall	Existing	Projected	Shortfall	Existing	Projected	Shortfall
Gwalior	2	17	15	15	68	53	101	406	305
Datia	3	7	4	10	26	16	97	157	60
Guna	6	10	4	15	41	26	119	248	129
Shivpuri	8	14	6	12	58	46	193	345	152
Ashoknagar	4	7	3	9	29	20	97	173	76
Bhind	7	14	7	21	57	36	189	341	152
Morena	8	16	8	17	66	49	199	393	194
Sheopur	3	6	3	9	23	14	90	138	48
<b>Total</b>	<b>41</b>	<b>92</b>	<b>51</b>	<b>108</b>	<b>367</b>	<b>259</b>	<b>1085</b>	<b>2201</b>	<b>1116</b>

**Table2: Average Population Covered by Primary  
Care Institutions (PHC/CHC/SDH/DH)**

District	Avg. Population Covered per facilities (PHC/CHC/SDH/DH)
Gwalior	96693
Datia	52333
Guna	56406
Shivpuri	82182
Ashoknagar	61720
Bhind	58744
Morena	72778
Sheopur	52919
<b>Total</b>	<b>67919</b>

\*Source- Divisional Program Management Unit (Div.PMU) - Gwalior

- III. There is no infrastructure development plan prepared in the Division/state to bridge the infrastructure gap. Fragmented infrastructure development process is adopted

and the Infrastructure development work is being conducted by the Public Works Department (PWD) & by other Public Agencies (RES, PIU). Under NRHM (since 2005) 99 Major Constructions and 31 minor construction activities have been taken up. However out of which 63% major and 93% minor constructions are completed till date.

- IV. There is one Divisional Engineer deputed at Gwalior (from PWD), who looks after the overall infrastructure development in the Division. The State had recruited one Civil Engineer on contract basis to supervise infrastructure development in each district. However all of them have left and the posts are vacant till date. There are no district level teams to supervise and monitor infrastructure development and there is limited-to-no involvement of the Medical Officers and administrators in the infrastructure development and is solely left to the external agency. Due to lack of coordination and understanding about the requirements separate building blocks were created.

<b>Table:3- Change in Public Health Facilities in Gwalior &amp; Chambal Division from 2005 to 2013</b>			
	In 2005	In 2013	Change in numbers
SC	1075	1083	8
PHC	99	109	10
CHC	36	41	5
SDH	4	5	1
DH	7	8	1

- V. During the facility visit it has been identified that existing infrastructure is very old and requires renovation. Facilities which are over-crowded and functioning well suffer from poor infrastructure. However no attention has been given to upgrade infrastructure in these facilities. PHC Hastinapur had big compound area however there was no boundary wall and the structure was very old and required renovation. Behat SC under this PHC (upgraded to L1 facility) was conducting deliveries had only 2 small rooms and had no space for further infrastructure development. Labor patients were lying next to toilet.
- VI. Two districts in the Division have considerable tribal population with 1-2 blocks with highest tribal concentrations. No additional program from NRHM for tribal population in place. MMUs are provided by the Tribal ministry and are running in the tribal block.

<b>Table-4: Infrastructure development under NRHM –Gwalior Division (2005-13)</b>				
	Major construction taken-up under NRHM (2005-13)	Major construction completed (2005-2013)	Minor construction taken-up under NRHM (2005-13)	Minor construction completed (2005-2013)
Gwalior	0	0	04	04
Morena	-	-	-	-

Bhind	37	11	-	-
Guna	22	19	22	20
Datia	6	4	-	-
Shivpuri	2	0	-	-
Sheopur	19	19	2	2
Ashoknagar	13	10	3	3

## II. Service delivery improvements

The Service delivery from Public Health Facilities have become RCH centric and within RCH focusing mainly on maternal & infant health. Other components are NRHM have received limited attention mostly due to the lack of HR. Institutional Deliveries have seen highest number of increase over the NRHM period and District Hospitals are playing a major role in that. District Hospitals also provide extended Medical specialty services like Medicine, Surgery, Obstetrics and Gynaecology, Ophthalmology, E.N.T, Orthopaedics, Anaesthesiology, Child Health, Dental services in addition to the family planning services and ancillary services such as Blood Transfusion, Laboratory and diagnostic services. Limited Trauma Care service is available at the Gwalior DH however is planned to be made available in the new building under construction.

PHCs & CHCs provide delivery services in addition to the family planning services and immunization services. During the visit vibrant Sub Centers were identified, which are functioning up to the mark with knowledgeable ANMs and good service delivery.

District	% Change (2005-06 to 2012-13)		% Change (2009-10 to 2012-13)	
	Sterilization	Inst. Delivery	OPD	IPD
SHIVPURI	13.5	153.5	29.2	13.3
SHEOPUR	-11.0	143.5	62.2	168.5
ASHOKNAGAR	-5.8	97.6	-8.7	-13.2
BHIND	-32.7	88.8	47.5	102.5
DATIA	22.1	86.4	-14.1	12.9
GUNA	-14.8	83.9	1.7	109.8
MORENA	-25.6	73.3	188.8	293.7
GWALIOR	-45.4	-33.5	-49.8	-39.9
MP	-6.5	92.6	28.2	41.1

If we look at the service delivery improvement numbers- service delivery indicators have gone down in the Division. There could be 3 major reasons for this decline.

- i. Either this could be due to the improvement in data quality and reduction of double reporting from the peripheral facilities in the later years.
- ii. Facility-wise reporting – which reduces the chances of over reporting.
- iii. This could also be actual decline in service delivery utilization, which needs to be further investigated and acted upon.

### III. Ancillary services:

State has started a new scheme to provide free diagnostics and drugs to all citizens. This has helped in the availability of drugs and laboratory investigations in the PHC, CHC and even in all L1 (SCs) facilities. Some of the lab investigations are not available due to the lack of equipments; however procurement of these equipments is requested by the district.

For some radiography services, user charge is levied from the APL excluding pregnant women. State procures drugs through TNMSC, however it has been identified that exact requirement assessment from the district is a problem which affects overall procurement process.

During visit it has been identified that lab services and drugs are available free of cost in all facilities, except few lab test for which equipments are not available.

### IV. Supportive Services

Overall mix observations noted in terms of supportive services in the Districts visited. In the District Hospitals arrangements has been done for the provisioning of supportive services and amenities. However in the CHCs, PHCs and at the SC level there are very limited facilities available for the patients.

- i. Diet – Diet was made available in the District Hospitals, CHC & PHCs through Self help groups, listed by WCD Department. State has fixed 80 Rs. Per day per person for meal. Standard diet chart is prepared and displayed in the facilities. However it has been found that, some of the facilities were not able to provide food to mothers. In L1 facility visited under Hastinapur PHC in Gwalior District no provision for the food for mothers under JSSK was made. District hospitals are now making provisions to develop in-house kitchen and to hire a cook on collector daily wage rate. In some facilities there is no place available to establish kitchen so they are still dependent on the food provided by the self help group. Food is also made available for the mothers whose child is admitted in the NRCs.
- ii. Laundry-In house arrangement, each hospital has employed washer-man in-house to wash all cloths in the facility premise. The washer-man is paid on per piece of cloths washed. District has tried to outsource laundry but the agencies applied were asking for higher rates and were unwilling to wash OT cloths. In SNCUs washing machine were found available and was functioning properly.

**Table-6: Amenities available in the facilities- Gwalior Division**

Services	Findings
<b>Drinking water</b>	Drinking water was available in the DH. However in all other facilities was major problem. In the PHCs no tap water was available and was fetched from Hand-Pumps and put into the buckets in each room for use.
<b>Power-supply</b>	Huge problem. Back-up available but not sufficient.
<b>Seating arrangements</b>	Seating arrangements were available at the District Hospital level. However in the PHC and is the L1 SC no seating arrangements are seen.

<b>Accommodation facilities for attendants/ASHAs</b>	In some places ASHA rest room is available however contains only 1-2 beds. In few places Rain Baseras are made available. In rest of the places no accommodation facility is available for the patient relatives and they have to rest in verandahs.
<b>Provision of public toilets</b>	Limited availability. Even if available are very dirty.

- iii. Signage's-All rooms in the District Hospital and CHCs were well marked with signage in local language. PHCs also had proper signage systems available.
- iv. Patient Information- In DH, ASHA help desk was available but was placed inside the hospital, making difficult for people to locate. In no facility Patient Information Kiosks were available and patients were seen asking for information in each counter/section.
- v. Citizen Charter- In all facilities citizen charter was available and properly displayed in local language.
- vi. Grievance redressal- No register is maintained for grievance redressal. A complaint box is available however no record is maintained for the complaints made. A person who makes a complaint is not informed about the actions taken. Mostly people also don't know where to complain and no information board is available to help people identify process of complaint registration.
- vii. Bio-Medical Waste Management- BMW is disposed in the open pits in the facility premises. In few L1 SCs no pits were available and the human waste was thrown in open. However the sharp waste was send to the PHC for final disposal.
- viii. User Charges & Out of Pocket Expenditures: User charges are taken for the Radiography tests. However no other user charges are made. No out of pocket expenditure was reported by mothers in transportation, delivery and drop-back.
- ix. Privacy and security issues: Efforts to maintain privacy was seen across the facilities. However it has been found that in some places curtains were not available. In PHCs security personnel were not available and in the DH security personnel were employed on daily wedge basis. There is no security available in the L1 & L2 facilities.
- x. The State has no condemnation policy to discard equipment and materials. In addition no policy is available for the repair of the equipments. In District Hospital USG machine monitor was not working and the District has sent the request to the State and to the company for the repair under warranty. However the agency refused to repair and the State has also not taken any action on the company for the same.

## **V. Quality Management**

No Quality management System in place in the Division. Hospitals were seen unclean and dirty. Toilets were very dirty and required renovations. It is high time that quality management system should be put in place in the facilities to improve quality of overall

service delivery. There is District Quality Assurance Team and cell in place however there is no evidence of quality management seen in the facilities.

## VI. Sub Centre services and VHNDs

- i. Each HSC is manned by one ANM with an MPW. All Sub centers have one ANM in place and there is no SC without an ANM. As there is lack of Staff Nurses, ANMs are attached to the 24x7 facility which leads to unavailability of ANMs at the HSC level and affects SC activities.
- ii. There are 79 SCs functioning as L1 facility out of which 25 are conducting deliveries. Out of these centers 45 have 2 ANMs in place. These ANMs are trained in SBA and new born care. The identification and updation of SCs to L1 needs to be reviewed as out of total SCs identified as L1 only 35% are conducting deliveries.

Districts	Total SCs	Functioning as L1	With 2 ANMs	Conducting Deliveries
Ashoknagar	97	8	4	4
Gwalior	101	9	2	2
Sheopur	90	8	0	0
Shivpuri	193	10	13	11
Bhind	189	11	6	0
Datia	97	8	8	1
Guna	119	9	5	5
Morena	199	8	7	2
Madhya Pradesh	8659	616	231	168

- iii. It has been identified that all ANMs placed in the L1 were well knowledgeable and trained. Village Health and Nutrition Days are organized on two day of the week and ANMs with the help of AWW and ASHA conducts the VHNDs. VHNDs provide ANC, PNC services, immunization services, and distribute contraceptive. VHNDs also provide IEC on nutrition, disease prevention, counseling for spacing methods. They also refer to the sick neonates and fever and diarrhea cases to higher facilities. In some places coordination issues with Anganwadi has been identified where ANMs were not able to conduct VHNDs on time due to unavailability of AWWs.
- iv. HSCs have also started supplying sanitary napkins to the adolescent girls (in five districts) and PNC mothers. Weekly Iron Folic Acid supplementation to the adolescent girls also done during VHNDs. There is limited success reported on sanitary napkins distribution as the quality is not good and people are unwilling to purchase.



- v. In all HSCs lab test for Hb, Blood Sugar and Urine is available and ANMs are conducting these tests themselves. However HIV test is not available at the Level 1 facility and mother is referred to higher center for the investigation.

## VII. Immunisation Services

- i. Immunisation is conducted at the HSCs and during VHNDs. BCG vaccine is not given at the time of delivery due to unavailability of the storage facility at L1. However the mother is asked to come with baby on the day of immunization to get the vaccination done.
- ii. ILR & Deep Freezers are available in the focal points identified at District or block level. These focal points have power-back-up with inverter and with generator. It has been identified that the Division has severe problems with the electricity and the temperature monitoring needs to be done meticulously to avoid vaccine wastage.
- iii. The State has established alternate vaccine delivery system where 75 Rs. Is given for the vaccine delivery in normal area and 150 Rs. Is given for difficult area. Usually ASHA/ANMs husbands help with the vaccine delivery.

## VIII. Urban Slums

- i. There are notified urban slums in the Districts. However there is no plan for the urban slums yet in the State.

## IX. Mobile Medical Units

- i. Mobile Medical Units are only available in the Tribal Districts provided by the Tribal Ministry. Out of eight districts only 4 have MMUs in place.
- ii. MMUs are manned by one medical officer, one staff nurse, one lab technician and one driver. Each MMU's visit schedule is fixed in advance and the MMU conducts field visits as per the schedule.

<b>District</b>	<b>Total Number of MMUs</b>	<b>Total OPD 2012-13</b>
Ashoknagar	-	-
Bhind	2	36425
Datia	3	16200
Guna	-	-
Gwalior	3	52498
Murena	-	-
Sheopur	1	16264
Shivpuri	-	-
<b>Total</b>	<b>9</b>	<b>121387</b>

- iii. Services provided include – OPD, laboratory investigation, medicine & family planning consumables distribution, follow-up, counseling, referral and screening. In

addition MMUs also provide IEC activities and implement components of national health programs.

## X. Emergency & Patient Transport Services

Emergency Transport Services made available through Janani Express (dedicated to mother & child) and through 108 services. 108 Service is recently started in the State. However the Janani Express is functioning from a longer time. The analysis of the data provided by the Janani call center reveals that on an average each vehicle is carrying 1.7 patients per day in the Division. Overall there are 28% of deliveries (against estimated deliveries) are being rescued in the last year through Janani in the division. It is important to understand what transport service rest of the pregnant women is utilizing and whether all pregnant mothers are receiving patient transport services or not. 108 service utilization data is not available and needs to be further compared with the estimated pregnancies and utilization from difficult and remote areas.

District	Total No. of Janani Express vehicles.	Total patient rescued.	Total Deliveries rescued	Total inter-facility transfers	Only infants rescue
Ashoknagar	12	13670	14620	1076	336
Bhind	19	15000	9454	1204	119
Datia	8	-	-	-	-
Guna	27	22766	16431	1635	665
Gwalior	8	6326	5288	928	110
Morena	23	-	20502	1253	231
Sheopur	10	6145	5940	-	106
Shivpuri	34	24006	16754	16754	562
Total	141	87913	88989	22850	2129

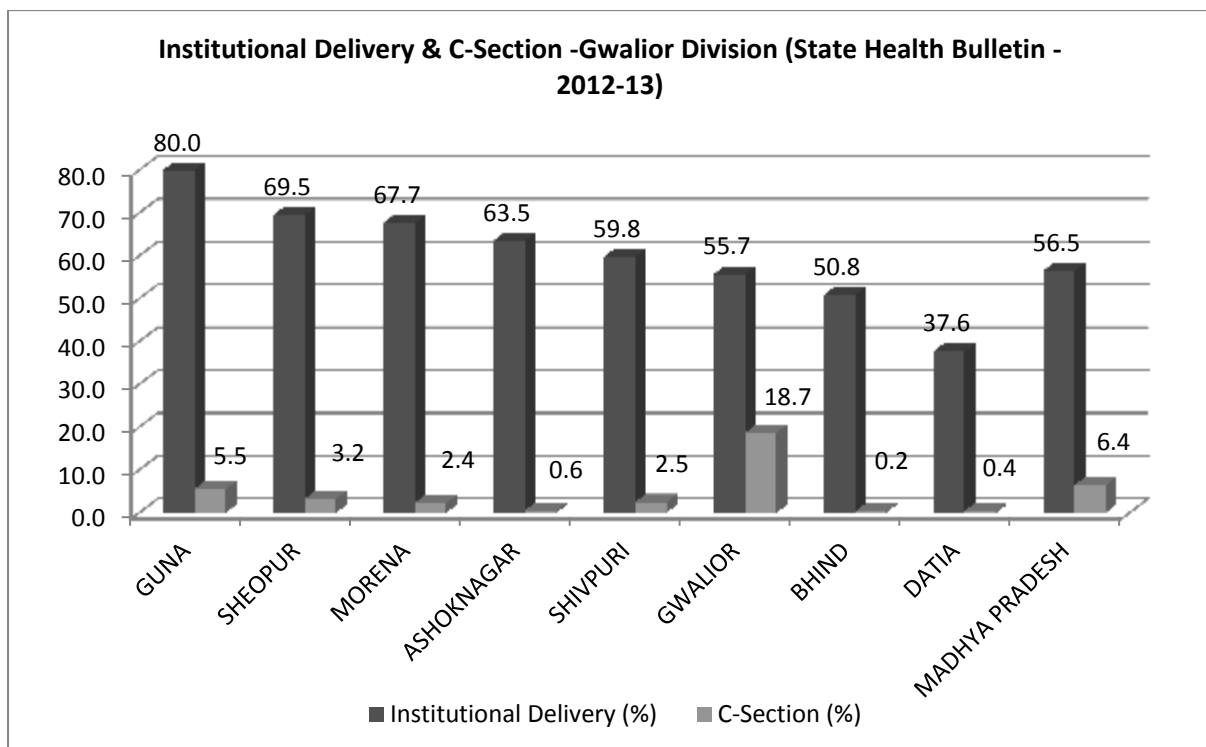
District	% of Deliveries rescued against estimated.
Ashoknagar	61.5
Bhind	19.7
Datia	NA
Guna	44.8
Gwalior	9.3
Murena	35.6
Sheopur	30.7
Shivpuri	31.9
Total	28.1

## XI. Reproductive and Child Health Program

### A. Maternal Health

The Division is one of the poor performing divisions in the Madhya Pradesh. Over a period of time institutional delivery has improved significantly from public facilities however the obstetric complications management and caesarian is yet to take pace.

	3ANC	ANC in Govt. Facility
Madhya Pradesh	68.1	49.5
Bhind	37.3	52.2
Datia	46.7	41.4
Guna	21.3	58.5
Gwalior	60.5	51.6
Morena	30.2	48.2
Sheopur	21.9	34.1
Shivpuri	28.9	53.7



#### I. Obstetric Care:

- i. As for as maternal health is concerned, 35% of the L1 facilities are conducting deliveries. All L2 & L3 facilities provide 24x7 delivery services. On an average each L3 facility shares 209 institutional delivery load per month.
- ii. C-Section facility is not available across all L3 facilities and 50% of the L3 facilities are conducting C-sections. All DH and few CHCs provide C-section facility. Most of the facilities can't provide emergency obstetric care due to lack of skilled Human Resources. In all eight districts of the division 63% L2 facilities are functioning without Staff Nurses

and 10% without Medical Officer. 46% of the L3 facilities are functioning without Anaesthetist and 25% don't have Gynaecologist. Most of the obstetric complications were referred to the District hospitals. Out of total deliveries rescued by the Janani Express 25.7% used for inter-facility transfer.

**Table-12: Facility based RCH Services in Gwalior Division 2013.**

	PHC	CHC	SDH	DH
Total No. of Facilities	108	40	8	8
Facilities providing 24x7 Delivery services	85 (78.5%)	40(100%)	8 (100%)	8 (100%)
Facilities providing C-Section	0	4(10%)	3 (38%)	8(100%)
Facilities with Blood Bank (BB)	0	0	0	7 (87.5%)
Facilities with Blood Storage (BS) Unit	0	5 (12.5%)	1(12.5%)	2 (25%)
Facilities providing Abortion 1 <sup>st</sup> Trimester	14 (13%)	14 (35%)	2 (25%)	6 (75%)
Facilities providing Abortion 2nd Trimester	0	10 (25%)	2(25%)	5 (62.5%)
Facilities providing Male Sterilizations	35 (32.4%)	17 (42.5%)	3 (38%)	8(100%)
Facilities providing Female Sterilizations	57 (52.8)	29 (72.5)	4 (50%)	7 (87.5%)
Facilities with NBSU	0	15 (37.5%)	3 (38%)	0
Facilities with SNCU	0	1 (2.5%)	0	7 (87.5%)

**Table-13: Level -2 Facilities Details Gwalior Division 2013.**

Districts	Total L2	Without MO	Without SN	Without NBCC
Ashoknagar	9	1	8	3
Bhind	14	2	11	5
Datia	8	2	5	1
Guna	10	0	5	0
Gwalior	8	1	3	1
Morena	9	1	1	2
Sheopur	9	1	5	5
Shivpuri	16	0	14	0
<b>Total</b>	<b>83</b>	<b>8</b>	<b>52</b>	<b>17</b>

	Total Level-3 facilities	No. Without anesthetist	No. Without Gynec	With Blood Bank/ Storage	No. Conducting C-Section	No. Conducting MTP	Avg. Delivery load per L3 per month
Ashoknagar	2	1	1	1	1	2	200
<b>Bhind</b>	3	0	1	1	1	3	275
Datia	3	1	1	2	1	2	105
Guna	3	2	0	3	2	2	221
Gwalior	4	1	1	3	2	2	188
Morena	3	2	0	1	2	2	344
Sheopur	2	1	1	1	1	1	165
Shivpuri	4	3	1	3	2	3	179
<b>Total</b>	<b>24</b>	<b>11</b>	<b>6</b>	<b>15</b>	<b>12</b>	<b>17</b>	<b>209</b>

## II. Blood Bank and Blood storage centre:

The blood bank facility is available in district hospitals only. Non-availability of functional blood storage centre in the MCH centers is a major problem. Only District hospitals have blood bank units. In whole of division only 6 facilities have blood storage centers.

In the Civil Hospital visited in the Datia District it has been identified that all equipments are available however the BSU is not functional due to lack of staff. Most of the time it is the availability of doctor which is an issue.

Through blood donation camps, blood collection is being done in the districts however there is no fixed plan for collection and on requirements blood is collected. All blood storage unit and blood banks work in close coordination with private blood banks/ storage units for the exchange of blood when required.

DISTRICT	No. of blood bank-Govt	No. of blood storage-Govt.	No. of blood bank-Pvt
Gwalior	1	-	4
Murena	1	-	1
Bhind	1	-	-
Guna	1	2	-
Datia	1	1	-
Shivpuri	1	2	-
Sheopur	1	-	-
Ashoknagar	-	1	1
<b>Total</b>	<b>7</b>	<b>6</b>	<b>6</b>

### **III. Safe Abortion Services:**

- i. First trimester abortion services are available in 13% of PHCs, 35% of CHCs, and 75% of DH. However only 5.5% of PHCs only have first trimester abortion facility.
- ii. Second trimester abortion services are available in 25% of PHC & CHCs and 63% of DH.
- iii. In the FY 2012-13 277907 MTPs (1.5% of ANC registration) have taken place in the division. Facilities which have abortion services with trained Medical Officer should be closely supervised to ensure service delivery.

### **IV. RTI/STI Services:**

All L2 & L3 have ICTC facility and pregnant woman is screened and treated for RTI/STI in these centers. In addition counselling is also done at ICTC centers. However all CHCs don't have ICTC facility. Incentives are given to ASHA for HIV testing in ICTC.

### **V. JSSK-**

- i. All clinical services at Government institutions are provided free of cost. Free transport to and fro is provided through 108 and Janani Express. Diet to mothers under JSSK is being provided through Self Help Groups. No out of pocket expenditure on drug, lab, transport and delivery is reported by mothers.
- ii. JSY- At the time of discharge each woman is given an account payee cheque in all facilities.
- iii. No provision of food in the L1 facilities for pregnant mothers, they have to arrange on their own. JSSK entitlements are not available in the L1 facilities.

### **VI. Maternal Death Review**

The maternal death reviews are conducted at the District level every month and community level as soon maternal death is reported. Maternal Death Review helps a lot in identifying and addressing gaps.

#### **B. Child Health**

##### **I. New Born care**

- i. All facilities providing delivery services have new born corners with mucus sucker and other necessary equipments. However all of them don't have radiant warmers. All L1 facilities have SBA trained ANMs.
- ii. No PHC has NBSU and out of all CHC, 38% have NBSU. All DH have SNCU facility. SNCU babies are tracked through a computerised tracking system.
- iii. All Doctors in SNCU are either pediatricians or MO trained in facility based new born care. SNCUs are performing with significant case load. On an average each bed caters to 6 newborns in a month. However the SNCU mortality rate is one per 8 admissions.
- iv. Except Ashoknagar rest 7 districts have IMNCI trained staff for Home Based new born care. ASHA is also trained for home based new born care. However there is monitoring done for the HBNC being conducted by ASHA or by any other worker.

District	Inborn Admission	Out-born Admission	Total Admission	Death
Gwalior	485	221	706	72
Datia	567	337	904	117
Guna	879	963	1842	266
Shivpuri	577	728	1305	183
Ashoknagar	663	616	1279	165
Bhind	621	820	1441	137
Morena	1245	936	2181	284
Sheopur	568	392	960	112
<b>Total</b>	<b>5605</b>	<b>5013</b>	<b>10618</b>	<b>1336</b>

## II. Nutritional Rehabilitation Center

The state currently does not have any NRCs. Two NRCs are proposed to be established in this year. NRCs are functioning with maximum capacity and are providing good quality care to the children. In addition to the diet to the mother and child each mother is reimbursed for her daily wage loss. ASHA is given incentives for mobilization of infants for follow-up (completion) at NRCs.

District	Total Blocks	Total NRCs	Bed Occupancy. (2012-13)
Gwalior	4	5	70%
Murena	7	6	92%
Bhind	06	05	39.7%
Guna	5	6	80.4%
Datia	3	5	145%
Shivpuri	8	9	121.7%
Sheopur	3	3	78.3%
Ashoknagar	04	04	83%

## C. Adolescent Health

Adolescent clinics are available but are not conducted separately due to lack of MOs in the facility. Weekly supplementation of Iron tablets through ASHA/AWWs to school and non school going girls.

## D. Family Planning

No District has achieved replacement level of fertility till yet however three districts are near to the target and five of them are way behind with Shivpuri District having a TFR of 4.5. The State has adopted camp approach for Limiting methods and camps were organised in facilities to fulfil the demand. However the spacing methods have not received due attention and only now IUD services are being provided from L1 facilities. There is a lot of need for

IEC activities to be done in the community for family planning services. Data on motivation activities by ASHA for family planning services is not available and needs to be reviewed for the promoting social mobilisation.

As per the Table 12: sterilisation services are available in facilities, however MOs to conduct operations are not there and come from the higher centres on the day of camps. Fixed day services are not available from the peripheral facilities and it is supply side constraint.

	TFR	Unmet need		Female	Male	
		Total	Limiting	Spacing	Sterilisation	Sterilisation
	<b>Total</b>	<b>Total</b>	<b>Limiting</b>	<b>Spacing</b>	<b>Total</b>	<b>Total</b>
MP	3.1	22.4	8.6	13.8	47.6	1
Bhind	3.3	27.6	12.4	15.2	41.1	0.2
Datia	2.6	19.5	7.1	12.4	54.6	0.2
Guna	3.8	21.1	7.5	13.6	46.9	0.6
Gwalior	2.3	16.2	6.4	9.8	39.8	0.5
Morena	3.2	24.7	10.8	13.9	41.6	0.2
Sheopur	2.8	27	8.2	18.8	42.1	0.1
Shivpuri	4.5	26.1	8	18.1	44.6	0.4

## **XII. Human Resources for Health**

### **A. Overall HRH Status**

The Division is suffering from huge shortage of skilled Human Resources at each level of facilities. Despite the fact the over past seven years of NRHM, a large number of recruitments have done under contractual.

Category of Staff	Regular In Position	Contractual In position	Regular Vacancy (%)	Contractual Vacancy (%)
Specialists (Obs/Ped/Anes)	71	9	63.8	35.7
Medical Officer	397	48	29.6	20.0
Medical Officer (Ayurveda)	35	13	48.5	7.1
MO Homeopathy	10	8	16.7	11.1
Medical Officer (Dentist)	9	2	50.0	33.3
Staff Nurse	397	202	58.9	28.1
Pharmacist	133	45	38.7	52.6
Radiographer	66	39	21.4	33.9
ANM	1129	327	10.8	27.5
Lab Technician	151	30	18.4	16.7



Recruitment, appointment and the transfer posting process in the State is very slow. Decentralization of recruitment for some posts at the district has also not worked for the State. There is no HR policy in place in the State. Contractual staff suffers the most and the attrition is high.

Huge vacancies exist at the DPMU & BPMU level which affects the program management at the peripheral levels. The DPMUs also do not have any administrative powers; only financial powers are given to them. Supportive supervision schedule is fixed in advance however there is limited supervision conducted and no follow-up mechanism exist so as to know whether supervisions are conducted or not.

<b>Table 20: Vacancies in DPMUs &amp; BPMUs-Gwalior Division 2013</b>		
<b>Designations</b>	<b>In Position</b>	<b>Vacancies (%)</b>
DPM	5	38
DAM	6	25
M&E	5	44
IEC Consultant	1	88
BPM	28	30
Block Accountant	32	26
DEO	51	36
PHC Accountant	28	26

## **B. HRH Production**

The Division has good number of institutions and medical colleges across all distinctions. It is the poor HR policy in the State that does not allow districts to recruit fresh graduates directly from these institutions through campus recruitments.

In addition regular walk-in on fixed day each month is not organized in District Health Society till all vacancies are filled.

<b>Table 21: Medical AYUSH and Nursing institutes in Gwalior Division 2013</b>			
	<b>Public</b>	<b>Private</b>	<b>Total</b>
Medical Colleges	1	0	1
<b>AYUSH Institutions</b>			
Homeopathy	8	0	8
Unani	1	00	1
Ayurveda	42	0	42
<b>Nursing Institutions</b>			
ANM	3	38	41
GNM (including post basic)	4	12	16
Health Visitors	0	0	0
BSc Nursing (including post basic)	0	35	35
MSc Nursing	0	10	10

### C. Trainings

Knowledge-based training is organized in the State training institutes. Skill-based training is organized at the Medical College, District Hospital and the Regional Training Centers. There is lack of training data-base and it has been noted that similar people are trained many at times. It has also been observed that no mechanism exist to note the training skill utilization, post training support and refresher trainings.

Type of Training	Total Target	Total Achievements
SBA	68	58
EMOC	1	1
LSAS	1	1
BEmONC	6	6
ARSH	19	15

## XIII. Community Processes & ASHA

### A. ASHA Program

District	Total Number of ASHAs	Trained in Module 6 & 7	ASHA Selection against target (%) 2012&13
Ashoknagar	833	65.1	NA
Bhind	1290	88.4	100
Datia	896	50.2	4.6
Guna	1263	83.8	98.6
Gwalior	727	58.5	88.6
Morena	1445	67.2	33.5
Sheopur	536	84.9	7
Shivpuri	1519	61.6	100

- i. ASHAs are deployed in all Districts and training on Module 6 & 7 is going on. ASHA payment is done through electronic mode and achievement of the incentives is 68% in last financial year due to late fund received in last quarter.
- ii. For ASHA support and grievance redressal Mentoring Group for Community Actions (MGCA) are created in collaboration with ASHA members and NGOs at district and block level.
- iii. Drug Kits are replenished at block level and there is no issues identified in this.

- iv. Block community mobiliser and ASHA coordinators in place. However at district level program is being supervised by IEC consultant and there is a need for the District Community Mobilisers.

## B. VHSC

- i. In Madhya Pradesh, a consolidated scheme has been introduced to provide health services in all 52,000 villages of the state. "Sampoorna Swasthya Sabke liye" scheme contains all the health scheme of the central and state government. In this scheme the smallest unit Gram Arogya Kendra will work at village level. These centres will be operated by an VHSC. This will also work as office for ASHA and ANM can also see patients and conduct vaccination sessions here. Each Arogya Kendra has been given some furniture, equipment and medicine.

District	VHSC	Gram Arogya Kendra (%)
Gwalior	654	90.1
Datia	556	81.9
Guna	1006	79.9
Shivpuri	1273	100.0
Ashoknagar	814	100.0
Bhind	935	100.0
Morena	747	91.7
Sheopur	494	80.6

## XIV. Sex Ratio & PC-PNDT

- i. The division has very poor sex ratio. In three districts- Bhind, Datia, Gwalior rural sex ratio is lower than the urban sex ratio. As per the AHS Gwalior District has reported 7% of Abortions and more than 50% women have undergone USG before the Abortions. This needs to be probed further and all USG center needs to be supervised closely and more frequently. Currently only 50% of centers were visited/supervised.

	Sex Ratio at birth			Abortion Rate	ANC received Before Abortion	USG done before Abortion
	Total	Rural	Urban			
MP	904	914	875	4	44.2	19.9
Bhind	877	857	916	3.9	81	18.3
Datia	848	817	929	0.8	62.8	71.6
Guna	853	875	782	1	43.4	32.6
Gwalior	807	759	831	7	17.2	53.4
Morena	857	858	855	3.3	63.1	53.5
Sheopur	972	976	950	3.6	61.2	4
Shivpuri	891	906	805	2.8	59.7	11.9

## XV. Information System

- i. There are many applications being used in the health system. However the main focus remains on the HMIS and MCTS. MCTS reporting is being conducted across all facilities. However there is no output being generated and given to the ANMs and has become one way mechanism only for data input.
- ii. In HMIS the process is to move towards facility-wise data reporting. Peripheral facilities and block face a lot of trouble in entering data in the Web Portal as it doesn't allow data entry at the day time. In addition Web Poertal also doenst allow for generation of coustomised reports- in the division program review is conducted by sectors and there is no way that each sector medical officer can generate his sector report using web portal.
- iii. DHIS is extensively being used for data reporting and analysis.

SNo.	Information System	Purpose	Managed By
1.	National Web Portal	Aggregate data Submission to National System	Statistics Division MoHFW/ Vayam Technologies Ltd
2.	MCTS	Mother & Child tracking. Submission to National System	Statistics Division MoHFW/ NIC
3.	DHIS-2.0	Aggregate facility data reporting & analysis and feedback	Directorate of Health & Family Welfare/ HISP India
4.	FMIS	Aggregate Physical & Financial Data reporting	State Health Society
5.	HD-MIS	Drug Procurement	State Health Society
6.	SNCU Tracking	Patient-wise data reporting from SNCUs	State Health Society
7.	Janani-Express	Aggregate Number reporting System	State Health Society
8.	JSSK redressal Cell	Text and number reporting	State Health Society
9.	ProMIS	Procurement data reporting	State Health Society
10.	Monitoring system under blindness control	National system for tracking Blindness beneficiaries.	National Blindness Control Program
11.	Integrated Disease Surveillance Information System	Routine reporting on selected diseases.	IDSP
12.	EMRI	Emergency transport tracking system	Directorate of Health & Family Welfare/GVK-EMRI
13.	Epi Centre-National RNTCP data reporting application	Data reporting for tuberculosis.	Directorate of Health & Family Welfare
14.	Tally 9EPR	Entry of financial transactions and budget tracking	NRHM, FMG

- iv. There are huge problems exist in the data reporting compilation and aggregation. There are gaps in what is available in the primary registers and what is asked in the HMIS forms, which needs to be reviewed. Also with the MCTS the approach has become to document and report area-wise data which creates conflict with HMIS reporting norms and data quality compromises.
- v. Facilities which have SCs within their premise needs to report data for SC activity in a separate SC form.
- vi. Most of the primary registers at sub-centre are handmade as printed registers are not available. These registers are not helpful in consolidating monthly figures from name-based records and are not helpful in follow-up for subsequent due visits. At PHC level registers cater mostly to the OPD services and due to which program specific data element value computation is difficult. In CHCs and hospitals registers are available with each department but it becomes very difficult to extract data from these registers at the end of month because of uneven formatting and lack of standardized coding in each register.
- vii. Capacity Building: HMIS trainings have been done in the masses in state with very little time given to understand several dimensions of data quality, troubleshooting and use of data in program planning. Training has also not been rolled out within district for service providers as desired. Similarly refresher trainings have also not been done in scheduled manner. Due to poor training service providers understanding on data definitions, collection guidelines is weak.
- viii. Use of Information: Use of information is very limited and not used in the review meetings. Feedback on data is not given to blocks. Also capacity to use information is weak.

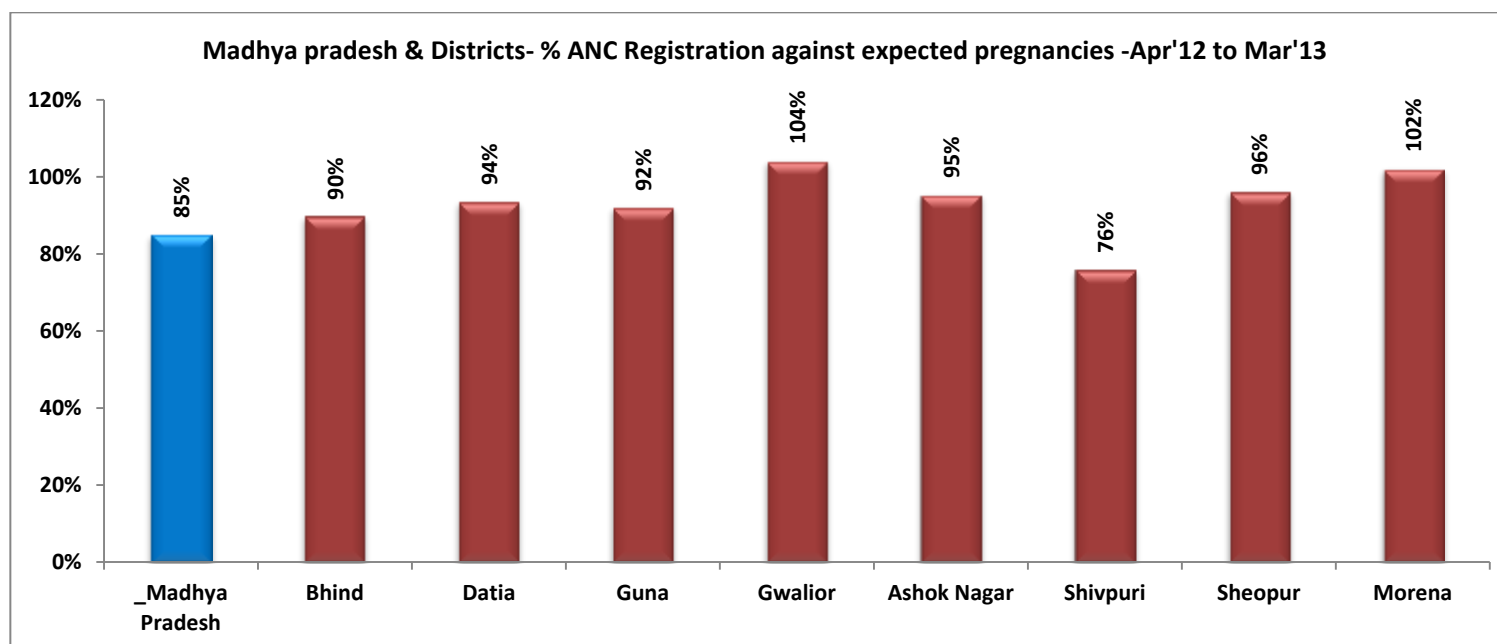
# RECOMMENDATIONS

- I. **Infrastructure Development –**
  - a. Prioritise infrastructure development in the facilities high have high case lead.
  - b. Form a District level infrastructure committee with district health officials, PWD engineers and architect, helping with design, construction and supervision. Old building needs to be renovated.
- II. **Quality of Services-**
  - a. Ensure Diet for mothers in all L1 facilities. Drinking water should be made available at all facilities.
  - b. Operationalize ASHA help desk in all District Hospitals.
  - c. Display JSSK entitlements in L1 facilities.
  - d. Put in place a grievance redressal mechanism in all facilities. There should be complaint box, complaint register in each facility. Action taken on each complaint should be documented and the complainant should be informed on the action. Monthly meetings should review the grievance redressal status.
  - e. Enhance Bio-medical waste management especially final disposal. Put in place quality management system in the facilities.
  - f. Ensure adequate sitting arrangements for patient relatives. Ensure Public Toilets.
- III. **MMUs-** Place MMUs in all blocks and dedicate to unserved areas. They should not stop next to SC and go to the areas where no medical facility exists.
- IV. **Emergency Transport System-** Regularly review service utilisation of Janani & 108 by pregnant mothers and infants. Ensure 108 & Janani pick mothers from rural and difficult areas.
- V. **RCH-**
  - a. Ensure NBCC with warmers in all delivery points.
  - b. Operationalise delivery services in all L1 facilities.
  - c. Closely supervise facilities to ensure safe abortion services especially those which have HR, equipments, medicine but not conducting abortion services. Retrain providers if required.
  - d. Focus on spacing methods especially IUD. Give more attention to the post-partum counselling. Enhance IEC activities for family planning.
- VI. **Human Resources-**
  - a. Fill vacancies of DPMUs & BPMUs immediately.
  - b. District should be able to recruit fresh graduates from the medical institutes. There are good number of institutes available in the division for all distinctions.
  - c. Create post of Training Officer or entrust responsibility to existing staff. Follow-up on training skill utilisation needs to be done to identify refresher training needs and other institutional support. Training officer should compile training data-base and prioritise training needs as per the case load.
- VII. **PCPNDT-** Looking at the declining sex ration there is a need for close supervision of the facilities with USG. Form-F needs to be reviewed every month.
- VIII. **HMIS-** Conduct use of information workshops on monthly basis at all levels. Give feedback to the blocks on the data reported. Organise one day training program on use of information at district/divisional level. Form a committee at division level to review primary registers as per the reporting requirements and suggest changes.

## **Annexure I**

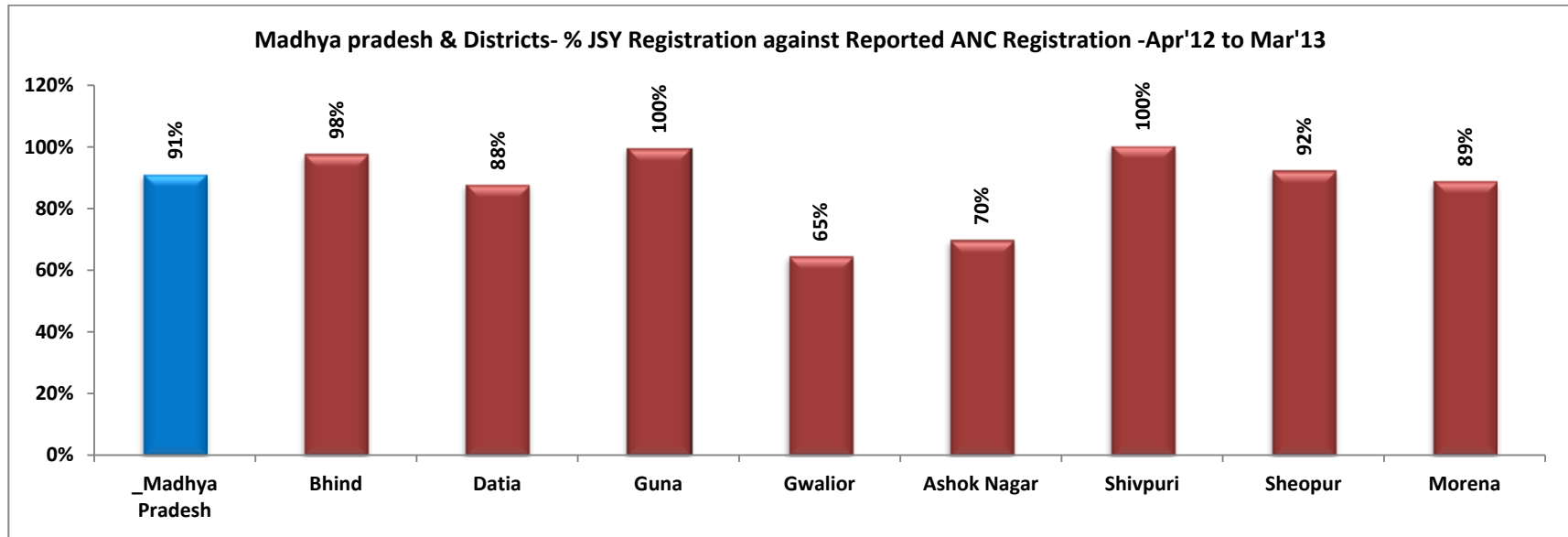
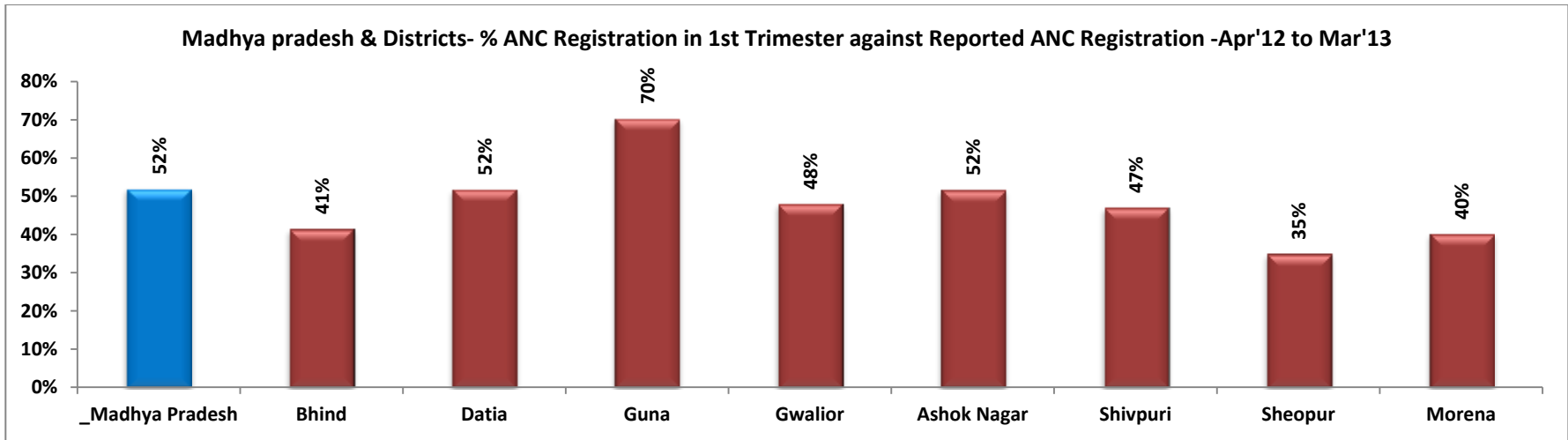
# **Madhya Pradesh- Gwalior Division HMIS Analysis – Apr' 2012 – Mar'13 India**

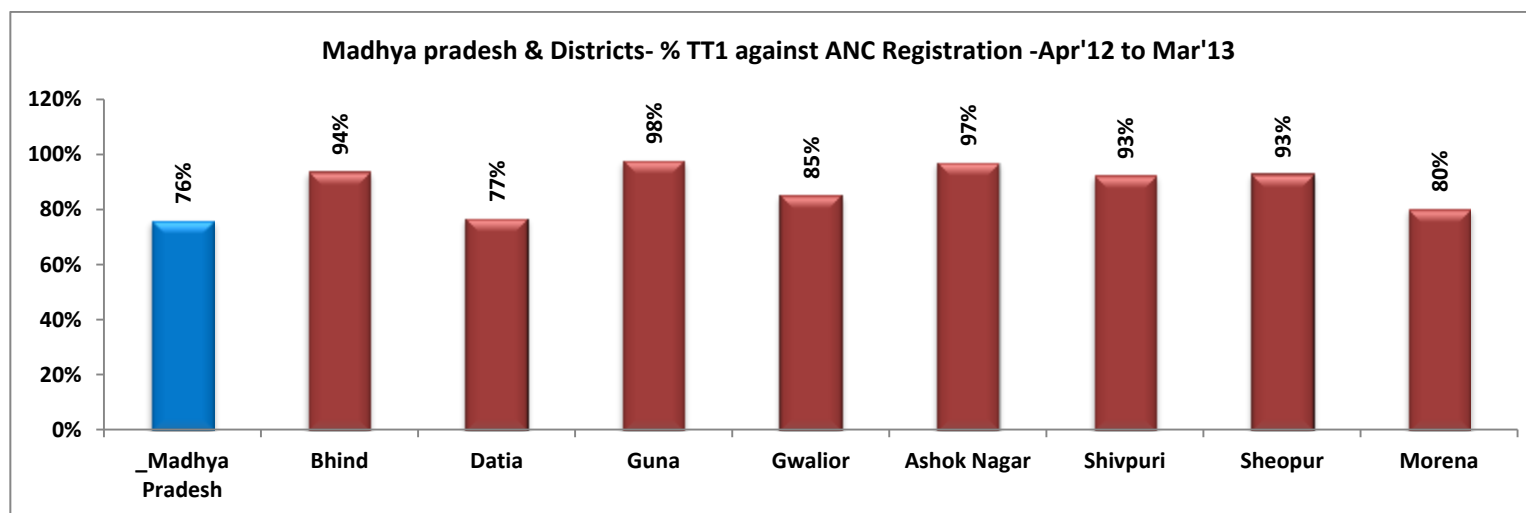
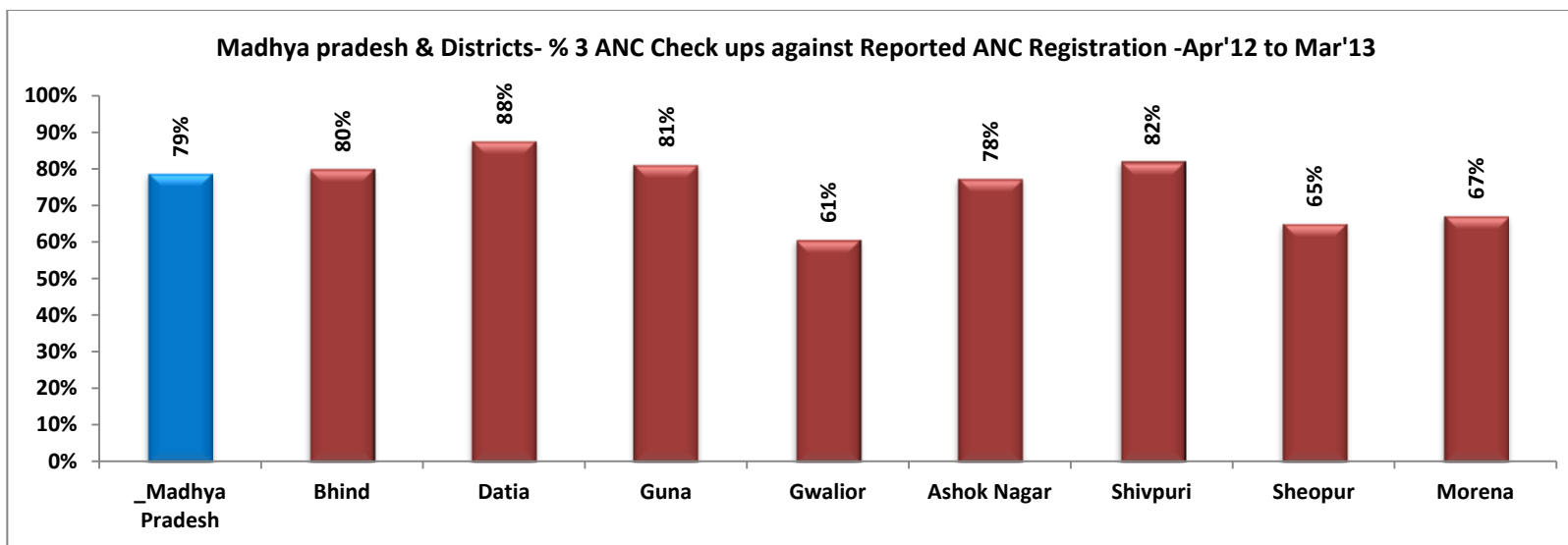
Madhya Pradesh & Districts- ANC Registration -Apr'12 to Mar'13									
	_Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
Estimated Pregnancies	21,01,670	46,436	18,100	41,481	43,163	24,462	62,673	18,145	53,626
Reported ANC Registration	17,88,034	41,766	16,962	38,264	45,007	23,361	47,671	17,465	54,810
Madhya pradesh & Districts- % ANC Registration against expected pregnancies -Apr'12 to Mar'13	85%	90%	94%	92%	104%	95%	76%	96%	102%

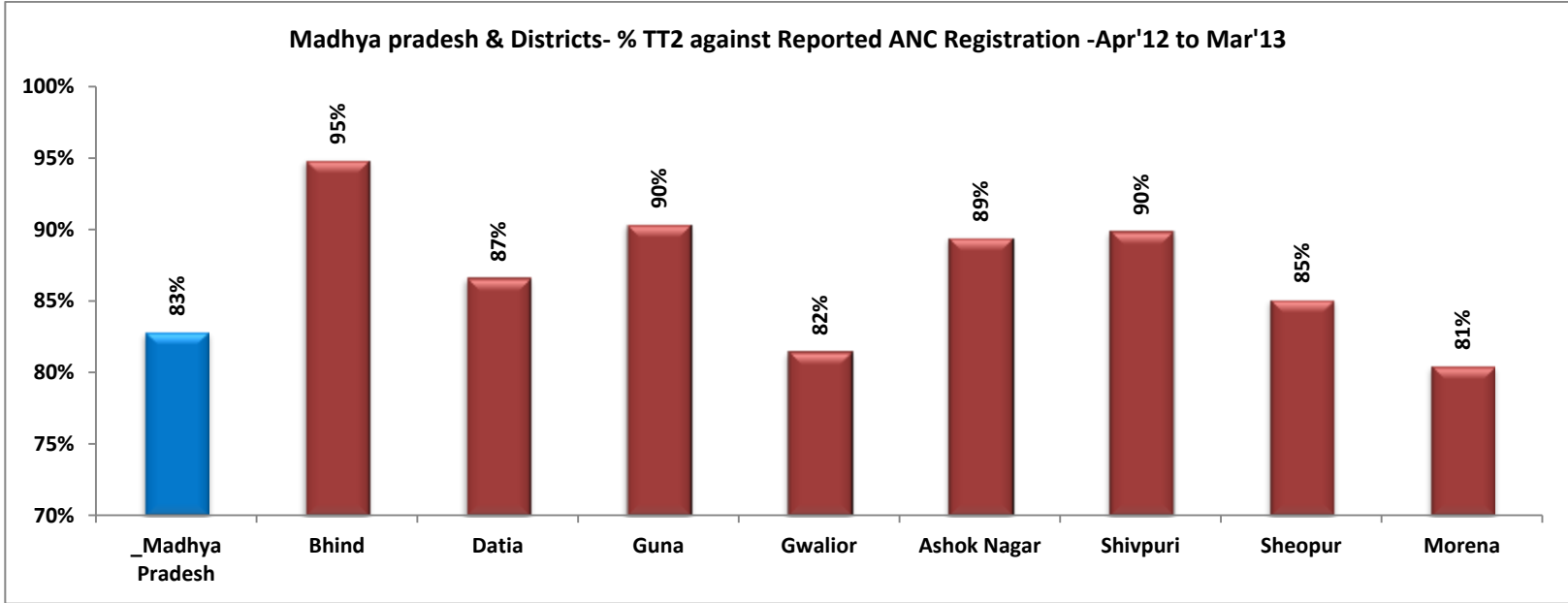
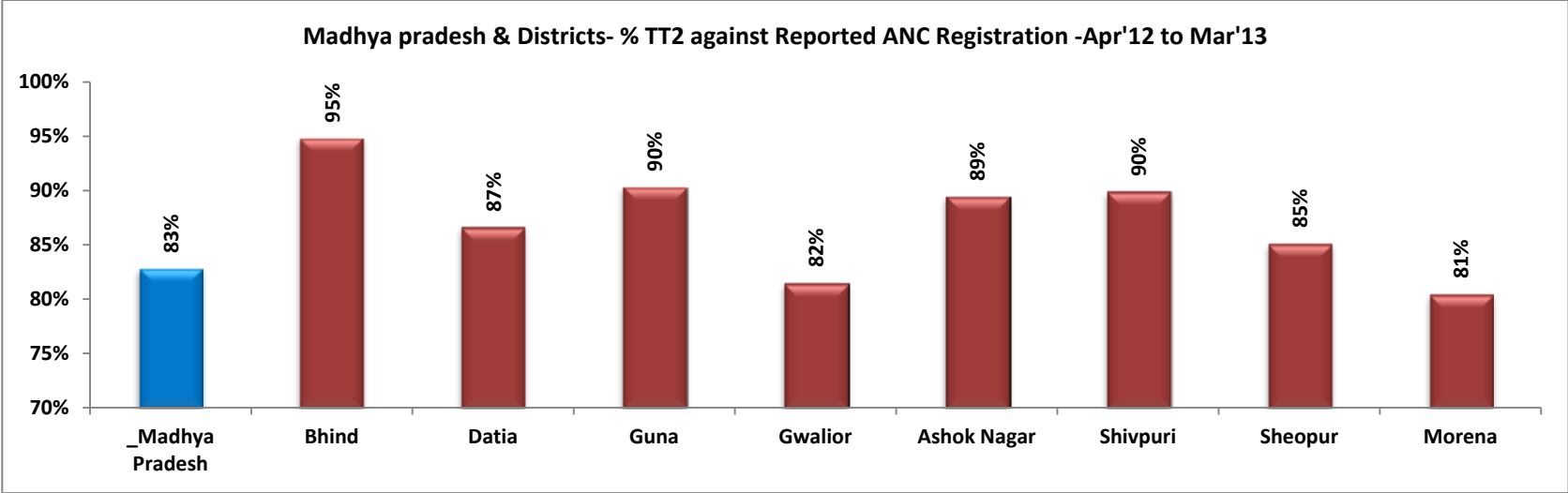




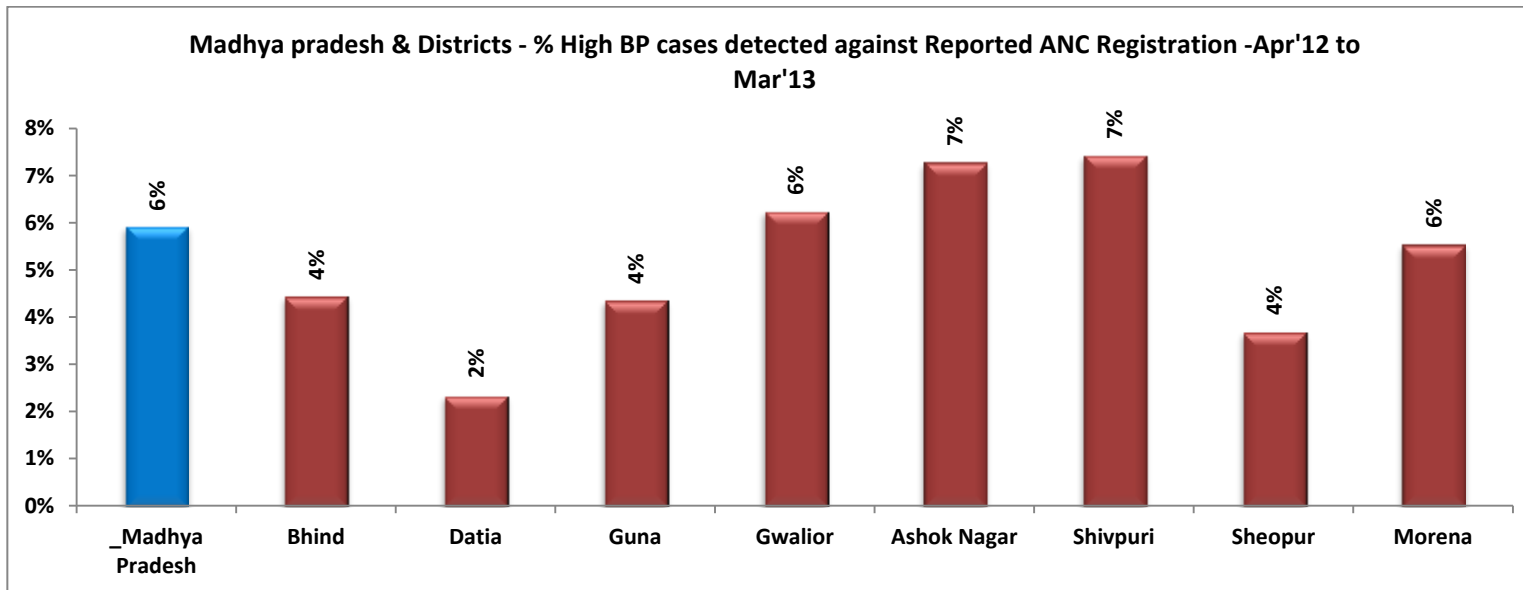
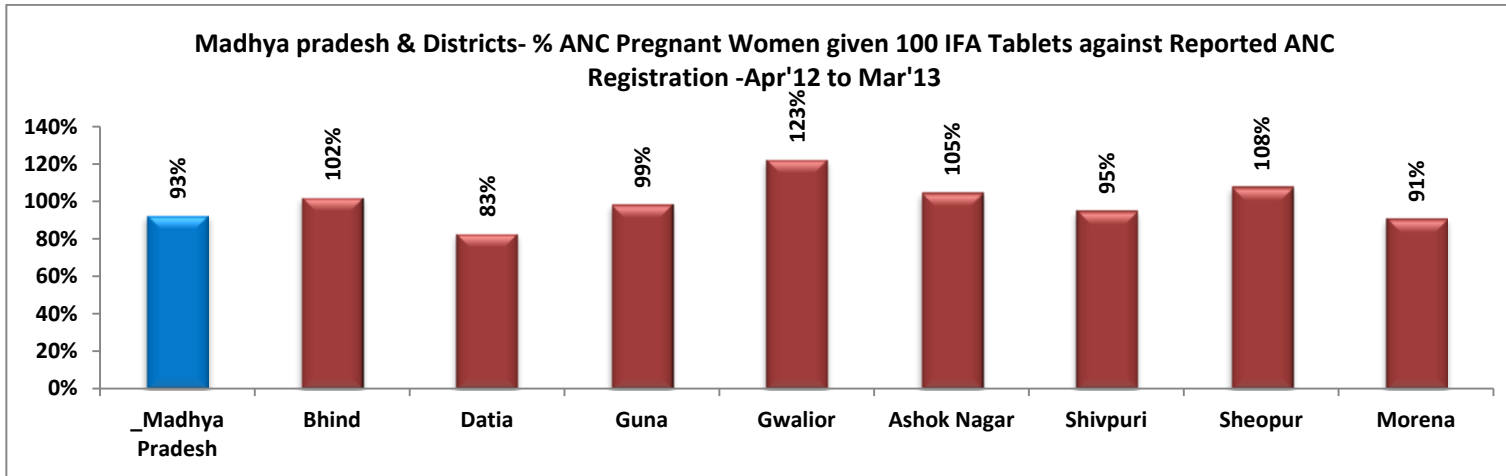
Madhya pradesh & Districts- ANC Services -Apr'12 to Mar'13									
	Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
Reported ANC Registration	17,88,034	41,766	16,962	38,264	45,007	23,361	47,671	17,465	54,810
ANC registered within first trimester	9,30,680	17,332	8,794	26,918	21,642	12,080	22,453	6,107	22,055
Madhya pradesh & Districts- % ANC Registration in 1st Trimester against Reported ANC Registration -Apr'12 to Mar'13	52%	41%	52%	70%	48%	52%	47%	35%	40%
New women registered under JSY	16,31,843	40,804	14,901	38,076	29,107	16,313	47,871	16,127	48,794
Madhya pradesh & Districts- % JSY Registration against Reported ANC Registration -Apr'12 to Mar'13	91%	98%	88%	100%	65%	70%	100%	92%	89%
Number of pregnant women received 3 ANC check ups	14,10,933	33,549	14,913	31,177	27,411	18,127	39,157	11,413	36,978
Madhya pradesh & Districts- % 3 ANC Checkups against Reported ANC Registration -Apr'12 to Mar'13	79%	80%	88%	81%	61%	78%	82%	65%	67%
TT1	13,61,419	39,219	13,062	37,450	38,423	22,718	44,135	16,249	44,074
Madhya pradesh & Districts- % TT1 against ANC Registration -Apr'12 to Mar'13	76%	94%	77%	98%	85%	97%	93%	93%	80%
TT2 or Booster	14,81,406	39,639	14,703	34,594	36,692	20,905	42,879	14,873	44,124
Madhya pradesh & Districts- % TT2 against Reported ANC Registration - Apr'12 to Mar'13	83%	95%	87%	90%	82%	89%	90%	85%	81%
Total number of pregnant women given 100 IFA tablets	16,55,613	42,746	14,097	37,750	55,137	24,495	45,382	18,848	49,880
Madhya pradesh & Districts- % ANC Pregnant Women given 100 IFA Tablets against Reported ANC Registration - Apr'12 to Mar'13	93%	102%	83%	99%	123%	105%	95%	108%	91%

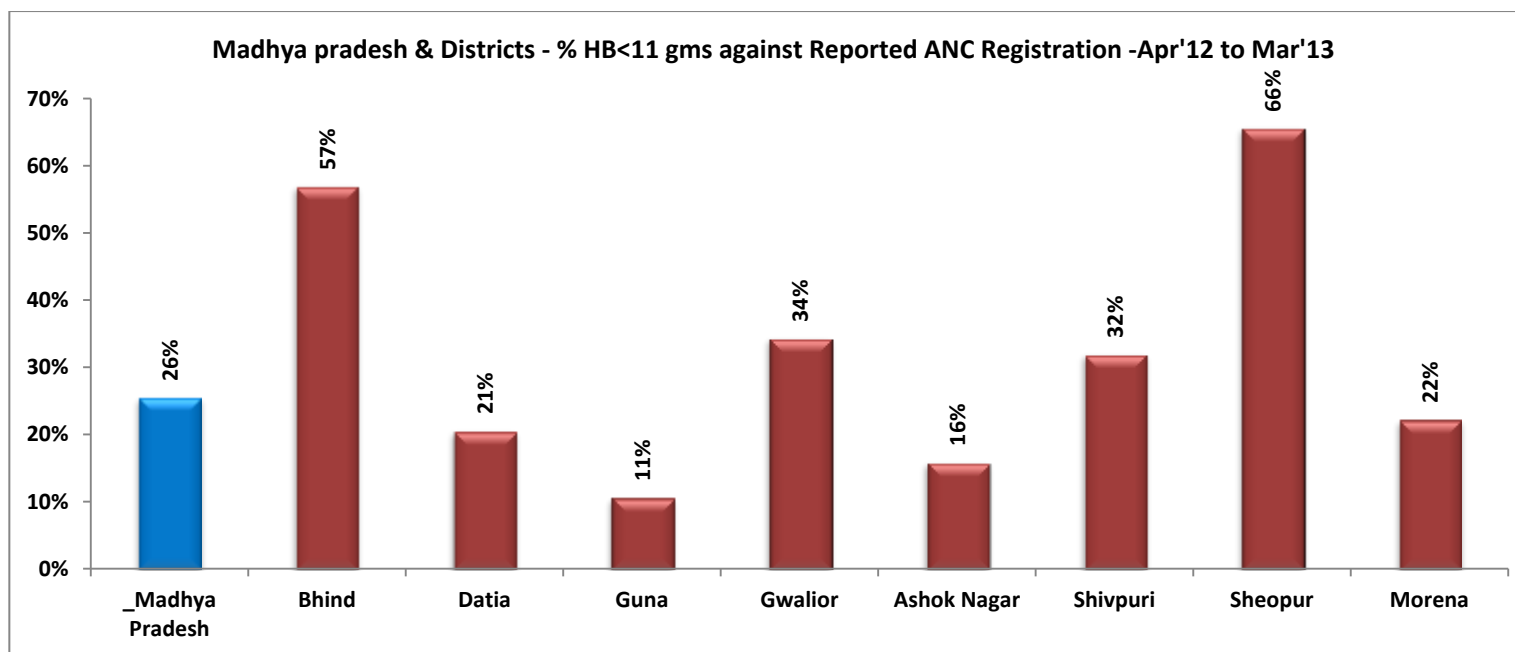
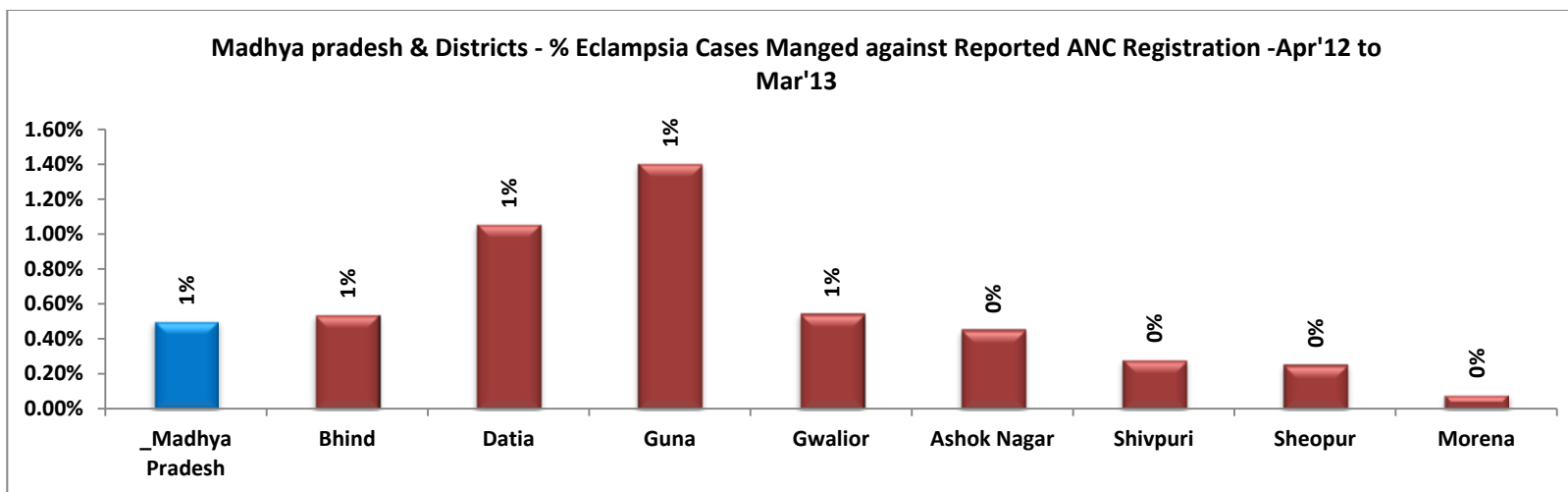


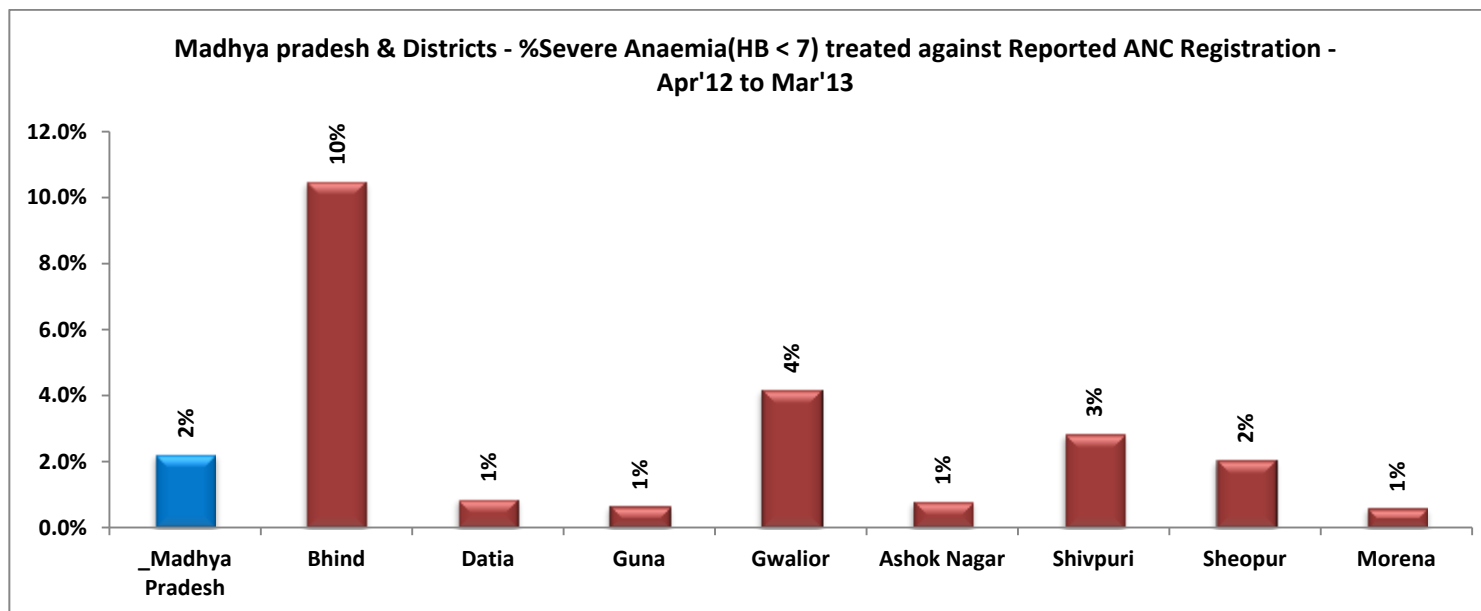




Madhya pradesh & Districts - Complications Reflecting Quality of ANC- Apr'12 to Mar'13									
	Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
Reported ANC Registration	17,88,034	41,766	16,962	38,264	45,007	23,361	47,671	17,465	54,810
New cases of BP detected at institution	105869	1861	400	1673	2816	1701	3546	646	3038
Madhya pradesh & Districts - % High BP cases detected against Reported ANC Registration -Apr'12 to Mar'13	5.9%	4.5%	2.4%	4.4%	6%	7%	7%	4%	6%
Number of Eclampsia cases managed during delivery	9006	227	180	539	247	107	136	45	48
Madhya pradesh & Districts - % Eclampsia Cases Manged against Reported ANC Registration -Apr'12 to Mar'13	0.50%	0.54%	1.06%	1.41%	0.55%	0.46%	0.29%	0.26%	0.09%
Number having Hb level<11 (tested cases)	456990	23815	3501	4103	15491	3730	15267	11470	12234
Madhya pradesh & Districts - % HB<11 gms against Reported ANC Registration -Apr'12 to Mar'13	25.6%	57.0%	20.6%	10.7%	34%	16%	32%	66%	22%
Number having severe anaemia (Hb<7) treated at institution	39944	4384	150	255	1886	188	1361	361	331
Madhya pradesh & Districts - %Severe Anaemia(HB < 7) treated against Reported ANC Registration -Apr'12 to Mar'13	2.2%	10.5%	0.9%	0.7%	4%	1%	3%	2%	1%



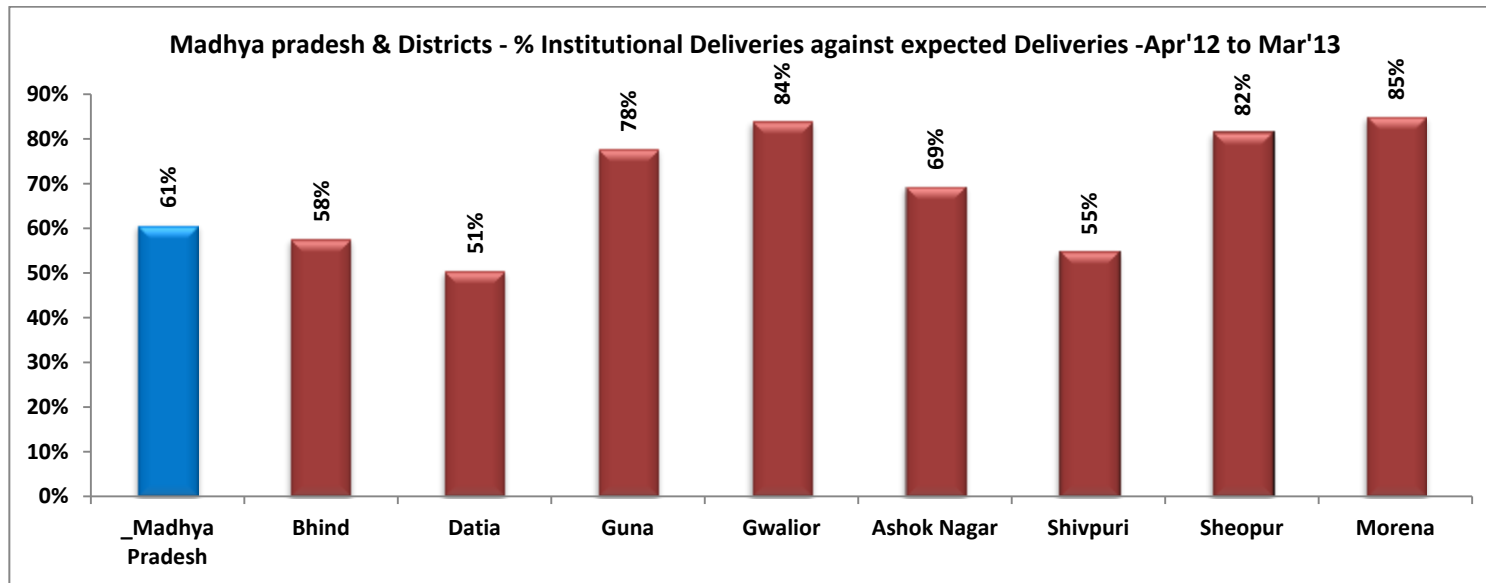
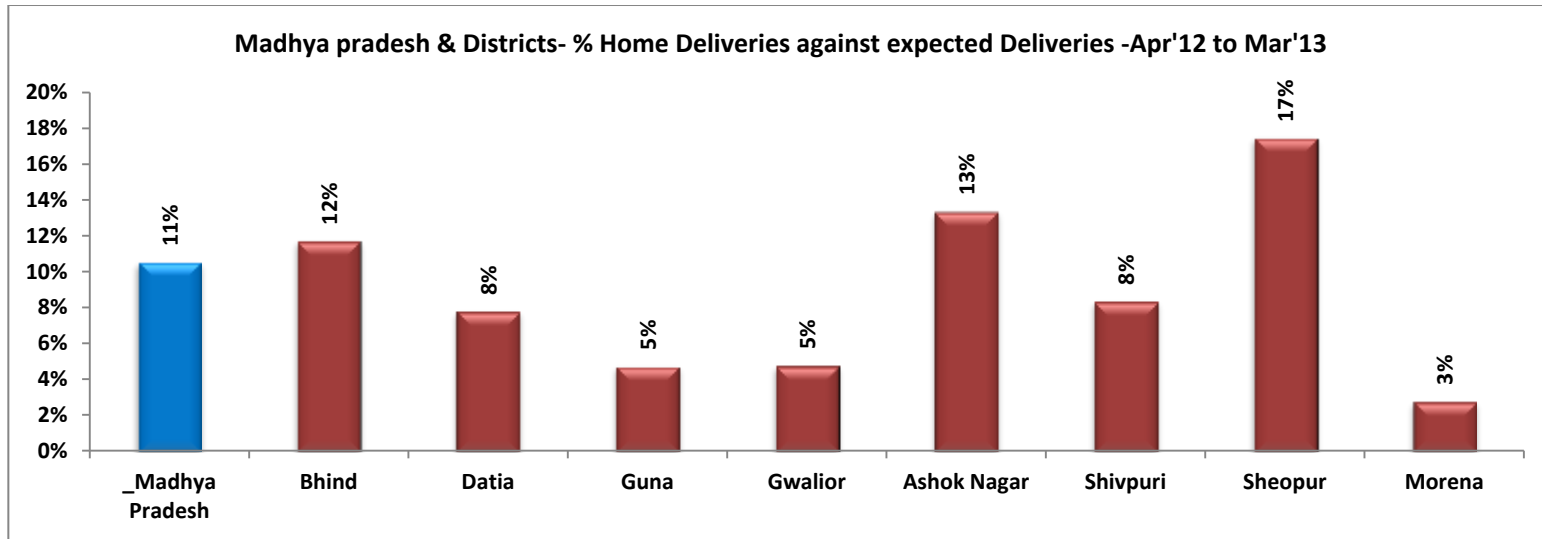


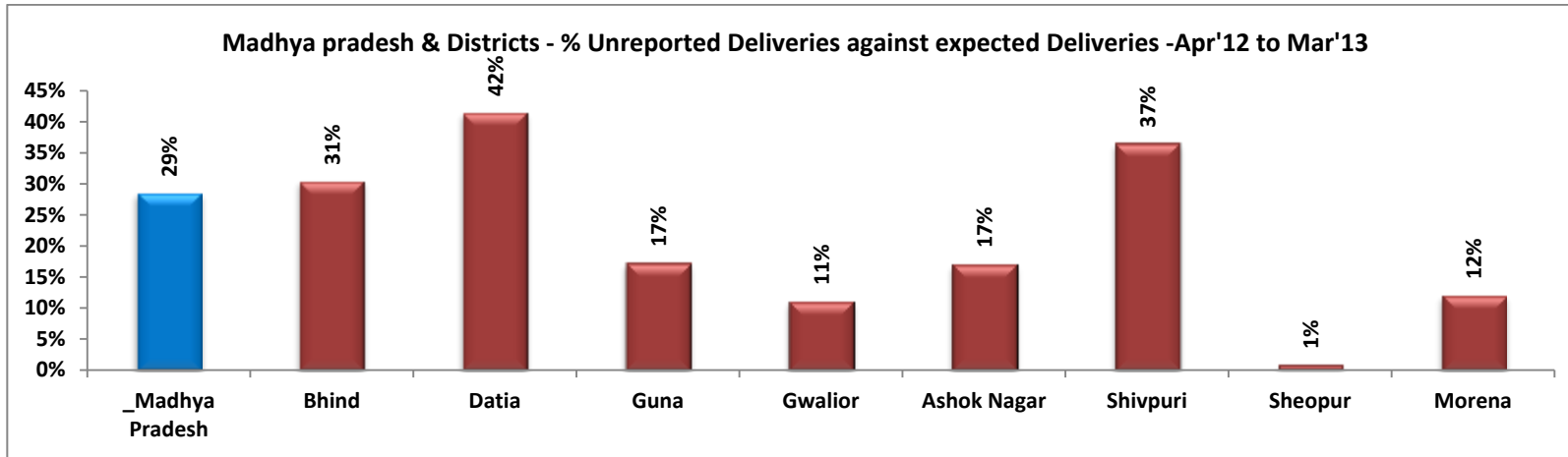


Madhya pradesh & Districts - Post Natal Check Up - Apr'12 to Mar'13									
Post Natal Check Up	_Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
% Women receiving post partum check-up within 48 hours after delivery against total deliveries	74%	86%	93%	74%	85%	80%	79%	68%	69%
% Women getting a post partum check up between 48 hours and 14 days against total deliveries	44%	85%	96%	37%	44%	67%	41%	24%	39%

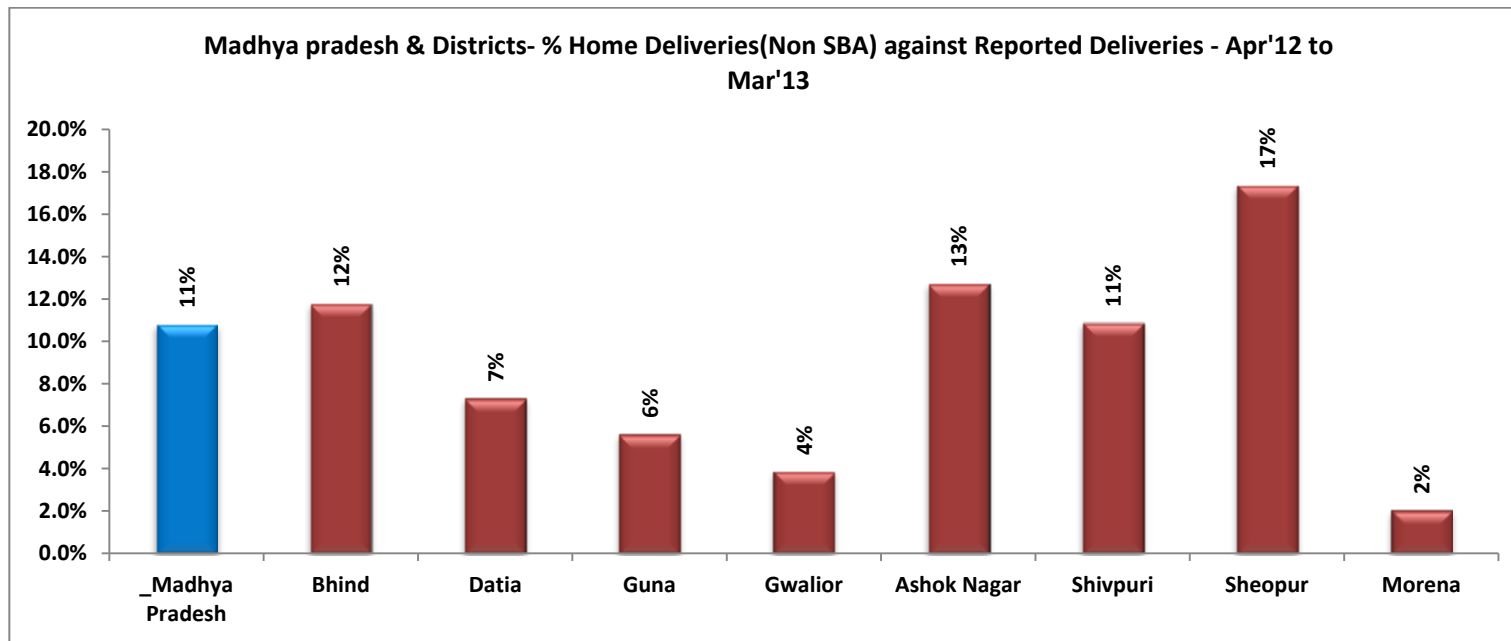
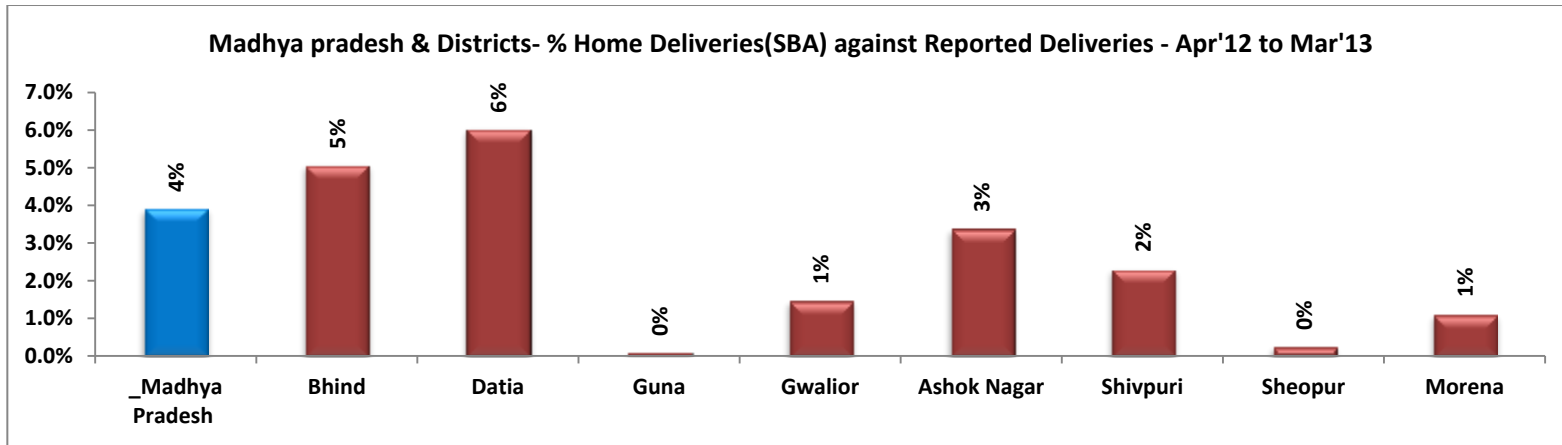


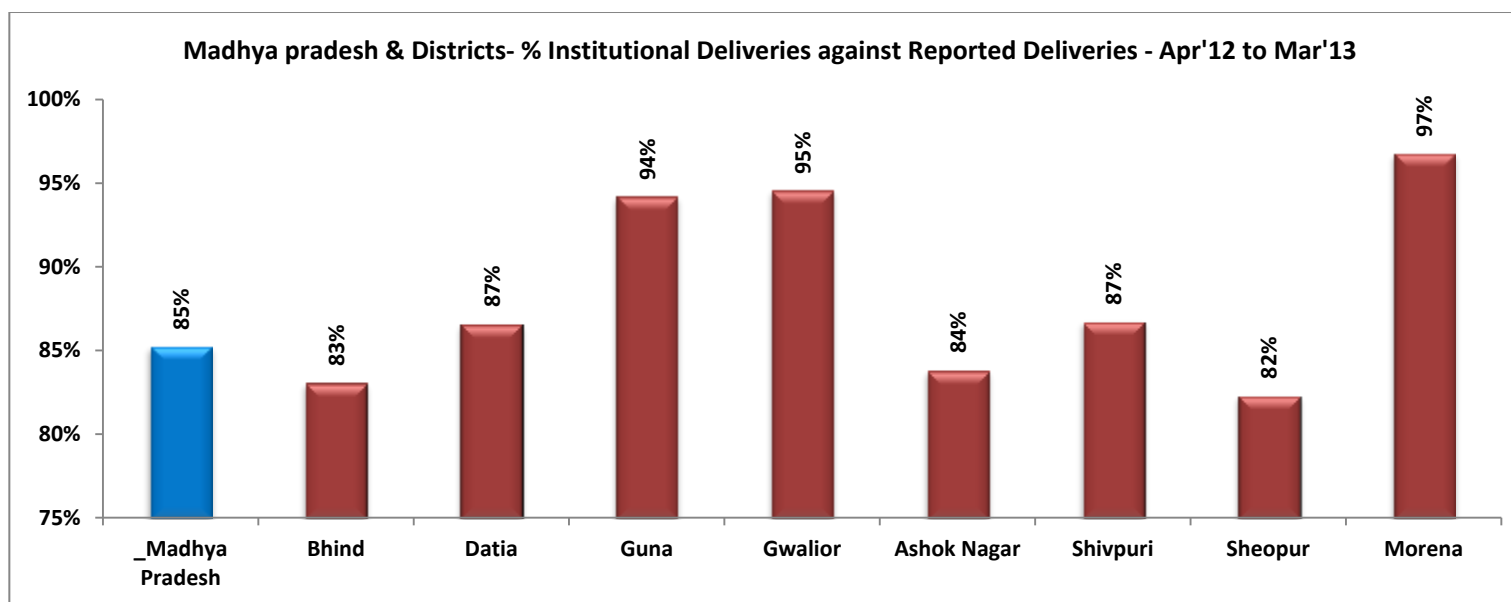
Madhya pradesh & Districts - Deliveries - Apr'12 to Mar'13									
	Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
<b>Estimated Deliveries</b>	<b>19,10,609</b>	<b>42,215</b>	<b>16,454</b>	<b>37,710</b>	<b>39,239</b>	<b>22,238</b>	<b>56,976</b>	<b>16,495</b>	<b>48,751</b>
Home SBA	53,604	1,491	581	35	518	625	840	44	483
Home Non SBA	1,47,545	3,463	706	1,760	1,361	2,349	3,937	2,839	883
<b>Total Home Deliveries</b>	<b>2,01,149</b>	<b>4,954</b>	<b>1,287</b>	<b>1,795</b>	<b>1,879</b>	<b>2,974</b>	<b>4,777</b>	<b>2,883</b>	<b>1,366</b>
Madhya pradesh & Districts- % Home Deliveries against expected Deliveries -Apr'12 to Mar'13	11%	12%	8%	5%	5%	13%	8%	17%	3%
Institutional (Pub)	10,62,688	24,023	8,309	27,919	25,184	15,372	31,358	13,463	38,697
Institutional (Pvt)	1,00,363	355	22	1,453	7,803	82	-	-	2,773
<b>Total Institutional Deliveries</b>	<b>11,63,051</b>	<b>24,378</b>	<b>8,331</b>	<b>29,372</b>	<b>32,987</b>	<b>15,454</b>	<b>31,358</b>	<b>13,463</b>	<b>41,470</b>
Madhya pradesh & Districts - % Institutional Deliveries against expected Deliveries -Apr'12 to Mar'13	61%	58%	51%	78%	84%	69%	55%	82%	85%
<b>Total Reported Deliveries</b>	<b>13,64,200</b>	<b>29,332</b>	<b>9,618</b>	<b>31,167</b>	<b>34,866</b>	<b>18,428</b>	<b>36,135</b>	<b>16,346</b>	<b>42,836</b>
Madhya pradesh & Districts - % Unreported Deliveries against expected Deliveries -Apr'12 to Mar'13	29%	31%	42%	17%	11%	17%	37%	1%	12%



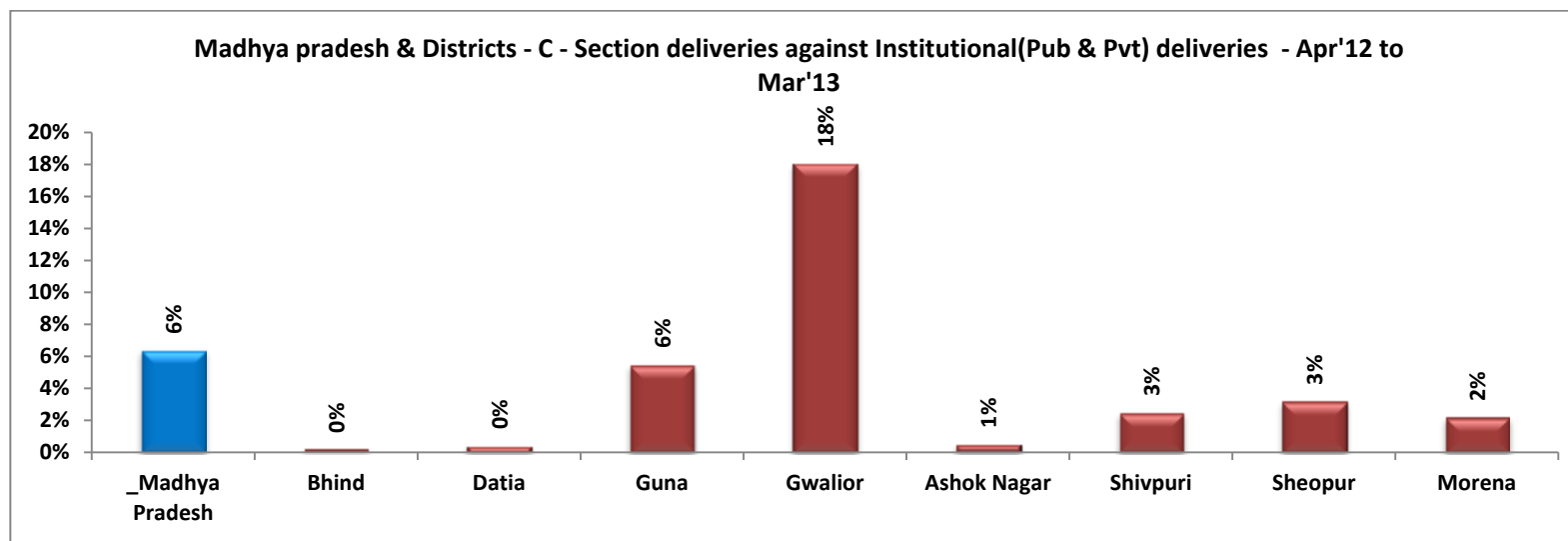


Madhya pradesh & Districts -% Deliveries against Reported - Apr'12 to Mar'13									
	_Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
Madhya pradesh & Districts- % Home Deliveries(SBA) against Reported Deliveries - Apr'12 to Mar'13	4%	5%	6%	0%	1%	3%	2%	0%	1%
Madhya pradesh & Districts- % Home Deliveries(Non SBA) against Reported Deliveries - Apr'12 to Mar'13	11%	12%	7%	6%	4%	13%	11%	17%	2%
Madhya pradesh & Districts- % Institutional Deliveries against Reported Deliveries - Apr'12 to Mar'13	85%	83%	87%	94%	95%	84%	87%	82%	97%



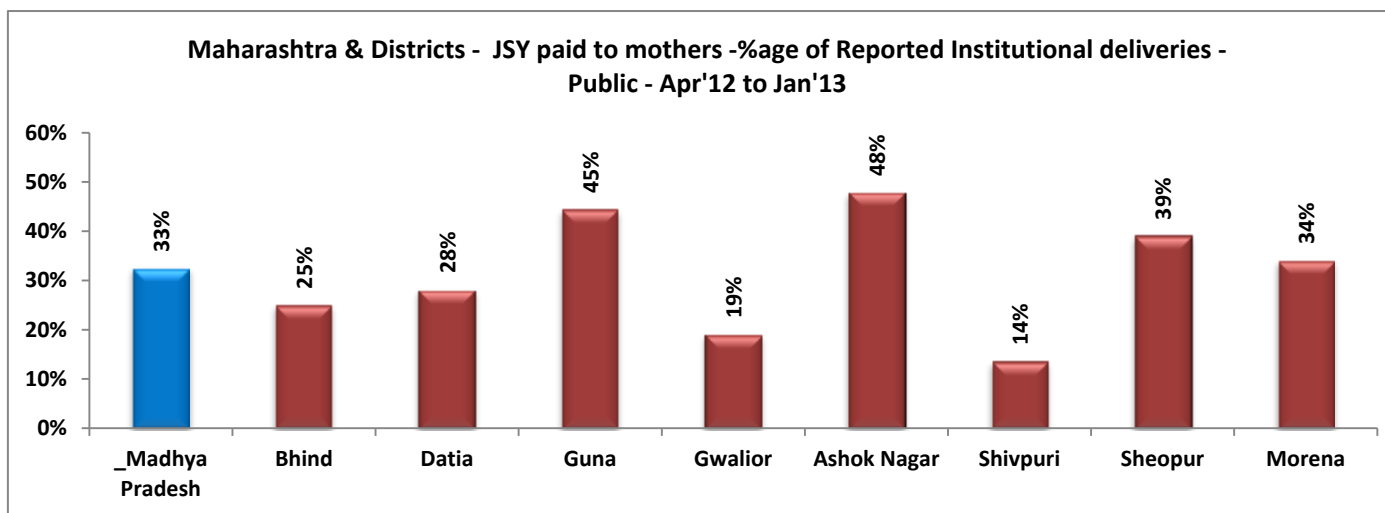
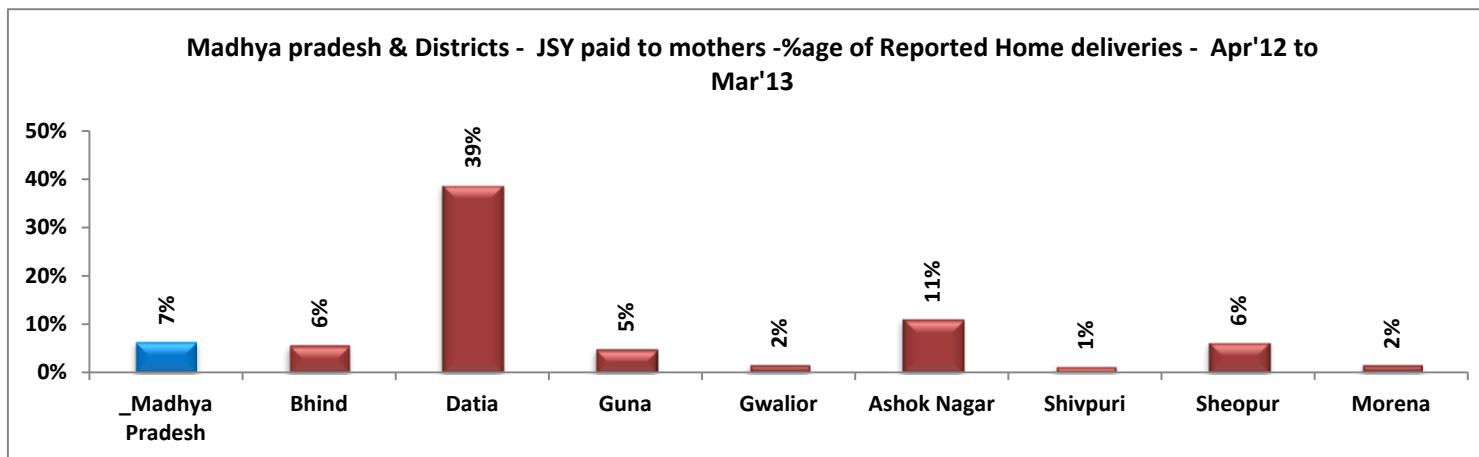


Madhya pradesh & Districts - C- Section Deliveries -Apr'12 to Mar'13									
	_Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
<b>Total Reported Institutional Deliveries</b>	<b>11,63,051</b>	<b>24,378</b>	<b>8,331</b>	<b>29,372</b>	<b>32,987</b>	<b>15,454</b>	<b>31,358</b>	<b>13,463</b>	<b>41,470</b>
<b>C- Section Deliveries (Pub)</b>	<b>47546</b>	<b>59</b>	<b>36</b>	<b>720</b>	<b>2067</b>	<b>66</b>	<b>788</b>	<b>436</b>	<b>29</b>
<b>C- Section Deliveries (Pvt)</b>	<b>27071</b>	<b>0</b>	<b>0</b>	<b>898</b>	<b>3901</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>891</b>
<b>Total C- Section Deliveries (Pub &amp; Pvt)</b>	<b>74617</b>	<b>59</b>	<b>36</b>	<b>1618</b>	<b>5968</b>	<b>84</b>	<b>788</b>	<b>436</b>	<b>920</b>
<b>Madhya pradesh &amp; Districts - C- Section deliveries against Institutional(Pub &amp; Pvt) deliveries - Apr'12 to Mar'13</b>	<b>6%</b>	<b>0%</b>	<b>0%</b>	<b>6%</b>	<b>18%</b>	<b>1%</b>	<b>3%</b>	<b>3%</b>	<b>2%</b>



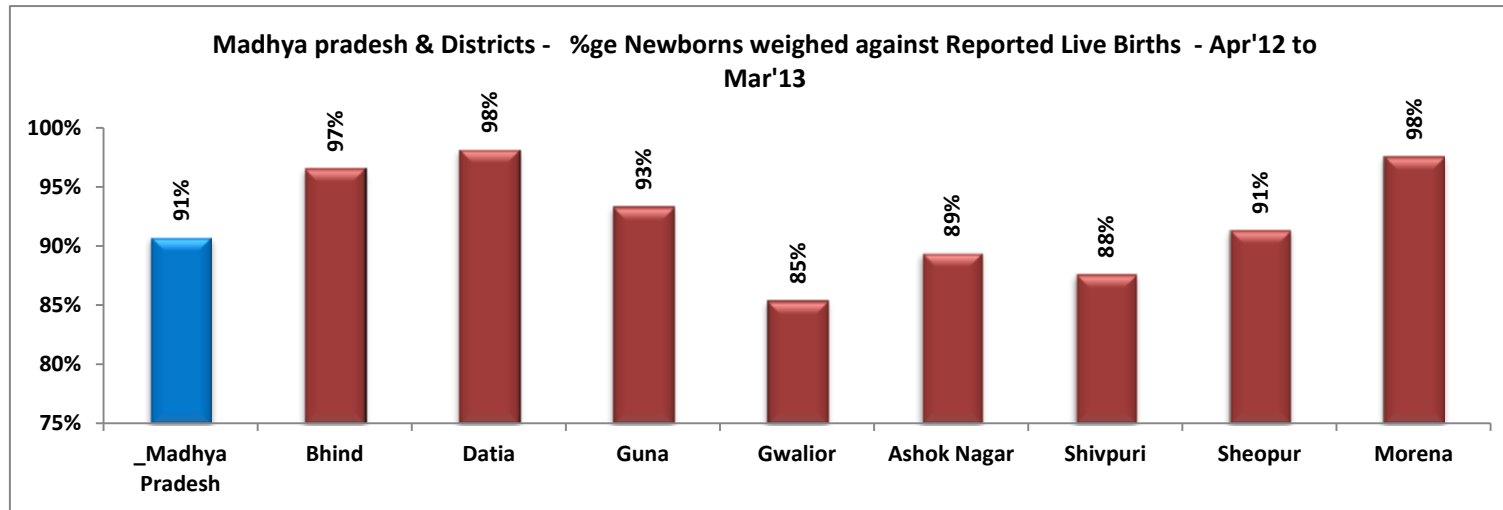
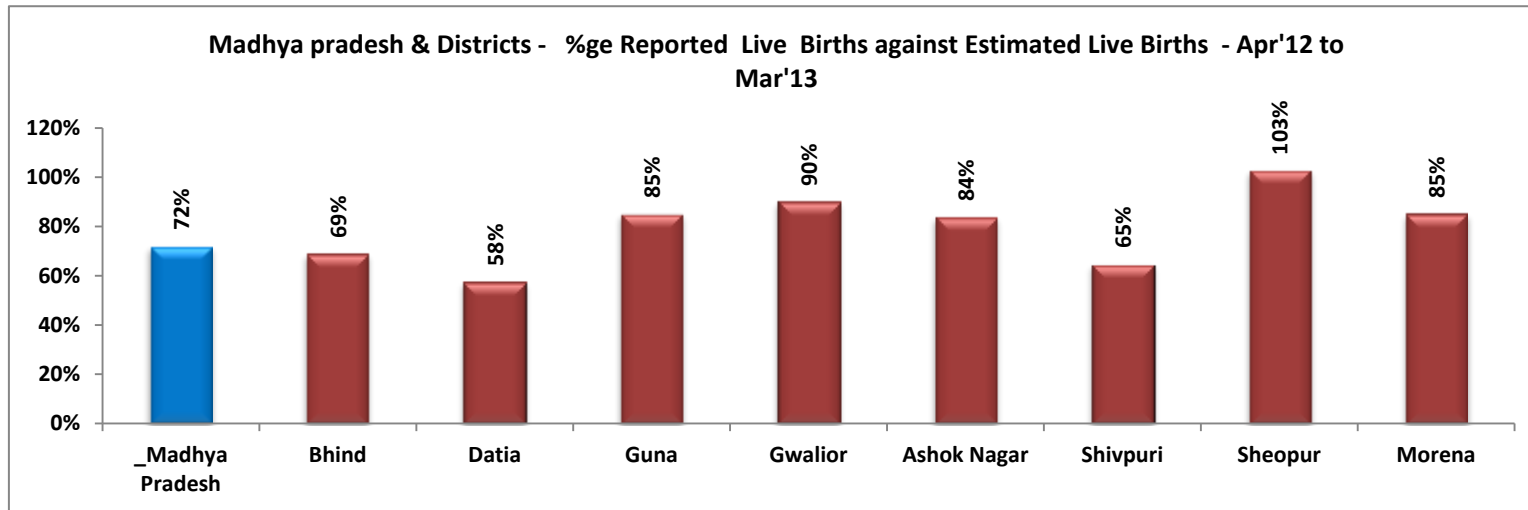
Madhya pradesh & Districts - Stay Duration for Institutional Deliveries - Apr'12 to Mar'13									
	_Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
Total Reported Institutional Deliveries(Pub + Pvt)	11,63,051	24,378	8,331	29,372	32,987	15,454	31,358	13,463	41,470
Stay Duration less than 48 hrs	407172	10133	1494	12257	3349	3995	14319	8975	14805
Madhya pradesh & Districts - Duration of stay less than 48 hrs as Percentage of Reported Institutional Deliveries - Apr'12 to Mar'13	35%	42%	18%	42%	10%	26%	46%	67%	36%

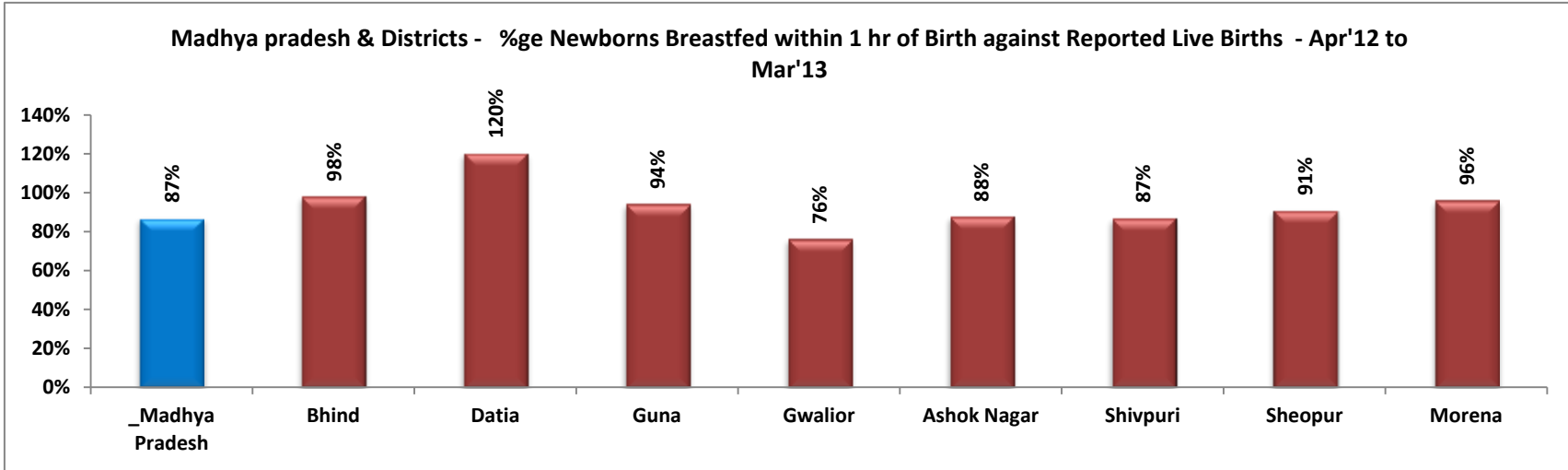
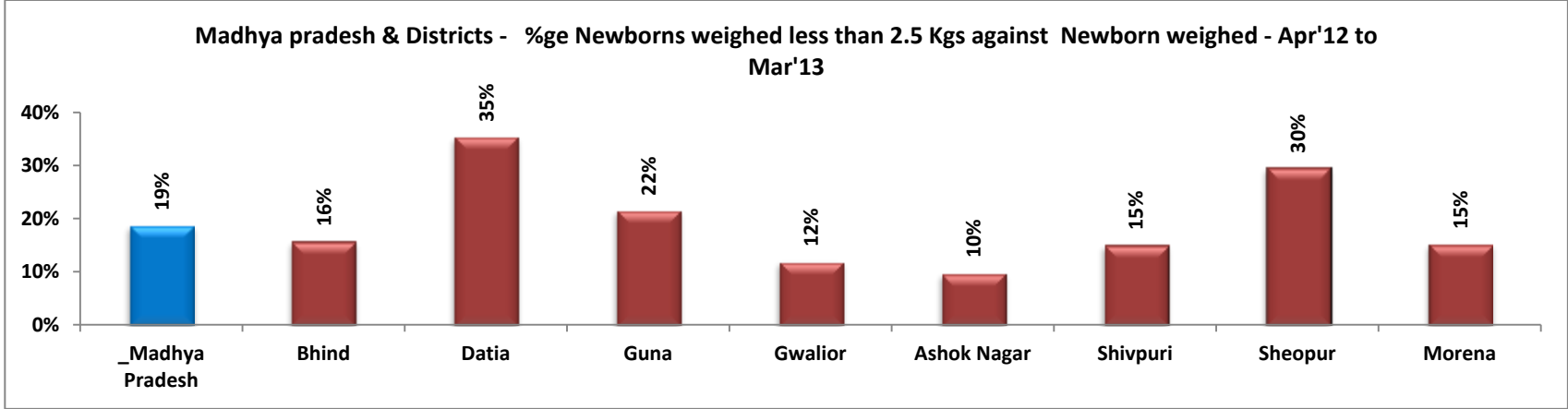
Madhya pradesh & Districts- JSY Payments- Apr'12 to Mar'13									
	Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
Home Deliveries	2,01,149	4,954	1,287	1,795	1,879	2,974	4,777	2,883	1,366
JSY Paid to mothers for Home Deliveries	13080	287	501	89	31	332	64	184	22
Madhya pradesh & Districts - JSY paid to mothers -%age of Reported Home deliveries - Apr'12 to Mar'13	7%	6%	39%	5%	2%	11%	1%	6%	2%
Institutional Deliveries(Pub)	10,62,688	24,023	8,309	27,919	25,184	15,372	31,358	13,463	38,697
JSY Paid to mothers for Institutional Deliveries(Pub)	973531	23491	7714	27190	23897	13549	29523	12501	34996
Madhya pradesh & Districts - JSY paid to mothers -%age of Reported Institutional deliveries - Public - Apr'12 to Mar'13	92%	98%	93%	97%	95%	88%	94%	93%	90%
Institutional Deliveries(Pvt)	1,00,363	355	22	1,453	7,803	82	-	-	2,773
JSY Paid to mothers for Institutional Deliveries(Pvt)	972233	0	223	0	0	0	0	0	0
Madhya pradesh & Districts - JSY paid to mothers -%age of Reported Institutional deliveries - Pvt - Apr'12 to Mar'13	969%	0%	1014%	0%	0%	0%			0%



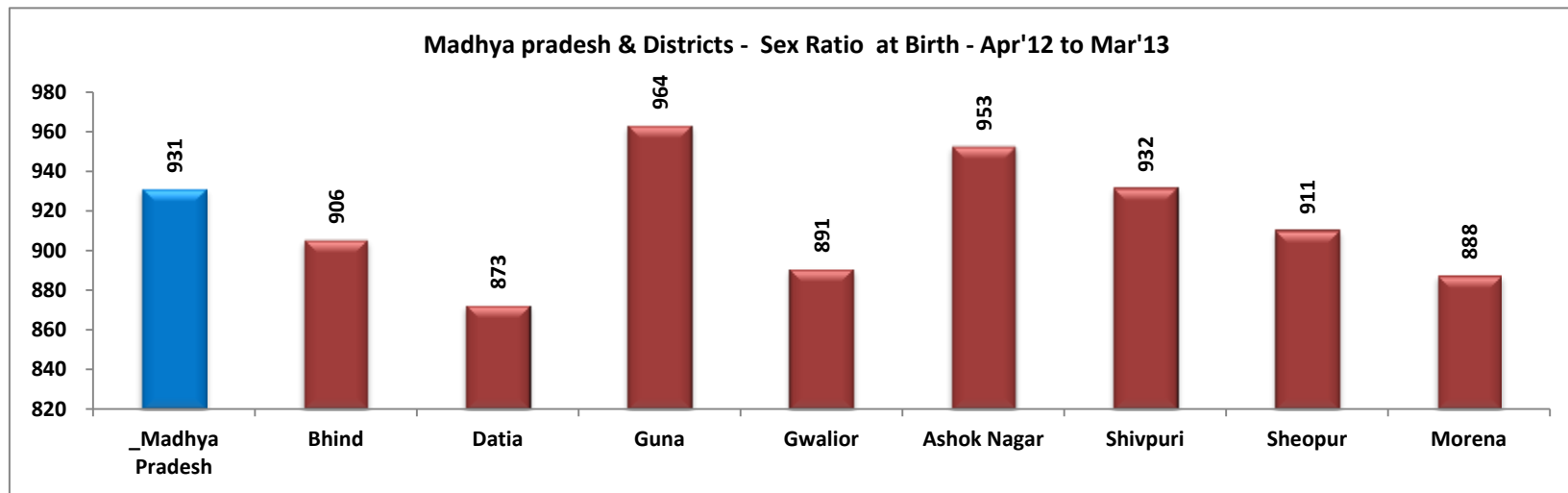


Madhya pradesh & Districts - Newborn Care- Apr'12 to Mar'13									
	Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheepur	Morena
Estimated Live Births	18,48,678	41,125	15,860	36,277	38,263	21,517	55,022	15,907	47,239
Reported Live Births	1332493	28357	9128	30843	34461	18038	35541	16340	40186
Madhya pradesh & Districts - %ge Reported Live Births against Estimated Live Births - Apr'12 to Mar'13	72%	69%	58%	85%	90%	84%	65%	103%	85%
Newborns Weighed	12,09,298	27,396	8,962	28,797	29,438	16,135	31,159	14,935	39,223
Madhya pradesh & Districts - %ge Newborns weighed against Reported Live Births - Apr'12 to Mar'13	91%	97%	98%	93%	85%	89%	88%	91%	98%
Newborns Weighed Less than 2.5kgs	2,50,106	4,478	3,229	6,661	4,123	1,770	5,380	4,837	6,140
Madhya pradesh & Districts - %ge Newborns weighed less than 2.5 Kgs against Newborn weighed - Apr'12 to Mar'13	19%	16%	35%	22%	12%	10%	15%	30%	15%
Newborns Breastfed within 1 hr of Birth	11,59,937	27,898	10,994	29,145	26,329	15,874	30,968	14,863	38,712
Madhya pradesh & Districts - %ge Newborns Breastfed within 1 hr of Birth against Reported Live Births - Apr'12 to Mar'13	87%	98%	120%	94%	76%	88%	87%	91%	96%
Still Births	25185	415	161	569	435	433	599	812	707
Abortions - Spontaneous/Induced	24547	609	161	262	603	185	386	213	448



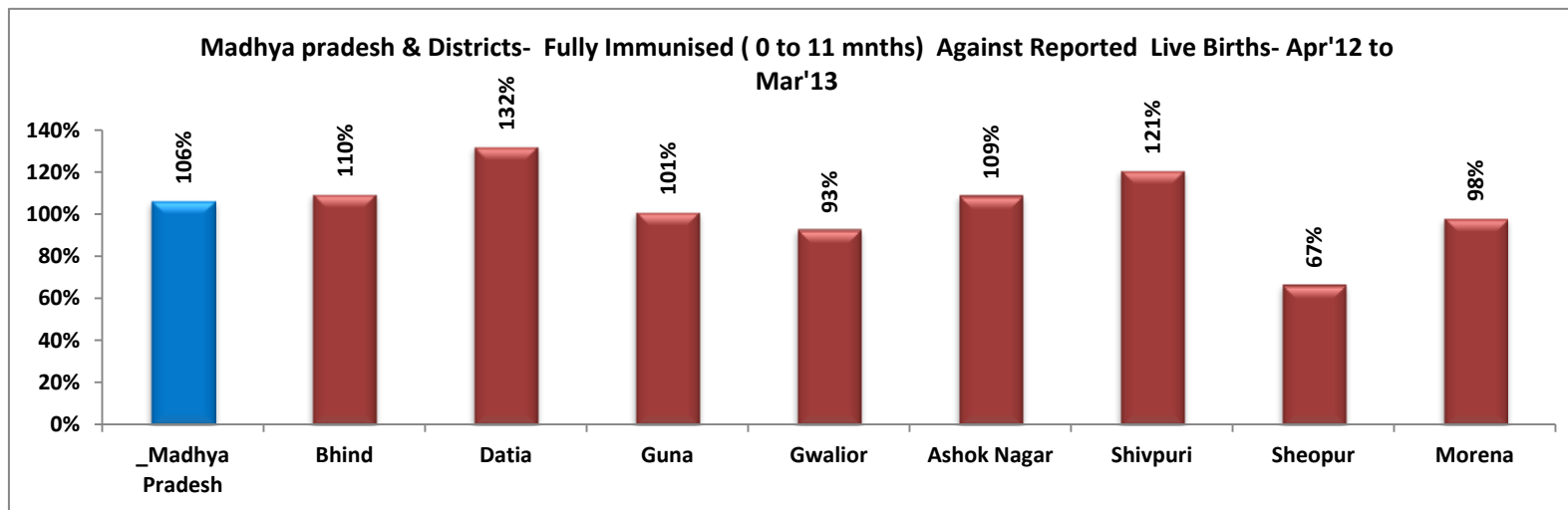
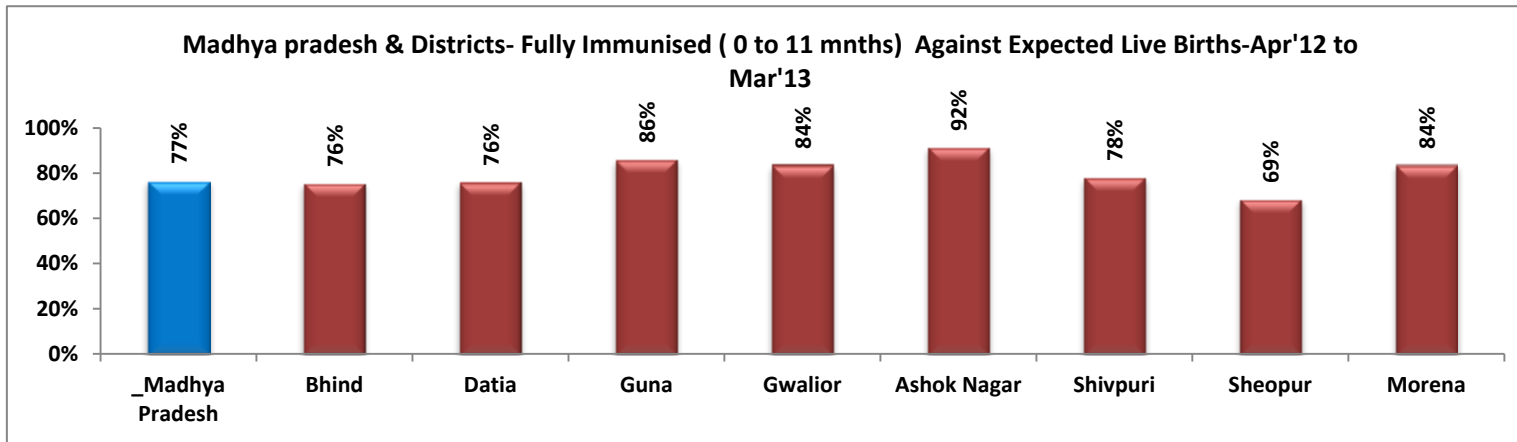


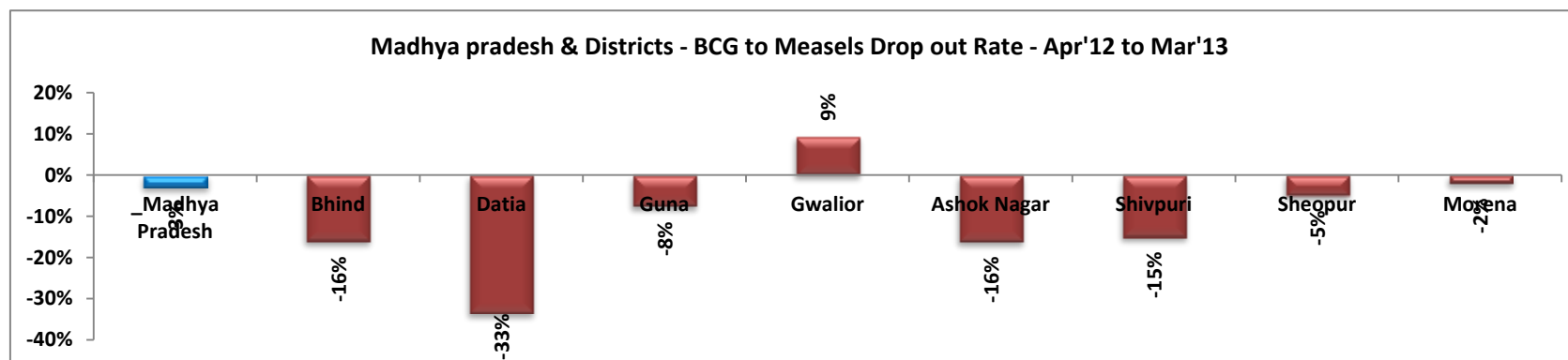
Madhya pradesh & Districts - Sex Ratio- Apr'12 to Mar'13									
	_Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
Live Birth - Male	689922	14880	4874	15708	18223	9236	18395	8552	21286
Live Birth - Female	642571	13477	4254	15135	16238	8802	17146	7788	18900
Madhya pradesh & Districts - Sex Ratio at Birth - Apr'12 to Mar'13	931	906	873	964	891	953	932	911	888



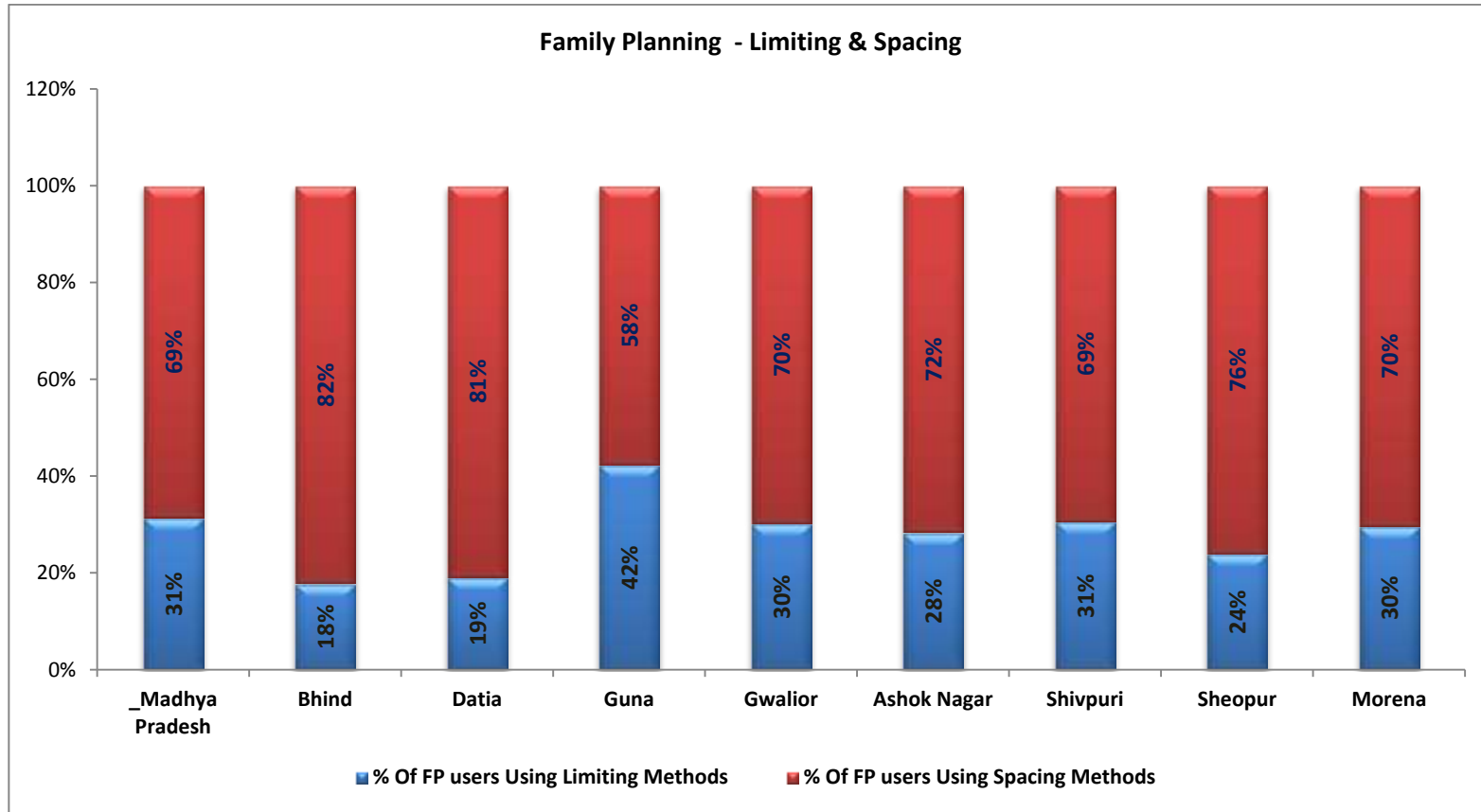
**Madhya pradesh & Districts - Child Immunisation ( 0 to 11mnth )- Apr'12 to Mar'13**

	<b>_Madhya Pradesh</b>	<b>Bhind</b>	<b>Datia</b>	<b>Guna</b>	<b>Gwalior</b>	<b>Ashok Nagar</b>	<b>Shivpuri</b>	<b>Sheopur</b>	<b>Morena</b>
<b>Estimated Live Births</b>	<b>18,48,678</b>	<b>41,125</b>	<b>15,860</b>	<b>36,277</b>	<b>38,263</b>	<b>21,517</b>	<b>55,022</b>	<b>15,907</b>	<b>47,239</b>
<b>Measles Given ( 0 -11 mnth)</b>	<b>1476095</b>	<b>30669</b>	<b>11369</b>	<b>33848</b>	<b>33627</b>	<b>19941</b>	<b>43781</b>	<b>14455</b>	<b>41557</b>
<b>Fully Immunised ( 0 -11 mnth)</b>	<b>1418943</b>	<b>31153</b>	<b>12088</b>	<b>31264</b>	<b>32068</b>	<b>19701</b>	<b>43041</b>	<b>10920</b>	<b>39565</b>
<b>Madhya pradesh &amp; Districts- Fully Immunised ( 0 to 11 mnths) Against Expected Live Births-Apr'12 to Mar'13</b>	<b>77%</b>	<b>76%</b>	<b>76%</b>	<b>86%</b>	<b>84%</b>	<b>92%</b>	<b>78%</b>	<b>69%</b>	<b>84%</b>
<b>Reported Live Births</b>	13,32,493	28,357	9,128	30,843	34,461	18,038	35,541	16,340	40,186
<b>Madhya pradesh &amp; Districts- Fully Immunised ( 0 to 11 mnths) Against Reported Live Births- Apr'12 to Mar'13</b>	<b>106%</b>	<b>110%</b>	<b>132%</b>	<b>101%</b>	<b>93%</b>	<b>109%</b>	<b>121%</b>	<b>67%</b>	<b>98%</b>
<b>Deaths Due to Immunisation</b>	12	0	0	0	1	0	0	0	0
<b>Madhya pradesh &amp; Districts - BCG to Measels Drop out Rate - Apr'12 to Mar'13</b>	<b>-3%</b>	<b>-16%</b>	<b>-33%</b>	<b>-8%</b>	<b>9%</b>	<b>-16%</b>	<b>-15%</b>	<b>-5%</b>	<b>-2%</b>





Madhya pradesh & Districts - Family Planning - Apr'12 to Mar'13									
	Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
<b>Male Sterilisations</b>	16,816	83	28	71	261	67	35	1	327
<b>Female Sterilisations</b>	3,57,859	4,338	2,606	6,860	5,232	4,868	9,465	2,557	5,929
<b>IUD</b>	3,83,621	12,822	4,869	3,849	7,561	6,192	7,611	2,836	4,938
<b>OCP Users ( OCP Cycles/13)</b>	2,13,703	4,131	2,555	3,583	2,673	3,372	7,108	3,071	5,709
<b>Condom Users ( Condom Pieces/72 )</b>	2,23,373	3,474	3,701	2,020	2,492	2,900	6,782	2,207	4,189
<b>Total FP method Users</b>	11,95,372	24,848	13,758	16,383	18,218	17,399	31,001	10,672	21,092
<b>% Of FP users Using Limiting Methods</b>	31.34%	17.79%	19.14%	42.31%	30.15%	28.36%	30.64%	23.97%	29.66%
<b>% Of FP users Using Spacing Methods</b>	68.66%	82.21%	80.86%	57.69%	69.85%	71.64%	69.36%	76.03%	70.34%





**Madhya Pradesh & Districts- Service Delivery - Apr'12 to Mar'13**

	<b>_Madhya Pradesh</b>	<b>Bhind</b>	<b>Datia</b>	<b>Guna</b>	<b>Gwalior</b>	<b>Ashok Nagar</b>	<b>Shivpuri</b>	<b>Sheopur</b>	<b>Morena</b>
<b>Population</b>	<b>73947121</b>	<b>1735230</b>	<b>800993</b>	<b>1264006</b>	<b>2068290</b>	<b>860687</b>	<b>1757900</b>	<b>700741</b>	<b>2001668</b>
<b>Total OPD</b>	2,08,26,839	4,29,962	79,991	3,72,184	3,67,367	1,56,666	4,78,447	2,59,055	4,66,038
<b>Total IPD</b>	27,18,235	42,640	6,555	1,67,185	11,389	18,236	52,493	42,091	44,628
<b>IPD as % of OPD</b>	<b>13%</b>	<b>10%</b>	<b>8%</b>	<b>45%</b>	<b>3%</b>	<b>12%</b>	<b>11%</b>	<b>16%</b>	<b>10%</b>
<b>In Patients Deaths</b>	33,460	2,235	-	314	1	338	720	110	105
<b>Operation Major( General and Spinal Anaesthesia)</b>	1,17,623	1,380	104	1,125	859	1,929	375	626	37
<b>Operation Major as % of OPD</b>	<b>0.56%</b>	<b>0.32%</b>	<b>0.13%</b>	<b>0.30%</b>	<b>0.23%</b>	<b>1.23%</b>	<b>0.08%</b>	<b>0.24%</b>	<b>0.01%</b>
<b>Operation Minor( No or local Anaesthesia)</b>	1,72,468	2,142	295	1,675	2,745	528	1,021	2,406	225
<b>Operation Minor as % of OPD</b>	<b>0.83%</b>	<b>0.50%</b>	<b>0.37%</b>	<b>0.45%</b>	<b>0.75%</b>	<b>0.34%</b>	<b>0.21%</b>	<b>0.93%</b>	<b>0.05%</b>
<b>AYUSH</b>	4,89,876	7,498	8,001	43,550	15,957	2,245	30,258	3,983	12,238
<b>Ayush as % of OPD</b>	<b>2.4%</b>	<b>1.7%</b>	<b>10.0%</b>	<b>11.7%</b>	<b>4.3%</b>	<b>1.4%</b>	<b>6.3%</b>	<b>1.5%</b>	<b>2.6%</b>
<b>Dental Procedures</b>	1,70,058	10,731	4	1,474	3,520	11	12,411	1,823	-
<b>Dental Procedures as % of OPD</b>	<b>0.82%</b>	<b>2.50%</b>	<b>0.01%</b>	<b>0.40%</b>	<b>0.96%</b>	<b>0.01%</b>	<b>2.59%</b>	<b>0.70%</b>	<b>0.00%</b>
<b>Adolescent Counselling</b>	48,047	4,194	2	511	2,181	944	414	-	593
<b>Adolescent Counselling as % of OPD</b>	<b>0.23%</b>	<b>0.98%</b>	<b>0.00%</b>	<b>0.14%</b>	<b>0.59%</b>	<b>0.60%</b>	<b>0.09%</b>	<b>0.00%</b>	<b>0.13%</b>

Madhya pradesh & Districts - Childhood Diseases - Apr'12 to Mar'13									
Types of Diseases	_Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
Population	7,39,47,121	17,35,230	8,00,993	12,64,006	20,68,290	8,60,687	17,57,900	7,00,741	20,01,668
Diphtheria	486	0	0	0	0	3	0	41	2
Pertussis	12	0	0	0	0	4	0	0	0
Tetanus Neonatorum	46	0	0	0	0	0	0	2	0
Tetanus others	187	2	0	0	0	0	1	3	0
Polio	0	0	0	0	0	0	0	0	0
Measles	3025	0	0	54	38	33	0	116	88
Diarrhoea and dehydration	201549	8128	2244	2504	4182	1502	9731	5446	5986
Malaria	30347	853	1328	851	874	1264	1157	2591	562
Number admitted with Respiratory Infections	52128	2964	589	24	1322	235	1906	1833	211

Madhya pradesh & Districts - Infant Deaths upto 5 yrs - Apr'12 to Mar'13									
	Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
Infant deaths within 24 hrs of Birth	3450	218	78	23	45	125	45	77	31
Infant deaths between 24 hrs to 4weeks of Birth	8386	206	122	215	46	116	326	102	109
Infant deaths between 1 month to 11months of Birth	2907	45	11	53	37	26	79	71	67
Infant deaths between 1 year to 5 yrs of Birth	2959	42	52	54	11	35	66	100	43
<b>Total</b>	<b>17702</b>	<b>511</b>	<b>263</b>	<b>345</b>	<b>139</b>	<b>302</b>	<b>516</b>	<b>350</b>	<b>250</b>

Madhya pradesh & Districts - Maternal Deaths - Apr'12 to Mar'13									
Maternal Deaths	Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
Abortions	12	0	0	0	0	0	0	0	0
Obstructed/prolonged Labour	30	0	0	2	1	0	0	1	1
Severe Hypertension/Fits	77	0	0	3	0	0	3	1	0
Bleeding	134	1	1	1	0	4	8	2	4
High Fever	26	0	0	0	0	0	2	1	1
Other Causes	294	2	6	3	2	3	3	7	7
<b>Total deaths</b>	<b>573</b>	<b>3</b>	<b>7</b>	<b>9</b>	<b>3</b>	<b>7</b>	<b>16</b>	<b>12</b>	<b>13</b>

Madhya pradesh & Districts - Abortions - Apr'12 to Mar'13									
Abortion	_Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
MTP - Up to 12 weeks of pregnancy	20938	332	14	274	611	183	232	67	195
MTP - More than 12 weeks of pregnancy	2575	17	8	6	36	0	1	0	62
Total MTP in Public Facilities	23513	349	22	280	647	183	233	67	257
Number of MTPs conducted at Private Facilities	7501	14	0	12	1864	83	0	0	219
Abortions ( Induced/Spontaneous)	24547	609	161	262	603	185	386	213	448

Madhya pradesh & Districts - VHND & Immunisation Sessions - Apr'12 to Mar'13									
	_Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
Required numbers of VHNDs per thousand population in 12 mnths	8,87,365	10,411	4,806	7,584	12,410	5,164	10,547	4,204	12,010
Immunisation Sessions held as percentage of required VHNDs	81%	147%	151%	245%	100%	170%	202%	163%	132%
% Sessions where ASHAs were present	77%	76%	88%	71%	53%	75%	79%	80%	77%

Madhya pradesh & Districts -Lab Tests - Apr'12 to Mar'13									
	Madhya Pradesh	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
<b>Total HB tested</b>	16,73,663	44,629	5,226	37,275	25,448	5,430	23,710	17,826	45,849
<b>HB Tested as %age of OPD</b>	<b>970%</b>	<b>2084%</b>	<b>1772%</b>	<b>2225%</b>	<b>927%</b>	<b>1028%</b>	<b>2322%</b>	<b>741%</b>	<b>20377%</b>
<b>HB &lt;7 gm as %age of HB tested</b>	<b>5.74%</b>	<b>9.22%</b>	<b>5.45%</b>	<b>3.78%</b>	<b>5.02%</b>	<b>3.87%</b>	<b>7.18%</b>	<b>3.86%</b>	<b>3.42%</b>
<b>Total HIV tested</b>	1,25,637	482	2	510	2,142	1,255	1,887	881	466
<b>HIV Tested as %age of OPD</b>	<b>73%</b>	<b>23%</b>	<b>1%</b>	<b>30%</b>	<b>78%</b>	<b>238%</b>	<b>185%</b>	<b>37%</b>	<b>207%</b>
<b>HIV Tested positive as %age of HIV tested</b>									
<b>Total VDRL Tested</b>	1,91,920	767	200	4,635	930	1,061	1,127	1,248	653
<b>VDRL Tested as %age of OPD</b>	<b>111.3%</b>	<b>35.8%</b>	<b>67.8%</b>	<b>276.7%</b>	<b>33.9%</b>	<b>200.9%</b>	<b>110.4%</b>	<b>51.9%</b>	<b>290.2%</b>
<b>Total Widal Test Conducted</b>	120693	1669	506	4938	770	545	590	2509	1564
<b>Widal Test Conducted as %age of OPD</b>	<b>70.0%</b>	<b>77.9%</b>	<b>171.5%</b>	<b>294.8%</b>	<b>28.1%</b>	<b>103.2%</b>	<b>57.8%</b>	<b>104.3%</b>	<b>695.1%</b>
<b>Blood Smear Examined</b>	55,79,192	1,33,997	59,433	1,41,732	82,664	76,193	1,18,555	76,209	1,54,079
<b>Blood Smear Examined as %age of population</b>	<b>8%</b>	<b>8%</b>	<b>7%</b>	<b>11%</b>	<b>4%</b>	<b>9%</b>	<b>7%</b>	<b>11%</b>	<b>8%</b>

**Madhya pradesh & Districts - Deaths ( others) - Apr'12 to Mar'13**

	<u>Madhya Pradesh</u>	Bhind	Datia	Guna	Gwalior	Ashok Nagar	Shivpuri	Sheopur	Morena
Diarrhoeal Diseases	462	29	0	1	0	2	4	10	3
Tuberculosis	892	43	0	4	0	0	49	36	30
Respiratory Diseases (Other than TB)	1664	6	52	2	0	0	35	32	59
Malaria	114	12	0	0	0	0	0	8	2
Other fever Related	9858	173	321	23	0	54	103	24	36
HIV/AIDS	732	33	83	0	0	0	0	0	2
Heart Disease/ Hypertension related	4126	95	0	19	0	23	107	11	13
Neurological Disease including strokes	1806	4	4	7	0	0	30	18	14
Trauma/Accidents/ Burn Cases	3718	62	16	63	0	6	119	43	85
Suicide	1393	7	4	27	1	5	24	8	31
Animal Bites & Stings	858	10	0	14	0	0	2	3	21
Known Acute Disease	5401	7	5	16	0	5	63	23	19
Known Chronic Disease	5037	8	30	27	0	0	18	29	84
Causes not known	35872	980	930	342	8	14	33	290	472
<b>Total Deaths</b>	<b>71933</b>	<b>1469</b>	<b>1445</b>	<b>545</b>	<b>9</b>	<b>109</b>	<b>587</b>	<b>535</b>	<b>871</b>