CHAPTER 4
SUTDY ON HEALTH FACILITIES AND HUMAN RESOURCES

4 STUDY ON HEALTH FACILITIES AND HUMAN RESOURCES

4.1 INTRODUCTION

This report addresses the staff position, availability of medicines, infrastructure and other facilities available in various health facilities in five districts of Madhya Pradesh. The activities carried out by different health facilities have been discussed in the report.

The different health facilities discussed in the report are District Hospitals, Community Health Centres (CHCs), Primary Health Centres at block level (B-PHCs), Primary Health Centres at sector level (S-PHCs), and Sub Centres (SCs). The number of health facilities covered were 5 district hospitals, 6 CHCs, 7 B-PHCs, 18 S-PHCs and 39 SCs. Besides, some information was also collected for UFWCs and PPCs.

The UFWCs/HPs are established as a part of urban health infrastructure, while CHCs/ PHCs/ S-PHCs and Sub Centre are a part of rural health infrastructure. As each of these health facilities are established to cover different levels of facilities for different population size coverage, the activities carried out by each type of health facility differ significantly. The present report attempts to assess the extent of availability of facilities and activities performed in light of the set norms.

4.2 DISTRICT HOSPITALS

4.2.1 Coverage

In all, 5 district hospitals, were covered for the study. On an average the district hospital provides the services to a population of 2,53,720. The district hospital has, on an average, 53 beds. Out of which 33 bed are for admitting maternity related cases (Table 4-1).

4.2.2 Staff Position

Table 4-2 shows the staff positions at the district hospital covered under the study. The perusal of the table indicates that the posts of specialists such as paediatrician, ophthalmologist, surgeon and anaesthetics were reported lying vacant. Moreover, the in-charge of the district hospitals interviewed reported that the sanctioned posts for specialists were far less from the actual requirement. On the other hand, the sanctioned and in-position general duty doctors were more than the actual requirement. Out of the 167 posts filled by specialists and general duty doctors, 32 were female doctors.

Among the paramedical staff, although the posts of head nurse, staff nurse and diploma holder nurse midwife were adequately sanctioned and filled the posts of fully qualified nurse midwife were not sanctioned in any of the district hospitals. Majority of the posts sanctioned for other paramedical staff such as pharmacists, compounder, lab technicians, lab attendants and theatre assistants were reported filled. The officer in-charge of the district hospital felt the need of sanction of additional posts of paramedical staff.

The officer in-charge of the district hospitals reported that majority of the posts sanctioned for administrative staff such as computer, record assistant, telephone operator typist, electrician plumber etc. were filled. They further reported that the sanctioned posts were not adequate. Similarly most of the class IV sanctioned posts were filled.

4.2.3 Management of the Facility during Training Programme

All the district hospitals visited reported that when some of the staff members go for training there is no replacement. The facility manages the activities with rest of the staff (Table 4-4).

Out of the 5 district hospitals 2 reported that their staff received ToT for JSR training and 2 reported the receipt of ToT for dai training. Only one of the 5 district hospitals reportedly organised training for JSR and dais (Table 4-5).

4.2.4 Availability of Various Services

In this section attempts were made to assess the availability of various services such as reproductive health, obstetric care, RTI/STI, gynaecological problems, family planning and child health etc. during working hours, during emergency and facility for admitting the patients. The results are presented in Tables 4-6 ,4-7 ,4-8, 4-9 & 4-10.

The analysis of the data shows that 4 out of 5 districts provide services for adolescent health HIV/AIDS and only one reportedly had the facilities for providing such services during emergency and admitting such cases. All the district hospitals were providing services for essential obstetric care. These services included antenatal care including blood tests for anaemia and malaria and urine test, normal delivery and postnatal care. Four of the 5 hospitals were also providing MTP services. For essential obstetric care the emergency and IPD services were available in all the district hospitals. Emergency obstetric care services including caesarean section and other surgical care were available in all the hospitals but blood transfusion facilities were reported available in only 3 district hospitals. The facilities for syndromic diagnosis, laboratory testing and treatment for RTI/STI cases were available in 4 of the 5 district hospitals.

All the hospitals were equipped to provide services for IUD insertion and 4 of the 5 districts hospitals to provide male and female sterilisation. None of the district hospitals had facilities for re-canalisation of sterilised cases.

All the district hospitals reported having emergency services and referrals related to maternal care, cares for complicated deliveries during working hours and at night and services for caesarean section at night and during weekends (Table 4-7).

4.2.5 Availability, working condition and adequacy of equipment

In order to ascertain availability, working condition and adequacy of equipment, first the availability and adequacy of equipment was observed. The observation that, although all the five district hospitals had basic infrastructure facilities such as examination room, table for gynaecological examination, storage area, toilet facilities, water supply and telephone etc., the toilets were not having running water supply (Table 4-12). The basic equipment like BP apparatus, stethoscope, infant weighing scale, stethoscope to hear foetal sound, manual vacuum aspirator, speculums and obstetric forceps were available in satisfactory conditions in all the district hospitals (Table 4-13). The other equipment required for natal and neonatal care was available at all the district hospitals visited. Only in one hospital equipment for delivery although available but was not in satisfactory condition (Table 4-14). In addition, all the district hospitals had equipment for family planning and 4 of the 5 hospitals had equipment for caesarean section in satisfactory condition (Table 4-15).

(1) Availability of Education Materials

Further, in the health facilities visited the observations were also made to assess the availability and adequacy of education materials on antenatal care, postnatal care including breastfeeding and antenatal care. The perusal of the Table 4-16 shows that in almost all the health facilities visited these education materials were not available. Only one hospital had family planning and HIV/AIDS in satisfactory condition and another hospital had materials on warning signs of complications during delivery but not in satisfactory conditions.

(2) Availability of Essential Drugs and Consumable Supplies

At the district hospitals the observations were made to assess the availability of various drugs such as local and general anaesthetics, antibacterial, anti hypertensive, anticonvulsive drugs and various vaccines and contraceptives. Table 4-17 shows that, in general, there was adequacy of supply and prompt replenishment of the various drugs, contraceptives and vaccines at the district hospitals. However, the supply of some consumable materials such as blank partographs, blank ANC cards and cord ties were not seen in any of the district hospitals visited. Syphilis Test Kits were seen in 3 hospitals and Urine Dip Sticks in 2 hospitals only. The supply of some essential drugs such as ketamine injections, pethidine, kanamycin injection, eye drops, quinine injections

and methyledopa etc. was not seen in nearly half of the district hospitals. The supply of oral contraceptives and condoms in 2 hospitals and CuT in one district hospital was not observed in one hospital (Table 4-17).

4.2.6 Referral system

All the 5 district hospitals were found referring cases to other centres. Of the 5 district hospitals, one found referring cases to other district hospitals and the remaining 4 to other centres like medical college etc. The average distance of the nearest referral facility was around 28 kilometres and in most of the cases it takes 2-3 hours or more to reach the referred facility. None of the hospital staff was reportedly accompanying the patients and only 2 hospitals reported sometimes providing transport to the referred patients. In most of the cases the referred patients use either their own transport or hire from private sources (Table 4-18).

All the hospitals reported that they always provide treatment before sending the patient to the referred facility. Although 3 of the 5 hospitals were aware of the direct higher referral facility, only 2 reported sometimes referring cases to designated referral units (Table 4-19). The in-charge of the hospital reported meeting with both lower and higher facilities on regular basis. During these meetings they discussed referral system and communication and transport means. The other topics viz. lack of equipment and lack of staff was rarely discussed (Table 4-20). Only two of the 5 hospitals accepted the referred cases. They further reported that the referred cases are generally in critical condition. Only one of the 5 hospitals was aware of the lower health facility from where the cases are referred. Of the five, four hospitals reported always accepting cases that were not referred by any lower health facility (Table 4-23). Two hospitals reported receiving advance notice of the referred cases. For such cases they secure readily available beds (Table 4-24). The hospitals keep records of cases referred from the lower health facility in various forms. Feed back to the lower health facility is very necessary to make follow up visits but there is no system of giving feed back the facility from where the cases were referred (Table 4-25).

4.2.7 Availability of Records

Almost all the centres were found poorly maintaining necessary records with respect to delivery, antenatal care and family planning. The delivery register as maintained at one hospital, antenatal care register at 4 and family planning register at 2 hospitals only. None of the hospitals were having clinical management guidelines for MCH (Table 4-26). The records maintained were in satisfactory condition.

4.3 COMMUNITY HEALTH CENTRES

4.3.1 Coverage

In all, 6 community health centres, two in Tikamgarh and one each in Damoh, Panna, Sagar and Chhatarpur were covered for the study. On an average the community health centre provides the services to a population of 1,58,262 which is higher than the normative population of 1,00,000+ for a CHC. The CHC, while it rendered all the family welfare services, it concentrated more on antenatal and immunisation services to both expectant mothers and children. Family Planning information and services both, for terminal and spacing methods were also being provided at the covered CHC. As per the norm, the CHCs are sanctioned with 30 beds i.e. the minimum number of beds the CHCs should have is 30. The community health centre has, on an average, 23 beds. Out of which 10 bed are for admitting maternity related cases. The average number of TBAs working in the CHC area is 122 (Table 4-1).

4.3.2 Staff Position

Table 4-2 shows the staff positions at the community health centre covered under the study. The perusal of the table indicates that the posts of specialists such as paediatrician, ophthalmologist and surgeon were reported filled in. The in-charge of the community health centres interviewed reported that the sanctioned posts for specialists were far less from the actual requirement. Out of 31 posts filled by specialists and general duty doctors, only 4 were female doctors.

Among the paramedical staff, although the posts of staff nurse and diploma holder nurse midwife were adequately sanctioned, nearly three-fourth of the sanctioned posts were lying vacant. Majority of the posts sanctioned for other paramedical staff such as pharmacists, compounder, lab technicians, lab attendants, LHV/Health Assistant (M) and multipurpose worker (M&F) were reported filled. The medical officer in-charge of the community health centre felt the need of sanction of additional posts of paramedical staff. Including multipurpose worker (M&F)

The medical officer in-charge of the community health centres reported that majority of the posts sanctioned for administrative staff such as computer, and office assistant was filled. Similarly most of the class IV sanctioned posts were filled. They further reported that the sanctioned posts particularly of ward boys and sweepers were not adequate.

Each Community Health Centre, on an average, trained 4 JSR females, 45 JSR males, 26 mahila swasthya sanghs and 66 dais. All the trained volunteers were reported working in their respective areas. Besides an average of 47 Anganwadi workers working under ICDS programme were providing support to grassroot workers (Table 4-3).

4.3.3 Management of the Facility during Training Programme

All the community health centres visited reported that when some of the staff members go for training there is no replacement. The facility manages the activities with rest of the staff (Table 4-4).

Out of the 6 communities health centres 5 reported that their staff received ToT for JSR training and all reported the receipt of ToT for dai training. All CHCs reportedly organised training for dais and 5 CHCs organised training for JSRs (Table 4-5).

4.3.4 Availability of Various Services

In this section attempts were made to assess the availability of various services such as reproductive health, obstetric care, RTI/STI, gynaecological problems, family planning and child health etc. during working hours, during emergency and facility for admitting the patients. The results are presented in Tables 4-6, 4-7, 4-8, 4-9 & 4-10.

All the CHCs visited had been providing laboratory services for testing malaria, urine and blood Haemoglobin testing. Only one CHC reportedly had facilities for testing syphilis (Table 4-6). All CHCs had the facilities for providing services to maternity cases. Although 4 of the 6 CHCs had facilities to attend to complicated delivery cases, only one CHC had the services for caesarean section at night and weekends (Table 4-7).

Further analysis of the data shows that all CHCs provide services for adolescent health but 5 out of 6 CHCs reportedly had the facilities for providing such services during emergency and admitting such cases. Only one CHC had the facilities for providing services to HIV/ AIDS during normal as well as emergency hours and admitting such patients. Almost all the community health centres were providing services for essential obstetric care. These services included antenatal care including blood tests for anaemia and malaria and urine test, normal delivery and postnatal care. Only half of the CHCs visited were providing MTP services. For essential obstetric care the emergency and IPD services were available in all the community health centres. Emergency obstetric care services including caesarean section and blood transfusion facilities were not available in any of the CHCs. Other surgical care services were available in 5 of the 6 CHCs. The facilities for syndromic diagnosis were available in 5 CHCs and, laboratory testing and treatment for RTI/STI cases were available in 4 of the 6 community health centres (Table 4-8).

All the CHCs were equipped to provide services for IUD insertion, family planning counselling and handing complications of family planning cases. Half of the CHCs were reportedly equipped to provide male and female sterilisation.

All the community health centres reported having services related to child health including diarrhoea, ARI, immunisation and growth monitoring. Further all the CHCs were having facilities for health education.

4.3.5 Availability, working condition and adequacy of equipment

In order to ascertain availability, working condition and adequacy of equipment, first the availability and adequacy of equipment was observed. The observation that all the 6 community health centres had basic infrastructure facilities such as examination room, table for gynaecological examination, storage area and toilet facilities. The water supply was not available at two-third and telephone facility at half of the CHCs (Table 4-12). The basic equipment like BP apparatus, stethoscope, stethoscope to hear foetal sound, manual vacuum aspirator, speculums and obstetric forceps were available in satisfactory conditions in almost all the community health centres. The infant weighing scale was reported available at one CHC only (Table 4-13). The other equipment required for natal was available at all the community health centres visited. But the blanket to wrap the baby and bag and mask for neonatal resuscitation was not available in nearly half of the CHCs (Table 4-14). In addition, all the community health centres had equipment for family planning and one-third CHCs had equipment for caesarean section in satisfactory condition (Table 4-15).

4.3.6 Availability of Education Materials

Further, in the health facilities visited the observations were also made to assess the availability and adequacy of education materials on antenatal care, postnatal care including breastfeeding and antenatal care. The perusal of the Table 4-16 shows that in nearly two-third of the CHCs visited these education materials were available. In most of the CHCs, the education materials available were in satisfactory condition.

4.3.7 Availability of Essential Drugs and Consumable Supplies

At the community health centres the observations were made to assess the availability of various drugs such as local and general anaesthetics, antibacterial, anti hypertensive, anticonvulsive drugs and various vaccines and contraceptives. Table 4-17 shows that, in general, there was adequacy of supply and prompt replenishment of the many drugs, contraceptives and vaccines at majority of the community health centres. However, the supply of some consumable materials and drugs such as blank partographs, nitrous oxide anaesthesia, ketamine injections, kanamycin injection and hydralizine injections were not seen in any of the community health centres visited. Syphilis Test Kits, cord ties, urine dip sticks were seen in half of the CHCs. The supply of some essential drugs such as diazepam injection, pethidine, oxytocin injections etc. was not seen in nearly half of the community health centres. The supply of oral contraceptives and condoms, CuT and TT injections and BCG vaccine was observed in all the community health centre (Table 4-17).

4.3.8 Referral system

All the 6 CHCs were found referring cases to other centres. Of the 6 centres, 5 were referring cases to district hospital and the remaining one to other centres like medical college etc. The average distance of the nearest referral facility was around 45 kilometres and in most of the cases it takes 1-2 hours to reach the referred facility. One-thirds of the CHCs reported that the patients were accompanied by hospital staff such as nurse/ midwife, None of the CHCs reported providing transport to referred patients and all the referred patients use either their own transport or hire from private sources (Table 4-18).

All the CHCs reported that they always provide treatment before sending the patient to the referred facility. Although all the 6 CHCs were aware of the direct higher referral facility, only 2 reported referring cases to designated referral units (Table 4-19). The in-charge of the hospital reported meeting with both lower and higher facilities on regular basis. During these meetings they discussed referral system and communication and transport means. The other topics viz. lack of equipment and lack of staff was rarely discussed (Table 4-20). Two-thirds of the CHCs reported always informing higher health facility about the referred cases by using referral slips.

The modes of communication generally used for information were patients themselves, telephone, messenger etc. (Table 4-21). One CHC also reported receiving cases from the lower health facility. These CHCs were keeping records of the referred patients either in the referral record form or in the treatment record form (Table 4-22). None of the CHCs refused the referred cases. They further reported that the referred cases are generally in critical condition. None of the 6 CHCs were aware of the lower health facility from where the cases are referred. All the CHCs reported accepting cases that were not referred by any lower health facility (Table 4-23). Two-thirds of the CHCs reported receiving advance notice of the referred cases. For such cases they secure readily available beds (Table 4-24). Two-thirds of the CHCs keep records of cases referred from the lower health facility in various forms. Feed back to the lower health facility is very necessary to make follow up visits but only one-third CHCs reported giving feed back the facility from where the cases were referred (Table 4-25).

4.3.9 Availability of Records

Although all the CHCs were maintaining records, nearly two-thirds were found satisfactorily maintaining necessary records with respect to delivery, antenatal care and family planning. The clinical management guidelines for MCH were available with half of the CHCs.(Table 4-26). The records maintained were in satisfactory condition.

4.4 BLOCK PRIMARY HEALTH CENTERS (B-PHCS)

4.4.1 Coverage

In all, 7 B-PHCs, two each in Tikamgarh and Damoh and one each in Panna, Sagar and Chhatarpur were covered for the study. On an average B-PHC provides the services to a population of 1,60,000 which is higher than the normative population of 1,00,000 for a B-PHC. The B-PHC, while it rendered all the family welfare services, it concentrated more on antenatal and immunisation services-to both expectant mothers and children. Family Planning information and services both, for terminal and spacing methods were also being provided at the covered B-PHCs. The B-PHC has, on an average, 11 beds. Out of which 4 bed are for admitting maternity related cases. The average number of TBAs working in the B-PHC area is 98 (Table 4-1).

4.4.2 Staff Position

Table 4-2 shows the staff positions at the Block Primary Health Centres covered under the study. The perusal of the table indicates that the posts of physician, surgeon and general duty doctors were reported filled in. All the posts of medical staff were filled by males. The in-charge of the B-PHCs interviewed reported the requirement of specialists and additional surgeons and physicians.

Among the paramedical staff, all the sanctioned posts of staff nurse were reported filled and medical officer in-charge did not mention the additional requirement. No post for fully qualified nurse midwife was sanctioned at any of the B-PHCs visited and all the three sanctioned posts of diploma holder nurse midwife were lying vacant. Majority of the posts sanctioned for other paramedical staff such as pharmacists, compounder, lab technicians, lab attendants, LHV/Health Assistant (M) and multipurpose worker (M&F) were reported filled. The medical officers in-charge of the B-PHCs felt the need of sanction of additional posts of paramedical staff including multipurpose worker (M&F)

The medical officer in-charge of the B-PHCs reported that majority of the posts sanctioned for administrative staff such as computer, and office assistant was filled. Similarly most of the class IV sanctioned posts were filled. They further reported that the sanctioned posts particularly of peon and sweepers were not adequate.

Each Block Primary Health Centre, on an average, trained 3 JSR females, 59 JSR males, 17 mahila swasthya sanghs and 54 dais. Besides, there were on an average 14 untrained dais in the B-PHC area. Nearly three-fourth of the trained volunteers was reported working in their respective areas (Table 4-3).

4.4.3 Management of the Facility during Training Programme

All the B-PHCs visited reported that when some of the staff members go for training there is no replacement. The facility manages the activities with rest of the staff (Table 4-4).

All the 7 B-PHCs reported that their staff received ToT for JSR and dai training All B-PHCs where the staff received training reportedly organised training for dais and JSRs (Table 4-5).

4.4.4 Availability of Various Services

In this section attempts were made to assess the availability of various services such as reproductive health, obstetric care, RTI/STI, gynaecological problems, family planning and child health etc. during working hours, during emergency and facility for admitting the patients. The results are presented in Tables 4-6, 4-7, 4-8,4-9 & 4-10.

All the B-PHCs visited had been providing laboratory services for testing malaria and only 2 B-PHCs for urine and 3 for blood Haemoglobin testing. None of the B-PHCs had facilities for testing syphilis (Table 4-6). All B-PHCs had the facilities for providing services to maternity cases. Although 4 of the 7 B-PHCs had facilities to attend to complicated delivery cases, only one B-PHC had the services for caesarean section at night and weekends (Table 4-7).

Further analysis of the data shows that 6 out of 7 B-PHCs provide services for adolescent health but 5 only B-PHCs reportedly had the facilities for providing such services during emergency and admitting such cases. Only 2 B-PHCs had the facilities for providing services to HIV/ AIDS and one B-PHC had facility for admitting such patients. Almost all the B-PHCs were providing services for essential obstetric care. These services included antenatal care including blood tests for anaemia and malaria and urine test, normal delivery and postnatal care. Only 5 of 7B-PHCs visited were providing MTP services. For essential obstetric care the emergency and IPD services were available in 4 B-PHCs. Emergency obstetric care services including caesarean section and blood transfusion facilities were not available in any of the B-PHCs. Other surgical care services were available in 4 of the 7 B-PHCs. The facilities for syndromic diagnosis were available in 5 B-PHCs and, laboratory testing and treatment for RTI/STI cases were available in 4 of the 7 B-PHCs (Table4-8).

Almost all the B-PHCs were equipped to provide services for IUD insertion, family planning counselling and handing complications of family planning cases. Three out of 7 B-PHCs were reportedly equipped to provide male and female sterilisation.

Almost all the B-PHCs reported having services related to child health including diarrhoea, ARI, immunisation and growth monitoring. Four B-PHCs had the facilities for high risk new born care. Further majority of the B-PHCs were having facilities for health education.

4.4.5 *Availability, working condition and adequacy of equipment*

In order to ascertain availability, working condition and adequacy of equipment, first the availability and adequacy of equipment was observed. The observation that all the 7 B-PHCs had basic infrastructure facilities such as examination room, storage area and toilet facilities, labour room and refrigerator etc. The table for gynaecological examination, water supply and telephone facilities were either not available or not in satisfactory condition at most of the B-PHCs visited (Table 4-12). The basic equipment like BP apparatus, infant weighing scale, stethoscope, stethoscope to hear foetal sound, speculums and obstetric forceps were available in satisfactory conditions in almost all the B-PHCs. The vacuum extractor was reported available at 2 B-PHCs (Table 4-13). The other equipment required for natal was available at all the B-PHCs visited. But the blanket to wrap the baby and bag and mask for neonatal resuscitation was not available in more than half of the B-PHCs. None of the B-PHCs had bag and mask for neonatal resuscitation (Table 4-14). In addition, 6 B-PHCs had equipment for family planning and none of the B-PHCs had equipment for caesarean section in satisfactory condition (Table 4-15).

(1) Availability of Education Materials

Further, in the health facilities visited the observations were also made to assess the availability and adequacy of education materials on antenatal care, postnatal care including breastfeeding and antenatal care. The perusal of the Table 4-16 shows that in nearly two-fifth of the B-PHCs visited these education materials were available. In most of the B-PHCs, the education materials available were in satisfactory condition.

(2) Availability of Essential Drugs and Consumable Supplies

At the B-PHCs the observations were made to assess the availability of various drugs such as local and general anaesthetics, antibacterial, anti hypertensive, anticonvulsive drugs and various vaccines and contraceptives. Table 4-17 shows that, in general, the supply of the many drugs, contraceptives and vaccines at majority of the B-PHCs was seen. However, the supply of some consumable materials and drugs such as blank partographs, nitrous oxide anaesthesia, kanamycin injection, methyledopa and hydralizine injections were not seen in any of the B-PHCs visited. Syphilis Test Kits was seen in only one B-PHC. The supply of some essential drugs such as ketamine injections, diazepam injection, pethidine, oxytocin injections etc. was not seen in nearly half of the B-PHCs. The supply of oral contraceptives and condoms, CuT and TT injections was observed in all the B-PHCs (Table 4-17).

4.4.6 Referral system

All the 7 B-PHCs were found referring cases to other centres. Of the 7 B-PHCs, 6 were referring cases to district hospital and the remaining one to other centres like medical college etc. The average distance of the nearest referral facility was around 39 kilometres and in most of the cases it takes 1-2 hours to reach the referred facility. Only one B-PHC reported that the patients were accompanied by hospital staff such as nurse/ midwife. None of the B-PHCs reported providing transport to referred patients and all the referred patients use either their own transport or hire from private sources (Table 4-18).

Six of the 7 B-PHCs reported that they provide treatment before sending the patient to the referred facility. Although 6 B-PHCs were aware of the direct higher referral facility, none reported referring cases to designated referral units (Table 4-19). The medical officer in-charge of the B-PHC reported meeting regularly with both lower and higher facilities. During these meetings more than half reportedly discussed the referral system. Besides during these meetings discussions were held on communication and transport means, lack of personnel and lack of equipment (Table 4-20). Three out of 7 B-PHCs reported always and 2 sometimes informing higher health facility about the referred cases by using referral slips. The modes of communication generally used for information were primarily patients themselves and sometimes telephone, messenger etc. (Table 4-21). Majority of the B-PHCs did not receive feed back from the higher facility regarding the referred cases. Five of the 7 B-PHCs were keeping records of the referred patients either in the referral record form or in the treatment record form (Table 4-22). None of the B-PHCs refused the referred cases. They further reported that the referred cases are generally in critical condition. None of the B-PHCs visited were aware of the lower health facility from where the cases are referred. All the B-PHCs reported accepting cases that were not referred by any lower health facility (Table 4-23). More than half of the B-PHCs reported receiving advance notice of the referred cases. For such cases they make arrangements such as sending ambulance to pick up patients and secure readily available beds (Table 4-24). Almost all the B-PHCs keep records of cases referred from the lower health facility in various forms. Feed back to the lower health facility is very necessary to make follow up visits but less than one-fourth B-PHCs reported giving feed back the facility from where the cases were referred (Table 4-25).

4.4.7 Availability of Records

All the B-PHCs were maintaining records with respect to delivery, antenatal care and family planning in a satisfactory condition. The clinical management guidelines for MCH were not available with any of the B-PHCs (Table 4-26).

4.5 SECTOR PRIMARY HEALTH CENTRE (S-PHC)

4.5.1 Coverage

In all, 18 S-PHCs, 6 in Tikamgarh and 7 in Damoh, 2 each in Sagar and Chhatarpur and one in Panna were covered for the study. On an average S-PHC provides the services to a population of 29,363 which is as per the normative population of 30,000 for a S-PHC. The S-PHC, while it rendered all the family welfare services, it concentrated more on antenatal and immunisation services-to both expectant mothers and children. Family Planning information and services both, for terminal and spacing methods were also being provided at the covered S-PHCs. The S-PHC has, on an average, 6 beds. Out of which 4 beds are for admitting maternity related cases. The average number of TBAs working in the S-PHC area is 20 (Table 4-1).

4.5.2 Staff Position

Table 4-2 shows the staff positions at the Sector Primary Health Centres covered under the study. As per the norm each sector level PHC has the sanction of a medical officer. The perusal of the table indicates that in 18 S-PHCs only 17 posts of medical officers were sanctioned and out of which 15 were filled on the day of field visit. All the posts of medical staff were filled by males.

Each Sector Primary Health Centre, on an average, trained 1 JSR female, 10 JSR males, 12 mahila swasthya sanghs and 12 dais. Besides, there were on an average 1 untrained dai in the Sector PHC area (Table 4-3).

Among the paramedical staff, the posts of staff nurse, nurse midwife fully qualified and nurse midwife diploma holders were sanctioned at only a few S-PHCs. Even the post of compounder was not sanctioned at all the sector level PHCs. The sanctioned posts were almost reported filled. The medical officer in-charge reported the requirement of additional staff. The posts of male and female workers and female supervisors were adequately sanctioned and reported filled. Although the posts of grassroot workers were adequately sanctioned, the medical officer in-charge stressed the need the sanction of additional posts.

Majority of the S-PHCs did not have the sanction of administrative staff such as computer or record assistant. Only one S-PHC had the post of record assistant sanctioned and filled. Most of the class IV sanctioned posts such as ward boy and sweeper were filled. They further reported that the sanctioned posts particularly of peon and sweepers were not adequate.

Each Sector Primary Health Centre, on an average, trained 24 JSR females, 172 JSR males, 123 mahila swasthya sanghs and 217 dais. Besides, there were on an average 31 untrained dais in the S-PHC area. Nearly three-fourth of the trained volunteers was reported working in their respective areas. There were 172 AWWs working under ICDS programme provide help to grassroot level workers (Table 4-3).

4.5.3 Management of the Facility during Training Programme

Three-fourth of the S-PHCs visited reported that when some of the staff members go for training there is no replacement. The facility manages the activities with rest of the staff. One S-PHC reported closing the facility during traing and another reported sharing the patients with nearest facility (Table 4-4).

Seventy two percent S-PHCs reported that their staff received ToT for dai training and 61 percent received ToT for JSR training. All S-PHCs where the staff received training reportedly organised training for dais and JSRs (Table 4-5).

4.5.4 Availability of Various Services

In this section attempts were made to assess the availability of various services such as reproductive health, obstetric care, RTI/STI, gynaecological problems, family planning and child health etc. during working hours, during emergency and facility for admitting the patients. The results are presented in Tables 4-6, 4-7, 4-8,4-9 & 4-10.

All the S-PHCs visited had been providing laboratory services for testing malaria and only 33 percent S-PHCs for urine and 22 percent for blood Haemoglobin testing. None of the S-PHCs had facilities for testing syphilis (Table 4-6). Nearly three-fourth of the S-PHCs had the facilities for providing services to maternity cases. Although 44 percent S-PHCs had facilities to attend to complicated delivery cases, none had the services for caesarean section at night and weekends (Table 4-7).

Further analysis of the data shows that 78 percent S-PHCs provide services for adolescent health but 33 percent S-PHCs reportedly had the facilities for providing such services during emergency. Ninety four percent S-PHCs had the facilities for providing services to HIV/ AIDS. Almost all the S-PHCs were providing services for essential obstetric care. The facilities for providing blood tests for anaemia and urine test were available at around one-fourth of the S-PHCs. Only 11percent S-PHCs visited were having facilities for providing MTP services. For essential obstetric care the emergency and IPD services were available in one-third of the S-PHCs. Emergency obstetric care services including caesarean section and blood transfusion facilities were not available in any of the S-PHCs. Other surgical care services were available in one-third of the S-PHCs. The facilities for syndromic diagnosis and treatment for RTI/STI cases were available in 44 percent S-PHCs. The laboratory testing facilities for RTI/STI were not available in any of the S-PHCs (Table 4-8).

Almost all the S-PHCs were equipped to provide services for IUD insertion and family planning counselling. Nearly three-fourth S-PHCs were equipped for handing complications of family planning cases. Half of the S-PHCs were reportedly equipped to provide male and female sterilisation.

Almost all the S-PHCs reported having services related to child health including diarrhoea, ARI, immunisation and growth monitoring. Seventeen percent S-PHCs had the facilities for high risk new born care and congenital abnormalities. Further, majority of the S-PHCs were having facilities for health education.

4.5.5 Availability, working condition and adequacy of equipment

In order to ascertain availability, working condition and adequacy of equipment, first the availability and adequacy of equipment was observed. The observation reveal that S-PHCs were poorly equipped with basic infrastructure facilities such as examination room (56 percent), Table 4-for gynaecological examination (33 percent), water supply (22 percent), storage area (44 percent), toilet facilities (17 percent), labour room (28 percent) and refrigerator (56 percent) etc. None of the S-PHCs had the telephone connection (Table 4-12). The basic equipment like BP apparatus, stethoscope, steriliser, and speculums were available in satisfactory conditions in almost all the S-PHCs. The other basic equipment important for maternal and child care such as infant weighing scale, foetal stethoscope, manual vacuum aspirator and vacuum extractor was reported available at less than half of the S-PHCs (Table 4-13). The other equipment required for natal care was available at majority of the S-PHCs visited. But the blanket to wrap the baby and bag and mask for neonatal resuscitation was not available in more than three-fourth of the S-PHCs (Table 4-14). In addition, 86 percent S-PHCs had equipment for family planning and 11 percent had equipment for caesarean section in satisfactory condition (Table 4-15).

(1) Availability of Education Materials

Further, in the health facilities visited the observations were also made to assess the availability and adequacy of education materials on antenatal care, postnatal care including breastfeeding and antenatal care. The perusal of the Table 4-16 shows that in nearly three-fourth of the S-PHCs had educational materials in satisfactory conditions on family planning, 56 percent on HIV/AIDS and nutrition and 28 percent had materials on new born care including breastfeeding.

(2) Availability of Essential Drugs and Consumable Supplies

At the S-PHCs the observations were made to assess the availability of various drugs such as local and general anaesthetics, antibacterial, anti hypertensive, anticonvulsive drugs and various

vaccines and contraceptives. Table 4-17 shows that, in general, the supply of the many drugs, contraceptives and vaccines at majority of the S-PHCs was seen. However, the supply of some consumable materials and drugs such as blank partographs, nitrous oxide anaesthesia, ketamine injections, kanamycin injection, methyledopa and hydralizine injections were not seen in majority of the S-PHCs visited. Syphilis Test Kits was not seen in any of the S-PHC visited. The supply of some essential drugs such as diazepam injection, pethidine, oxytocin injections etc. was not seen in nearly half of the S-PHCs. The supply of oral contraceptives and condoms, CuT and TT injections and BCG vaccine was observed in majority of the S-PHCs (Table 4-17).

4.5.6 Referral system

All the 18 S-PHCs were found referring cases to other centres. Of the 18 S-PHCs, half were referring cases to district hospital, 33 percent to CHCs and 17 percent to B-PHCs. The average distance of the nearest referral facility was around 26 kilometers and in most of the cases it takes around one hour to reach the referred facility. Eleven percent S-PHC reported that hospital staff such as nurse/ midwife accompanied the patients. None of the S-PHCs reported providing transport to referred patients and all the referred patients use either their own transport or hire from private sources (Table 4-18).

All the S-PHCs reported that they provide treatment before sending the patient to the referred facility. Although 78 percent S-PHCs were aware of the direct higher referral facility, 61 percent reported not referring cases to designated referral units (Table 4-19). The medical officer in-charge of the S-PHC reported meeting regularly with both lower and higher facilities (78 percent). During these meetings mostly they discussed the referral system. Besides during these meetings discussions were held on communication and transport means, lack of personnel and lack of equipment (Table 4-20). Thirty three percent S-PHCs reported always and 6 percent frequently and 39 percent sometimes informing higher health facility about the referred cases by using referral slips. The modes of communication generally used for information were primarily patients themselves and sometimes messenger etc. (Table 4-21). Nearly three-fourth S-PHCs did not receive feed back from the higher facility regarding the referred cases. More than half of the S-PHCs were keeping records of the referred patients either in the referral record form or in the treatment record form (Table 4-22).

4.5.7 Availability of Records

Nearly three fourth of the S-PHCs reported maintaining records with respect to delivery, antenatal care and family planning and around half were maintaining in a satisfactory condition. The clinical management guidelines for MCH were not available with 56 percent of the S-PHCs (Table 4-26).

4.6 SUB-CENTRES (SCS)

Sub-centres are the grass-roots level unit of the rural health infrastructure. The sub-centres play a major role in penetration at the grass-roots level to provide various family welfare information and services. The sub-centre is the main centre of convergence for various family welfare services at grass roots. According to the norms, each sub-centre is serviced by an ANM, who in some cases is supported by a helper, mostly a TBA. As per the earlier norm, one multipurpose male worker was also attached to each sub-centre. However, lately this scheme was withdrawn by the State Government and only in a few sub-centres, MPWs (M) were in place.

4.6.1 Coverage

In all, 39 Sub-centres, 12 each in Tikamgarh and Damoh, 4 in Sagar, 6 in Chhatarpur and 5 in Panna were covered for the study. On an average S-PHC provides the services to a population of 6,372 which is above the normative population of 5,000 for a sub-centre in plains and 3,000 in tribal and hilly areas. The sub-centre rendered all the family welfare services, antenatal and immunisation services-to both expectant mothers and children. Family Planning information and services for spacing methods were also being provided at the covered sub-centres. Each sub-centre has one bed. The average number of TBAs working in the sub-centre area is 6 (Table 4-1).

4.6.2 Staff Position

Table 4-2 shows the staff positions at the Sector Primary Health Centres covered under the study. Among the paramedical staff, the posts of male and female workers were adequately sanctioned and reported filled. Although the posts of grassroot workers were adequately sanctioned, the sub-centre in-charge stressed the need the sanction of additional posts.

Each Sub-Centre, on an average, trained 15 JSR females, 2 JSR males, 6 mahila swasthya sanghs and 6 dais. Besides, there were on an average 1 untrained dai in the Sector PHC area (Table 4-3).

4.6.3 Management of the Facility during Training Programme

Two-thirds of the sub-centres visited reported that when some of the staff members go for training there is no replacement and the facility closes down. Fifteen percent of the facilities manage the activities with rest of the staff and another 13 percent reported sharing the patients with nearest facility (Table 4-4).

Eighty five percent sub-centres reported that their staff received ToT for dai training and 44 percent received ToT for JSR training. Almost all the sub-centres where the staff received training reportedly organised training for dais and JSRs (Table 4-5).

4.6.4 Availability of Various Services

In this section attempts were made to assess the availability of various services such as reproductive health, obstetric care, RTI/STI, gynaecological problems, family planning and child health etc. during working hours, during emergency and facility for admitting the patients. The results are presented in Tables 4-6, 4-7, 4-8,4-9 & 4-10.

Seventy two percent of the sub-centres visited had been providing laboratory services for testing malaria and 23 percent sub-centres for urine and 21 percent for blood Haemoglobin testing. None of the sub-centres had facilities for testing syphilis (Table 4-6). Nearly three-fourth of the sub-centres had the facilities for providing services to maternity cases (Table 4-7).

Further analysis of the data shows that 77 percent sub-centres provide services for adolescent health but 44 percent sub-centres reportedly had the facilities for providing such services during emergency. Eight percent sub-centres had the facilities for providing services to HIV/ AIDS patients. Almost all the sub-centres were providing services for essential obstetric care. The facilities for providing blood tests for anaemia and urine test were available at less than half of the sub-centres. The facilities for syndromic diagnosis and treatment for RTI/STI cases were available in 8 percent sub-centres (Table 4-8).

Almost all the sub-centres were equipped to provide services for IUD insertion and family planning counselling. Nearly three-fifth sub-centres were reported equipped for handing complications of family planning cases.

Almost all the sub-centres reported having services related to child health including normal new born care, diarrhoea, immunisation and growth monitoring. Three percent sub-centres had the facilities for high risk new born care and 5 percent for congenital abnormalities. Further, majority of the Sub-centres were having facilities for health education.

4.6.5 Availability, working condition and adequacy of equipment

In order to ascertain availability, working condition and adequacy of equipment, first the availability and adequacy of equipment was observed. The observation reveal that Sub-centres were poorly equipped with basic infrastructure facilities as most of the facilities were not available at more than two-third of the sub-centres (Table 4-12). The basic equipment like BP apparatus, stethoscope, steriliser and infant weighing scale was available in satisfactory conditions in most of the sub-centres. The other basic equipment important for maternal and child care such as manual vacuum aspirator and vacuum extractor was reported not available at almost all the sub-

centres (Table 4-13). The other equipment required for natal and neonatal care viz., blankets to wrap the baby and bag and mask for neonatal resuscitation was not available at any of the sub-centres visited (Table 4-14). In addition, 87 percent sub-centres had equipment for family planning (Table 4-15).

(1) Availability of Education Materials

Further, in the health facilities visited the observations were also made to assess the availability and adequacy of education materials on antenatal care, postnatal care including breastfeeding and antenatal care. The perusal of the Table 4-16 shows that in nearly half of the sub-centres had educational materials in satisfactory conditions on family planning, 12 percent on HIV/AIDS, 53 percent on nutrition and 39 percent had materials on new born care including breastfeeding.

(2) Availability of Essential Drugs and Consumable Supplies

At the Sub-centres the observations were made to assess the availability of various drugs such as local and general anaesthetics, antibacterial, anti hypertensive, anticonvulsive drugs and various vaccines and contraceptives. Table 4-17 shows that, in general, the supply of the many drugs, contraceptives and vaccines at majority of the sub-centres was poor. The supply of some consumable materials and drugs at most of the sub-centres available was blank ANC cards (77 percent), cord ties (56 percent), eye drops (44 percent), chloroquine tablets (92 percent) and IFA tablets (72 percent). The supply of oral contraceptives and condoms, CuT and TT injections and BCG vaccine was observed in majority of the sub-centres (Table 4-17).

4.6.6 Referral system

All the 39 sub-centres were found referring cases to other centres. Of the 39 sub-centres, 21 percent reported referring cases to district hospital, 26 percent to CHCs and 51 percent to B-PHCs. The average distance of the nearest referral facility was around 20 kilometres and in most of the cases it takes around one hour to reach the referred facility. Five percent sub-centres reported that ANM accompanied the patients. None of the sub-centres reported providing transport to referred patients and all the referred patients use either their own transport or hire from private sources (Table 4-18).

Almost all the sub-centres reported that they provide treatment before sending the patient to the referred facility. Although 67 percent sub-centres were aware of the direct higher referral facility, 15 percent reported referring cases to designated referral units (Table 4-19). The ANM reported meeting regularly with the higher facilities (77 percent). During these meetings mostly they discussed the referral system. Besides during these meetings discussions were held on communication and transport means, lack of personnel and lack of equipment (Table 4-20). Twenty eight percent sub-centres reported always and 3 percent frequently and 28 percent sometimes informing higher health facility about the referred cases by primarily using referral slips. The modes of communication generally used for information were primarily patients themselves and sometimes through letter or telephone (Table 4-21). Nearly three-fourth sub-centres did not receive feed back from the higher facility regarding the referred cases. More than half of the Sub-centres were keeping records of the referred patients either in the referral record form or in the treatment record form (Table 4-22).

4.6.7 Availability of Records

All the sub-centres reported maintaining records with respect to delivery, antenatal care and family planning and majority was maintaining in a satisfactory condition. The clinical management guidelines for MCH were not available with one-third of the sub-centres (Table 4-26).

Table 4-1: Population Covered and Availability of Bed Facilities

(number)

Responses	Facilities (06)				
	Dist. Hosp.	CHC	B-PHC	S-PHC	SC
Average population covered	253,720	158,262	160,000	29,363	6,372
Average no. of beds in a facility	53	23	7	6	1
Average no. of maternity Beds in a facility	33	10	4	4	1
Average no. of TBAs under the facility	-	122	98	20	6

Table 4-2: Staff Position

(number)

Posts	Dist. Hosp.				CHC				B-PHC			
	No. Sanctioned	In Position		No. Needed	No. Sanctioned	In Position		No. Needed	No. Sanctioned	In Position		No. Needed
		M	F			M	F			M	F	
A. Medical Staff												
Obstetrician/Gynaecologist	6	-	6	12	2	-	2	3	-	-	-	5
Paediatrician	6	5	-	12	2	2	-	2	-	-	-	3
Physician	6	4	1	13	3	1	-	4	1	1	-	4
Ophthalmologist	5	3	-	7	2	2	-	1	-	-	-	2
Surgeon	6	4	-	11	2	2	1	4	2	2	-	4
Anaesthetists/Nurse Anaesthetists	3	2	-	7	-	-	-	3	-	-	-	3
Other specialists	34	44	2	35	-	-	-	-	-	-	-	-
Generalist	95	38	23	35	18	13	1	2	9	8	-	1
Dentist	6	5	-	3	2	2	-	2	-	-	-	2
B. Paramedical Staff												
Head Nurse	7	-	8	8	-	-	-	-	-	-	-	4
Staff nurse/Nurse midwife	34	-	31	37	15	3	8	4	2	2	0	2
Nurse midwife fully qualified	86	-	81	37	3	-	3	4	-	-	-	1
Nurse midwife Diploma	36	-	33	11	6	-	6	5	3	-	1	2
Pharmacist	1	1	0	10	3	2	-	-	3	2	-	3
Compounder	37	23	-	16	10	6	-	3	7	5	-	4
Lab Technician	31	21	4	27	9	9	-	2	5	4	-	6
Lab Attendant	12	10		16	-	-	-	2	-	-	-	5
Radiographer	15	13	2	16	5	6	-	3	1	1	-	3
Theatre Assistant	23	20	1	24	7	7	-	2	5	5	-	3
Block Extension Educator	-	-	-	2	6	5	-	3	6	5	-	3
Senior Assistant	2	2	-	4	1	1	-	2	-	-	-	-
Junior Assistant	7	7	-	4	-	-	-	-	1	1	-	1
HA(F)/LHV	8	-	9	24	22	-	23	4	8	-	7	4
HA (M)	5	1	-	9	1	1	-	-	2	2	-	1
MPW(F)/ANM	34	-	33	44	16	-	17	7	13	-	14	7
MPW(M)	1	-	-	1	38	38	-	6	50	47	-	6

Posts	Dist. Hosp.				CHC				B-PHC			
	No. Sanctioned	In Position M	In Position F	No. Needed	No. Sanctioned	In Position M	In Position F	No. Needed	No. Sanctioned	In Position M	In Position F	No. Needed
C. Administrative Staff												
Computer	-	-	-	7	5	5	-	1	7	4	2	2
Record Assistant	-	-	-	8	1	-	-	2	-	1	-	2
Office Attendant	9	7	2	10	1	1	-	2	1	2	-	1
Telephone Operator	-	-	-	10	-	-	-	2	-	1	-	2
Typist	4	3	1	16	-	-	-	5	-	-	-	3
Electrician	6	6	-	9	-	-	-	2	-	-	-	2
Plumber	1	-	4	1	1	-	2	1	1	-	1	1
Dark Room Assistant	6	6	-	8	-	-	-	1	-	-	-	4
Ward Boy	85	84	83	8	14	7	14	-	12	5	9	-
Washer man	23	12	2	26	2	2	-	2	2	3	-	1
Sweeper	93	63	20	87	8	5	3	5	8	7	-	6
Peon	31	24	3	47	11	10	-	1	12	11		6
Nursing orderly	-	-	-	17	-	-	-	-	-	-	-	1
Driver	17	14	-	15	8	7	-	2	6	5	-	1
Cleaner	5	5	-*	8	1	1	-	1	-	-	-	3
Watchmen	2	2	-	12	2	2	-	3	-	-	-	3

Posts	S-PHC				SC			
	No. *Sanctioned*	In Position M	In Position F	No. *Needed*	No. *Sanctioned*	In Position M	In Position F	No. *Needed*
A. Medical Staff								
Obstetrician/Gynaecologist	-	-	-		-	-	-	-
Paediatrician	-	-	-		-	-	-	-
Physician	-	-	-		-	-	-	-
Ophthalmologist	-	-	-		-	-	-	-
Surgeon	1	1	-		-	-	-	-
Anaesthetists/Nurse Anaesthetists	-	-	-		-	-	-	-
Other specialists	-	-	-		-	-	-	-
Generalist	16	14	-		-	-	-	-
Dentist	-	-	-		-	-	-	-
B. Paramedical Staff								
Head Nurse	-	-	-	-	-	-	-	-
Staff nurse/Nurse midwife	2	-	4	3	-	-	-	-
Nurse midwife fully qualified	1	-	1	2	-	-	-	-
Nurse midwife Diploma	3	-	1	5	-	-	-	-
Pharmacist	-	-	-	3	-	-	-	-
Compounder	13	12	-	4	-	-	-	-
Lab Technician	1	1	-	5	-	-	-	-
Lab Attendant	-	-	-	1	-	-	-	-
Radiographer	-	-	-	3	-	-	-	-
Theatre Assistant	7	7	-	3	-	-	-	-
Block Extension Educator	1	1	-	1	-	-	-	-
Senior Assistant	-	-	-	2	-	-	-	-
Junior Assistant	-	-	-	-	-	-	-	-
HA(F)/LHV	21	-	20	5	-	-	-	-
HA (M)	8	7	-	5	-	-	-	-
MPW(F)/ANM	35	-	31	8	-	-	-	-
MPW(M)	23	20	-	10	-	-	-	-

Posts	S-PHC				SC			
	No. Sanctioned	In Position M	In Position F	No. Needed	No. Sanctioned	In Position M	In Position F	No. Needed
C. Administrative Staff								
Computer	-	-	-	1	-	-	-	-
Record Assistant	1	1	-	2	-	-	-	-
Office Attendant	-	-	-	2	-	-	-	-
Telephone Operator	-	-	-	1	-	-	-	-
Typist	-	-	-	1	-	-	-	-
Electrician	-	-	-	1	-	-	-	-
Plumber	-	-	2	-	-	-	-	-
Dark Room Assistant	-	-	-	2	-	-	-	-
Ward Boy	14	3	14	1	-	-	-	-
Washer man	-	-	-	2	-	-	-	-
Sweeper	18	15	3	4	-	-	-	-
Peon	4	3	-	6	-	-	-	-
Nursing orderly	-	-	-	-	-	-	-	-
Driver	-	-	-	2	-	-	-	-
Cleaner	-	-	-	2	-	-	-	-
Watchmen	1	1	-	6	-	-	-	-
Total N								

Table 4-3: Volunteers Working in the HF Areas

(number)

Volunteers	Dist. Hosp.			CHC			B-PHC		
	Av. Target	Av. Trained	Av. Working	Av. Target	Av. Trained	Av. Working	Av. Target	Av. Trained	Av. Working
Anganwadi worker					47	47		42	42
JSR Female					4	4		3	4
JSR Male					45	45		59	62
Mahila Swasthya Sangha					26	26		17	26
Trained Dai					66	68		54	54
Untrained Dai					0	0		14	17

Volunteers	S-PHC			SC		
	Av. Target	Av. Trained	Av. Working	Av. Target	Av. Trained	Av. Working
Anganwadi worker		12	10		3	3
JSR Female		1	11		15	15
JSR Male		10	8		2	2
Mahila Swasthya Sangha		12	10		6	7
Trained Dai		12	9		6	5
Untrained Dai		1	4		1	2

Table 4-4: Management of HF during Training Programme

(in percentage)

Responses	Dist. Hospital	CHC	B-PHC	SPHC	SC
Rest of the staff Manage	100.0	100.0	100.0	77.8	15.4
Share the patients with nearest HF	0.0	0.0	0.0	5.6	12.8
Close HF	0.0	0.0	0.0	5.6	0.0
HF does not release staff for training	0.0	0.0	0.0	5.6	66.7
Others	0.0	0.0	0.0	5.6	5.0
Total N	5	6	7	18	39

Table 4-5: Training for Dais and JSR

(in percentage)

Responses	Dist. Hospital	CHC	B-PHC	SPHC	SC
% HF organised training for Dai	20.0	100.0	100.0	72.2	94.9
% HF staff had ToT for Program for Dai training	40.0	100.0	85.7	72.2	84.6
% HF organised training for JSR	20.0	83.3	100.0	61.1	48.7
% HF Staff received ToT for JSR training	40.0	83.3	100.0	61.1	43.6
Total N	5	6	7	18	39

Table 4-6: Type of Laboratory Services Provided at the Health Facility (MR) during Last Week

(in percentage)

Laboratory Services	Dist. Hosp.	CHC	B-PHC	S-PHC	SC
Malaria testing	100	100	100	100	72*
Syphilis testing	80	17	0	0	3
Haemoglobin Measurement	100	83	28	22	21
Urine testing for Protein Measurement	80	100	43	33	23
Total N	5	6	7	18	39

Note: *Only slide testing

Table 4-7: Availability of Emergency Services and Referral at the Health Facility

(in percentage)

Emergency Services	Dist. Hosp.	CHC	B-PHC	S-PHC	SC
Maternity services at night and weekends	100	100	100	72	72
Care for complicated deliveries during regular working hours	100	83	56	44	49
Care of complicated deliveries at night and weekends	100	67	71	44	59
Services for Caesarean section at night and weekends	100	17	14	0	5
Total N	5	6	7	18	39

Table 4-8: Type of Services Available at Health Facilities

(in percentage)

Services	Dist. Hosp.			CHC			B-PHC		
	Working Hrs	Emergency	IPD	Working Hrs	Emergency	IPD	Working Hrs	Emergency	IPD
Reproductive Health									
Adolescent Health	80.00	20.0	20.0	100.0	83.3	83.3	85.7	71.4	71.4
HIV/AIDS	80.0	20.0	20.0	16.7	16.7	16.7	28.6	14.3	14.3
Essential Obstetric Care									
Antenatal Care	100.0	40.0	60.7	100.0	100.0	100.0	100.0	85.7	71.4
Normal Delivery	100.0	100.0	100.0	100.0	100.0	83.3	100.0	100.0	100.0
Post natal care	100.0	100.0	100.0	100.0	100.0	83.3	100.0	85.7	71.4
Blood test for Anaemia	100.0	80.0	100.0	83.3	50.0	0.0	57.1	28.6	14.3
Blood test for Malaria	100.0	60.0	100.0	100.0	83.3	0.0	100.0	28.6	14.3
Urine test	100.0	80.0	100.0	83.3	33.3	0.0	100.0	14.3	0.0
MTP	80.0	60.0	100.0	50.0	50.0	33.3	71.4	71.4	71.4
Treatment for Septic/ Spontaneous abortion	100.0	100.0	100.0	83.3	83.3	66.7	85.7	85.7	71.4
Emergency Obstetric Care									
Caesarean section	100.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0
Other surgical care	100.0	100.0	100.0	83.3	66.7	50.0	57.1	42.9	42.9
Blood transfusion	60.0	60.0	60.0	0.0	0.0	0.0	14.3	14.3	14.3
RTIs/STIs									
Syndromic diagnosis	80.0	0.0	40.0	83.3	66.7	0.0	71.4	14.3	28.6
Laboratory Diagnosis	80.0	0.0	60.0	66.7	33.3	0.0	57.1	0.0	28.6
Treatment for RTI/STI	80.0	0.0	60.0	66.7	50.0	33.3	57.1	28.6	28.6
Family Planning									
FP Counselling	80.0	0.0	80.0	100.0	66.7	0.0	85.7	28.6	0.0
IUD/Pill/condom	100.0	0.0	60.0	100.0	66.7	16.7	100.0	42.9	0.0
CTT/LTT/CVT/NSVT	80.0	0.0	80.0	50.0	33.3	16.7	42.9	14.3	0.0
Complications of FP	100.0	100.0	80.0	100.0	83.3	50.0	100.0	71.4	42.9
Re-canalisation	0.0	0.0	0.0	16.7	16.7	0.0		0.0	0.0
Gynaecological problem									
Early detection	100.0	40.0	40.0	83.3	50.0	33.3	71.4	28.6	28.6
Surgical care	100.0	80.0	80.0	33.3	33.3	16.7	71.4	42.9	42.9
Chemotherapy & Radiotherapy	0.0	0.0	20.0	66.7	66.7	33.3	57.1	14.3	28.6
Child Health									
Normal new born care	100.0	60.0	80.0	100.0	100.0	83.3	85.7	57.1	57.1
High risk new born care	80.0	80.0	80.0	50.0	33.3	33.3	57.1	28.6	14.3
Breast feeding counselling	100.0	40.0	100.0	100.0	66.7	0.0	100.0	14.3	0.0
Growth monitoring	40.0	0.0	0.0	100.0	33.3	0.0	100.0	28.6	0.0
Immunization	100.0	20.0	100.0	100.0	66.7	16.7	100.0	28.6	0.0
Diarrhoea	100.0	100.0	100.0	100.0	100.0	66.7	100.0	100.0	71.4
Fever	100.0	100.0	100.0	100.0	100.0	66.7	100.0	100.0	71.4
Acute Respiratory Infections	100.0	100.0	100.0	100.0	100.0	667	85.7	85.7	57.1
Congenital Abnormality	80.0	20.0	60.0	66.7	50.0	33.3	42.9	14.3	28.6
Other Care									
Tuberculosis	100.0	60.0	60.0	100.0	83.3	66.7	71.4	57.1	28.6
Chronic Illness	100.0	60.0	60..0	100.0	66.7	83.3	71.4	57.1	57.1
Other Primary Health care	80.0	40.0	40.0	66.7	66.7	50.0	28.6	28.6	28.6
Health Education									
Nutrition	80.0	0.0	0.0	100.0	0.0	0.0	85.7	0.0	0.0
Obstetrics	80.0	0.0	0.0	100.0	0.0	0.0	85.7	0.0	0.0
HIV/AIDS	60.0	0.0	0.0	100.0	0.0	0.0	71.4	0.0	0.0
Child Health	100.0	0.0	0.0	100.0	0.0	0.0	100.0	0.0	0.0
Other Health Services	80.0			66.7			57.1		
Total N (No. of Health Facilities)			5			5			6

Services	S-PHC			SC		
	Working Hrs	Emergency	IPD	Working Hrs	Emergency	IPD
Reproductive Health						
Adolescent Health	77.8	33.3	5.6	76.9	43.6	0.0
HIV/AIDS	94.4	5.6		7.7	2.6	0.0
Essential Obstetric Care						
Antenatal Care	88.9	6.7	16.7	100.0	79.5	0.0
Normal Delivery	94.4	77.8	16.7	97.4	84.6	2.6
Post natal care	94.4	72.2	11.1	94.9	74.4	2.6
Blood test for Anaemia	27.8	11.1	0.0	46.2	12.8	0.0
Blood test for Malaria	55.6	11.1	0.0	66.7	20.5	0.0
Urine test	22.2	11.1	0.0	30.8	7.7	0.0
MTP	11.1	5.6	0.0			0.0
Treatment for Septic/ Spontaneous abortion	22.2	11.1	5.6			0.0
Emergency Obstetric Care						
Caesarean section	0.0	0.0	0.0	0.0		
Other surgical care	33.3	11.1	0.0			0.0
Blood transfusion	0.0	0.0	0.0	0.0	0.0	0.0
RTIs/STIs						
Syndromic diagnosis	44.4	33.3	0.0	7.7	5.1	0.0
Laboratory Diagnosis	0.0	0.0	0.0			0.0
Treatment for RTI/STI	44.4	27.8	0.0	7.7	5.1	0.0
Family Planning						
FP Counselling	100.0	33.3	0.0	97.4	41.0	0.0
IUD/Pill/condom	88.9	38.9	5.6	100.0	41.0	0.0
CTT/LTT/CVT/NSVT	50.0	16.7	0.0			
Complications of FP	72.2	27.8	5.6	59.9	28.2	0.0
Re-canalisation	0.0	0.0	0.0		0.0	0.0
Gynaecological problem						
Early detection	38.9	11.1	5.6	15.4	7.7	0.0
Surgical care	33.3	16.7	0.0	28.2	20.5	0.0
Chemotherapy & Radiotherapy	5.6	0.0	0.0	0.0	0.0	0.0
Child Health						
Normal new born care	100.0	44.4	11.1	82.1	56.4	2.6
High risk new born care	16.7	5.6	0.0	2.6	2.6	0.0
Breast feeding counselling	100.0	38.9	5.6	97.4	43.6	0.0
Growth monitoring	94.4	27.8	0.0	89.7	30.8	0.0
Immunization	100.0	22.2	0.0	97.4	15.4	0.0
Diarrhoea	100.0	77.8	16.7	100.0	76.9	0.0
Fever	100.0	50.0	16.7	100.0	74.4	0.0
Acute Respiratory *Infections*	55.6	27.8	0.0	33.3	23.1	0.0
Congenital Abnormality	16.7	0.0	0.0	5.1	2.6	0.0
Other Care						
Tuberculosis	61.1	11.1	0.0	7.7	2.6	0.0
Chronic Illness	61.1	11.1	0.0	12.8	0.0	2.6
Other Primary Health care	72.2	16.7	0.0	56.4	30.8	0.0
Health Education						
Nutrition	100.0	0.0	0.0	97.4	2.6	0.0
Obstetrics	83.3	0.0	0.0	79.5	2.6	0.0
HIV/AIDS	72.2	0.0	0.0	76.9	0.0	0.0
Child Health	100.0	0.0	0.0	97.4	0.0	0.0
Other Health Services	66.7			61.5		0.0
Total N (No. of Health Facilities)			18			39

Table 4-9: Availability and Adequacy of Beds and its Occupancy

(number)

Responses (A13-16)	Obstetric /Gynaecology	Paediatrics	Others
District Hospital			
Average no. of beds sanctioned	31.00	26.50	111.00
Average no. of beds available & operational	33.50	29.00	112.67
Average requirement	41.25	43.75	101.67
CHC			
Average no. of beds sanctioned	7.80	12.75	11.50
Average no. of beds available & operational	5.60	11.50	10.50
Average requirement	18.00	26.50	20.00
B-PHC			
Average no. of beds sanctioned	4.00	4.67	4.00
Average no. of beds available & operational	2.00	4.67	3.00
Average requirement	8.40	15.20	15.33
SPHC			
Average no. of beds sanctioned	4.00	2.40	6.00
Average no. of beds available & operational	4.00	2.00	5.00
Average requirement	3.33	2.57	5.67
SC			
Average no. of beds sanctioned	1.00	0.00	0.00
Average no. of beds available & operational	1.00	0.00	0.00
Average requirement	1.00	1.00	0.00

Table 4-10: Availability and Practice of 24 have delivery services

(in percentage)

Responses (A17)	CHC	B-PHC	Total
Aware of 24 delivery service and implemented	100.0	100.0	
Aware of 24 delivery services/planned but not implemented	0.0	0.0	
Aware of 24 delivery services but not planned	0.0	0.0	
Do not aware of 24 hour delivery services	0.0	0.0	
Total	100.0	100.0	100.0

Table 4-11: Type of Complication Managed at the Health Facility (MR)

(in percentage)

Complications	Distt. Hosp.	CHC	B-PHC	S-PHC	SC
Severe Anaemia	100	100	86	56	39
Antepartum haemorrhage	100	83	71	28	6
Pre-eclampsia	100	83	71	17	8
Eclampsia	100	50	43	0	3
Postpartum Haemorrhage	100	50	71	6	5
Abortion complication	80	67	71	11	23
Retained placenta	100	67	43	17	10
Obstructed labour	100	100	100	100	18
Sepsis	80	50	14	11	5
Ectopic pregnancy	60	0	0	0	3
Ruptured uterus	20	0	0	0	0
Total N	5	6	7	18	39

Table 4-12: Availability of Infrastructure and Equipment at the Health Facility

Infrastructure Equipment	Not Available	Available but not satisfactory	Available & Satisfactory	Not Applicable	Total
District Hospital					
Examination Room	0.0	0.0	100.0	0.0	100.0
Table for Gynaecological	0.0	20.0	80.0	0.0	100.0
Storage areas/cupboard for drugs and other supplies	0.0	60.0	40.0	0.0	100.0
Toilet facilities with running water	0.0	100.0	0.0	0.0	100.0
Labour Room with Bed & Lighting	0.0	80.0	20.0	0.0	100.0
Refrigerator	0.0	100.0	0.0	0.0	100.0
Water supply	0.0	80.0	20.0	0.0	100.0
Telephone/Radio Transmitter)	0.0	100.0	0.0	0.0	100.0
CHC					
Examination Room	0.0	33.3	66.7	0.0	100.0
Table for Gynaecological	0.0	33.3	66.7		100.0
Storage areas/cupboard for drugs and other supplies	0.0	0.0	100.0	0.0	100.0
Toilet facilities with running water	0.0	83.3	16.7	0.0	100.0
Labour Room with Bed & Lighting	0.0	33.3	66.7	0.0	100.0
Refrigerator	0.0	0.0	100.0	0.0	100.0
Water supply	66.7	16.7	16.7	0.0	100.0
Telephone/Radio Transmitter	50.0	0.0	50.0	0.0	100.0
B-PHC					
Examination Room	0.0	57.1	42.9	0.0	100.0
Table for Gynaecological	57.1	14.3	28.6	0.0	100.0
Storage areas/cupboard for drugs and other supplies	0.0	57.1	42.9	0.0	100.0
Toilet facilities with running water	0.0	85.7	14.3	0.0	100.0
Labour Room with Bed & Lighting	14.3	42.9	42.9	0.0	100.0
Refrigerator	0.0	0.0	100.0	0.0	
Water supply	42.9	28.6	14.3	0.0	100.0
Telephone/Radio Transmitter	57.1	28.6	14.3	0.0	100.0
S.PHC					
Examination Room	11.1	33.3	55.6	0.0	100.0
Table for Gynaecological	44.4	22.2	33.3	0.0	100.0
Storage areas/cupboard for drugs and other supplies	5.6	50.0	44.4	0.0	100.0
Toilet facilities with running water	38.9	44.4	16.7	0.0	100.0
Labour Room with Bed & Lighting	33.3	38.9	27.8	0.0	100.0
Refrigerator	27.8	16.7	55.6	0.0	100.0
Water supply	61.1	16.7	22.2	0.0	100.0
Telephone/Radio Transmitter	94.4	0.0	0.0	5.6	100.0
SC					
Examination Room	64.1	20.5	12.8	2.6	100.0
Table for Gynaecological	69.2	12.8	10.3	7.7	100.0
Storage areas/cupboard for drugs and other supplies	48.7	33.3	15.4	2.6	100.0
Toilet facilities with running water	51.3	33.3	12.8	2.6	100.0
Labour Room with Bed & Lighting	79.5	17.9	0.0	2.6	100.0
Refrigerator	87.2	0.0	7.7	5.1	100.0
Water supply	66.7	10.3	17.9	5.1	100.0
Telephone/Radio Transmitter	94.9	0.0	0.0	5.1	100.0
Total N	5	6	7	18	39

Table 4-13: Availability of Infrastructure and Equipment at the Health Facility

Infrastructure Equipment	Not Available	Available but not satisfactory	Available & Satisfactory	Not Applicable	Total
District Hospital					
BP Apparatus	0.0	40.0	60.0	0.0	100.0
Stethoscope	0.0	60.0	40.0	0.0	100.0
Infant Weighting	0.0	80.0	20.0	0.0	100.0
Foetal Stethoscope	0.0	100.0	0.0	0.0	100.0
Sterilizer	0.0	100.0	0.0	0.0	100.0
Clinical oral thermometer	0.0	100.0	0.0	0.0	100.0
Manual Vacuum Aspirator	0.0	100.0	0.0	0.0	100.0
Protective clothing/shoes	0.0	80.0	20.0	0.0	100.0
Speculum	0.0	60.0	40.0	0.0	100.0
Vacuum Extractor	0.0	100.0	20.0	0.0	100.0
Obstetric forceps	0.0	80.0	0.0	0.0	100.0
CHC					
BP Apparatus	0.0	0.0	100.0	0.0	100.0
Stethoscope	0.0	16.7	83.3	0.0	100.0
Infant Weighting	80.0	0.0	20.0	0.0	100.0
Foetal Stethoscope	16.7	0.0	83.3	0.0	100.0
Sterilizer	0.0	0.0	100.0	0.0	100.0
Clinical oral thermometer	0.0	0.0	100.0	0.0	100.0
Manual Vacuum Aspirator	16.7	33.3	50.0	0.0	100.0
Protective clothing/shoes	33.3	16.7	50.0	0.0	100.0
Speculum	0.0	0.0	100.0	0.0	100.0
Vacuum Extractor	50.0	16.7	33.3	0.0	100.0
Obstetric forceps	50.0	0.0	50.0	0.0	100.0
B-PHC					
BP Apparatus	0.0	0.0	100.0	0.0	100.0
Stethoscope	0.0	0.0	100.0	0.0	100.0
Infant Weighting	0.0	0.0	100.0	0.0	100.0
Foetal Stethoscope	0.0	0.0	100.0	0.0	100.0
Sterilizer	0.0	14.3	85.7	0.0	100.0
Clinical oral thermometer	0.0	0.0	100.0	0.0	100.0
Manual Vacuum Aspirator	57.1	0.0	42.9	0.0	100.0
Protective clothing/shoes	57.1	14.3	28.6	0.0	100.0
Speculum	0.0	0.0	100.0	0.0	100.0
Vacuum Extractor	71.4	0.0	28.6	0.0	100.0
Obstetric forceps	14.3	0.0	85.7	0.0	100.0
S.PHC					
BP Apparatus	0.0	11.1	88.9	0.0	100.0
Stethoscope	27.8	0.0	72.2	0.0	100.0
Infant Weighting	33.3	22.2	44.4	0.0	100.0
Foetal Stethoscope	50.0	0.0	50.0	0.0	100.0
Sterilizer	5.6	5.6	88.9	0.0	100.0
Clinical oral thermometer	16.7	5.6	77.8	0.0	100.0
Manual Vacuum Aspirator	83.3	0.0	16.7	0.0	100.0
Protective clothing/shoes	72.2	5.6	22.2	0.0	100.0
Speculum	27.8	0.0	72.2	0.0	100.0
Vacuum Extractor	88.9	0.0	11.1	0.0	100.0
Obstetric forceps	61.1	0.0	38.9	0.0	100.0
SC					
BP Apparatus	12.8	17.9	69.2	0.0	100.0
Stethoscope	17.9	17.9	64.1	0.0	100.0
Infant Weighting	10.3	17.9	71.8	0.0	100.0
Foetal Stethoscope	48.7	10.3	41.0	0.0	100.0
Sterilizer	20.5	15.4	64.1	0.0	100.0
Clinical oral thermometer	20.5	5.1	74.4	0.0	100.0
Manual Vacuum Aspirator	94.9	2.6	2.6	0.0	100.0
Protective clothing/shoes	82.1	2.6	12.8	2.6	100.0
Speculum	38.5	5.1	56.4	0.0	100.0
Vacuum Extractor	92.3	0.0	5.1	2.6	100.0
Obstetric forceps	76.9	0.0	23.1	0.0	100.0

Table 4-14: Availability of Infrastructure and Equipment at the Health Facility

(in percentage)

Infrastructure Equipment	Not Available	Available but not satisfactory	Available & Satisfactory	Not Applicable	Total
District Hospital					
A. Delivery					
Scissors	0.0	100.0	0.0	0.0	100.0
Suture needles and suture material	0.0	100.0	0.0	0.0	100.0
Needle holder	0.0	100.0	0.0	0.0	100.0
B. Neonatal Care					
16.7 Cloth or towel to dry baby	0.0	100.0	0.0	0.0	100.0
66.7 Blanket to wrap baby	0.0	100.0	0.0	0.0	100.0
33.3 Bag and mask for neonatal resuscitation	0.0	80.0	20.0	0.0	100.0
CHC					
A. Delivery					
Scissors	0.0	0.0	100.0	0.0	100.0
Suture needles and suture material	0.0	0.0	100.0	0.0	100.0
Needle holder	16.7	0.0	83.3	0.0	100.0
B. Neonatal Care					
Cloth or Towel to dry baby	16.7	16.7	66.7	0.0	100.0
Blanket to wrap baby	66.7	16.7	16.7	0.0	100.0
Bag and mask for neonatal resuscitation	33.3	16.7	50.0	0.0	100.0
B-PHC					
A. Delivery					
Scissors	0.0	0.0	100.0	0.0	100.0
Suture needles and suture material	0.0	0.0	100.0	0.0	100.0
Needle holder	0.0	0.0	100.0	0.0	100.0
B. Neonatal Care					
Cloth or Towel to dry baby	57.1	0.0	42.9	0.0	100.0
Blanket to wrap baby	57.1	0.0	42.9	0.0	100.0
Bag and mask for neonatal resuscitation	100.0	0.0	0.0	0.0	100.0
S.PHC					
A. Delivery					
Scissors	11.1	0.0	88.9	0.0	100.0
Suture needles and suture material	11.1	0.0	88.9	0.0	100.0
Needle holder	11.1	0.0	88.9	0.0	100.0
B. Neonatal Care					
Cloth or Towel to dry baby	72.2	0.0	27.8	0.0	100.0
Blanket to wrap baby	83.3	5.6	11.1	0.0	100.0
Bag and mask for neonatal resuscitation	83.3	5.6	11.1	0.0	100.0
SC					
A. Delivery					
Scissors	12.8	7.7	79.5	0.0	100.0
Suture needles and suture material	59.0	2.6	38.5	0.0	100.0
Needle holder	56.4	5.1	38.5	0.0	100.0
B. Neonatal Care					
Cloth or Towel to dry baby	79.5	0.0	15.4	5.1	100.0
Blanket to wrap baby	87.2	5.1	2.6	5.1	100.0
Bag and mask for neonatal resuscitation	89.7	2.6	2.6	5.1	100.0

Note: Total N = DH 5, CHC - 6, B.PHC - 7, S.PHC - 18, SC – 39

Table 4-15: Availability of Equipment for Family Planning and Caesarean Section

(in percentage)

Laboratory Services	Dist. Hosp.	CHC	B-PHC	S-PHC	SC
% Facilities having All equipment for family planning in satisfactory condition	100.0	100.0	85.7	83.3	87.2
% Facilities having All equipment for family planning in unsatisfactory condition	0.0	0.0	14.3	16.7	12.8
% Facilities having all equipment for caesarean section in satisfactory condition	80.0	33.3	0.0	11.1	0.0
% Facilities having all equipment for caesarean section in unsatisfactory condition	20.0	66.7	100	88.9	100.0
Total N	5	6	7	18	39

Table 4-16: Availability of education material at the Health Facility

Infrastructure Equipment	Not Available	Available but not satisfactory	Available & Satisfactory	Not Applicable	Total
District Hospital					
Material on warning signs of complication during pregnant	0.0	100.0	0.0	0.0	100.0
Material on postpartum or new born care or breast feeding	0.0	100.0	0.0	0.0	100.0
Material on family planning	0.0	80.0	20.0	0.0	100.0
Material on STD/HIV/AIDS	0.0	80.0	20.0	0.0	100.0
Material on Antenatal nutrition on Anaemia	0.0	100.0	0.0	0.0	100.0
CHC					
Material on warning signs of complication during pregnant	33.3	0.0	66.7	0.0	100.0
Material on postpartum or new born care or breast feeding	16.7	0.0	83.3	0.0	100.0
Material on family planning	16.7	16.7	66.7	0.0	100.0
Material on STD/HIV/AIDS	50.0	0.0	50.0	0.0	100.0
Material on Antenatal nutrition on Anaemia	16.7	16.7	66.7	0.0	100.0
B-PHC					
Material on warning signs of complication during pregnant	28.6	14.3	42.9	0.0	100.0
Material on postpartum or new born care or breast feeding	14.3	14.3	57.1	14.3	100.0
Material on family planning	14.3	28.6	42.9	14.3	100.0
Material on STD/HIV/AIDS	28.6	14.3	42.9	14.3	100.0
Material on Antenatal nutrition on Anaemia	14.3	28.6	42.9	14.3	100.0
S.PHC					
Material on warning signs of complication during pregnant	61.1	11.1	27.8	0.0	100.0
Material on postpartum or new born care or breast feeding	61.1	11.1	27.8	0.0	100.0
Material on family planning	27.8	0.0	72.2	0.0	100.0
Material on STD/HIV/AIDS	44.4	0.0	55.6	0.0	100.0
Material on Antenatal nutrition on Anaemia	44.4	0.0	55.6	0.0	100.0
SC					
Material on warning signs of complication during pregnant	56.4	17.9	25.6	0.0	100.0
Material on postpartum or new born care or breast feeding	51.3	10.3	38.5	0.0	100.0
Material on family planning	43.6	2.6	53.8	0.0	100.0
Material on STD/HIV/AIDS	84.6	2.6	12.8	0.0	100.0
Material on Antenatal nutrition on Anaemia	41.0	5.1	53.8	0.0	100.0

Total N = DH 5, CHC - 6, B.PHC - 7, S.PHC - 18, SC - 39

Table 4-17: Availability of Essential Drugs and Consumable Supplies at Health Centres

Type of Drugs and Consumables	Dist. Hosp.				CHC			
	Seen	Not Seen	N/A	Total	Seen	Not Seen	N/A	Total
Communicable								
Gloves	100.0	0.0	0.0	100.0	100.0	0.0	0.0	100.0
Disposable Syringe & Needles	100.0	0.0	0.0	100.0	83.3	16.7	0.0	100.0
IV Kit	100.0	0.0	0.0	100.0	100.0	0.0	0.0	100.0
Blank Partographs								
Blank ANC Cards	*20.0*	*80.0*	*0.0*	*100.0*	*66.7*	*33.3*	*0.0*	*100.0*
Cord Ties	0.0	100.0	0.0	100.0	50.0	50.0	0.0	100.0
Syphilis Test Lots	60.0	40.0	0.0	100.0	50.0	50.0	0.0	100.0
Urine Dip Stick	40.0	60.0	0.0	100.0	50.0	50.0	0.0	100.0
Anaesthetics – General								
Nitrous Oxide or others	60.0	40.0	0.0	100.0	0.0	100.0	0.0	100.0
Diazepam Injection	100.0	0.0	0.0	100.0	16.7	83.3	0.0	100.0
Ketamine Injection	40.0	60.0	0.0	100.0	0.0	100.0	0.0	100.0
Anaesthetics – Local								
Lidocaine 2%	100.0	0.0	0.0	100.0	83.3	16.7	0.0	100.0
Analgesics								
Pethidine	40.0	60.0	0.0	100.0	50.0	50.0	0.0	100.0
Anti infective Drugs : Antibacterial (Mother)								
Ampicillin (Capsule or injection)	100.0	0.0	0.0	100.0	100.0	0.0	0.0	100.0
Benzathine Benzyl penicillin	80.0	20.0	0.0	100.0	66.7	33.3	0.0	100.0
Ceftriaxone injection or ciprofloxcin (capsule)	100.0	0.0	0.0	100.0	83.3	16.7	0.0	100.0
Gentemicin (injection)	*100.0*	*0.0*	*0.0*	*100.0*	*100.0*	*0.0*	*0.0*	*100.0*
Kanamycin (injection)	20.0	80.0	0.0	100.0		100.0	0.0	100.0
Sulfamethoxazole + Trimethoprim tables	80.0	20.0	0.0	100.0	83.3	16.7	0.0	100.0
Anti-infective Drugs: Antibacterial (Neonote)								
Tetracycline (Ointment) or silver nitrate (eye drops)	60.0	40.0	0.0	100.0	66.7	33.3	0.0	100.0
Anti infective Drugs : Anti malaria								
Chloroquine Tablets	80.0	20.0	0.0	100.0	100.0	0.0	0.0	100.0
Quinine or Chloroquine injection	40.0	60.0	0.0	100.0	83.3	16.7	0.0	100.0
Antianaemia drugs								
Ferrous Salt + Folic acid	80.0	20.0	0.0	100.0	100.0	0.0	0.0	100.0
Anti hypertensive Drugs								
Methyldopa or Propranolol etc.	40.0	60.0	0.0	100.0	16.7	83.3	0.0	100.0
Hydralazine Injection	20.0	80.0	0.0	100.0	0.0	100.0	0.0	100.0
Anticonvulsive Drugs								
Magnesium Sulphate Injection or Diazepam Injection	80.0	20.0		100.0	83.3	16.7	0.0	100.0
Contraceptives								
Oral Contraceptives	60.0	40.0		100.0	100.0	0.0	0.0	100.0
Inject able contraceptive	20.0	80.0		100.0	0.0	100.0	0.0	100.0
Condoms	60.0	40.0		100.0	100.0	0.0	0.0	100.0
IUCD/IUD/CuT	*80.0*	*20.0*		*100.0*	*100.0*	*0.0*	*0.0*	*100.0*
Vaccines								
Tetanus Toxoid Injection	100.0	0.0		100.0	100.0	0.0	0.0	100.0
BCG Vaccine	60.0	40.0		100.0	100.0	0.0	0.0	100.0
Oxytocics								
Ergometrine or Oxytocin Injections	80.0	20.0		100.0	50.0	50.0	0.0	100.0
Disinfectants & Antiseptics								
Chlorhexidine or surgical spirit	100.0	0.0		100.0	100.0	0.0	0.0	100.0
IV solutions								
Saline solution or Sodium Lactate compound solution	100.0	0.0		100.0	83.3	16.7	0.0	100.0
Total N				5				6

Type of Drugs and Consumables	B-PHC				S-PHC			
	Seen	Not Seen	N/A	Total	Seen	Not Seen	N/A	Total
Communicable								
Gloves	100.0	0.0	0.0	100.0	83.0	17.0	0.0	100.0
Disposable Syringe & Needles	85.7	14.3	0.0	100.0	67.0	33.0	0.0	100.0
IV Kit	85.7	14.3	0.0	100.0	78.0	17.0	6.0	100.0
Blank Partographs								
Blank ANC Cards	71.4	28.6	0.0	100.0	72.0	22.0	6.0	100.0
Cord Ties	68.4	26.3	0.0	100.0	67.0	28.0	0.0	100.0
Syphilis Test Lots	14.3	85.7	0.0	100.0	-	94.0	6.0	100.0
Urine Dip Stick	71.4	28.6	0.0	100.0	6.0	89.0	6.0	100.0
Anaesthetics – General								
Nitrous Oxide or others	0.0	100.0	0.0	100.0	6.0	94.0	0.0	100.0
Diazepam Injection	57.1	42.9	0.0	100.0	44.0	56.0	0.0	100.0
Ketamine Injection	14.3	85.7	0.0	100.0	6.0	94.0	0.0	100.0
Anaesthetics – Local								
Lidocaine 2%	71.4	28.6	0.0	100.0	61.0	39.0	0.0	100.0
Analgesics								
Pethidine	28.6	71.4	0.0	100.0	28.0	72.0	0.0	100.0
Anti infective Drugs : Antibacterial (Mother)								
Ampicillin (Capsule or injection)	85.7	14.3	0.0	100.0	72.0	28.0	0.0	100.0
Benzathine Benzyl penicillin	100.0	0.0	0.0	100.0	61.0	39.0	0.0	100.0
Ceftriaxone injection or ciprofloxcin (capsule)	71.4	28.6	0.0	100.0	33.0	67.0	0.0	100.0
Gentemicin (injection)	100.0	0.0	0.0	100.0	83.0	17.0	0.0	100.0
Kanamycin (injection)	42.9	57.1	0.0	100.0	100.0	0.0	0.0	100.0
Sulfamethoxazole + Trimethoprim tables	85.7	14.3	0.0	100.0	67.0	33.0	0.0	100.0
Anti-infective Drugs : Antibacterial (Neonate)								
Tetracycline (Ointment) or silver nitrate (eye drops)	85.7	14.3	0.0	100.0	86.0	14.0	0.0	100.0
Anti infective Drugs : Anti malaria								
Chloroquine Tablets	100.0	0.0	0.0	100.0	94.0	0.0	6.0	100.0
Quinine or Chloroquine injection	57.1	42.9	0.0	100.0	39.0	56.0	6.0	100.0
Antianaemia drugs								
Ferrous Salt + Folic acid	100.0	0.0	0.0	100.0	94.0	0.0	6.0	100.0
Anti hypertensive Drugs								
Methyldopa or Propranolol etc.	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0
Hydralazine Injection	0.0	100.0	0.0	100.0	6.0	94.0	0.0	100.0
Anticonvulsive Drugs								
Magnesium Sulphate Injection or Diazepam Injection	28.6	71.4	0.0	100.0	39.0	61.0	0.0	100.0
Contraceptives								
Oral Contraceptives	100.0	0.0	0.0	100.0	94.0	6.0	0.0	100.0
Inject able contraceptive	0.0	100.0	0.0	100.0	0.0	100.0	-	100.0
Condoms	100.0	0.0	0.0	100.0	94.0	0.0	6.0	100.0
IUCD/IUD/CuT	100.0	0.0	0.0	100.0	89.0	11.0	0.0	100.0
Vaccines								
Tetanus Toxoid Injection	100.0	0.0	0.0	100.0	100.0	0.0	0.0	100.0
BCG Vaccine	85.7	14.3	0.0	100.0	72.0	27.0	0.0	100.0
Oxytocics								
Ergometrine or Oxytocin Injections	57.1	42.9	0.0	100.0	28.0	72.0	0.0	100.0
Disinfectants & Antiseptics								
Chlorhexidine or surgical spirit	71.4	28.6	0.0	100.0	56.0	44.0	0.0	100.0
IV solutions								
Saline solution or Sodium Lactate compound solution	100.0	0.0	0.0	100.0	72.0	28.0	0.0	100.0
Total N				7				18

Type of Drugs and Consumables	SC Seen	SC Not Seen	SC N/A	SC Total
Communicable				
Gloves	80.0	18.0	3.0	100.0
Disposable Syringe & Needles	56.0	41.0	3.0	100.0
IV Kit	15.0	80.0	5.0	100.0
Blank Partographs				
Blank ANC Cards	77.0	21.0	3.0	100.0
Cord Ties	56.0	41.0	3.0	100.0
Syphilis Test Lots	5.0	90.0	5.0	100.0
Urine Dip Stick	15.0	80.0	5.0	100.0
Anaesthetics – General				
Nitrous Oxide or others	3.0	90.0	8.0	100.0
Diazepam Injection	3.0	90.0	8.0	100.0
Ketamine Injection	0.0	92.0	8.0	100.0
Anaesthetics – Local				
Lidocaine 2%	3.0	92.0	5.0	100.0
Analgesics				
Pethidine	13.0	85.0	3.0	100.0
Anti infective Drugs: Antibacterial (Mother)				
Ampicillin (Capsule or injection)	10.0	87.0	3.0	100.0
Benzathine Benzyl penicillin	0.0	95.0	5.0	100.0
Ceftriaxone injection or ciprofloxcin (capsule)	8.0	90.0	3.0	100.0
Gentemicin (injection)	18.0	74.0	8.0	100.0
Kanamycin (injection)	5.0	92.0	3.0	100.0
Sulfamethoxazole + Trimethoprim tables	18.0	77.0	5.0	100.0
Anti-infective Drugs : Antibacterial (Neonate)				
Tetracycline (Ointment) or silver nitrate (eye drops)	44.0	51.0	5.0	100.0
Anti infective Drugs : Anti malaria				
Chloroquine Tablets	92.0	5.0	3.0	100.0
Quinine or Chloroquine injection	21.0	80.0	0.0	100.0
Antianaemia drugs				
Ferrous Salt + Folic acid	72.0	26.0	3.0	100.0
Anti hypertensive Drugs				
Methyldopa or Propranolol etc.	15.0	85.0	0.0	100.0
Hydralazine Injection	8.0	92.0	0.0	100.0
Anticonvulsive Drugs				
Magnesium Sulphate Injection or Diazepam Injection	10.0	90.0	0.0	100.0
Contraceptives				
Oral Contraceptives	92.0	3.0	5.0	100.0
Inject able contraceptive	10.0	87.0	3.0	100.0
Condoms	85.0	10.0	5.0	100.0
IUCD/IUD/CuT	87.0	8.0	5.0	100.0
Vaccines				
Tetanus Toxoid Injection	56.0	39.0	5.0	100.0
BCG Vaccine	49.0	46.0	5.0	100.0
Oxytocics				
Ergometrine or Oxytocin Injections	5.0	92.0	3.0	100.0
Disinfectants & Antiseptics				
Chlorhexidine or surgical spirit	23.0	77.0	0.0	100.0
IV solutions				
Saline solution or Sodium Lactate compound solution	21.0	80.0	0.0	100.0
Total N				39

Table 4-18: Health Facilities Where Cases are Referred, Distance from the HF, Time Take and Transport Used

(Percent)

Responses	Facilities (06)				
	Dist. Hosp.	CHC	B-PHC	S-PHC	SC
A. Health facility where patients are referred					
CHC/FRU	0.0	0.0	0.0	33.3	25.6
B-PHC/FRU	0.0	0.0	0.0	16.7	
Distt. Hospital	20.0	83.3	85.7	50.0	20.5
Others	80.0	16.7	14.3	0.0	2.6
Total	100.0	100.0	100.0	100.0	100.0
B. Person who accompany the patient					
Patient not accompanied	20.0	0.0	0.0	16.7	48.7
Nurse/Mid wife	0.0	33.3	14.3	11.1	5.1
Other Health Personnel	0.0	0.0	0.0	0.0	0.0
Family Members	80.0	66.7	71.4	72.2	41.1
Other	0.0	0.0	14.3	0.0	5.1
Total	100.0	100.0	100.0	100.0	100.0
C. Distance of the nearest referral facility					
< 5 km	0.0	0.0	0.0	5.6	2.6
5-10 km	25.0	0.0	0.0	0.0	25.6
10-15 km	25.0	0.0	0.0	22.2	17.9
15-20 km	0.0	0.0	28.6	27.8	12.8
20+ km	50.0	100.0	71.4	44.4	41.0
Total	100.0	100.0	100.0	100.0	100.0
Average distance of the nearest referral facility	28	45	39	26	20
D. Time taken to reach the FRU and receive care					
< 30 minutes	0.0	0.0	0.0	11.0	15.4
30 min. –1 hr	0.0	50.0	43.0	67.0	61.5
1-2 hrs	0.0	50.0	57.0	11.0	17.9
2-3 hrs	60.0	0.0	0.0	11.0	5.1
3+ hrs	40.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0
Average time taken					
E. Transport usually used (MR)					
From the Hospital	40.0	0.0	0.0	0.0	0.0
Own	60.0	50.0	28.6	27.8	25.6
Private, from Others	80.0	33.3	71.4	83.3	71.8
Ambulance	20.0	33.3	0.0	0.0	0.0
Jeep	0.0	33.3	57.1	16.7	25.6
Motorcycle	0.0	0.0	0.0	5.6	5.1
Bicycle	0.0	0.0	0.0	0.0	2.6
Other	0.0	0.0	0.0	0.0	7.7
Total N	5	6	7	18	39

Table 4-19: Care Taken before Referring the Case

Responses	*Dist. Hosp.*	*CHC*	*B-PHC*	*SPHC*	*SC*
A. Whether give necessary provisional treatment					
Always	100.0	100.0	71.4	61.1	53.8
Frequently	0.0	0.0	0.0	5.6	5.0
Sometimes	0.0	0.0	14.3	27.8	38.5
Infrequently	0.0	0.0	0.0	5.6	0.0
Never	0.0	0.0	14.3	0.0	2.6
Total	100.0	100.0	100.0	100.0	100.0
C. Whether aware of direct higher referral HF					
Yes	60.0	100.0	85.7	77.8	66.7
No	40.0	0.0	14.3	22.2	33.3
Total	100.0	100.0	100.0	100.0	100.0
D. Whether transfer cases to HF not designated as FRU					
Always	0.0	16.7	0.0	11.1	0.0
Frequently	0.0	0.0	0.0	5.6	2.6
Sometimes	40.0	16.7	0.0	16.7	12.8
Infrequently	0.0	0.0	0.0	5.6	0.0
Never	60.0	66.7	100.0	61.1	84.6
Total	100.0	100.0	100.0	100.0	100.0

Table 4-20: Communication with Other Health Facilities

Responses	Dist. Hosp.	CHC	B-PHC	SPHC	SC
A. Meeting with higher/low HF					
Regular	100.0	100.0	100.0	77.8	76.9
Irregular/Ad hoc	0.0	0.0	0.0	0.0	0.0
No	0.0	0.0	0.0	22.2	23.1
Total	100.0	100.0	100.0	100.0	100.0
B. Discussed Referral System					
Yes, always	80.0	100.0	57.1	92.9	70.0
Yes, often	0.0	0.0	0.0	0.0	3.3
Yes, Sometimes	0.0	0.0	0.0	0.0	0.0
No	20.0	0.0	42.9	7.1	26.7
Total	100.0	100.0	100.0	100.0	100.0
Topics discussed (MR)					
Communication Means	50.0	50.0	50.0	38.5	54.5
Transport Means	100.0	66.7	75.0	46.2	59.1
Economic Burden/Loss of HH income	75.0	50.0	25.0	61.5	50.0
Lack of Equipment	25.0	66.7	75.0	69.2	54.5
Lack of Personnel	25.0	66.7	50.0	30.8	45.5
Other	0.0	33.3	0.0	15.4	13.6
Total N	5	6	7	18	39

Table 4-21: Mode of Communicating with Higher Health Facility

Responses	CHC	B-PHC	SPHC	SC
A. Whether inform higher HF of referral cases				
Always	66.7	57.1	33.3	28.2
Frequently			5.6	2.6
Sometimes	16.7	28.6	38.9	28.2
Infrequently				
Never	16.7	14.3	22.2	41.0
Total	100.0	100.0	100.0	100.0
B. Form of communication				
Writer using referral step	100.0	100.0	100.0	95.7
Writer without referral slip	0.0	0.0	0.0	4.3
Verbal				4.3
Total	100.0	100.0	100.0	100.0
C. Means of communication used (MR)				
Email	0.0	0.0	0.0	
Fax	0.0	0.0	0.0	
Telephone	60.0	16.7	0.0	4.3
Through Messenger	40.0	16.7	0.0	
Post a letter	20.0	0.0	7.1	8.7
Through Patient	80.0	66.7	92.9	87.0
Others	0.0	16.7	7.1	4.3
Total N	6	7	18	39

Table 4-22: Feed Back on Referred Cases

Responses	CHC	B-PHC	SPHC	SC
A. Whether receive feed back from higher HF				
Always	16.7	14.3	5.6	7.7
Frequently	0.0	0.0	0.0	0.0
Sometimes	0.0	14.3	22.2	15.4
Infrequently	0.0	0.0	0.0	2.6
Never	83.3	71.4	72.2	74.4
Total	100.0	100.0	100.0	100.0
B. Whether keep record of referred cases				
Yes, in referral record forms	16.7	14.3	22.2	15.4
Yes, in treatment record	33.3	57.1	22.2	30.8
Yes, in others forms	16.7	0.0	0.0	7.7
No	33.3	28.6	56.6	46.8
Total	100.0	100.0	100.0	100.0

Table 4-23: Acceptance of Referred Cases

Responses	Dist. Hospital	CHC	B-PHC
A. Whether HF refuse to accept referred cases			
Always	20.0	0.0	0.0
Frequently	20.0	0.0	0.0
Sometimes	0.0	0.0	0.0
Infrequently	0.0	0.0	0.0
Never	60.0	100.0	100.0
Total	100.0	100.0	100.0
C. Whether receive referred case in critical condition			
Always	0.0	100.0	57.1
Frequently	100.0	0.0	0.0
Sometimes	0.0	0.0	28.6
Infrequently	0.0	0.0	0.0
Never	0.0	0.0	14.3
Total	100.0	100.0	100.0
D. Awareness of lower referral HF			
Yes	20.0	0.0	14.3
No	80.0	100.0	85.7
Total	100.0	100.0	100.0
E. Whether accept patients which was not referred			
Always	80.0	83.3	71.4
Frequently	20.0	0.0	0.0
Sometimes	0.0	16.7	0.0
Infrequently	0.0	0.0	14.3
Never	0.0	0.0	14.3
Total N	100.0	100.0	100.0

Table 4-24: Arrangements for emergency referral cases

Responses	Dist. Hospital	CHC	B-PHC
A. Whether HF receive advance notice of referred cases			
Yes, always/often	20.0	33.3	28.6
Yes, only emergency cases	20.0	33.3	28.6
No	60.0	33.3	42.9
Total	100.0	100.0	100.0
B. Arrangement for emergency referrals (MR)			
Send ambulance to pick up patient	0.0	33.3	28.6
Send Motor cycle/Tricycle to pick up	0.0	0.0	0.0
Send bicycle to pick up patient	0.0	16.7	0.0
Secure a readily available bed	40.0	50.0	42.9
Others	0.0	33.3	14.3
Total N	5	6	7

Table 4-25: Feed back on referrals

Responses	Dist. Hospital	CHC	B-PHC
A. Whether give feed back on referred cases to lower HF			
Always	0.0	16.7	14.3
Frequently	0.0	0.0	0.0
Sometimes	0.0	16.7	14.3
Infrequently	0.0	0.0	0.0
Never	100.0	66.7	71.4
Total	100.0	100.0	100.0
B. Whether keep records of cases transferred from lower HF			
Yes, in referral received form	40.0	33.3	28.6
Yes, in treatment record	20.0	33.3	28.6
Yes, in other form	20.0	0.0	0.0
No	20.0	33.3	28.6
Do not know	0.0	0.0	14.3
Total	100.0	100.0	100.0

Table 4-26: Availability of Register at the Health Facility

Infrastructure Equipment	Not Available	Available but not satisfactory	Available & Satisfactory	Not Applicable	Total
District Hospital					
Clinical Management guideline for MCH	100.0	0.0	0.0	0.0	100.0
Delivery Register	80.0	0.0	20.0	0.0	100.0
Antenatal Care Register	20.0	0.0	80.0	0.0	100.0
Family Planning Register	60.0	0.0	40.0	0.0	100.0
CHC					
Clinical Management guideline for MCH	33.3	16.7	50.0	0.0	100.0
Delivery Register	0.0	33.3	66.7	0.0	100.0
Antenatal Care Register	0.0	33.3	66.7	0.0	100.0
Family Planning Register	0.0	33.3	66.7	0.0	100.0
B-PHC					
Clinical Management guideline for MCH	28.6	0.0	0.0	71.4	100.0
Delivery Register	14.3	0.0	85.7	0.0	100.0
Antenatal Care Register	0.0	0.0	100.0	0.0	100.0
Family Planning Register	0.0	0.0	100.0	0.0	100.0
S.PHC					
Clinical I Management guideline for MCH	55.6	11.1	33.3	0.0	100.0
Delivery Register	22.2	27.8	50.0	0.0	100.0
Antenatal Care Register	22.2	22.2	55.6	0.0	100.0
Family Planning Register	22.2	22.2	55.6	0.0	100.0
SC					
Clinical Management guideline for MCH	66.7	12.8	20.5	0.0	100.0
Delivery Register	7.7	12.8	79.5	0.0	100.0
Antenatal Care Register	0.0	0.0	10.3	89.7	100.0
Family Planning Register	0.0	12.8	87.2	0.0	100.0
Total N	5	6	7	18	39

District Health Team

Table 4-27: District wise Availability of Health Facility and Building Status

Type of Facilities (DHT2)	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna
CHC	6	1	0	4	4
BL-PHC	1	6	0	6	2
S-PHC	19	9	0	34	13
SHC	181	162	0	185	139
AWC	977	0	0	880	74
Ayurvedic Clinic/Dispensary	32	37		0	17
Private Hospital	0	0	0	6	0
Building Status					
% S-PHCs with building	73.7	89.0	0.0	50.0	46.1
% S-PHCs without building	26.3	11.0	0.0	50.0	53.9
Total	100.0	100.0	100.0	100.0	100.0
% SHCs with building	68.6	20.0	0.0	28.6	21.5
% SHCs with building	31.4	80.0	0.0	71.4	78.5
Total	100.0	100.0	100.0	100.0	100.0
% AWCs with building	14.0	0.0	0.0	23.9	100.0
% AWCs without building	86.0	0.0	0.0	76.1	0.0
Total	100.0	100.0	100.0	100.0	100.0

Table 4-28: Staff Position in the Study Districts

Staff Member	Average Sanctioned			Average Occupied			% of Vacant Post		
(DHT3A – 3L)	Male	Female	Total	Male	Female	Total	Male	Female	Total
Qualified Nurses			42			34			19.04
General Nurses			134			115			14.17
LHV – Health Supervisor			163			170			-4.29
MP Worker (F)			766			749			2.21
MP Worker (M)			639			638			0.15
Physicians (General)	237	22	259	191	27	218	19.40	-22.70	15.80
Physicians (Gynaecologist)	2	7	9	1	7	8	50.00	0.00	11.10
Physicians (Surgeon)	30		30	8	0	8	73.30		73.30
Paediatrician	11		11	13	0	13	-18.18		-18.10
Anaesthetists			9			5			44.40
Pharmacists			72			54			25.00
Sector Supervisor			133			101			24.00

Table 4-29: Staff Position in Different Rural Health Facilities

Staff Member (DHT6A)	CHC			B-PHC		
	Avg. Sanctioned	Avg. Occupied	% of Vacant	Avg. Sanctioned	Avg. Occupied	% of Vacant
Medical Staff						
Paediatrician	8	5	37.5			
Ob-Gyn	7	2	71.4			
Surgeon	17	10	41.1	3	3	0.0
Anaesthesiologist	3		100.0			
Physician	4	1	75.0	1		100.0
Ophthalmologist	5	3	40.0			
Generalist (MO)	26	23	11.5	27	27	0.0
Dentist	3	1	66.6			
Paramedical Staff						
Head Nurse	1		100.0			
Staff nurse/midwife	51	36	29.4	1	1	0.0
Pharmacist	3	3	0.0			
Compounder	23	16	30.4	14	8	42.8
Lab. Technician	14	9	35.7	14	10	28.5
Lab. Attendant	2	2	0.0			
Radiographic	10	8	20.6	2	1	50.0
Theatre assistant/ Dresser	16	14	12.5	14	14	0.0
Block ext. Education	6	4	33.3	11	8	27.2
Senior Assistant						
Junior Assistant						
HA (F)/LHV	15	15	0.0	35	31	11.4
HA (M)	10	5	50.0	32	26	
MPW(F)/ANM	19	19	0.0	12	12	
MPW(M)				3	2	33.3
Administrative & Support Staff						
Computer/Statistics	10	9	10.0	11	7	36.3
Dark room assistant				2	1	50.0
Driver	12	11	8.3	12	11	8.3

Staff Member (DHT6A)	SPHC			SHC		
	Avg. Sanctioned	Avg. Occupied	% of Vacant	Avg. Sanctioned	Avg. Occupied	% of Vacant
Medical Staff						
Paediatrician						
Ob-Gyn						
Surgeon	9	9	0.0			
Anaesthesiologist						
Physician						
Ophthalmologist	7	6	14.2			
Generalist (MO)	50	47	6.0			
Dentist						
Paramedical Staff						
Head Nurse						
Staff nurse/midwife	2	1	50.0			
Pharmacist	3	1	66.6			
Compounder	59	41	30.5			
Lab. Technician	6	6	0.0			
Lab. Attendant						
Radiographic	2	2	0.0			
Theatre assistant/Dresser	40	38	5.0			
Block ext. Education	1		100.0			
Senior Assistant						
Junior Assistant						
HA (F)/LHV	96	96	0.0			
HA (M)	14	14	0.0	95	96	-1.05
MPW(F)/ANM	9	9	0.0	630	627	0.47
MPW(M)				520	517	0.57
Administrative & Support Staff						
Computer/Statistics						
Dark room assistant						
Driver	3	2	33.3			

Table 4-30: Staff Strength in Different Urban Health Facilities

Staff Member (DHT6B)	Dist. Hospital			PPC			TB hospital		
	Avg. Sanctioned	Avg. Occupied	% of Vacant	Avg. Sanctioned	Avg. Occupied	% of Vacant	Avg. Sanctioned	Avg. Occupied	% of Vacant
Medical Staff									
Paediatrician	5	4	20.0						
Ob-Gyn	5	5							
Surgeon	3	2	33.3	3	3				
Anesthesiologist	2	1	50.0						
Physician	5	4	20.0	1		100.0			
Ophthalmologist	4	3	25.0						
Generalist (MO)	45	41	8.8	2	1		3	3	0.0
Dentist	4	4	0.0						
Paramedical Staff									
Head Nurse	7	3	57.4				2	2	0.0
Staff nurse/midwife	121	116	4.1	4	4	0.0	6	4	33.3
Pharmacist	1	1	0.0						
Compounder	31	20	35.4				1		100.0
Lab. Technician	28	22	21.4				2	2	0.0
Lab. Attendant	10	10	0.0						
Radiographic	13	13	0.0				1	1	0.0
Theatre assistant/Dresser	22	20	9.09				2	1	50.0
Senior Assistant	2	2	0.0						
Junior Assistant	7	7	0.0						
HA (F)/LHV	5	5	0.0	3	2	33.3	1		100.0
HA (M)	1	1	0.0	4	3	25.0			
MPW(F)/ANM	25	24	4.0	6	6	0.0			
MPW(M)				1		100.0			
Administrative & Support Staff									
Office attendant	7	7	0.0						
Typist	4	4	0.0						
Electrician	5	5	0.0						
Plumber	1	1	0.0						
Dark room assistant	4	4	0.0						
Driver	11	11	0.0	3	2	33.3			

Staff Member (DHT6B)	Eye hospital			UFWC		
	Avg. Sanctioned	Avg. Occupied	% of Vacant	Avg. Sanctioned	Avg. Occupied	% of Vacant
Medical Staff						
Pediatrician						
Ob-Gyn						
Surgeon						
Anesthesiologist						
Physician						
Ophthalmologist						
Generalist (MO)	4	4	0.0			
Dentist						
Paramedical Staff						
Head Nurse	2	2	0.0			
Staff nurse/midwife	10	9	10.0			
Pharmacist						
Compounder	4	3	25.0			
Lab. Technician	2	2	0.0			
Lab. Attendant	1		0.0			
Radiographic	2		100.0			
Theatre	3	2	33.3			
assistant/Dresser						
Senior Assistant						
Junior Assistant						
HA (F)/LHV						
HA (M)						
MPW(F)/ANM						
MPW(M)						
Administrative & Support Staff						
Office attendant						
Typist						
Electrician	1	1	0.0			
Plumber						
Dark room assistant	1	1	0.0			
Driver						

Table 4-31: District wise Total Number of Health Functionaries Trained During the 12 Month Prior to the Survey

Persons/ Worker	Total Number Received Training				
(DHT7A to 7E)	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna
LHV – Health Supervisor		29		12	
MP Worker (Female)/ANM	77	161		24	
MP Worker (Male)		146			

Table 4-32: Time Lapse after the Last Training

Time Lapse	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna
A. Mid Wifely Training (DHT 7F) (FAC 30A)					
Never	6				
In the past month					
In the past 6 months					
In the past year		7			
In the past 5 years				8	
5 years ago or longer					
Do not know					5
B. Family Planning Training (7G)					
In the past year		7			
In the past 5 years				8	5
5 years ago or longer					
Do not know	6				
C. Communication and Counselling Skill (7H)					
Never				8	5
In the past 5 years		7			
Do not know	6				
Total	18	21		24	15

Table 4-33: Supervision of Staff

Responses	No.	%
A. Whether LHV supervise ANM (8A)		
Yes	4	80
No	1	20
Total	5	100
B. Frequency of meeting with ANMs (8B)		
Every week	3	75
Every month	1	25
Once in 2-3 months	0	0
Once in 4-6 months	0	0
Once in 7-12 months	0	0
Do not know	0	0
Total	4	100
C. Role of sector supervisors (MR) (8C)		
Supervise SCs	3	60
Supervise MPW/ANM at field	3	60
Do administrative work	2	40
Teach ANMs	1	20
Attend difficult medical cases	1	20
Discuss implementation of programme		
Others	2	40
D. Report health services provided during all normal open hours		
Yes	3	60
No	2	40
Total	5	100

Table 4-34: Provision of Services and Emergency Transport for Referrals

Responses	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna
A. Provision of RH Services during All Months of the Year (DHT8D)					
Yes	1	1			1
No			1	1	
B. No. of centres can communicate for transport for OB referral (DHT9A)					
<=10			1	1	1
>30	1	1			
C. No. of referral facilities have transport available (DHT9B)					
<=10		1	1	1	
21-30	1				

Table 4-35: Supply of Essential Drugs

Responses	No.	%
A. Ever run out of Drugs and Supplies (DHT10A)		
Often	0	0
Sometimes	4	80
Never	1	20
Total	5	100
B. How to decide quantity of Drugs to procure at district (DHT10B)		
Order based on consumption	1	20
Order based on estimated need	1	20
Order the some as last time	1	20
Order two times what we need	0	0
Never order drugs, shipment comes	0	0
Others	2	40
Total	5	100
C. How the staff at district level decide when to recorder drugs (DHT10C)		
Order sometime each week / month/quarter	1	20
Order whenever stock reaches reorder level	1	20
Order when run out of stock	1	20
Never order drugs, shipment comes	0	0
Others	2	40
Total	5	100
D. How staff at HF decides the quantity of drugs (DHT10D)		
Order based on consumption	1	20
Order based on estimated need	3	60
Order the some as last time	0	0
Order two times what we need	0	0
Never order drugs, shipment comes	0	0
Others	1	20
Total	5	100
E. How the staff at HF decide when to reorder drugs (DHT10E)		
Order sometime each week / month/quarter	1	20
Order whenever stock reaches reorder level	3	60
Order when run out of stock	1	20
Never order drugs, shipment comes	0	0
Others	0	0
Total	5	100

Table 4-36: Health Education Material Availability

Health Education Materials	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna
A. Material Health Care					
Posters		1	1	1	1
Counselling cards		1			
Take home leaflets		1			
Others	1				
B. Family Planning					
Posters		1	1	1	
Counselling cards					1
C. Nutrition					
Posters	1	1	1	1	1
Take home leaflets	1				
D. Hygiene					
None			1	1	1
Counselling cards	1	1			
Take home leaflets	1				
Community IEC materials		1			
Others		1			
E. STDs/AIDS					
Posters	1				
Counselling cards	1				
Take home leaflets		1			
Others			1	1	1

Table 4-37: IEC Activities Carried Out on Safe Motherhood & Family Planning

Health Education Materials	No.	%
A. Whether MPW/HWW/Dai provide IEC on safe motherhood		
Yes	5	100
No	0	0
Total N	5	100
B. Type of safe motherhood/FP out reach activities		
None	0	0
Plays	1	20
Role plays	0	0
Folk art	2	40
Market Activities	0	0
Literacy activities	0	0
Radio/TV	1	20
Others	1	20
Total N	5	100
C. Whether IEC activities targeted at Men		
Yes	3	60
No	2	40
Total N	5	100

Table 4-38: Monitoring and Evaluation

Information	Always	Sometimes	Never	Total
On maternal deaths from HF to District level	5	0	0	5
On maternal deaths from district to state level	5	0	0	5
Standard antenatal records used	5	0	0	5
Standard delivery records used	4	1	0	5
Confidential enquiries/audit done following maternal death	1	0	4	5
Punishment for staff if mother dies while in immediate care	1	0	4	5

Referrals

Note: The records regarding referral were not available for most of the cases in district hospitals. The following analysis is based on the cases for which information was available.

Table 4-39: Number of referred obstetrical cases the hospital received in the last 12 months

District	No. of obstetrical cases
Sagar	*82*

Table 4-40: Different facilities referring cases and number of cases referred

District	No. of facilities referring				No. of Cases referred by facilities			
	CHC	BL-PHC	S-PHC	SHC	CHC	BL-PHC	S-PHC	SHC
Sagar	4	8	-	-	47	35	-	-

Table 4-41: Clinical Condition of Referred Mother and Foetal

Information	Chhatarpur	Panna	Sagar	Tikamgarh
A. Clinical condition of mother (Ref 3)				
Coma	1	2	0	1
Shock	0	0	0	0
Debilitated	0	1	0	0
Well	0	0	0	0
Not registered	0	1	1	4
Total	1	4	1	5
B. Clinical condition of foetal heart (Ref.4)				
Normal heart beat	0	2	0	1
Depressed heart beat	0	0	0	0
Heart beat not heard	0	0	0	0
Not registered	1	2	1	4
Total	1	4	1	5

Table 4-42: Assistance Received by Mother and Clinical out Come of Mother and Baby

Responses	Chhatarpur	Panna	Sagar	Tikamgarh
A. Medical Assistance Received by Mother (Ref. 5)				
None	0	0	0	0
Normal Delivery	0	0	0	0
Medical Treatment	1	4	0	4
Caesarean Section	0	0	0	0
Blood transfusion	0	0	0	0
Not registered	0	0	1	1
Total	1	4	1	5
B. Clinical outcome for Mother (Ref.6)				
Death	1	1	0	1
Sequelae	0	1	0	0
Discharged well	0	0	0	0
Discharged at her request	0	0	0	0
Not registered	*0*	*2*	*1*	*4*
Total	1	4	1	5
C. Clinical outcome for Baby (Ref.7)				
Still Birth	0	0	0	0
Neonatal Death	0	0	0	0
New born depressed	0	0	0	0
New born well	0	2	0	0
Not applicable	1	2	1	5
Total	1	4	1	5

Table 4-43: Duration of stay for Mother and Baby in the Hospital

Responses	Chhatarpur	Panna	Sagar	Tikamgarh
A. No. of days mothers stayed in hospital				
1 day	1	3	0	3
2 days	0	0	0	0
3 days	0	1	0	0
4+ days	0	0	0	1
Not applicable	0	0	1	1
Total	1	4	1	5
1 day	0	0	0	0
2 days	0	0	0	0
3 days	0	1	0	0
4+ days	0	0	0	0
Not applicable	1	3	1	5
Total	1	4	1	5

Table 4-44: Various Records Regarding Complicated Deliveries

Responses	Chhattarpur	Panna	Sagar	Tikamgarh
Whether diastolic BP recorded as >=100				
Yes	1	3	0	5
No	0	0	0	0
No register of BP	0	1	1	0
Total	1	4	1	5
Whether administration of anti- hypertensive medication recorded				
Yes	1	3	0	5
No	0	1	1	0
No medication was given	0	0	0	0
Total	1	4	1	5
No. of cases where eclampsia fits recorded	1	1	0	5
No. of cases where eclampsia fits not recorded	0	3	1	0
Total	1	4	1	5
No. of cases administered sedative or anticonvalsive medication recorded	1	3	0	5
No. of cases administered sedative or anticonvalsive medication not recorded	0	1	1	0
Total	1	4	1	5
No. of cases where blood pressure recorded hourly	0	0	0	1
No. of cases where blood pressure not recorded hourly	1	4	1	4
Total	1	4	1	5
No. of cases where foetal heart beat checked and recorded hourly	0	0	0	0
No. of cases where foetal heart beat checked and not recorded hourly	1	4	1	5
Total	1	4	1	5

Table 4-45: Complicated Delivery Cases of Obstructed Labour

Responses	Chhatarpur	Panna	Sagar	Tikamgarh
A. Whether the descent of head static for 3 hrs or more (Ref. 5)				
Yes	0	0	0	0
No	0	0	0	0
Not recorded	1	4	1	5
Total	1	4	1	5
B. Whether strong contractions recorded for more than 3 hrs without descent of head				
Yes	0	0	0	0
No	0	0	0	0
Not recorded	1	4	1	5
Total	1	4	1	5
C. Conduction of baby at birth				
Still birth	0	0	0	0
Live birth, not good condition	0	0	0	0
Live birth, good condition	0	0	0	0
Not recorded	1	4	1	5
Total	1	4	1	5
D. Recorded mode of delivery				
Spontaneously vaginal delivery	0	0	0	0
Vacuum extraction	0	0	0	0
Forceps delivery	0	0	0	0
Caesarean section	0	0	0	0
Not recorded	1	4	1	5
Total	1	4	1	5

4.7 HEALTH PROVIDERS IN HEALTH FACILITIES

A survey among the service provides at different facilities viz. LHV, ANM/MPW (M&F), staff nurse, nurse midwife and dais was carried out in 5 districts of Madhya Pradesh. The information was collected on coverage, clientele, type of service provided and support received from other agencies/community. In the report the results have been discussed separately for government service providers and volunteers namely dais.

4.7.1 LHV/Nurse Midwife/ ANM

(1) Coverage

In all, 140 health functionaries from different health facilities in 5 districts of Madhya Pradesh were covered. These include 44 LHVs, 71 female health workers and 25 staff nurses (Table 4-46).

(2) Background Characteristics

The analysis of the data reveals that a little less than half of the service providers were in the age group of 35-44 years and another one-fourth were in the age group 45-54 years. The average age of the service providers was 41 years. Most of them (58 percent) belonged to general castes and 19 percent to other backward castes. Functionaries belonging to scheduled castes and scheduled tribes were 8 and 3 percent, respectively. Nearly three-fourth of the service providers were high or higher secondary pass and around 6 percent were educated up to graduation or more. The service providers were reported to be well experienced having, on an average, 15 years of experience in the service. Forty one percent service providers reported covering one village and another 52 percent were providing services to the neighbouring villages as well (Table 4-47). The data further shows that each service provider was covering on an average 6 villages. Most of them were going to the villages on foot (Table 4-48).

Among the service providers interviewed, 47 percent were nurse midwife with diploma and 11 percent with degree qualification, 21 percent passed ANM/ multipurpose worker course and 19 percent had completed LHV/ Health Supervisor course (Table 4-49). Although majority of the service providers reported receiving on the job training on topics such as midwifery and family planning, most of them received the same more than 5 years back (Table 4-50 & 4-51). In

performing their duties more than four-fifth of the service providers were reportedly getting the support from their supervisors regularly. For instance, 57 percent service providers received support from the supervisors within one week and another 16 percent within one month prior to the survey (Table 4-52).

(3) Services Provided

The information on regular service days, service hours, emergency services and clientele was collected from health functionaries to assess the availability and accessibility of services to the villagers. The results of the analysis are provided in Table 4-53. The perusal of the table indicates that nearly four-fifth of the service providers were providing services on regular basis throughout the week. Around 95 percent reported providing emergency services as well. Among those providing emergency services, 89 percent reported providing 24-hour emergency services. In order to assess their patient workload, the service providers were further asked the average number of patients per week they treat/ contact. This information was collected separately for period March to September and October-February to find out seasonal variations, if any. The average number of patients treated/ clients attended per week was more (100 clients) during March-September than during October to February (66 clients). The data further shows that during March-September period almost all the functionaries reported treating more than 20 patients per week. As compared to this, during October to February period, nearly one-fifth of the service providers reported treating none of the patients/ attending to clients. Among the clients attended per week, throughout the year, majority were women (average 53) and children (average 15).

The health functionaries reported providing primarily antenatal (94 percent), natal (85 percent), postnatal (83 percent), health education (86 percent), family planning (82 percent), treatment for diarrhoea (71 percent), fever (76 percent) and nutrition education (62 percent). Besides, some of the service providers reported providing services for treatment of ARI cases, tuberculosis, chronic illnesses, diagnosis and treatment of STD cases and diagnosis of HIV/AIDS cases. The average number of cases treated / attended per week for major services ranged from 9 to 24 except for natal care where the health functionaries, on an average, attend 4 cases per week.

The service providers were also making home visits. During the last home visit, 35 percent service providers visited up to 5 households, 42 visited 6 - 10 and 23 percent visited more than 11 households. They contacted, on an average, 11 family planning clients and 2 delivery related cases during their last visit (Table 4-54). In order to perform better they felt the need of medicines, better equipment and additional female staff including lady doctor (Table 4-55).

(4) Coordination with Other Service Providers

While providing services to the community, the service providers get support from grassroots workers/ volunteers. The service providers were asked whether they interact with other service providers and with whom they interact. Nearly three-fourth of the service providers interviewed reported interacting with other service providers/ volunteers. The service providers contacted were anganwadi workers (42 percent), ANM (20 percent), LHV (23 percent), male MPW (20 percent), staff nurse (17 percent) and dais (19 percent). The other service providers contacted were medical doctor (8 percent), JSR (7 percent and panchayat members (7 percent) (Table 4-56).

(5) Treatment of Diarrhoea and Cough Cases

The service providers were asked the type of treatment given for diarrhoea and cough. A large majority of the service providers (89 percent) recommended ORS followed by antibiotics (23 percent) and sugar salt solution (18 percent). For cough patients, 47 percent service providers recommended antibiotics and 26 percent referred the cases to a doctor. Fourteen percent service providers did not recommend any thing to cough patients (Table 4-57).

(6) Training Received

The perusal of the Table 4-58 shows that the service providers were trained to provide various services. Majority of the service providers reportedly received training for performing these duties. Almost all the service providers received training on various subjects such as screening clients for spacing methods, IUD instruction, antenatal care, checking BP, safe delivery, neonatal care, immunization, control of diarrhoeal diseases and RCH, Sixty percent each of services providers received training on ARI and counselling techniques. A small proportion of the service providers interviewed reportedly received training on identifying RTI/STD cases and conducting MTP.

(7) Type of Support Received

The service providers were asked whether they seek support from any other agency or from the community. Nearly 45 percent of the service providers reported seeking the support from other agencies/ community. They further reported seeking support from Panchayat, NGOs working in the area and community groups. The type of support extended was primarily in the form of labour. Only 6 percent service providers reported support in the form of cash or kind (Table 4-59)

(8) Problems Faced in Providing RCH Services

Nearly two-fifth of the service providers reportedly did not face any problems in providing RCH services. Those who faced problems were asked the type of problems faced. The major problems faced as reported by the service providers were inadequate equipment (24 percent), inadequate supply of medicines (16 percent) and inadequate trained staff to provide RCH services (5 percent). A little more than half of the service providers reported the requirement of additional training for providing RCH services (Table 4-60).

On inquiring the type of support required to provide RCH services, while around one-third of the service providers mentioned not requiring any support, the remaining required support in the form of medicine, equipment and additional staff. The service providers expected support from CMO, panchayat, government and the people (Table 4-60).

The service providers were further asked their suggestions to improve the delivery of RCH services. Nearly one-fourth of the service providers did not give any suggestion. The suggestions commonly given by two-third of the service providers were IEC activities to educate people on RCH services, improve infrastructure and equipment, provide training to staff and provision of medicines (Table 4-60).

(9) Time Lapse Since Seen Cases Last

The service providers were asked the time lapse since they attended last delivery. Fifty eight percent of the service providers reportedly conducted delivery during the last one week, 19 percent during the last month and 16 percent conducted delivery 1-6 months back (Table 4-61). As a part of the postnatal care it is necessary that a woman must return to the health facility for her and baby's check-up with in the postnatal period. In order to assess the same, a question was asked to service providers when they ask the women to return for check-up after normal delivery. Half of the service providers were asking the mother to come for check-up within one week of the delivery and another 27 percent ask them to return for check-up within 6 weeks of normal delivery. Thirteen percent service providers ask the women who delivered a baby to visit the health facility only in case of problems and a small proportion (5 percent) never suggested women to visit the health facility after delivery (Table 4-62).

One of the main causes of maternal mortality is post partum haemorrhage (PPH). The service providers are trained to handle such cases and pregnant women are advised for regular medical check-up and institutional delivery. The perusal of the table reveals that 22 percent service providers have never seen a post partum haemorrhage case and 39 percent had seen it more than 6 months back. Only 14 percent service providers had seen a PPH case during a week before the survey, 11 percent within one month and 15 percent within 6 months prior to the survey (Table 4-63).

Another danger sign during delivery is obstructed labour. The data shows that cases of obstructed labour are not very common as only 9 percent saw within a week and 16 percent within a month prior to the survey. Nearly 39 percent service providers reportedly saw a case of obstructed labour more than 6 months prior to the survey and 15 percent service providers did not see a pregnant woman with obstructed labour (Table 4-64). Puerpural sepsis is still less common as 57 percent of the service providers never came across such cases and who have seen puerperal sepsis cases within one week or one month prior to the survey were 8 percent and 14, percent respectively (Table 4-65). More than half of the service providers either did not come across an eclampsia case or saw it more than 6 months prior to the survey (Table 4-66). Abortion in unhygienic conditions and by untrained personnel leads to complications that sometimes lead to maternal mortality. Majority of the service providers (83 percent) reportedly saw a case of incomplete or unsafe abortion and more than half of them came across such a case within 6 months prior to the survey (Table 4-67).

Knowledge of danger signs during pregnancy, delivery and in the postnatal period is very necessary to manage, give advice for institutional delivery and refer cases to health facility. The perusal of the Table 4-68 shows that service providers had a poor knowledge of most of the warning signs for referring the cases to a health facility. The most commonly mentioned warning signs were hypertension/headache/swelling/fits (70 percent), anaemia (69 percent), abnormal position of foetus (46 percent) and haemorrhage (41 percent). The other important warning signs such as previous bad obstetric history, sepsis, multiple pregnancy, prolonged labour, overage and under age pregnancy etc. were mentioned by less than one-fifth of the service providers. The service providers further reported that, on an average, one patient with complications from incomplete or unsafe abortion visited them and almost all the service providers reported giving information and services to women for such complications. All the service providers were aware of deaths due to unsafe abortions. The service providers were aware of, on an average, one death due to such complications. A large majority of the service providers perceived unsafe abortion as a problem in the community (Table 4-69).

4.7.2 DAI

(1) Coverage

In all, 177 dais from different health facilities in 5 districts of Madhya Pradesh were interviewed. These include 59 from Tikamgarh, 35 from Damoh, 30 from Chhatarpur, 28 from Sagar and 25 from Panna (Table 4-46).

(2) Background Characteristics

The analysis of the data reveals that a little more than half of the dais were 45 years and above. Only 2 percent were in the younger age group of below 25 years. The average age of the dais was 45 years. Majority of them (93 percent) belonged to scheduled castes, 3 percent were scheduled tribes and one percent each belonged to other backward castes and other religious groups. Nearly 88 percent of the dais were either illiterate or attended school for 1-2 years. None of the dais were educated beyond middle school. Dais were reported to be well experienced as thirty seven percent had more than 20 years of experience and 24 percent had 10-14 years of experience. On an average, dais had 16 years of experience. Twenty nine percent dais reported covering one village and the remaining 71 percent were providing services to the neighbouring villages as well (Table 4-70). Although nearly three-fourth of the dais reported receiving training, 38 percent received the same more than 5 years prior to the survey (Table 4-71).

(3) Services Provided

The information on regular service days, emergency services and clientele was collected from dais to assess the availability and accessibility of services provided by dais to the villagers. The results of the analysis are provided in Table 4-72. The perusal of the table indicates that almost all dais interviewed were providing services, on regular basis, during 5 days of a week. Around 97 percent dais reported providing 24-hour emergency services as well. In order to assess the client work load, dais were further asked the average number of clients they contact per week. This information was collected separately for period March to September and October-February to find

out seasonal variation, if any. The average number of clients attended per week was more (6 clients) during March-September than during October to February (4 clients). Among the clients attended per week, throughout the year, majority was women.

Dais reported providing primarily natal (97 percent), antenatal (40 percent) and postnatal (35 percent) services. The other services provided by a few dais were health education (21 percent), family planning (15 percent), treatment for diarrhoea (13 percent), and nutrition education (16 percent).

(4) *Coordination with Health Functionaries*

While providing services to the community, dais need support from health functionaries. Dais were asked whether they interact with any service provider and with whom they interact. Seventy nine percent dais reported interacting with service providers at the grassroots level. The service providers contacted were ANM (65 percent), anganwadi workers (28 percent), LHV (13 percent) and other workers (46 percent) (Table 4-73).

(5) Type of Support Received

The dais were asked whether they seek support from any other agency or from the community. Nearly one-third of the dais interviewed reported seeking the support from other agencies/ community. They further reported seeking support primarily from Panchayat. The type of support extended to dais was primarily in the form of labour. Only 3 percent dais received support in the form of cash or kind (Table 4-75)

(6) Treatment of Diarrhoea and Cough Cases

Dais were asked the type of treatment given for diarrhoea and cough cases. More than half of the dais rightly recommended ORS and 10 percent dais suggested antibiotics. For cough patients, 27 percent dais recommended antibiotics and 50 percent recommended some other treatment (Table 4-74).

(7) Problems Faced in Providing RCH Services

Nearly two-third of the dais reportedly did not face any problems in providing RCH services. Those who faced problems were asked the type of problems faced. The major problems faced as reported by the dais were inadequate equipment (22 percent), inadequate supply of medicines (11 percent) and illiteracy among the people (14 percent). A little less than half of the dais reported the requirement of additional training for providing RCH services (Table 4-76).

On enquiring the type of support required to provide RCH services, while around 28 percent of the dais mentioned not requiring any support, the others did not specify the type of support required. Nearly one-third dais did not know from where the support could be asked. The remaining dais required the support from government and anganwadi workers (Table 4-76).

Dais were further asked their suggestions to improve the delivery of RCH services. Nearly half of the dais did not give any suggestion. The suggestions commonly given by rest of dais were to start IEC activities to educate people on RCH services and to improve infrastructure (Table 4-76).

4.7.3 Time Lapse Since Seen Cases Last

Dais were asked the time lapse since they attended last delivery. Forty three percent of dais reportedly conducted delivery during the last one week, 40 percent in the last month and 14 percent conducted delivery 1-6 months prior to the survey (Table 4-77). As a part of the postnatal care it is necessary that a woman must return to the health facility for her and baby's check-up with in the postnatal period. In order to assess the same a question was asked to dais when they ask the women to go for check-up after normal delivery. Nearly one-fourth of the dais were referring mothers for check-up within one week of the delivery and another 13 percent ask them to go for check-up with in 6 weeks of normal delivery. Forty two percent dais ask the women who delivered a baby to visit the health facility only in case of problems and another 15 percent never

suggest women to visit the health facility after delivery (Table 4-78). The table further shows that during the postnatal period dais advised the mothers for early breast feeding (69 percent), nutrition for mother (53 percent), child immunization (38 percent) and advice on child spacing or family planning (32 percent).

Knowledge of danger signs during pregnancy, delivery and in the postnatal period is very necessary to manage, give advice for institutional delivery and refer cases to health facility. The perusal of the Table 4-79 shows that dais had a poor knowledge of most of the warning signs for referring the cases to a health facility. The most commonly mentioned warning signs were hypertension/headache/swelling/fits (50 percent), anaemia (46 percent), abnormal position of foetus (28 percent) and haemorrhage/ heavy bleeding (35 percent). The other important warning signs such as previous bad obstetric history, sepsis, multiple pregnancy, prolonged labour etc. were mentioned by less than one-fifth of the dais (Table 4-79). The data further shows that 90 percent dais reported using sterilized instruments for cutting the cord and majority of them were not giving any treatment after cutting the cord. Only 3 percent reported practicing the unhygienic practice of applying ash after cutting the cord (Table 4-80).

Thirty two percent dais further reported that they had never seen a case of incomplete or unsafe abortion, 10 percent came across such case within a week and another 6 percent within one month prior to the survey. Around 31 percent saw a case of unsafe abortion more than 6 months back (Table 4-81).

4.7.4 Reporting

The data shows that most of the dais were discussing their work with ANM/ nurse midwife at least once in a month and more than half were submitting delivery reports to ANM or LHV (Table 4-83 & 4-84).

Table 4-46: Type of Health Provider

(Number)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Type of Health Provider						
LHV	19	9	5	7	4	44
ANM/MPW (FEMALE)	19	26	8	11	7	71
MPW (MALE)	6	11	4	4	7	32
Staff nurse	11	2	4	4	6	27
Dai	59	35	28	30	25	177
N	114	83	49	56	49	351

Table 4-47: Background Characteristics of Nurses/Mid-Wife, LHV and ANM

(in percentage)

Background Characteristics	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Age (in years)						
20-24		2.7				0.7
25-34	25.0	10.8	23.5	9.5	17.6	17.9
35-44	37.5	51.4	58.8	57.1	47.1	47.1
45-54	31.3	27.0	11.8	14.3	29.4	25.0
55-64	6.3	8.1	5.9	19.0	5.9	8.6
Mean age	40.8	41.5	41.1	42.1	41.8	41.4
Caste						
General Caste	56.3	62.2	41.2	66.7	58.8	57.9
SC	4.2	10.8	11.8	4.8	11.8	7.9
ST	2.1	2.7	5.9		5.9	2.9
OBC	25.0	13.5	11.8	23.8	11.8	18.6
Other Religious Group	12.5	2.7	11.8	4.8	11.8	8.6

Background Characteristics	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Educational Background						
3-6 Years		2.7			5.9	1.4
7-12 years	79.2	81.1	52.9	61.9	64.7	72.1
13-15 years	16.7	13.5	36.3	19.0	29.4	20.0
15 years or more	4.2	2.7	11.8	19.0		6.4
Mean	12.1	11.4	12.9	12.7	11.7	12
Number of years in the services (in yrs)						
<1		27.0				0.7
1-3	14.6	8.1	5.9	19.0	11.8	12.1
4-6	14.6			4.8	17.6	7.9
7-9	6.3	2.7	5.9	4.8	11.8	5.7
10-14	27.1	27.0	35.3	23.8	21.4	27.9
15-19	12.5	29.7	11.8	33.3	5.9	19.3
20-29	18.8	18.9	35.3	4.8	11.8	17.9
30+	6.3	10.8	5.9	9.5	11.8	8.6
Mean	13.1	16.9	16.8	14.1	13.1	14.7
Area						
Within the village-one section		2.7	23.5			3.6
Within the village-entire village	58.3	27.0	11.8	42.9	47.1	40.7
Neighbouring village as well	41.7	64.9	47.1	57.1	52.9	52.1
In the hospital only		5.4	17.6			3.6
N	48	37	17	21	17	140

Table 4-48: Field Coverage by ANM/MPW

(in percentage)

	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Whether visit villages						
Yes	100.0	88.5	100.0	90.0	100.0	94.3
No		11.5		10.0		5.2
Number of villages covered						
<3	5.3	26.1		22.2	14.3	15.2
4-6	68.4	47.8	25.0	22.2	28.6	95.5
7+	26.3	26.1	75.0	55.6	57.1	39.4
Means	5.9	4.5	8.6	5.9	7.4	5.9
Mode of visiting the village						
On foot	78.9	87.0	100.0	88.9	85.7	86.4
On bike		4.3		11.1		3.0
On moped	15.8	4.3			14.3	7.6
Other specify	5.3	4.3				3.0
Time taken to visit the most distant village (in minutes)						
<10		13.0	12.5	11.1		7.6
10-15		8.7		22.2		6.1
16-20	10.5					3.0
21+	89.5	78.3	87.5	66.7	100.0	83.3
Mean	148.9	89.1	90.0	96.7	107.1	109.4

Table 4-49: Qualification

(in percentage)

Qualification	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Nurse/midwife with degree	18.8	5.4	11.8	4.8	11.8	11.4
Nurse/midwife with diploma	58.3	21.6	28.8	57.1	47.1	47.1
LHV health supervisor course	10.4	32.4	5.9	23.8	17.6	18.6
ANM/Multi Purpose Worker Course	12.5	40.5	23.5	9.5	17.6	21.4
Others				4.8	5.9	1.4
N	48	37	17	21	17	140

Table 4-50: Time when last received any midwifery training

(in percentage)

Time	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Never	4.2	13.5	5.9		5.9	6.4
In the past week	4.2					1.4
In the past month	2.1		5.9	4.8		2.1
In the past 6 months	2.1			9.5		2.1
In the past year		5.4		4.8	5.9	2.9
In the past 5 years	6.3	5.4	5.9	4.8	5.9	5.7
5 years ago or longer	56.3	54.1	70.5	61.9	52.9	57.9
DK	25.0	21.6	11.8	14.3	29.4	21.4
Whether include hands-on practical training						
Yes	87.0	100.0	93.8	100.0	100.0	94.7
No	13.0		6.3			5.3
N	46	32	16	21	16	131

Table 4-51: Time when last received any family planning training

(in percentage)

Time	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Never	22.9	21.6	29.4	14.3	5.9	20.0
In the past 6 months	10.4	5.4				5.0
In the past year				28.6	5.8	5.0
In the past 5 years	14.6	13.5	23.5	14.3	11.8	15.0
5 years ago or longer	45.8	59.5	47.1	38.1	64.7	50.7
DK	6.3			4.8	11.8	4.3

Table 4-52: Time when last received any professional support by the supervisor

(in percentage)

	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Never	12.5	18.9	5.9	4.8	5.9	11.4
In the past week	58.3	29.7	70.6	66.7	88.2	57.1
In the past month	18.8	18.9	5.9	19.0	5.9	15.7
In the past 6 months	2.1	13.5	11.8	9.5		7.1
In the past year	2.1	18.9				5.7
In the past 5 years	2.1					0.7
5 years ago or longer			5.9			0.7
DK	4.2					1.4

Table 4-53: Services Provided

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Regular Service days*						
1 day/week	10.4			4.8	5.9	5.0
2 days/week	6.3	5.4	5.9			4.3
3 days/week	4.2	5.4			5.9	3.6
4 days/week	2.1	5.4				2.1
5 days/week	4.2	5.4	11.8		5.9	5.0
6 days/week	33.3	37.8	58.8	57.1	23.5	40.0
7 days/week	39.6	40.5	23.5	98.1	58.8	40.0
Whether emergency services provided						
Yes	95.8	94.6	88.2	100.0	94.1	95.0
No	4.2	5.4	11.8		5.9	5.0
N						
24 hours emergency services						
Yes	82.6	100.0	93.3	85.7	81.3	88.7
No	17.4		6.7	14.3	18.8	11.3
Number of clients per week (range)						
0		2.7				0.7
1-5						
6-12						
13-19	2.1					0.7
20+	97.9	97.3	100.0	100.0	100.0	98.6
Mean	108.0	80.5	83.8	134.8	95.6	100.3
Number of clients per week (range)						
0		21.6	29.4	52.4	35.3	21.4
1-5						
6-12	2.1	2.7			5.9	2.1
13-19	2.1			4.8		1.4
20+	95.8	75.7	70.6	42.9	58.8	75.0
Mean	79.5	52.1	61.4	57.4	72.4	65.9
Percent of Clients per week						
Women						
0	2.1	8.1	17.6	23.8	17.6	10.7
1-5						
6-10	2.1		5.9			1.4
11-15	95.8	91.9	76.5	76.2	82.4	87.9
16+	52.1	58.9	51.9	49.0	51.5	53.3
Mean						
Children						
0	6.3	8.1	23.5	33.3		12.1
1-5	2.1	5.4	11.8			3.6
6-10	4.2	10.8	11.8			5.7
11-15		5.4				1.4
16+	87.5	70.3	52.9	66.7	100.0	77.1
Mean	16.2	14.4	10.8	12.0	18.0	14.6
Men						
0	10.4	32.4	58.6	38.1	5.9	35.7
1-5	10.4	21.6	11.8	14.3	11.8	14.3
6-10	27.1	27.0	11.8	28.6	23.5	25.0
11-15	8.3	5.4		4.8	11.8	6.4
16+	43.8	13.5	17.6	14.3	47.1	28.6
Mean	16.6	9.3	6.5	9.0	18.4	12.5

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Percent of clients per week by type of services						
Health education						
0	10.4	13.5	11.8	19.0	17.6	13.6
1-5		5.4	5.9	4.8		3.9
6-10	10.4	21.6	29.4	19.0	11.8	17.1
11+	79.2	59.5	52.9	57.1	70.6	66.4
Mean	28.3	18.1	18.7	26.1	25.0	23.7
Antenatal						
0	4.2	8.1		9.5	11.8	6.4
1-5	20.8	35.1	23.5	14.3	5.9	22.1
6-10	31.3	32.4	23.5	23.8	29.4	29.3
11+	43.8	24.3	52.9	52.4	52.9	42.1
Mean	31.6	7.4	10.8	19.6	11.5	12.3
Delivery						
0	12.5	18.9	11.8	14.3	17.6	15.0
1-5	60.4	67.6	64.7	57.1	47.1	60.7
6-10	18.8	10.8	10.8	19.0	17.6	16.4
11+	8.3	2.7	2.7	9.5	17.6	7.9
Mean	14.8	2.6	2.6	4.7	6.6	4.3
Post-Natal						
0	4.2	13.5	11.8	14.3	17.6	10.7
1-5	45.8	45.9	17.6	28.6	17.6	36.4
6-10	14.6	16.2	47.1	23.8	41.2	23.6
11+	45.4	24.3	23.5	33.3	23.5	29.3
Mean	10.0	6.6	7.2	12.6	8.6	9.0
Family Planning						
0	8.3	27.0	35.3	9.5	17.6	17.9
1-5	18.8	16.2	11.8	9.5	11.8	15.0
6-10	22.9	10.8	11.6	14.3	17.6	17.1
11+	50.0	45.9	35.3	66.7	52.9	15.0
Mean	15.6	10.3	7.0	18.0	18.6	13.9
Abortion						
0	72.9	67.6	64.7	61.9	70.6	68.6
1-5	22.9	32.4	17.6	28.6	17.6	25.0
6-10	2.1		11.8	4.8	11.8	4.3
11+	2.1		5.9	4.8		2.1
Mean	1.0	0.7	2.4	2.1	1.4	1.3
Treat of complicated abortion						
0	89.6	86.5	82.4	76.2	88.2	85.7
1-5	10.4	13.5	11.8	14.3	11.8	12.1
6-10			5.9	4.8		1.4
11+				4.8		0.7
Mean	0.2	0.4	0.9	1.7	0.2	0.6
STDs Diagnosis						
0	93.8	86.5	88.2	76.2	82.4	87.1
1-5	6.3	13.5	11.8		17.6	9.3
6-10				9.5		1.4
11+				14.3		2.1
Mean	0.1	0.4	0.2	4.0	0.4	3.8
STD Treatment						
0	89.6	97.3	94.1	85.7	82.4	90.7
1-5	10.4	2.7	5.9		11.9	6.4
6-10				4.8		0.7
11+				9.5	5.9	2.1
Mean	0.3	0.1	0.2	2.3	2.1	0.7
HIV/AIDS diagnosis						
0	97.9	91.9	100.0	90.5	82.4	93.6
1-5	2.1	5.4			11.8	3.6
6-10		2.7				0.7
11+				9.5	5.9	2.1
Mean	0.1	0.3	0.0	2.4	4.6	1.0

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
HIV/AIDS Treatment						
0	100.0	97.3	94.1	100.0	76.5	95.7
1-5			5.9		5.9	1.4
6-10		2.7			11.8	2.1
11+					5.9	0.7
Mean	0.0	0.2	0.2	0.0	2.2	0.3
Child Diarrhea						
0	43.8	18.9	41.2	14.3	17.6	29.3
1-5	29.2	32.4	17.6	42.9	41.2	32.1
6-10	16.7	24.3	29.4	28.6	17.6	22.1
11+	10.4	24.3	11.8	14.3	23.5	16.4
Mean	4.3	7.2	4.4	6.9	8.9	6.0
Child Fever						
0	22.9	18.9	23.5	28.6	29.4	23.6
1-5	18.8	29.7	17.6	28.6	23.5	23.6
6-10	25.0	32.4	41.2	9.5	29.4	27.1
11+	33.3	18.9	17.6	33.3	17.6	25.7
Mean	10.0	8.2	6.7	7.5	6.8	8.4
Education of Nutrition						
0	29.2	35.1	41.2	38.1	64.7	37.9
1-5	4.2	18.9		19.0		9.3
6-10	27.1	8.1	17.6	4.8	11.8	15.7
11+	39.6	37.8	41.2	38.1	23.5	37.1
Mean	14.0	9.7	11.2	9.8	8.8	11.3
Child ARI						
0	75.0	89.2	82.4	71.4	70.6	78.6
1-5	12.5	8.1	5.9	14.3	11.8	10.7
6-10	8.3	2.7	5.9	14.3	11.8	7.9
11+	4.2		5.9		5.9	2.9
Mean	1.4	0.5	1.2	1.6	3.6	1.4
TB						
0	77.1	94.6	94.1	81.0	82.4	85.0
1-5	20.8	5.4	5.9	19.0	11.8	13.6
6-10					5.9	0.7
11+	2.1					0.7
Mean	0.9	0.3	0.1	0.7	0.6	0.6
Chronic Illnesses						
0	83.3	83.8	94.1	90.5	70.6	84.3
1-5	4.2	16.2	5.9	9.5	23.5	10.7
6-10	6.3				5.9	2.9
11+	6.3					2.1
Mean	1.6	0.4	0.1	0.3	0.8	0.8
Emergency Cases						
0	64.6	75.7	58.8	66.7	41.2	64.3
1-5	25.0	24.3	29.4	14.3	47.1	26.4
6-10	6.3			4.8	11.8	4.3
11+	4.2		11.8	13.3		5.0
Mean	1.8	0.5	2.9	2.7	2.1	1.8

Table 4-54: Number of women covered last time in field by pregnancy, family planning and home deliveries

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Number of pregnant woman covered last time in field						
<5	26.3	52.2	25.0	33.3	14.3	34.8
6-10	52.6	34.8	50.0	33.3	42.9	42.4
11+	21.1	13.0	25.0	33.3	42.9	22.7
Mean	8.2	4.9	8.1	7.7	9.7	7.1
Number of family planning clients seen last time in the field						
<3	15.8	39.1	12.5	22.2		22.7
4-6	21.1	30.4	37.5	33.3	28.0	28.8
7+	63.2	30.4	50.0	44.4	71.4	48.5
Means	1.1	6	15	15.6	12.6	10.5
Number of home deliveries performed last time in the field						
<3	68.4	82.6	87.5	77.8	71.4	77.3
4-6	26.3	4.3	12.5	11.1	14.3	13.6
7+	5.3	13.0		11.1	14.3	9.1
Means	2.5	2.2	1.3	2.1	3.6	2.3
N						

Table 4-55: Opinion about working in the health facility and three major needs of this facility

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Whether like to work in this facility						
Yes	100.0	100.0	100.0	100.0	85.7	98.6
No						
Major needs of the facility						
Previous medicines	15.8	53.8	25.0	22.2	28.6	33.3
Better instructors	89.5	80.8	75.0	100.0	42.9	81.2
Lady Dr./female staff required	42.1	61.5	50.0	22.2	57.1	49.3

Table 4-56: Coordination with other health providers

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Whether coordinate with any other health provider						
Yes	77.1	78.4	100.0	76.2	52.9	77.1
No	22.9	21.6		23.8	47.1	22.9
N	48	37	17	21	17	140
Type of coordinator						
Staff Nurse	18.9	6.9	29.4	18.8	11.1	16.7
AWW	62.2	24.1	5.9	50.0	66.7	41.7
JSR	8.1	3.4	5.9	6.3	11.1	6.5
Dai	8.1	34.5	11.8	25.0	11.1	18.5
NGO	2.7			12.5	22.2	4.6
Panchayat Members	13.5			6.3	11.1	6.5
Mihlamandal	2.7			12.5		2.8
ANM	13.5	27.6	23.5	25.0	11.1	20.4
LHV	8.1	31.0	41.2	18.8	33.3	23.1
Medical Doctor	5.4	6.9	5.9	25.0		8.3
MPW (M)	8.1	41.4	29.4	6.3	11.1	20.4
N	37	29	17	16	9	106

Table 4-57: Medication provided during diarrhoea and cough

(in percentage)

Medication prescribed during diarrhoea	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Anti-Diarrhoeals	6.3	5.4		9.5	5.9	5.7
Waters salt and sugar solution	8.3	2.7	35.3	19.0	5.9	17.9
Referred to doctor	5.4					1.4
ORS	95.8	89.2	76.5	81.0	94.1	89.3
Antibiotics	29.2	5.4	11.8	23.8	52.9	22.9
Others medicine			41.2			5.0
None			23.5			2.9
Medication prescribed during cough						
Antitusives	14.6	2.7	5.9	33.3	47.1	17.1
Antibiotics	66.7	32.4	17.6	42.9	58.8	47.1
Vitamins	6.3			4.8		2.9
Ayurvedic medicine						
Others medicine		2.7	29.4			4.3
None	10.4	13.5	41.2	14.3		14.3
Referred to a doctor	12.5	54.1	29.4	19.0	11.8	26.4
N	48	37	17	21	17	140

Table 4-58: Training received and topics covered during trainings

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Whether got training						
Yes, training recognized by Government	97.9	100.0	100.0	100.0	100.0	99.3
Yes, training not recognized by Government	2.1					0.7
Type of training						
Screening clients for spacing methods	97.9	81.0	94.1	100.0	88.2	92.1
IUD insertion	100.0	81.1	94.1	95.2	94.1	92.9
Antenatal care	97.9	89.2	88.2	100.0	94.1	93.6
Checking blood pressure	95.8	83.3	88.2	100.0	94.1	92.1
Safe delivery	97.9	72.3	88.2	100.0	94.1	90.0
Neonatal care	97.9	77.1	94.1	100.0	94.1	92.0
Immunisation programme	97.9	77.1	88.2	100.0	94.1	91.3
Control of diarrhoeal diseases/ORT	95.8	65.7	88.2	100.0	94.1	87.7
Acute respiratory infection	87.5	18.2	85.3	81.0	70.6	61.1
Nutrition	95.8	77.4	62.5	95.2	88.2	86.5
CSSM	45.4	41.9	62.6	76.2	76.5	55.7
RCH	87.5	96.4	53.3	80.9	100.0	86.1
Community needs assessment	21.3	0.0	14.3	15.0	23.6	15.2
Counselling techniques	67.5	12.5	37.5	68.7	71.4	60.7
Pap smear examination/tests	7.7			16.7	28.6	10.3
RTI/STD	18.5			37.6	35.7	21.9
MTP	12.5			20.0	37.5	14.9
Safe abortion	7.1		20.0	14.3	42.9	14.7
Family planning	53.8	75.0		16.7	100.0	54.0
Minor illness /surgery	69.2	50.0	100.0	80.0	100.0	75.0

Table 4-59: Support

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Whether getting support from any other agencies communities						
Yes	62.5	18.9	23.5	57.1	58.8	45.0
No	37.5	81.1	76.5	42.9	41.2	55.0
N						
Type of organizing providing support						
Panchayat	36.7	100.0	75.0	33.3	50.0	47.6
NGO	6.7			16.7		6.3
Community group	20.0		25.0			11.1
Other	36.7			50.0	50.0	34.9
Type of support provided						
Fund (in cash/in kind)	3.3			8.3	20.0	6.3
Labour	*70.0*	*100.0*	*100.0*	*66.7*	*60.0*	*73.0*
Others	26.7			25.0	20.0	20.6
N						

Table 4-60: Opinions and suggestions in relation to RCH(E)

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Child marriage	10.4				5.9	4.3
Illiteracy among people	45.8	5.4		28.6	29.4	25.0
Over lapping of work due to shortage of staff		5.4	5.9			2.1
Casteism	4.2	2.7		9.5		3.6
People don't disclose symptoms		5.4		9.5		2.9
Record book/stationary inadequate	2.1	2.7		4.8		2.1
No separate labour room	22.9		11.8	4.8	11.8	11.4
No opinion	6.3		5.9	4.8	5.9	4.3
Problem faced in providing RCH services						
No problem	18.8	59.5	58.8	28.6	47.1	39.3
Inadequate RCH staff	4.2	2.7	17.6	4.8		5.0
Inadequate & Improper medicine	12.5	24.3	29.4	14.3		16.4
Inadequate Instrument	29.2	18.9	23.5	23.8	17.6	23.6
Old customs/superstitions	8.3				23.5	5.7
Training on counselling techniques	4.2					1.4
Training on immunization	4.1	2.7	5.9	4.8		2.9
Training (Dai)	22.9	2.7		4.8	11.8	10.7
Training on IUD insertion	8.3			4.8		3.6
Further Training needs						
Training required	52.1	40.5	47.1	8.1	58.8	53.6
Training not required	33.3	54.1	47.1	9.5	85.3	37.1
Training safe motherhood	4.2			4.8		2.1
Support, other than the training need, required						
No support required	16.7	13.5	41.2	14.3	35.3	32.1
Separate word for RCH	4.2	56.8			5.9	5.7
Salary/Job required	6.3	13.5		4.8		2.9
No opinion	50.0	5.4	5.9	42.9	35.3	30.0
Proper medicine required	8.3	2.7		9.5		5.0
Staff required	27.1	97.3	41.2	23.8	23.5	25.0
Separate room for staff	2.1	16.2	5.9		5.9	3.6
Equipment/instrument required	2.1	5.4	5.9	9.5		6.4
Whom do they think provide the support (including training)						
Civil surgeon/CMO/DTO	14.6	2.7	11.8	9.5	23.5	11.4
Co-operation from people	4.2	2.7			5.9	2.9
NA	10.4	29.7	23.5	4.8		15.0
Panchayat	20.8	2.7	5.9	9.5	5.9	10.7
Anganwadi	56.3			33.3	5.9	25.0
Don't know	10.4	29.7	23.5	42.9	52.9	27.1
Government	18.8	37.8	35.3	9.5	17.6	24.3
PHC officials			17.6			2.1
Suggestions for improvement in the present delivery of RCH services						
Training of staff	14.6	8.1	17.6	28.6	29.4	17.1
Presence of staff	2.1	10.8	5.9	4.8		5.0
Educate the people on RCH	43.8	10.8	5.9	28.6	35.3	27.1
Improve infrastructure at HF	25.0	21.6	11.8	28.6	11.8	21.4
Increase manpower of HF	12.5		5.9			5.0
Health camp should be organised	8.3	10.8	17.6	9.5	5.9	10.0
IEC campaigns can improve present system	12.5	8.1	17.6	10.3	5.9	11.4
No opinion	20.8	43.2	29.4	4.8	23.5	25.7
Monitoring of staff work	2.1		11.8	4.8		2.9
Curb Casteism	2.1			4.8	5.9	2.1
Timely provision of instrument/medicine	10.4	13.5	5.9	23.8		11.4

Table 4-61: Time lapse since conducted last delivery

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Last time delivery conducted						
In the past week	50.0	51.4	64.7	71.4	70.6	57.9
In the past month	14.6	24.2	17.6	19.0	17.6	18.6
In the past 6 months	27.1	8.1	17.6		5.9	16.4
In months ago or longer	8.3	8.1		9.5	5.9	7.1
N						

Table 4-62: Time when a woman should return to the health facility after the normal delivery

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Never or do not ask	4.2	2.7	17.6	4.8		5.0
During first week	62.5	43.2	23.5	61.9	41.2	50.0
During first six weeks	27.1	24.3	29.4	14.3	47.1	27.1
If she is ill or in case of problem	4.2	21.6	29.4	9.5	5.9	12.9
Others	2.1	8.1		9.5	5.9	5.0
N						

Table 4-63: Time of seeing last post partum haemorrhage

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Time of seeing last post partum haemorrhage						
Never	27.1	27.0	23.5	9.5	11.8	22.1
In the past week	22.9		11.8	9.5	23.5	13.6
In the past month	12.5	2.7	5.9	19.0	17.6	10.9
In the past 6 months	14.6	16.2	17.6	9.5	17.6	15.0
6 months ago or longer	22.9	54.1	41.2	52.4	29.4	38.6
N						

Table 4-64: Time when last seen a woman with obstructed labour

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Time when last seen a woman with obstructed labour						
Never	14.6	18.9	17.6	4.8	17.6	15.0
In the past week	8.3	8.1	5.9	14.3	11.8	9.3
In the past month	16.7	8.1	23.5	19.0	17.6	15.7
In the past 6 months	25.0	8.1	41.2	19.0	23.5	21.4
6 months ago or longer	35.4	56.8	11.8	42.9	29.4	38.6
N						

Table 4-65: Time when last encountered a woman with puerperal sepsis

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Time when last encountered a woman with puerperal sepsis						
Never	58.3	64.9	70.6	23.8	64.7	57.1
In the past week	4.2				11.8	2.9
In the past month	8.3	2.7	11.8	14.3	5.9	7.9
In the past 6 months	12.5	2.7	5.9	4.8	5.9	7.1
6 months ago or longer	16.7	29.7	11.8	57.1	11.8	25.0
N						

Table 4-66: Time when last encountered a woman with eclampsia

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Time when last encountered a woman with eclampsia						
Never	31.3	16.2	23.5	14.3	5.9	20.7
In the past week		5.4	17.6	9.5	23.5	7.9
In the past month	14.6	5.4	17.6	14.3	23.5	13.6
In the past 6 months	20.8	18.9	11.8	23.8	11.8	18.6
6 months ago or longer	33.3	54.1	29.4	38.1	35.3	39.3
N						

Table 4-67: Time when last see a woman with complications resulting from incomplete or unsafe abortions

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Time when last see a woman with complications resulting from incomplete or unsafe abortions						
Never	20.8	29.7	5.9	14.3	5.9	18.6
In the past week	18.8	5.4	29.4	14.3	11.8	15.0
In the past month	18.8	13.5	35.3	28.6	41.2	23.6
In the past 6 months	12.5	18.9	17.6	14.3	35.3	17.9
6 months ago or longer	29.2	32.4	11.8	28.6	5.5	25.0
N						

Table 4-68: Warning or danger signs during pregnancy, delivery, and after delivery prompting for referring a woman to health facility

(in percentage)

Warning signs for referral	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Previous bad obstetric history/abdominal scars/ previous stillbirth	22.9	24.3	23.5	38.1	29.4	26.4
Hyper tension/headache/swelling/fits	79.2	86.5	76.5	66.7	76.5	78.6
Anaemia/pallor/fatigue/breathlessn ess	64.6	83.8	52.9	66.7	64.7	68.6
Cessation of foetal movement/baby does not move	25.0	13.5		9.5	29.4	17.1
Abnormal lie/position of foetus	54.2	51.4	29.4	42.9	29.4	45.7
Sepsis/ foul smelling discharge/postpartum abdominal pain	6.3	16.2	11.8	4.8	23.5	11.4
Light bleeding/spotting	14.6	27.0	5.9	38.1	17.6	20.7
Haemorrhage/heavy bleeding	47.9	45.9	23.5	38.1	29.4	40.7
Multiple pregnancy/large abdomen	29.2	24.3	29.4	23.8	17.6	25.7
Obstructed/prolonged labour	25.0	21.6	5.9	14.3	29.4	20.7
Other short stature women	39.6	4.6	52.9	52.4	34.3	37.9
Over age pregnancy		5.4	11.8	4.8		3.6
Underage pregnancy		8.1				2.1
No pain	2.1					0.7
A ¾ delivery			11.8			1.4

Table 4-69: Number of patients with complications resulting from incomplete or unsafe abortion during last month, information & services given routinely about such complications and number of deaths because of such deaths

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Number of patients						
<5	97.9	100.0	100.0	85.7	88.2	95.7
5-10	2.1			9.5	5.9	2.9
11-20				4.8	5.9	1.4
Mean	0.8	0.5	0.9	2.0	1.6	1.0
Whether given routinely information and services about such complications						
Yes	100.0	89.2	94.1	100.0	94.1	95.7
No		10.8	5.9		5.9	4.3
Number of deaths due to such complications						
<2	77.1	91.9	88.2	71.4	88.2	82.9
14.6	14.6	5.4		23.8	11.8	11.4
6-10	4.2	2.7				2.1
11+	4.2		11.8	4.8		3.6
Mean	1.8	0.5	3.1	1.5	0.4	1.4
Whether incomplete abortion is a problem in the community						
Yes	100.0	83.8	88.2	95.2	94.1	92.9
No		16.2	11.8	4.8	5.9	7.1
N						

Table 4-70: Background Characteristics of Dai

(in percentage)

Background Characteristics	Tikamgarh	Dámoh	Sagar	Chhatarpur	Panna	Total
Age (in years)						
<20			3.8			0.6
20-24	1.7				4.2	1.1
25-34	13.6	11.4	26.9	3.3	13.3	16.1
35-44	20.3	13.4	34.6	40.0	29.2	29.3
45-54	32.2	28.6	23.1	40.0	20.8	29.9
55-64	20.3	20.0	7.7	13.3	12.5	16.1
65 or more	11.9	8.6	3.8	3.3		6.9
Mean	48.3	45.3	39.5	45.4	38.1	44.5
Caste						
General Caste	1.7		3.8	3.3		1.7
SC	91.5	100.0	96.2	8.0	100.0	93.1
ST	1.7			16.7		3.4
OBC	3.4					1.1
Other Religious Group	1.7					0.6
Educational Background						
<3 Years	93.2	91.4	92.3	76.7	79.2	87.9
3-6 Years	6.8	5.7	7.7	16.7	12.5	9.2
7-8 years		2.9		6.7	8.3	2.9
Number of years in the services (in yrs)						
1-3	11.9	2.9	3.8	3.3	4.2	6.3
4-6	10.2		7.7	3.3	12.5	6.9
7-9	8.5	2.9	15.4	6.7	16.7	9.2
10-14	23.7	25.7	7.7	30.0	29.2	23.6
15-19	11.9	20.0	19.2	20.0	20.8	17.2
20-29	32.2	25.7	26.9	26.7	16.7	27.0
30+	1.7	22.9	19.2	10.0		9.8
Mean	13.6	18.9	18	16.8	11.8	15.6
Area						
Within the village-one section	49.2	20.0	15.4	20.0	20.8	29.3
Within the village-entire village Neighbouring village as well	50.8	80.0	84.6	80.0	79.2	70.7
N						

Table 4-71: Time of receiving last training

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Time of receiving last training						
Never	6.9	42.9	23.1	30.0	37.5	22.5
In the past week	1.7					2.3
In the past month	15.5	2.9		10.0	12.5	4.6
In the past 6 months	15.5	5.7	3.8	3.3	12.5	4.2
In the past year	17.2	8.6	15.9	13.3	29.2	15.6
in the past 5 years	37.9	22.9	19.2	6.7	4.2	15.0
5 years or longer	5.5	11.4	34.6	16.7		23.1
Do not know		5.7	3.8	20.0	4.2	7.5
N	58	35	26	30	24	173

Table 4-72: Services Provided

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Regular Service days*						
Monday	100.0	97.1	100.0	100.0	100.0	99.4
Tuesday	100.0	97.1	100.0	100.0	100.0	99.4
Wednesday	100.0	97.1	100.0	100.0	100.0	99.4
Thursday	98.6	97.1	100.0	100.0	100.0	98.9
Friday	96.6	97.1	100.0	100.0	100.0	98.3
Whether emergency services provided						
Yes	94.9	100.0	92.3	100.0	95.8	96.6
No	5.1		7.7		4.2	3.4
N						
24 hours emergency services						
Yes	100.0	97.1	100.0	100.0	100.0	99.4
No		2.9				0.6
Number of clients per week (range)						
0	10.2	5.7	3.8			5.2
1-5	44.1	77.1	88.5	73.3	66.7	65.5
6-12	16.9			20.0	25.0	12.6
13-19	8.5	8.6	7.7		4.2	10.3
20+	20.3	8.6		6.7	4.2	10.3
Mean	9.8	5.6	2.8	4.9	5.3	6.4
No. of Clients per Week (Oct. - Feb)						
0	55.9	20.0	7.7			24.1
1-5	18.6	65.7	88.5	70.0	66.7	54.0
6-12	22.0	2.9		20.0	25.0	14.9
13-19	3.4	2.9	3.8	3.3	4.2	3.4
20+		8.6		6.7	4.2	3.4
Mean	3.4	4.0	2.2	6.0	6.3	4.2
Percent of Clients per week						
Women						
0	8.5	5.7	15.4	23.3	20.8	13.7
16+	91.5	94.3	84.6	76.7	79.2	86.8
Mean	84.7	90.8	73.8	75.3	78.4	81.8
Children						
0	71.2	60.0	15.4	30.0	20.8	46.6
1-5	1.7	22.9	46.2	66.7	79.2	34.5
6-10	11.9	14.3	7.7	3.3		8.6
11-15			3.8			0.6
16+	15.3	2.9	26.9			9.8
Mean	5.0	3.0	10.7	1.0	0.8	4.2
Men						
0	100.0	97.1	96.2	96.7	100.0	98.3
1-5		2.9	3.8			1.1
6-10				3.3		0.6
Mean	0.0	0.1	0.2	0.3	0.0	0.1
Percent of clients per week by type of services						
Health education						
0	64.4	97.1	100.0	70.0	70.8	78.7
1-5	15.3	2.9		16.7	25.0	12.1
6-10	18.6			13.3	4.2	9.2
11+	1.7					0.6
Mean	2.2	0.1	0.0	1.4	1.2	1.2
Antenatal						
0	22.0	97.1	92.3	63.3	58.3	59.8
1-5	78.0	2.9		36.7	41.7	39.1
6-10			3.8			0.6
11+			3.8			0.6
Mean	2.5	0.0	1.1	0.8	1.1	1.3

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Delivery						
0	1.7	5.7	7.7		4.2	3.4
1-5	96.6	88.6	92.3	100.0	91.7	94.3
6-10	1.7	2.9			4.2	1.7
11+		2.9				0.6
Mean	2.6	2.8	1.9	2.3	2.6	2.5
Post-Natal						
0	23.7	97.1	100.0	70.0	75.0	64.9
1-5	71.2	2.9		30.0	25.0	33.3
6-10	5.1					1.7
11+						
Mean	2.3	0.1	0.0	0.5	0.5	0.1
Family Planning						
0	61.0	97.1	96.2	100.0	95.8	85.1
1-5	23.7	2.9				8.6
6-10	11.9		3.8		4.2	5.2
11+	3.4					1.1
Mean	1.7	0.1	0.3	0.0	0.4	0.7
Education on Nutrition						
0	81.4	94.3	100.0	73.3	70.8	83.9
1-5	16.9	2.9		20.0	29.2	13.8
6-10	1.7	2.9		6.7		2.3
Mean	0.7	0.3	0.0	1.1	1.1	0.6
Child Diarrhea						
0	62.7	100.0	100.0	100.0	100.0	87.4
6-10	33.9					11.5
11+	3.4					1.1
Mean	1.1	0.0	0.0	0.0	0.0	0.4
Child Fever						
0	76.3	100.0	100.0	100.0	100.0	92.0
1-5	23.7					8.0
Mean	0.5	0.0	0.0	0.0	0.0	0.2
Child ARI						
0	98.3	100.0	100.0	100.0	100.0	99.4
1-5	1.7					0.6
Malaria						
0	96.6	100.0	100.0	100.0	100.0	98.9
1-5	3.4					1.1
Mean	0.1	0.0	0.0	0.0	0.0	0.0

Table 4-73: Coordination with any health provider, medication provided during diarrhoea and cough

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Whether coordinate with any other health provider						
Yes	82.3	85.5	83.0	72.7	64.6	79.2
No	17.7	14.5	17.0	27.3	35.4	20.8
N						
Type of coordinator						
ANM	60.2	69.0	66.7	65.0	71.0	65.3
LHV	5.4	21.1	25.6	7.5	9.7	13.1
AWW	40.9	16.9	15.1	35.0	32.3	27.7
Others	35.6	45.0	36.0	60.0	54.9	45.9

Table 4-74: Medication prescribed

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Medication prescribed during diarrhoea						
ORS	75.2	54.2	36.2	38.2	47.9	55.2
Antibiotics	12.4	4.8	4.3	9.1	18.8	9.8
Medication prescribed during cough						
Antibiotics	42.5	16.9	18.5	23.6	31.3	27.2
Vitamins	2.7			1.8		1.2
None	43.4	43.4	70.2	58.2	50.0	50.3
N	113	83	47	55	48	346

Table 4-75: Support

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Whether getting support from any other agencies communities						
Yes	51.3	19.3	19.1	36.4	47.9	36.4
No	48.7	80.7	80.9	63.6	52.1	63.6
N	113	83	47	55	48	346
Type of organizations providing support						
Panchayat	32.8	100.0	88.9	30.0	6.9	50.0
NGO	6.9					4.8
Community group	10.6		11.1	5.0		6.3
Other	50.0			55.0	29.1	38.9
Type of support provided						
Fund (in cash/in kind)	1.7			5.0	8.7	3.2
Labour	72.4	100.0	100.0	80.0	65.2	70.8
Others	25.9			15.0	26.1	19.0
N	58	16	9	20	23	126

Table 4-76: Opinions and suggestions in relation to RCH

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Problems faced in providing RCH services						
1 No Problem	38.9	62.7	74.5	50.9	62.5	64.6
2 Inadequate & Impr. Medicine	5.3	18.1	10.6	12.7	10.4	11.0
3 Inadequate Instrument	31.9	18.1	19.1	16.4	16.7	22.3
4 Literacy among people	24.8	6.0		16.4	14.6	14.2
5. Others	30.2	13.2	14.9	27.3	27.2	23.1
Training needs, if any						
1 Training required	32.7	36.1	36.2	74.5	68.8	45.7
2 Training not required	50.4	61.4	61.7	20.0	29.2	46.8
3 Training on immunisation	5.3	1.2	2.1	1.8		2.6
4 Training (DAJ)	9.7	1.2		3.6	4.2	4.6
5 Others	15.0			3.6		5.5
Support, other than the training need, required						
1 No support required	30.1	43.4	36.2	55.0	14.6	28.0
2 Salary/job required	15.0	22.9	40.4	50.9	41.7	29.8
3 No opinion	39.8	6.0	2.1	21.8	31.3	2.5
4 Others	22.2	33.6	25.5	38.1	43.8	30.9
Whom do they think provide the support (including training)						
1 DK	26.5	27.7	27.7	21.8	27.1	26.3
2 Government	23.0	48.2	53.2	47.3	39.6	39.3
3 Anganwadi	31.9			20.0	27.1	17.3
4 Others	35.4	33.7	34.0	27.2	20.9	34.3
Suggestions for improvement in the present delivery of RCH services						
1 Educate the people among RCH	23.0	8.4	2.1	14.5	16.7	14.5
2 Improve Infrastructure	31.9	12.0	8.5	16.4	10.4	18.5
3 No opinion	37.2	61.4	68.1	45.3	50.0	50.3
4 Others	39.9	37.2	34.0	43.6	35.5	38.4
N						

Table 4-77: Time of conducting last delivery

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Last time delivery conducted						
Never	1.7					0.6
In the past week	37.3	31.4	42.3	63.3	45.8	42.5
In the past month	44.1	37.1	34.6	33.3	45.8	39.7
In the past 6 months	13.6	31.4	11.5	3.3	8.3	14.4
In the past year	3.4		11.5			2.2
N						

Table 4-78: Time of referring woman after a normal, non-complicated birth and advice given after the birth

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Time of referring after the normal delivery						
Never or do not refer patients	8.6	17.1	30.8	3.3	20.8	14.5
Immediately	12.1		7.7	3.3		5.8
During last week	24.1	31.4	15.4	6.7	41.7	23.7
During first six weeks	17.2	17.1	15.4	10.0		13.3
If she is ill or in case of problem	37.9	31.4	30.8	76.7	33.3	41.6
Others		2.9			4.2	1.2
N	58	35	26	30	24	173
Advice & information to mothers after birth						
Child spacing or family planning	25.9	37.1	30.8	36.7	33.3	31.8
Early breast-feeding	75.9	71.4	65.4	66.7	54.2	68.8
Information on postpartum complications	10.3	5.7	7.7	10.0	50.0	7.5
Cord Care	46.6	20.0	15.4	53.3	31.5	38.5
Nutrition for mother	72.4	22.9	46.2	70.0	20.8	53.2
Immunisation	50.0	31.4	26.9	43.3	37.5	37.6
Personal hygiene	29.9	37.1	23.1	3.3		25.4
Others		2.9	7.7	6.7		2.9
N	58	35	26	30	24	173

Table 4-79: Warning or danger signs during pregnancy, delivery, and after delivery prompting Dai for referring a woman to health facility

(in percentage)

Warning signs for referring	Tikamgarh	Damoh	Sagar	Chhatapur	Panna	Combined
Pervious bad obstetric history/abdominal scars/ previous stillbirth	15.5	22.9	7.7	36.7	41.7	23.1
Hyper tension/headache/swelling/fits	52.5	37.1	34.6	70.0	50.0	50.3
Anaemia/pallor/fatigue/breathlessness	46.6	31.4	23.1	70.0	62.5	46.2
Cessation of foetal movement/baby does not move	22.4	14.3	38.5	26.7	25.0	24.3
Abnormal lie/position of foetus	25.9	20.0	50.0	16.7	33.3	27.7
Sepsis/ foul smelling discharge/postpartum abdominal pain	22.4	8.6	3.8	16.7	16.7	15.0
Light bleeding/spotting	13.8	8.6	11.5	16.7	20.8	3.9
Haemorrhage/heavy bleeding	29.3	28.6	23.1	46.7	54.2	34.7
Multiple pregnancy/large abdomen	32.8	5.7	15.4	26.7	34.5	24.3
Obstructed/prolonged labour	56.9	42.9	26.9	46.7	37.5	45.1
Other	5.2	11.5	26.8	40.0	12.5	16.8
N	58	35	26	30	24	173

Table 4-80: Materials used to cut the cord and Treatment given after cutting the cord

(In percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Materials used for cutting cord						
Appropriate sterile instrument	98.3	74.3	73.1	100.0	100.0	90.2
Appropriate not sterile instrument	1.7	22.9	26.9			9.2
Other-specify		2.9				0.6
Treatment given after cutting cord						
Nothing	9.8	77.1	92.3	100.0	100.0	92.5
Ash						2.9
N	58	35	26	30	24	173

Table 4-81: Time of seeing last complicated case resulting from an incomplete or unsafe abortion

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatapur	Panna	Combined
Time of seeing last complicated case resulting from an incomplete or unsafe abortion						
Never	37.9	28.6	15.4	26.7	45.8	31.8
In the past week	6.9		11.5	10.0	29.2	9.8
In the past month	34.0	5.7	11.5	10.0		5.8
In the past 6 months	8.6	5.7	19.2	16.7	4.2	10.4
In the past year	19.0	37.1	19.2		4.2	17.3
in the past 5 years	12.1	5.7	15.4	26.7	4.5	13.9
5 years or longer	6.9	8.6	7.7	6.7	4.2	6.9
Do not know	5.2	8.6		3.3		4.0
N	58	35	26	30	24	173

Table 4-82: Time when last delivered placenta

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Time when last delivered placenta						
Never	24.1	25.7	34.6	46.7	83.3	38.2
In the past week	24.1	5.7	3.8	3.3	4.2	11.0
In the past month	20.7	11.4	19.2	16.7	4.2	15.6
In the past 6 months	17.2	22.9	43.1	6.7		15.0
In the past year	13.8	34.3	19.2	26.7	8.3	20.2
N	58	35	26	30	24	173

Table 4-83: Time when last discussed their work with nurse or midwife

(in percentage)

Details	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Time when last discussed their work with nurse or midwife						
Never		2.9	11.5			2.3
In the past week	43.1	42.9	42.3	50.0	66.7	47.4
In the past month	32.8	28.6	19.2	43.3	33.3	31.8
In the past 6 months	17.8	14.3	19.2	6.7		12.7
In the past year	1.7	8.6	7.7			3.5
in the past 5 years	3.4	2.9				1.7
Do not know	1.7					0.6
N	58	35	26	30	24	173

Table 4-84: Frequency of giving delivery reports to the ANM or Lady health supervisor

(in percentage)

	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Combined
Once a month	81.0	14.3	38.5	53.3	66.7	54.3
Over 2 months	1.7	17.1	15.4	3.3		6.9
Others	17.2	68.6	46.1	43.3	33.3	38.8
N	58	35	26	30	24	173