IDEAS Private Sector Study of MNCH Data Sharing

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Improving health worldwide

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IDEAS Overview

- IDEAS: **I**nformed **DE**cisions for **A**ctions in maternal & newborn health
- 5 year measurement, learning & evaluation grant
- Funded by Bill & Melinda Gates Foundation
- Delivered by London School of Hygiene & Tropical Medicine, with local partners
- Evaluation of Bill & Melinda Gates Foundation maternal and newborn health strategy across three countries.
- Working in Ethiopia, NE Nigeria and Uttar Pradesh, India

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Study overview

In support of TSU's Objective 3a

- *Sub-obj: Create robust systems for data collection, analysis, and planning to improve programme management (e.g.HMIS)*

Utility of the findings

- To jointly develop and test a strategy for data sharing on key MNCH services with the private health sector in UP.

Aim of the present study

- To explore current data management and reporting systems for MNCH data in the private sector, and barriers and facilitators to obtaining private sector data and setting up such systems

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Private sector in healthcare (UP-AHS, 2012-13)

Table 1: Institutional deliveries

% of institutional deliveries (UP)	% of deliveries in govt. institutions	% of deliveries in private institutions
56.7	39.0	17.6

Table 2: Care seeking for acute and chronic illnesses

% seeking care for acute illnesses, any source	% seeking care from govt. sources	% with chronic illnesses, getting regular treatment	% seeking regular treatment from govt. sources
97.4	5.4	58.7	15.6

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Method

Approach

- **Qualitative:** 54 in-depth interviews with stakeholders

Sampling

- **Districts:**

  Largest number of Level 3 (tertiary) facilities – Allahabad

  Largest number of Level 1 (basic primary) facilities - Hardoi

- **Constituencies:** government; professional associations; private commercial health facilities; significant NGO programmes
- **Respondent selection:** leadership and knowledge; involvement in data processes; engaged in MNCH services (esp. deliveries and newborn care)

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Process of facility/stakeholder selection (district level)

1. **DPMU**
   Overview of district processes & facilities, who's who, HMIS

2. **CMO's office (to select blocks)**
   Overview of registered private facilities,
   Reporting hubs for PCPNDT, MTP, deliveries, births and deaths
   Monthly Progress Report (MPR) consolidation

3. **Selected block PHCs & CHCs (to select block facilities)**
   Discussions with key informants to identify private facilities

4. **Local pharmacies/pathology centres/other local clinics**
   Cross verifiy information on facilities

5. **Visits to selected local health facilities**
   Interviews/scheduled appointments

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Example – Allahabad

Rural (20 blocks)

- 16 have zero reporting out of which Koraon, dhanupur, pratappur, manda have no nursing homes at all.
- Chaka – 45 deliveries/June; 10-12 kms from the city
- Holagarh – 32 deliveries; 32 kms
- Sohraon – 25 deliveries; 22 kms
- Kaurihar – 11 deliveries; 20 kms
- Jasra is zero reporting and is within 20 kms.
- Mauaima is zero reporting and 35 kms.
- Phoolpur is zero, and within 40 kms but its on the main road and has a lot of nursing homes (and the names of nursing homes are given on PHC reports).

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Facilities interviewed

Volume	Hardoi (14 facilities)		Allahabad (11 facilities)	
	Reporting	Non Reporting	Reporting	Non Reporting
High	Facilities: 2	Facilities: 2	Facilities: 2	Facilities: 3
	Beds: 18, 100	Beds 20, 100	Beds: 200, 200	Beds: 3, 20, 30
	Deliveries:100, 144	Deliveries 95, 100	Deliveries:100, 200	Deliveries:100, 40,100
Medium	Facilities: 4	Facilities: 3	None	Facilities: 4
	Beds: 20, 20, 20, 20	Beds: 5, 10, 60		Beds: 15, 15, 15, 10
	Deliveries: 15, 10, 10, 20	Deliveries: 15, 8, 25		Deliveries: 12, 10, 12, 10
Low	None	Facilities: 3	None	Facilities: 2
		Beds: 10, 20, 30		Beds: 10, 10
		Deliveries 1, 2, 2-8		Deliveries 2, 2

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Part 1: Availability of MNCH data in private facilities

Private facilities report and maintain data on ultrasounds, MTPs and deliveries

	No. of private facilities registered	Reporting on ultrasounds (PCPNDT Act)/total regstd.	Reporting on MTPs / total regstd.	Reporting on deliveries
Hardoi	34	19/19	8/8	7
Allahabad	283	217	9	??(na)

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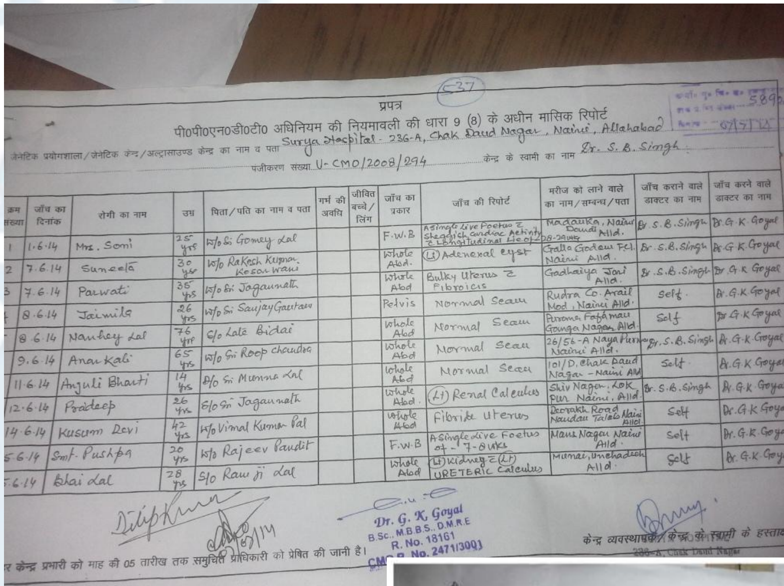
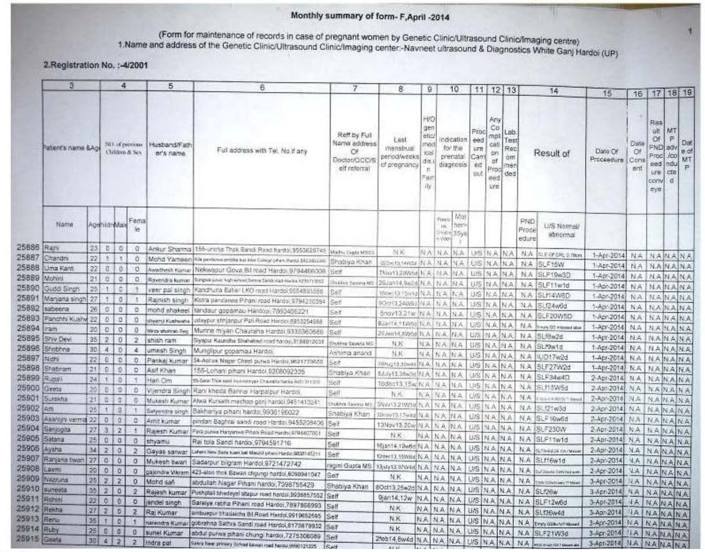
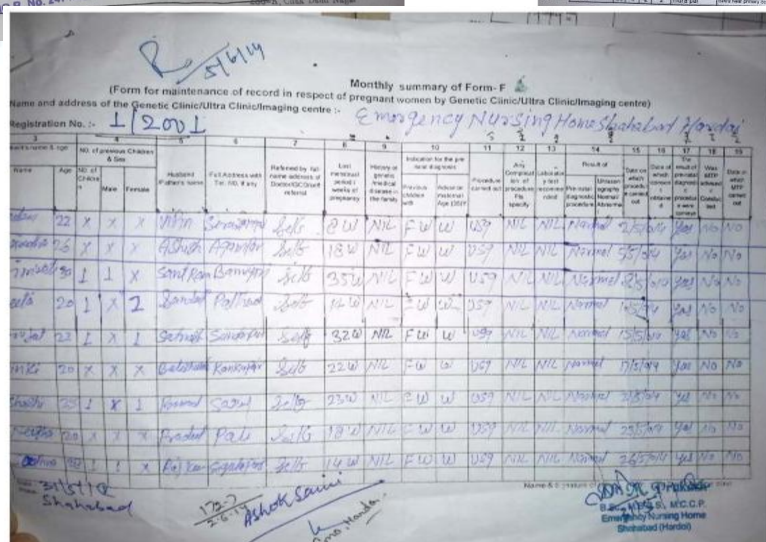
Standardised formats for ultrasound reporting


प्रपत्र
पीएनडीटी अधिनियम की नियमावली की धारा 9 (8) के अधीन मासिक रिपोर्ट


Monthly summary of form- F,April -2014
(Form for maintenance of records in case of pregnant women by Genetic Clinic/Ultrasound Clinic/Imaging centre)
1.Name and address of the Genetic Clinic/Ultrasound Clinic/Imaging center:-Navneet ultrasound & Diagnostics White Ganj Hardoi (UP)
2.Registration No. :-4/2001

Sample of a Report of Ultrasound Conducted by Private Health Facility (PCPNDT Act)


Monthly summary of Form- F
(Form for maintenance of record in respect of pregnant women by Genetic Clinic/Ultra Clinic/Imaging centre)
Name and address of the Genetic Clinic/Ultra Clinic/Imaging centre :-
Registration No. :-

Sample of a Report of Ultrasound Conducted by a Private Health Facility (PCPNDT Act)

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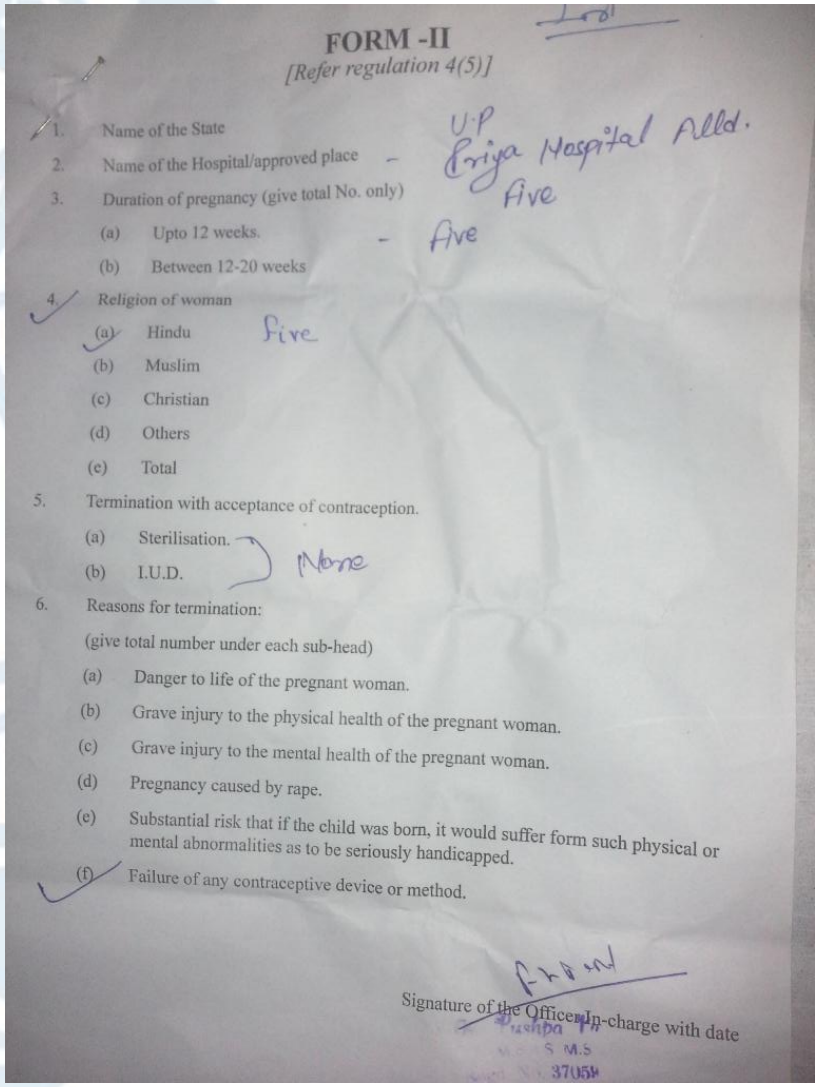
Standardised formats for MTP reporting



FORM -II

[Refer regulation 4(5)]

1. Name of the State — U.P
2. Name of the Hospital/approved place — Priya Hospital Alld.
3. Duration of pregnancy (give total No. only) — Five
   (a) Upto 12 weeks. — Five
   (b) Between 12-20 weeks
4. Religion of woman
   (a) Hindu — Five
   (b) Muslim
   (c) Christian
   (d) Others
   (e) Total
5. Termination with acceptance of contraception.
   (a) Sterilisation.
   (b) I.U.D. — None
6. Reasons for termination:

   (give total number under each sub-head)
   (a) Danger to life of the pregnant woman.
   (b) Grave injury to the physical health of the pregnant woman.
   (c) Grave injury to the mental health of the pregnant woman.
   (d) Pregnancy caused by rape.
   (e) Substantial risk that if the child was born, it would suffer form such physical or mental abnormalities as to be seriously handicapped.
   (f) Failure of any contraceptive device or method.

Signature of the Officer In-charge with date

S.M.S

37054

21-04-14 To 20-05-14

Sample of Report Submitted by a Private Health Facility

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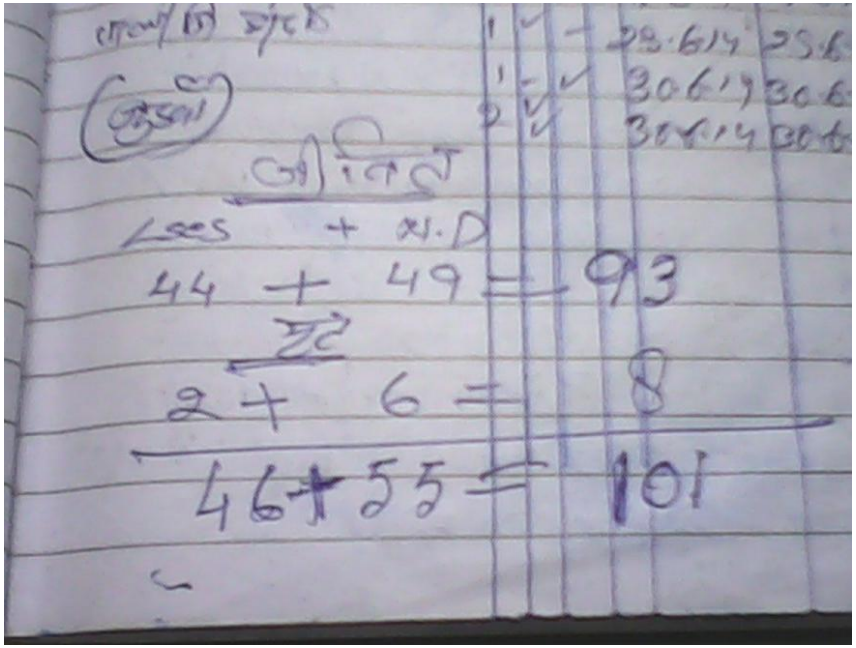
Records maintained by pvt. facilities

Types of registers

- OP/IP register; OT register; labour/ delivery register; paediatric/ immunization
- max may be 20 registers (incl. medicines & accounts)
- manual but some places computerised



Register clientele

- ANC cases, deliveries, newborns, children

Types of data (varies across facilities)

-name, age, address, date of admission & discharge

-normal / casearean delivery, order of birth

-newborn: sex, birth weight, live/dead, full term/preterm, time of birth

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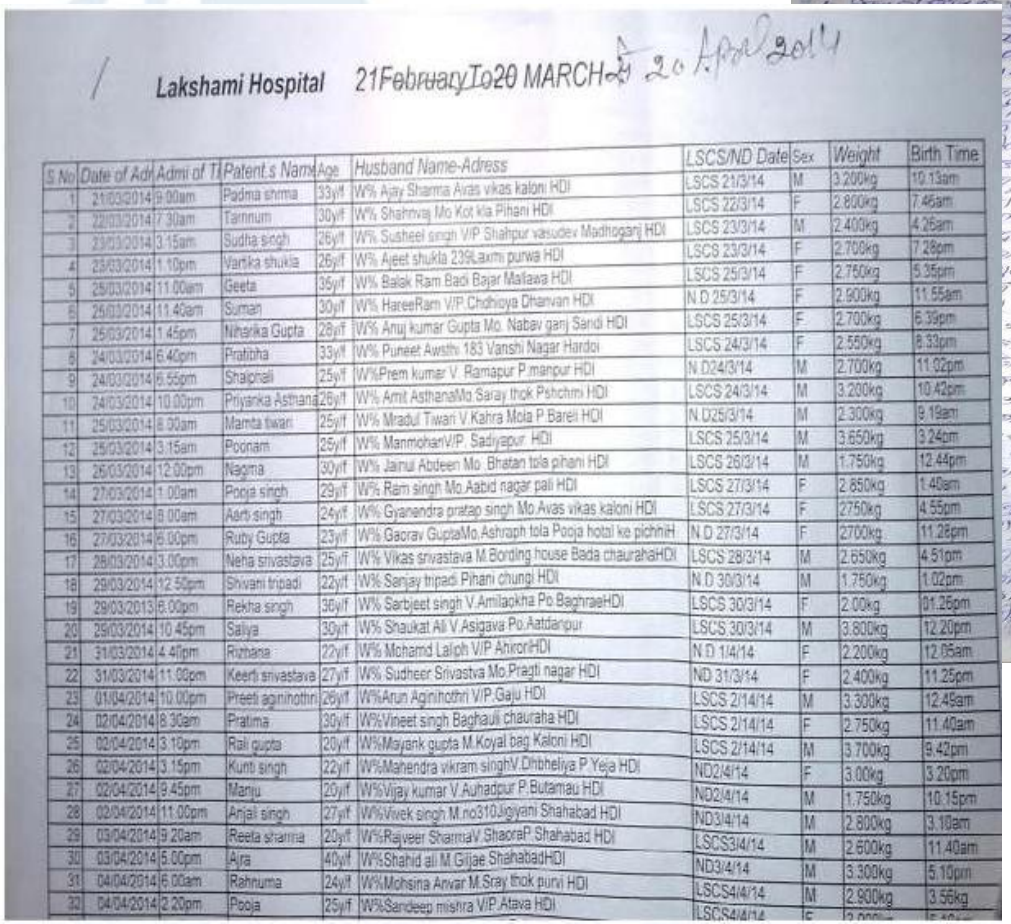
Quality issue: Formats used for reporting deliveries are not standardised



Lakshami Hospital 21FebruaryTo20 MARCH 20 April 2014

S.No	Date of Adm	Admi of TI	Patent.s Name	Age	Husband Name-Adress	LSCS/ND Date	Sex	Weight	Birth Time
1	21/03/2014	9.00am	Padma shrma	33y/f	W% Ajay Sharma Avas vikas kaloni HDI	LSCS 21/3/14	M	3.200kg	10.13am
2	22/03/2014	7.30am	Tamnum	30y/f	W% Shahnvaj Mo.Kot kla.Pihani HDI	LSCS 22/3/14	F	2.800kg	7.46am
3	23/03/2014	3.15am	Sudha singh	26y/f	W% Susheel singh V/P. Shahpur vasudev Madhoganj HDI	LSCS 23/3/14	M	2.400kg	4.26am
4	23/03/2014	1.10pm	Vartika shukla	26y/f	W% Ajeet shukla 23StLaxmi purwa HDI	LSCS 23/3/14	F	2.700kg	7.28pm
5	25/03/2014	11.00am	Geeta	35y/f	W% Balak Ram Badi Bajar Mallawa HDI	LSCS 25/3/14	F	2.750kg	5.35pm
6	25/03/2014	11.40am	Suman	30y/f	W% HareeRam V/P.Chdhoiya Dhanvan HDI	N.D 25/3/14	F	2.900kg	11.55am
7	25/03/2014	1.45pm	Niharika Gupta	28y/f	W% Anuj kumar Gupta Mo. Nabav ganj Sandi HDI	LSCS 25/3/14	F	2.700kg	6.39pm
8	24/03/2014	6.40pm	Pratibha	33y/f	W% Puneet Awsthi 183 Vanshi Nagar Hardoi	LSCS 24/3/14	F	2.550kg	8.33pm
9	24/03/2014	6.55pm	Shalphali	25y/f	W%Prem kumar V. Ramapur P.manpur HDI	N.D24/3/14	M	2.700kg	11.02pm
10	24/03/2014	10.00pm	Priyanka Asthana	26y/f	W% Amit AsthanaMo.Saray thok Pshchmi HDI	LSCS 24/3/14	M	3.200kg	10.42pm
11	25/03/2014	8.00am	Mamta tiwari	25y/f	W% Mradul Tiwari V.Kahra Mola P.Bareli HDI	N.D25/3/14	M	2.300kg	9.19am
12	25/03/2014	3.15am	Poonam	25y/f	W% ManmoharV/P. Sadiyapur HDI	LSCS 25/3/14	M	3.650kg	3.24pm
13	26/03/2014	12.00pm	Nagma	30y/f	W% Jainul Abdeen Mo. Bhatan tola pihani HDI	LSCS 26/3/14	M	1.750kg	12.44pm
14	27/03/2014	1.00am	Pooja singh	29y/f	W% Ram singh Mo.Aabid nagar pali HDI	LSCS 27/3/14	F	2.650kg	1.40am
15	27/03/2014	9.00am	Aarti singh	24y/f	W% Gyanendra pratap singh Mo.Avas vikas kaloni HDI	LSCS 27/3/14	F	2750kg	4.55pm
16	27/03/2014	6.00pm	Ruby Gupta	23y/f	W% Gaorav GuptaMo.Ashraph tola Pooja hotal ke pichhiH	N.D 27/3/14	F	2700kg	11.28pm
17	28/03/2014	3.00pm	Neha srivastava	25y/f	W% Vikas srivastava M.Bording house Bada chauraHDI	LSCS 28/3/14	M	2.650kg	4.51pm
18	29/03/2014	12.50pm	Shivani tripadi	22y/f	W% Sanjay tripadi Pihani chungi HDI	N.D 30/3/14	M	1.750kg	1.02pm
19	29/03/2013	6.00pm	Rekha singh	30y/f	W% Sarbjeet singh V.AmilaKha Po BaghraeHDI	LSCS 30/3/14	F	2.00kg	01.26pm
20	29/03/2014	10.45pm	Saliya	30y/f	W% Shaukat Ali V.Asigava Po.Aatdanpur	LSCS 30/3/14	M	3.800kg	12.20pm
21	31/03/2014	4.40pm	Rizbana	22y/f	W% Mohamd Laiph V/P AhironHDI	N.D 1/4/14	F	2.200kg	12.05am
22	31/03/2014	11.00pm	Keerti srivastava	27y/f	W% Sudheer Srivastva Mo.Pragti nagar HDI	ND 31/3/14	F	2.400kg	11.25pm
23	01/04/2014	10.00pm	Preeti agnihothri	26y/f	W%Arun Agnihothri V/P.Gaju HDI	LSCS 2/14/14	M	3.300kg	12.49am
24	02/04/2014	8.30am	Pratima	30y/f	W%Vineet singh Baghauli chauraha HDI	LSCS 2/14/14	F	2.750kg	11.40am
25	02/04/2014	3.10pm	Rati gupta	20y/f	W%Mayank gupta M.Koyal bag Kaloni HDI	LSCS 2/14/14	M	3.700kg	9.42pm
26	02/04/2014	3.15pm	Kunti singh	22y/f	W%Mahendra vikram singhV.Dhbheliya P.Yeja HDI	ND2/4/14	F	3.00kg	3.20pm
27	02/04/2014	9.45pm	Manju	20y/f	W%Vijay kumar V.Auhadpur P.Butamau HDI	ND2/4/14	M	1.750kg	10.15pm
28	02/04/2014	11.00pm	Anjali singh	27y/f	W%Vivek singh M.no310Jigiyani Shahabad HDI	ND3/4/14	M	2.800kg	3.10am
29	03/04/2014	9.20am	Reeta sharma	20y/f	W%Rajveer SharmaV.ShaoraP Shahabad HDI	LSCS3/4/14	M	2.600kg	11.40am
30	03/04/2014	5.00pm	Ajra	40y/f	W%Shahid ali M.Gijjae ShahabadHDI	ND3/4/14	M	3.300kg	5.10pm
31	04/04/2014	6.00am	Rahnuma	24y/f	W%Mohsina Anwar M.Sray thok purvi HDI	LSCS4/4/14	M	2.900kg	3.56kg
32	04/04/2014	2.20pm	Pooja	25y/f	W%Sandeep mishra V/P.Atava HDI	LSCS4/4/14	F	2.200kg	5.40am

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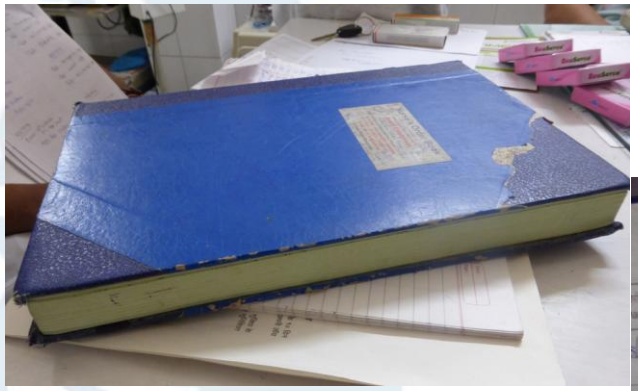
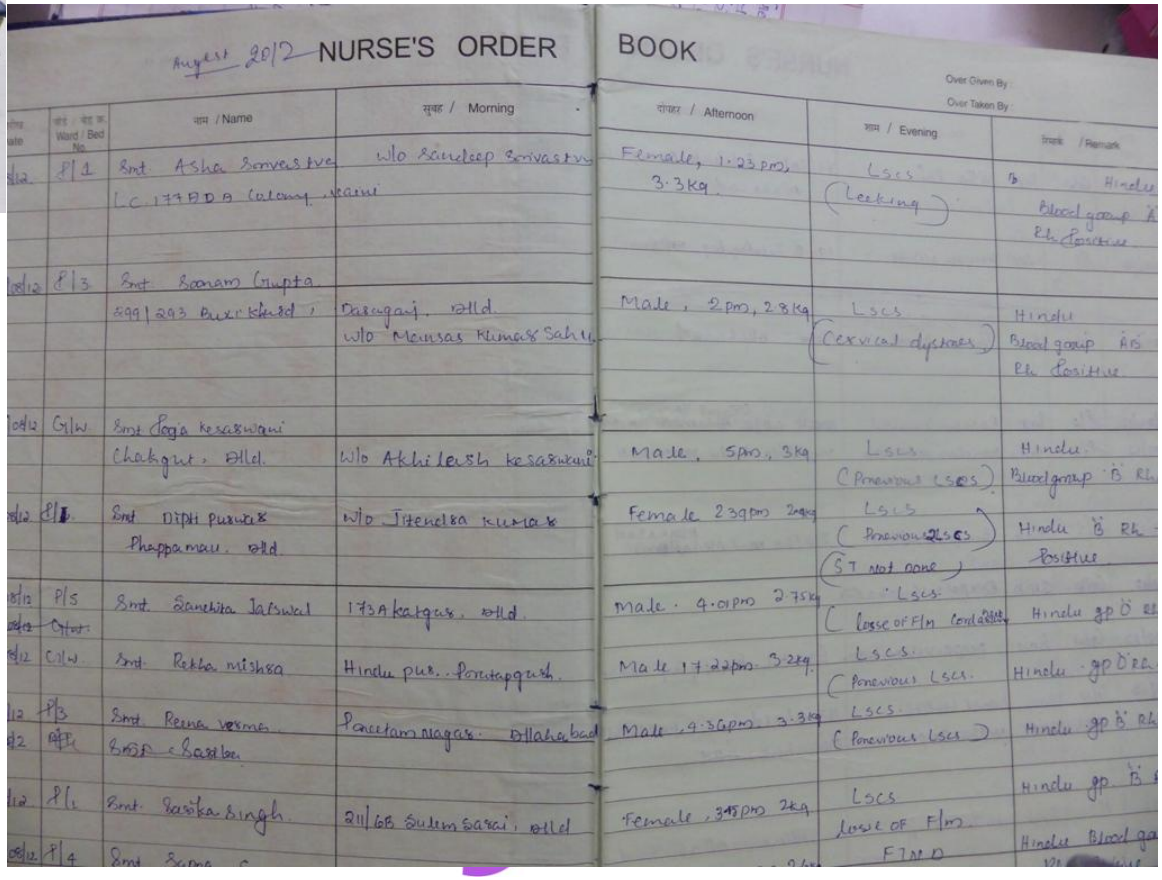
Types of records at pvt. facilities





Facility records are updated frequently

- Data updating on deliveries is very frequent, every delivery is recorded almost as soon as it happens – on the same day or within a couple of days.

- However, deaths may not be recorded even in the facility's own registers; either maternal or newborn

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Unregistered facilities & reporting

- Not registered, but well known even to the formal establishment
- But no exact estimates
- Providers informally trained / AYUSH
- Cheap and popular; high delivery loads
- Tie ups for quick and affordable referrals; and for birth certificates (with a doctor)
- NO RECORDS AT ALL

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Private sector barriers and enablers to maintaining MNCH records

BARRIERS

No formal, standardised formats

- Existing ones not developed in consultation with private sector

Varying needs and interest

- Each keeps records that are enough for their needs.
- Govt is more interested in preventive aspects and the private sector in curative aspects

Systems and effort

- Computer system not available everywhere.
- Time consuming to maintain detailed records.

Large numbers of unregistered facilities

- Out of any reporting requirements

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Private sector barriers and enablers to maintaining MNCH records

ENABLERS

The need to keep records

- Bigger hospitals keep records as a safety net against medico legal cases,
- All need some birth proof to give their patients

Basic system is in place

- Some staff time available everywhere for keeping records– multi tasking staff that also look after records.

General willingness to maintain and share records

- Even those with rudimentary records are not averse
- Unregistered also willing if asked
- Associations willing to cooperate

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Public sector barriers and enablers to maintaining MNCH records

BARRIERS

Lack of information and sustained follow up of the private sector

- Many private facilities say that they've never been asked to maintain and submit records on deliveries, especially the newer hospitals.
- No sustained or systematic efforts made by the public sector to get private facilities to maintain and submit data on deliveries.

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Public sector barriers and enablers to maintaining MNCH records

ENABLERS

Importance attached to official communication by the public sector

- The hospitals that do submit delivery records (older and more established ones) say that they received a communication and a format from the CMO's office.
- So a communication from the health department does carry weight.

Basic data is similar to the 'Births and Deaths Registration' data, so formats can be easily standardised

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FEEDBACK AND DISCUSSION

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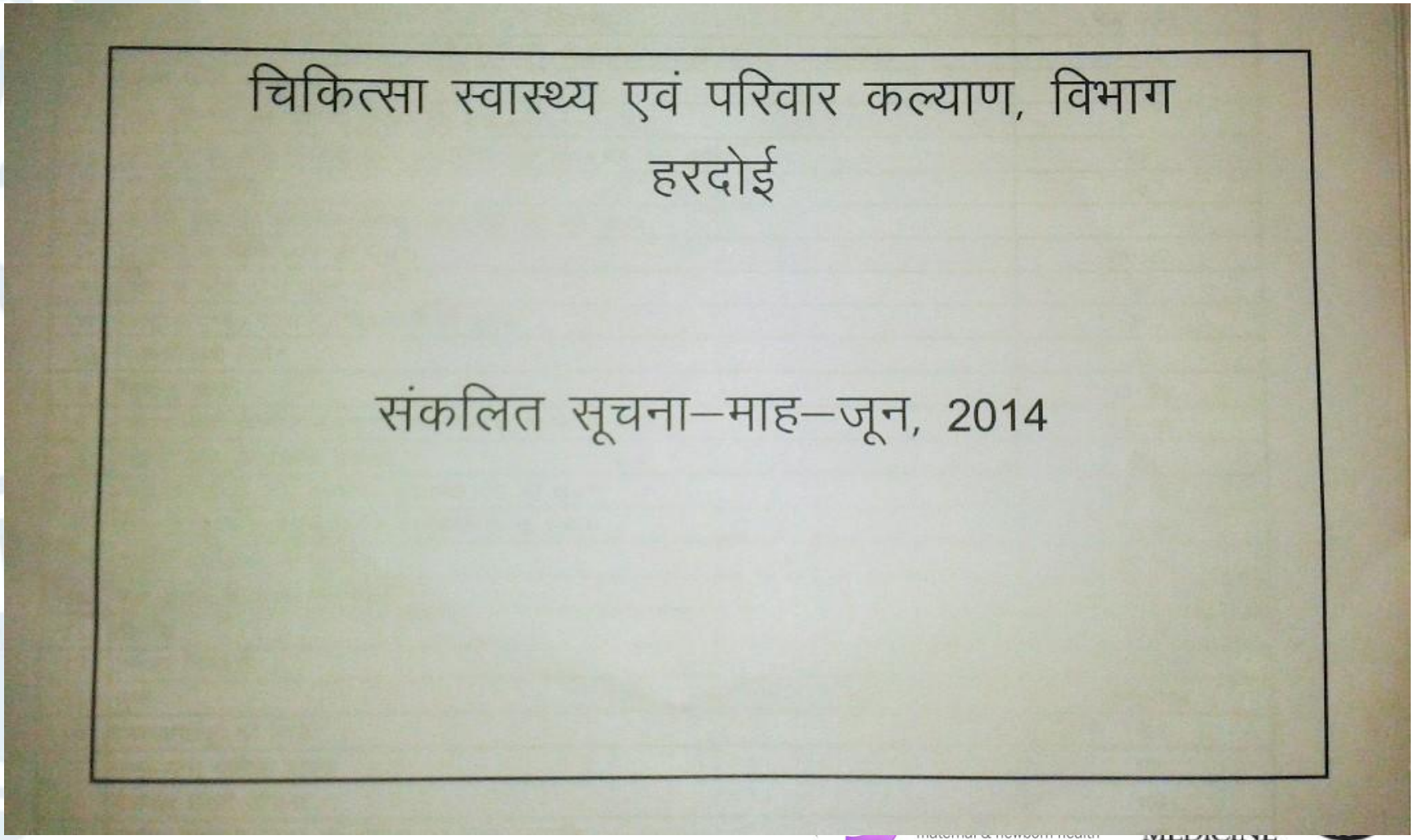
Part 2: Data collection, sharing & utilisation



Pathway of ultrasound and MTP reporting: strictly enforced

Ultrasound and MTP

↓

Private Nursing Homes, Hospitals and Ultrasound Units

↓

Nodal Officer PCPNDT Act

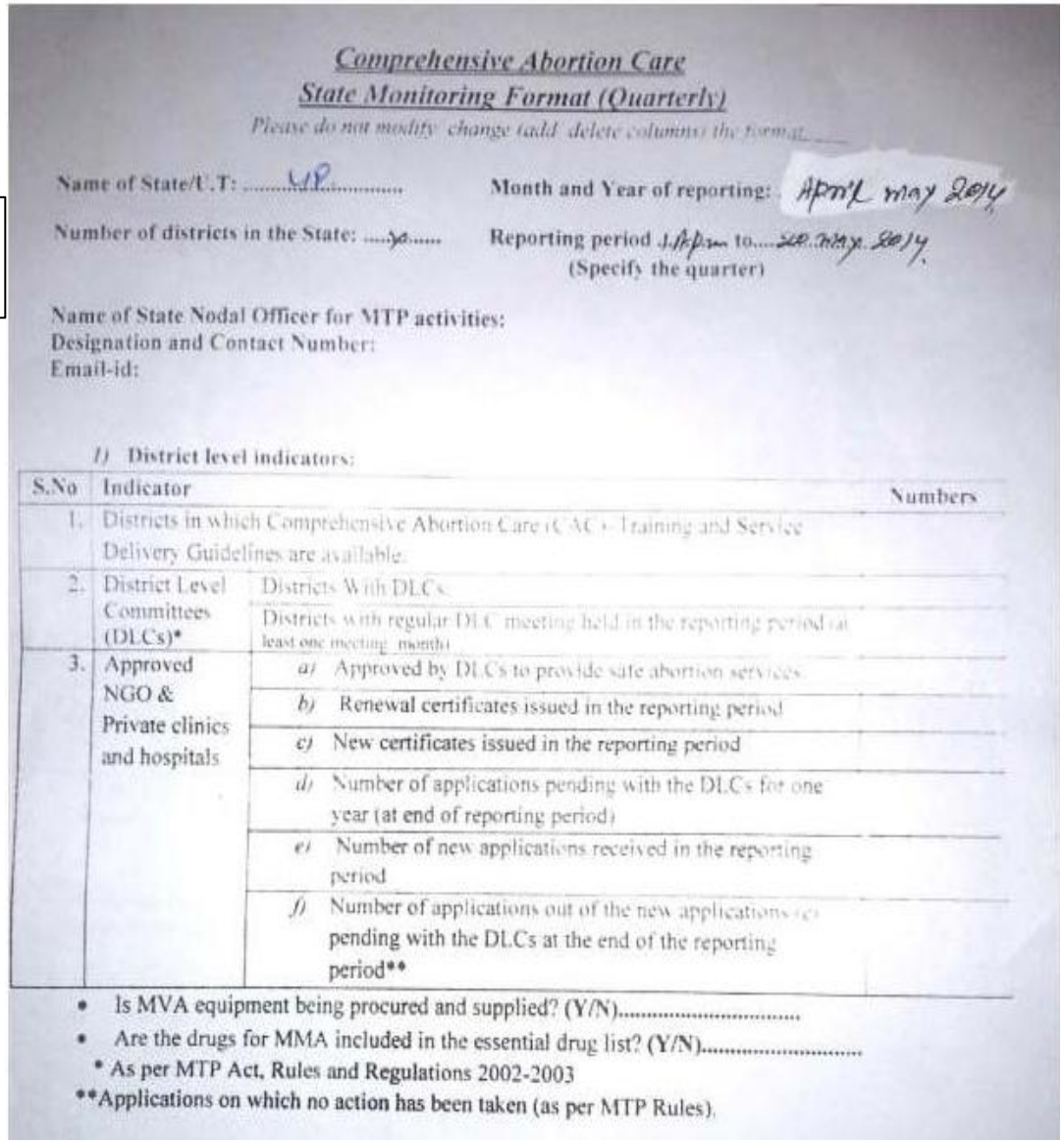
↓

Dy CMO (Admin)

↓

Director General Medical Health

State Monitoring Format used to Report on Abortions



Comprehensive Abortion Care
State Monitoring Format (Quarterly)
Please do not modify/ change (add/ delete columns) the format

Name of State/U.T: UP
Month and Year of reporting: April May 2014
Number of districts in the State: ....ya.....
Reporting period 1 April to 30 May 2014
(Specify the quarter)

Name of State Nodal Officer for MTP activities:
Designation and Contact Number:
Email-id:

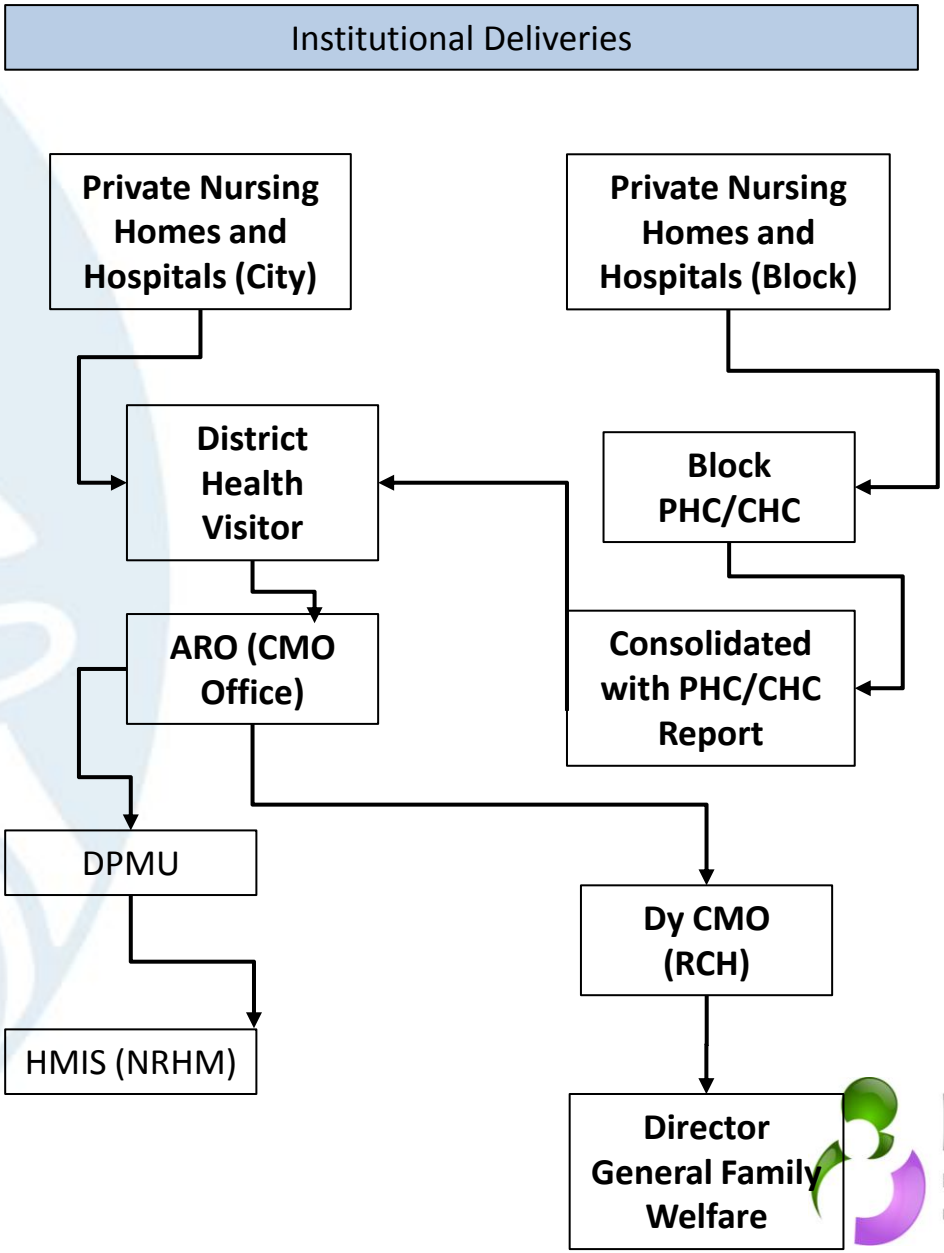
I) District level indicators:

S.No	Indicator		Numbers
1.	Districts in which Comprehensive Abortion Care (CAC) - Training and Service Delivery Guidelines are available		
2.	District Level Committees (DLCs)*	Districts With DLCs	
		Districts with regular DLC meeting held in the reporting period (at least one meeting/ month)	
3.	Approved NGO & Private clinics and hospitals	*a)* Approved by DLCs to provide safe abortion services	
		b) Renewal certificates issued in the reporting period	
		c) New certificates issued in the reporting period	
		d) Number of applications pending with the DLCs for one year (at end of reporting period)	
		e) Number of new applications received in the reporting period	
		f) Number of applications out of the new applications (e) pending with the DLCs at the end of the reporting period**	

- Is MVA equipment being procured and supplied? (Y/N).....
- Are the drugs for MMA included in the essential drug list? (Y/N).....

* As per MTP Act, Rules and Regulations 2002-2003
**Applications on which no action has been taken (as per MTP Rules).

Pathway of reporting deliveries also exists



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Private hospital deliveries reported in the MPR but not in the HMIS

	June 2014 MPR	June 2014 HMIS
Allahabad	113 (R) 571 (U)	0 (blank cells)
Hardoi	84(R) 308 (U)	0 (blank cells)

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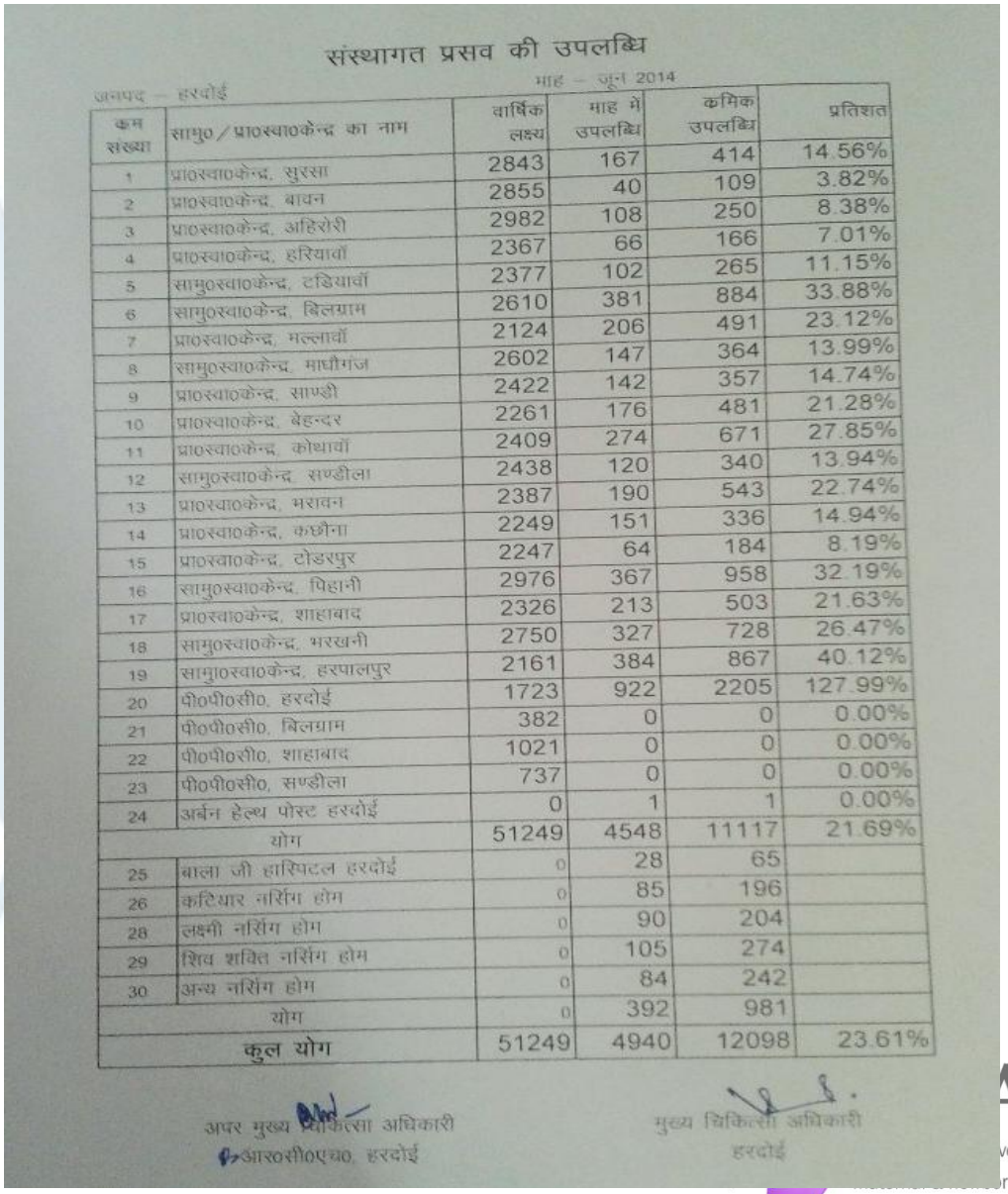
Institutional deliveries - MPR 2014



संस्थागत प्रसव की उपलब्धि

जनपद – हरदोई माह – जून 2014

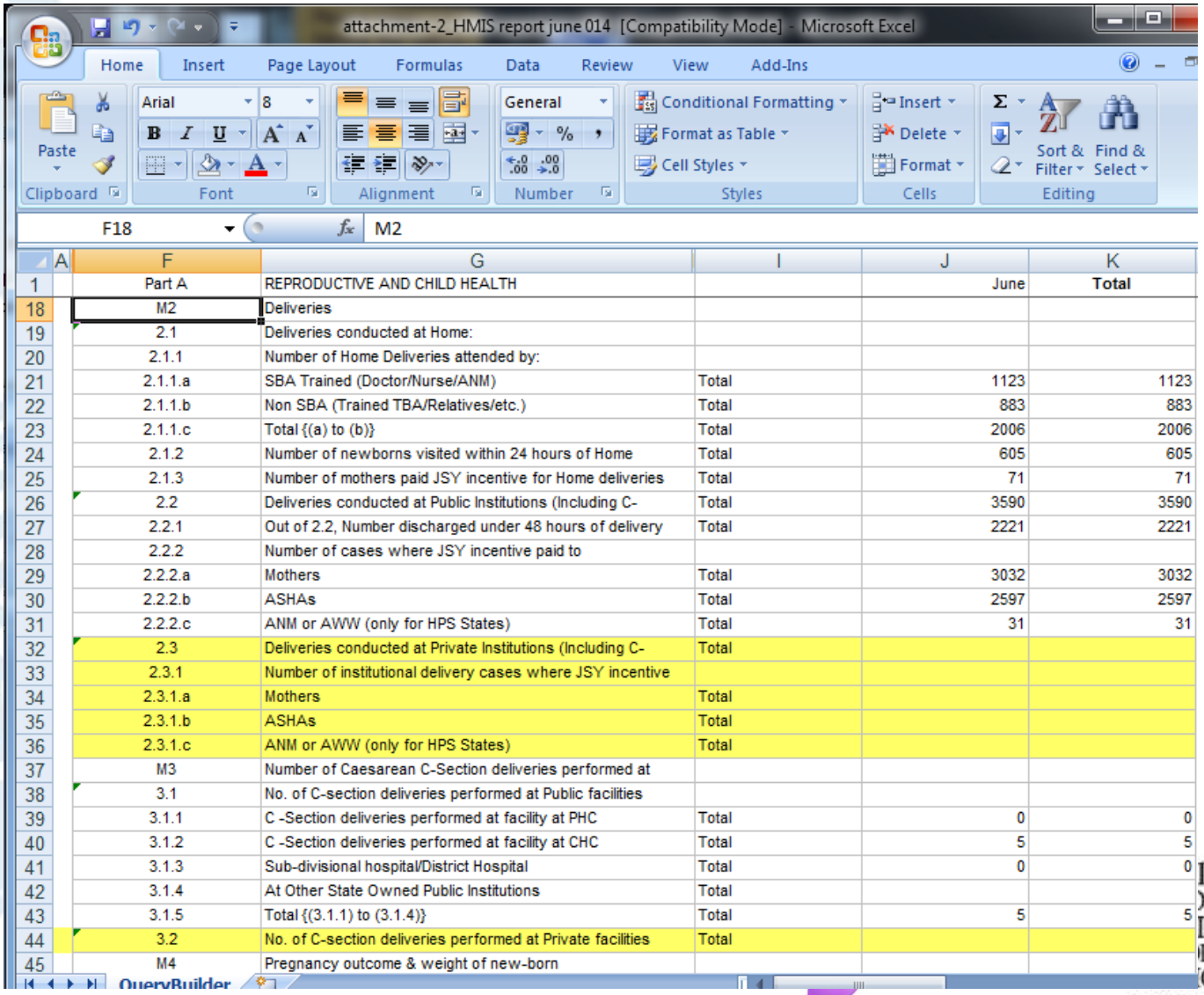
क्रम संख्या	सामु० / प्रा०स्वा०केन्द्र का नाम	वार्षिक लक्ष्य	माह में उपलब्धि	क्रमिक उपलब्धि	प्रतिशत
1	प्रा०स्वा०केन्द्र, सुरसा	2843	167	414	14.56%
2	प्रा०स्वा०केन्द्र, बावन	2855	40	109	3.82%
3	प्रा०स्वा०केन्द्र, अहिरोरी	2982	108	250	8.38%
4	प्रा०स्वा०केन्द्र, हरियावाँ	2367	66	166	7.01%
5	सामु०स्वा०केन्द्र, टडियावाँ	2377	102	265	11.15%
6	सामु०स्वा०केन्द्र, बिलग्राम	2610	381	884	33.88%
7	प्रा०स्वा०केन्द्र, मल्लावाँ	2124	206	491	23.12%
8	सामु०स्वा०केन्द्र, माधौगंज	2602	147	364	13.99%
9	प्रा०स्वा०केन्द्र, साण्डी	2422	142	357	14.74%
10	प्रा०स्वा०केन्द्र, बेहन्दर	2261	176	481	21.28%
11	प्रा०स्वा०केन्द्र, कोथावाँ	2409	274	671	27.85%
12	सामु०स्वा०केन्द्र, सण्डीला	2438	120	340	13.94%
13	प्रा०स्वा०केन्द्र, मरावन	2387	190	543	22.74%
14	प्रा०स्वा०केन्द्र, कछौना	2249	151	336	14.94%
15	प्रा०स्वा०केन्द्र, टोडरपुर	2247	64	184	8.19%
16	सामु०स्वा०केन्द्र, पिहानी	2976	367	958	32.19%
17	प्रा०स्वा०केन्द्र, शाहाबाद	2326	213	503	21.63%
18	सामु०स्वा०केन्द्र, भरखनी	2750	327	728	26.47%
19	सामु०स्वा०केन्द्र, हरपालपुर	2161	384	867	40.12%
20	पी०पी०सी०, हरदोई	1723	922	2205	127.99%
21	पी०पी०सी०, बिलग्राम	382	0	0	0.00%
22	पी०पी०सी०, शाहाबाद	1021	0	0	0.00%
23	पी०पी०सी०, सण्डीला	737	0	0	0.00%
24	अर्बन हेल्थ पोस्ट हरदोई	0	1	1	0.00%
	योग	51249	4548	11117	21.69%
25	बाला जी हास्पिटल हरदोई	0	28	65	
26	कटियार नर्सिंग होम	0	85	196	
28	लक्ष्मी नर्सिंग होम	0	90	204	
29	शिव शक्ति नर्सिंग होम	0	105	274	
30	अन्य नर्सिंग होम	0	84	242	
	योग	0	392	981	
	कुल योग	51249	4940	12098	23.61%

अपर मुख्य चिकित्सा अधिकारी
आर०सी०एच०, हरदोई

मुख्य चिकित्सा अधिकारी
हरदोई

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

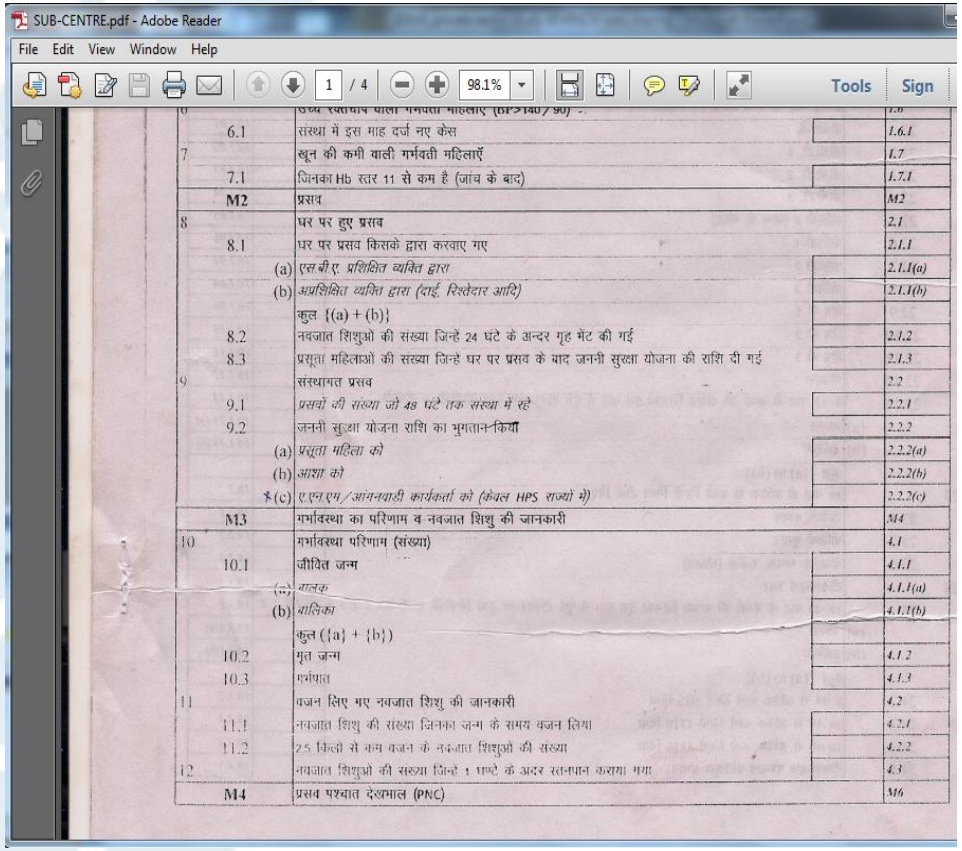
HMIS June 2014



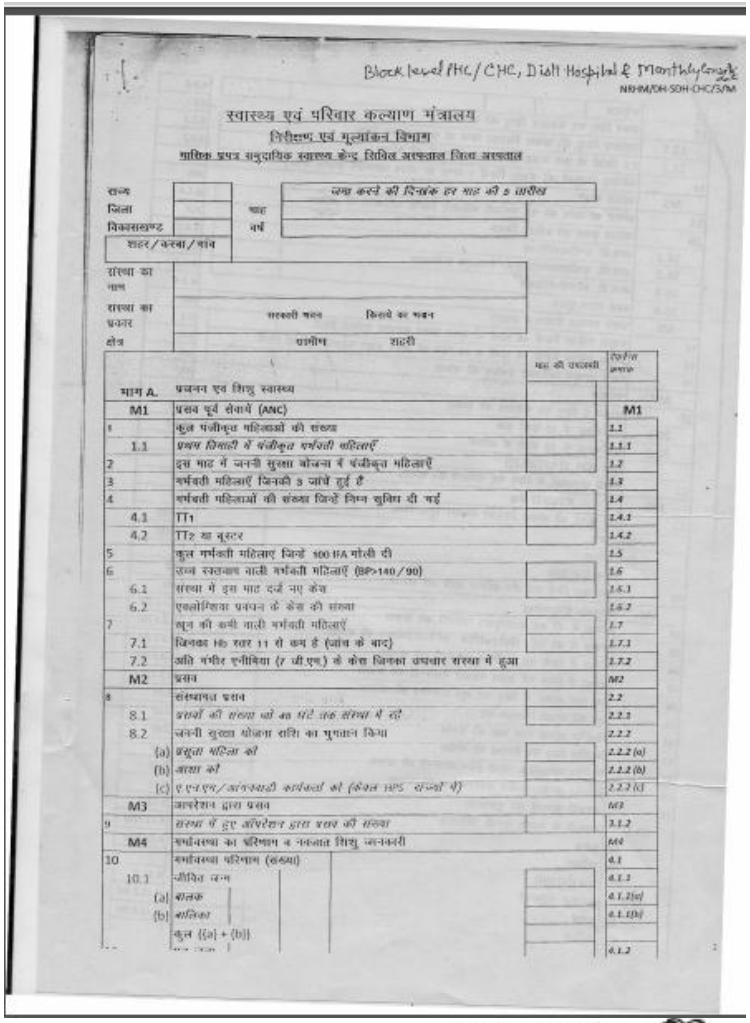
	A	F	G	I	J	K
1		Part A	REPRODUCTIVE AND CHILD HEALTH		June	Total
18		M2	Deliveries			
19		2.1	Deliveries conducted at Home:			
20		2.1.1	Number of Home Deliveries attended by:			
21		2.1.1.a	SBA Trained (Doctor/Nurse/ANM)	Total	1123	1123
22		2.1.1.b	Non SBA (Trained TBA/Relatives/etc.)	Total	883	883
23		2.1.1.c	Total {(a) to (b)}	Total	2006	2006
24		2.1.2	Number of newborns visited within 24 hours of Home	Total	605	605
25		2.1.3	Number of mothers paid JSY incentive for Home deliveries	Total	71	71
26		2.2	Deliveries conducted at Public Institutions (Including C-	Total	3590	3590
27		2.2.1	Out of 2.2, Number discharged under 48 hours of delivery	Total	2221	2221
28		2.2.2	Number of cases where JSY incentive paid to			
29		2.2.2.a	Mothers	Total	3032	3032
30		2.2.2.b	ASHAs	Total	2597	2597
31		2.2.2.c	ANM or AWW (only for HPS States)	Total	31	31
32		2.3	Deliveries conducted at Private Institutions (Including C-	Total		
33		2.3.1	Number of institutional delivery cases where JSY incentive			
34		2.3.1.a	Mothers	Total		
35		2.3.1.b	ASHAs	Total		
36		2.3.1.c	ANM or AWW (only for HPS States)	Total		
37		M3	Number of Caesarean C-Section deliveries performed at			
38		3.1	No. of C-section deliveries performed at Public facilities			
39		3.1.1	C -Section deliveries performed at facility at PHC	Total	0	0
40		3.1.2	C -Section deliveries performed at facility at CHC	Total	5	5
41		3.1.3	Sub-divisional hospital/District Hospital	Total	0	0
42		3.1.4	At Other State Owned Public Institutions	Total		
43		3.1.5	Total {(3.1.1) to (3.1.4)}	Total	5	5
44		3.2	No. of C-section deliveries performed at Private facilities	Total		
45		M4	Pregnancy outcome & weight of new-born			

QueryBuilder

HMIS: Source data does not include private sector deliveries



	6.1	संस्था में इस माह दर्ज नए केस	1.6.1
7		खून की कमी वाली गर्भवती महिलाएँ	1.7
	7.1	जिनका Hb स्तर 11 से कम है (जांच के बाद)	1.7.1
	M2	प्रसव	M2
8		घर पर हुए प्रसव	2.1
	8.1	घर पर प्रसव किसके द्वारा करवाए गए	2.1.1
	(a)	एस.बी.ए. प्रशिक्षित व्यक्ति द्वारा	2.1.1(a)
	(b)	अप्रशिक्षित व्यक्ति द्वारा (दाई, रिश्तेदार आदि)	2.1.1(b)
		कुल {(a) + (b)}	
	8.2	नवजात शिशुओं की संख्या जिन्हें 24 घंटे के अन्दर गृह भेंट की गई	2.1.2
	8.3	प्रसूता महिलाओं की संख्या जिन्हे घर पर प्रसव के बाद जननी सुरक्षा योजना की राशि दी गई	2.1.3
9		संस्थागत प्रसव	2.2
	9.1	प्रसवों की संख्या जो 48 घंटे तक संस्था में रहे	2.2.1
	9.2	जननी सुरक्षा योजना राशि का भुगतान किया	2.2.2
	(a)	प्रसूता महिला को	2.2.2(a)
	(b)	आशा को	2.2.2(b)
	(c)	ए.एन.एम./आंगनवाड़ी कार्यकर्ता को (केवल HPS राज्यों में)	2.2.2(c)
	M3	गर्भावस्था का परिणाम व नवजात शिशु की जानकारी	M4
10		गर्भावस्था परिणाम (संख्या)	4.1
	10.1	जीवित जन्म	4.1.1
	(a)	बालक	4.1.1(a)
	(b)	बालिका	4.1.1(b)
		कुल {(a) + (b)}	
	10.2	मृत जन्म	4.1.2
	10.3	गर्भपात	4.1.3
11		वजन लिए गए नवजात शिशु की जानकारी	4.2
	11.1	नवजात शिशु की संख्या जिनका जन्म के समय वजन लिया	4.2.1
	11.2	2.5 किलो से कम वजन के नवजात शिशुओं की संख्या	4.2.2
12		नवजात शिशुओं की संख्या जिन्हे 1 घण्टे के अंदर स्तनपान कराया गया	4.3
	M4	प्रसव पश्चात देखभाल (PNC)	M6



Block level PHC/CHC, Distt Hospital & Monthly Camps

NRHM/DH-SDH-CHC/S/M

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निरीक्षण एवं मूल्यांकन विभाग

मासिक प्रपत्र सामुदायिक स्वास्थ्य केन्द्र सिविल अस्पताल जिला अस्पताल

राज्य
जिला
विकासखण्ड
शहर/कस्बा/गांव

रजक करने की दिनांक हर माह की 5 तारीख
माह
वर्ष

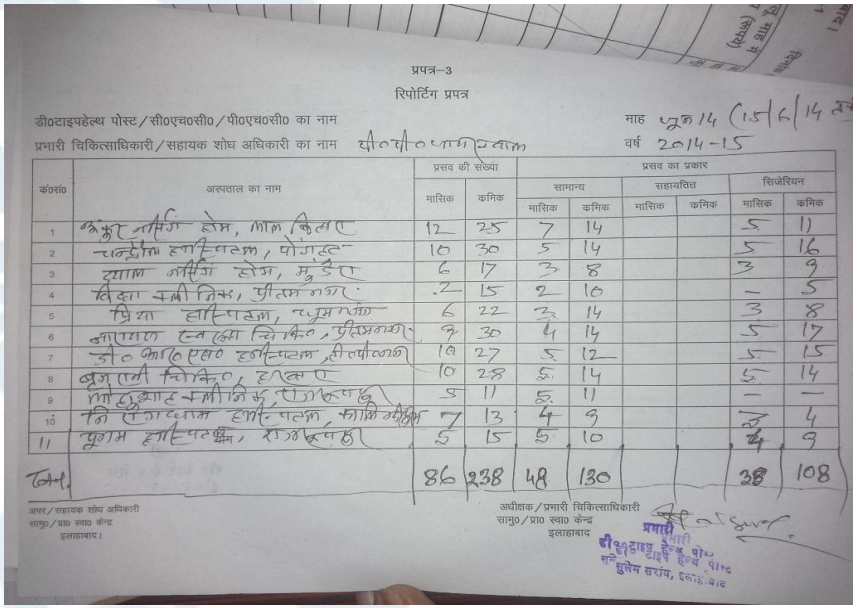
संस्था का नाम
संस्था का प्रकार — सरकारी भवन / किराये का भवन
क्षेत्र — ग्रामीण / शहरी

	भाग A.	प्रजनन एवं शिशु स्वास्थ्य	माह की उपलब्धी	लिंगित अवधि
	M1	प्रसव पूर्व सेवायें (ANC)		M1
1		कुल पंजीकृत महिलाओं की संख्या		1.1
	1.1	प्रथम तिमाही में पंजीकृत गर्भवती महिलाएँ		1.1.1
2		इस माह में जननी सुरक्षा योजना में पंजीकृत महिलाएँ		1.2
3		गर्भवती महिलाएँ जिनकी 5 जांचें हुई हैं		1.3
4		गर्भवती महिलाओं की संख्या जिन्हें निम्न सुविधा दी गई		1.4
	4.1	TT1		1.4.1
	4.2	TT2 या बूस्टर		1.4.2
5		कुल गर्भवती महिलाएं जिन्हें 100 IFA गोली दी		1.5
6		उच्च रक्तचाप वाली गर्भवती महिलाएँ (BP>140/90)		1.6
	6.1	संस्था में इस माह दर्ज नए केस		1.6.1
	6.2	एक्लेम्पिया प्रबन्धन के केस की संख्या		1.6.2
7		खून की कमी वाली गर्भवती महिलाएं		1.7
	7.1	जिनका Hb स्तर 11 से कम है (जांच के बाद)		1.7.1
	7.2	अति गंभीर एनीमिया (< 7 gm%) के केस जिनका उपचार संस्था में हुआ		1.7.2
	M2	प्रसव		M2
8		संस्थागत प्रसव		2.2
	8.1	प्रसवों की संख्या जो 48 घंटे तक संस्था में रहे		2.2.1
	8.2	जननी सुरक्षा योजना राशि का भुगतान किया		2.2.2
	(a)	प्रसूता महिला को		2.2.2 (a)
	(b)	आशा को		2.2.2 (b)
	(c)	ए.एन.एम./आंगनवाड़ी कार्यकर्ता को (केवल HPS राज्यों में)		2.2.2 (c)
	M3	आपरेशन द्वारा प्रसव		M3
9		संस्था में हुए ऑपरेशन द्वारा प्रसव की संख्या		3.1.2
	M4	गर्भावस्था का परिणाम व नवजात शिशु जानकारी		M4
10		गर्भावस्था परिणाम (संख्या)		4.1
	10.1	जीवित जन्म		4.1.1
	(a)	बालक		4.1.1(a)
	(b)	बालिका		4.1.1(b)
		कुल {(a) + (b)}		
				4.1.2

IDEAS
Evidence to improve maternal & newborn health

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

MPR: Format available but inconsistent/ incomplete data



प्रपत्र–3

रिपोर्टिंग प्रपत्र

डी०टाइपहेल्थ पोस्ट/सी०एच०सी०/पी०एच०सी० का नाम

प्रभारी चिकित्साधिकारी/सहायक शोध अधिकारी का नाम

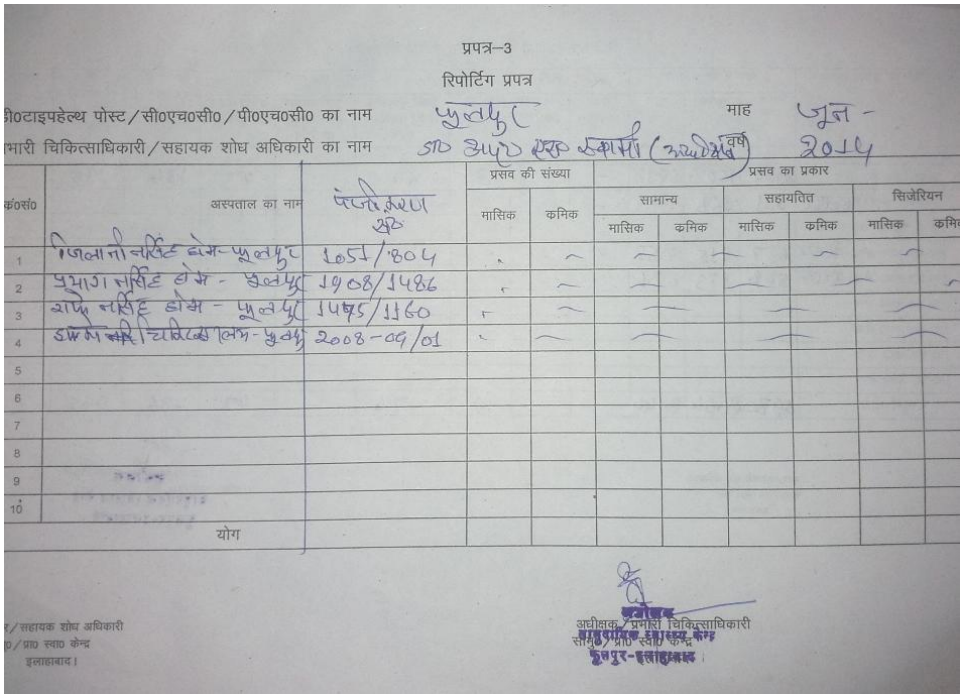
माह

वर्ष 2014-15

क्र०सं०	अस्पताल का नाम	प्रसव की संख्या		प्रसव का प्रकार					
				सामान्य		सहायतित		सिजेरियन	
		मासिक	कमिक	मासिक	कमिक	मासिक	कमिक	मासिक	कमिक
1		12	25	7	14			5	11
2		10	30	5	14			5	16
3		6	17	3	8			3	9
4		2	15	2	10			—	5
5		6	22	3	14			3	8
6		9	30	4	14			5	17
7		10	27	5	12			5	15
8		10	28	5	14			5	14
9		5	11	5	11			—	—
10		7	13	4	9			3	4
11		5	15	5	10			—	5
कुल		86	238	48	130			38	108

अपर/सहायक शोध अधिकारी
सामु०/प्रा० स्वा० केन्द्र
इलाहाबाद।

अधीक्षक/प्रभारी चिकित्साधिकारी
सामु०/प्रा० स्वा० केन्द्र
इलाहाबाद



प्रपत्र–3

रिपोर्टिंग प्रपत्र

डी०टाइपहेल्थ पोस्ट/सी०एच०सी०/पी०एच०सी० का नाम

प्रभारी चिकित्साधिकारी/सहायक शोध अधिकारी का नाम

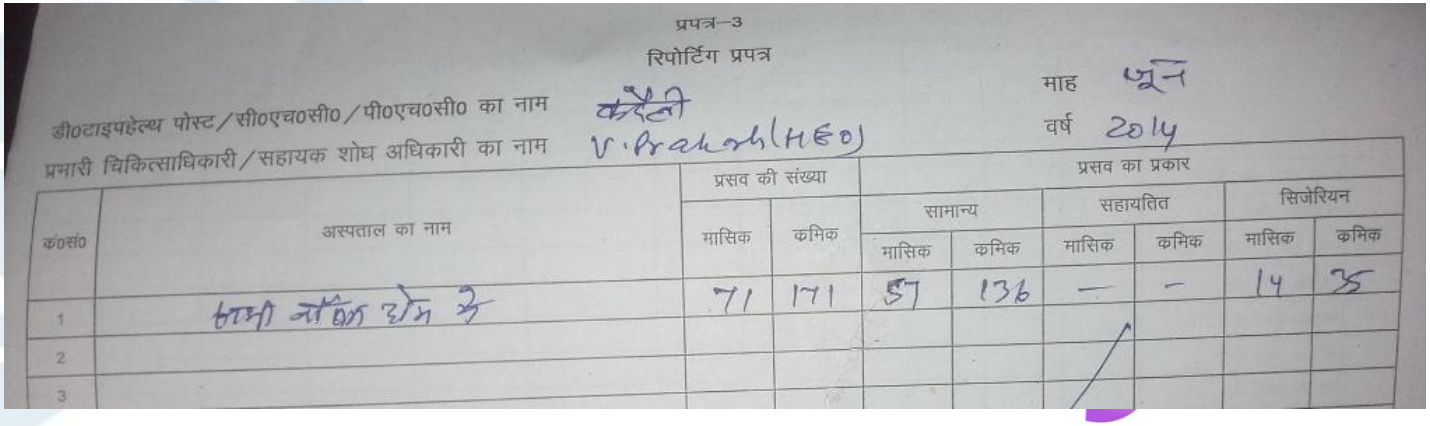
माह जून -

वर्ष 2014

क्र०सं०	अस्पताल का नाम	प्रसव की संख्या		प्रसव का प्रकार					
				सामान्य		सहायतित		सिजेरियन	
		मासिक	कमिक	मासिक	कमिक	मासिक	कमिक	मासिक	कमिक
1	जिला महिला चिकित्सालय - फूलपुर	1051/804							
2	प्रभाग महिला चिकित्सालय - इलाहाबाद	1908/1486							
3	शहरी महिला चिकित्सालय - फूलपुर	1495/1160							
4	[illegible] चिकित्सालय - फूलपुर	2008-09/01							
5									
6									
7									
8									
9									
10									
	योग								

/सहायक शोध अधिकारी
0/प्रा० स्वा० केन्द्र
इलाहाबाद।

अधीक्षक/प्रभारी चिकित्साधिकारी
सामु०/प्रा० स्वा० केन्द्र
फूलपुर-इलाहाबाद



प्रपत्र–3

रिपोर्टिंग प्रपत्र

डी०टाइपहेल्थ पोस्ट/सी०एच०सी०/पी०एच०सी० का नाम करैली

प्रभारी चिकित्साधिकारी/सहायक शोध अधिकारी का नाम V. Prakash (HEO)

माह जून

वर्ष 2014

क्र०सं०	अस्पताल का नाम	प्रसव की संख्या		प्रसव का प्रकार					
				सामान्य		सहायतित		सिजेरियन	
		मासिक	कमिक	मासिक	कमिक	मासिक	कमिक	मासिक	कमिक
1	[illegible]	71	171	57	136	—	—	14	35
2									
3									

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

MPR: main problems

- No precise estimate of facilities providing delivery services
- Delivery data is not reported by all nursing homes; only a few that have been reporting continue to report
- PHCs/CHCs follow up only with those that report regularly
- Only data on number of deliveries, and in few case on C-Sections is consolidated into the MPR
- Unclear how other data on birth weight, order of birth, gestational maturity, live/stillbirth, gender of child is used.
- Different methods of data collection by AROs/ANMs: receive reports, view facility registers, verbal reports etc.
- HMIS – only JSY deliveries included; and only rural ones so far

IDEAS
Evidence to improve maternal & newborn health

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Reporting of Birth and Death Data – RBD Act 1969

Place of occurrence	Informants*	Notifiers**
House	▪ Head of the household	▪ Midwife or any other medical or health attendant ANMs, ASHAs and *Aanganwadi* Workers ▪ Keeper or the owner of a place set apart for the disposal of dead bodies or any person required by a local authority to be present at such place
Institution Hospital, Health facility, Nursing home, etc. Jail Hotel, Dharamshala, Choultry, hostel, etc.	▪ Medical Officer-in-charge or any person authorized by the MO I / C ▪ Jailor-in-charge ▪ Person In-charge	
Public place (For any new-born or dead body found deserted)	▪ Headperson / Other corresponding Officer (in case of a Village) ▪ Officer in-charge of local police station (in other areas)	▪ Any other person whom the State Government may specify in this behalf by his / her designation, to notify every birth or death or both at which he or she attended or was present, or which occurred in such areas as may be prescribed, to the Registrar within such time and in such manner as may be prescribed
Events in Moving vehicle / Conveyance cart, Tonga, Rickshaw on land, Aircraft, Boat, Ship, Rail, etc.	▪ Person in-charge of the moving vehicle	
Plantation	▪ Suprintendent (Supervisor of labourers) / Plantation Managers	

*Designated under Section 8 & 9 of the Act to report occurrence of birth, stillbirth and death together with certain of its characteristics in the prescribed reporting form to the concerned Registrar to facilitate registration of the event.

**Designated under Sections 8 & 10 of the Act to notify to the concerned Registrar, birth, stillbirth or death event which she / he attended to or was present at or which occurred in the area under her / his jurisdiction after obtaining signature of the head of the household on the reporting form.

Reporting of births and deaths is mandatory by law.

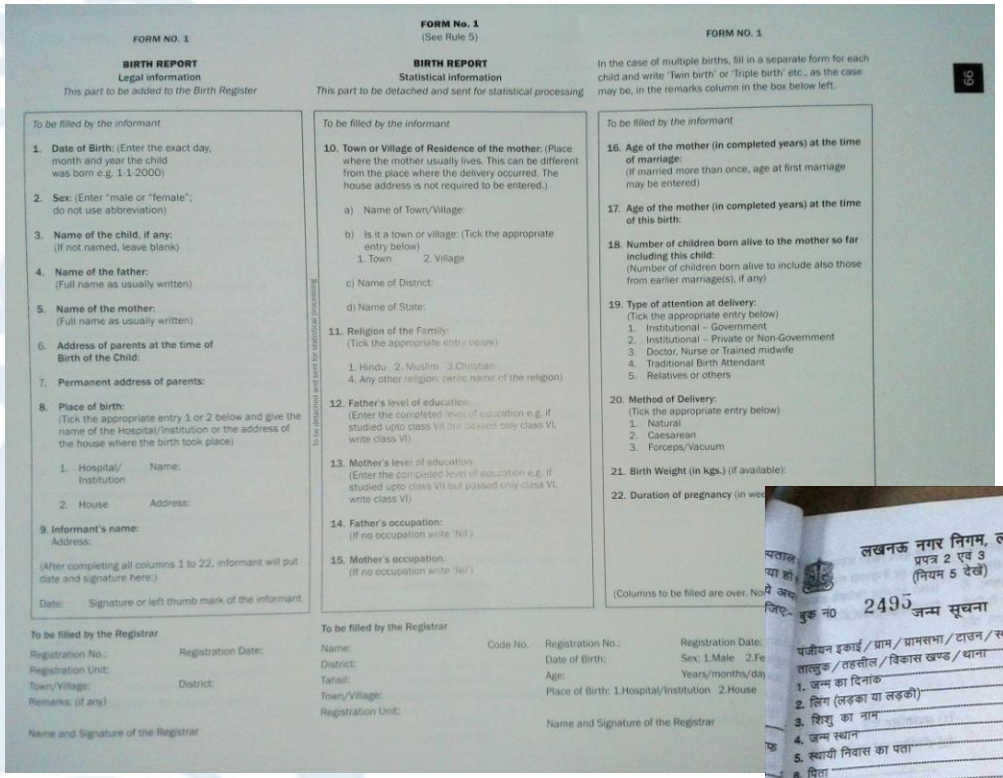
The designated authority ('informant') of a facility has to report births, stillbirths and deaths, together with some of their characteristics in the prescribed reporting form to the concerned Registrar to facilitate registration of the event.

-Section 8 & 9 of the Act

IDEAS
Evidence to improve maternal & newborn health

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Form 1 – Birth report formats and characteristics



FORM NO. 1

BIRTH REPORT
Legal information
This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth:** (Enter the exact day, month and year the child was born e.g. 1-1-2000)
2. **Sex:** (Enter "male or "female"; do not use abbreviation)
3. **Name of the child, if any:** (If not named, leave blank)
4. **Name of the father:** (Full name as usually written)
5. **Name of the mother:** (Full name as usually written)
6. **Address of parents at the time of Birth of the Child:**
7. **Permanent address of parents:**
8. **Place of birth:** (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)
   1. Hospital/ Institution — Name:
   2. House — Address:
9. **Informant's name:** Address:

(After completing all columns 1 to 22, informant will put date and signature here:)

Date: Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No.: Registration Date:
Registration Unit:
Town/Village: District:
Remarks: (if any)

Name and Signature of the Registrar

FORM No. 1
(See Rule 5)

BIRTH REPORT
Statistical information
This part to be detached and sent for statistical processing

To be filled by the informant

10. **Town or Village of Residence of the mother:** (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.)
    a) Name of Town/Village:
    b) Is it a town or village: (Tick the appropriate entry below)
    1. Town 2. Village
    c) Name of District:
    d) Name of State:
11. **Religion of the Family:** (Tick the appropriate entry below)
    1. Hindu 2. Muslim 3.Christian
    4. Any other religion: (write name of the religion)
12. **Father's level of education:** (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
13. **Mother's level of education:** (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
14. **Father's occupation:** (If no occupation write 'Nil')
15. **Mother's occupation:** (If no occupation write 'Nil')

To be filled by the Registrar

Name: Code No. Registration No.: Registration Date:
District: Date of Birth: Sex: 1.Male 2.Fe
Tansil: Age: Years/months/da
Town/Village: Place of Birth: 1.Hospital/Institution 2.House
Registration Unit:

Name and Signature of the Registrar

FORM NO. 1

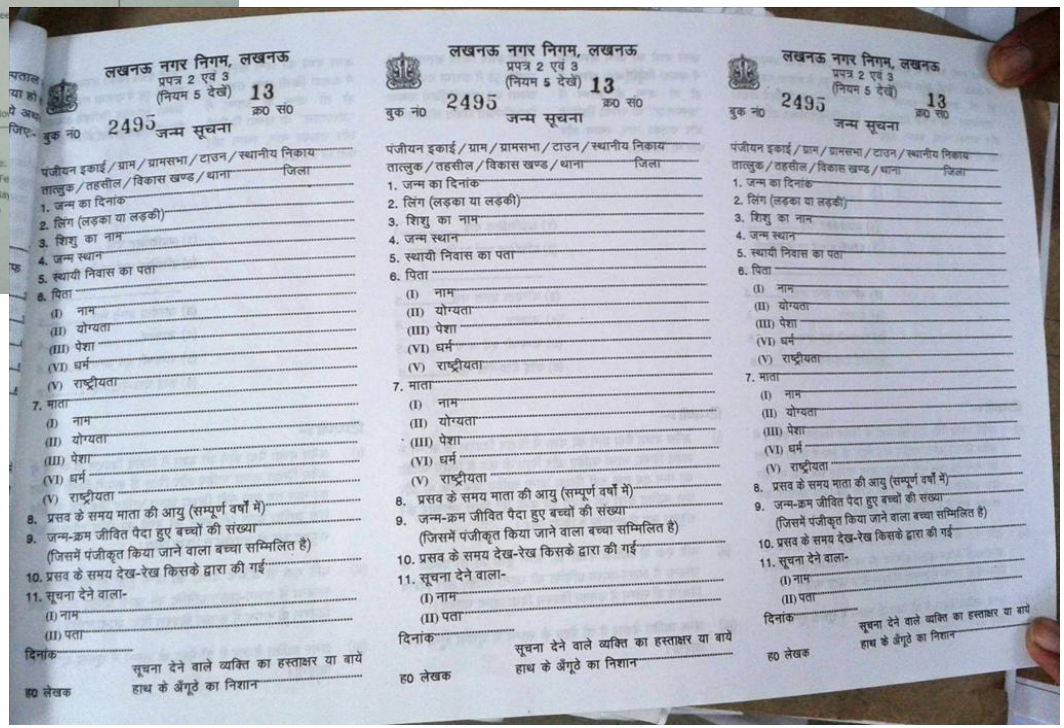
In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.

66

To be filled by the informant

16. **Age of the mother (in completed years) at the time of marriage:** (If married more than once, age at first marriage may be entered)
17. **Age of the mother (in completed years) at the time of this birth:**
18. **Number of children born alive to the mother so far including this child:** (Number of children born alive to include also those from earlier marriage(s), if any)
19. **Type of attention at delivery:** (Tick the appropriate entry below)
    1. Institutional – Government
    2. Institutional – Private or Non-Government
    3. Doctor, Nurse or Trained midwife
    4. Traditional Birth Attendant
    5. Relatives or others
20. **Method of Delivery:** (Tick the appropriate entry below)
    1. Natural
    2. Caesarean
    3. Forceps/Vacuum
21. **Birth Weight (in kgs.)** (if available):
22. **Duration of pregnancy** (in we

(Columns to be filled are over. No



लखनऊ नगर निगम, लखनऊ
प्रपत्र 2 एवं 3
(नियम 5 देखें) 13
बुक नं0 2495 क्र0 सं0
जन्म सूचना

पंजीयन इकाई / ग्राम / ग्रामसभा / टाउन / स्थानीय निकाय
तालुक / तहसील / विकास खण्ड / थाना जिला
1. जन्म का दिनांक
2. लिंग (लड़का या लड़की)
3. शिशु का नाम
4. जन्म स्थान
5. स्थायी निवास का पता
6. पिता
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   (III) पेशा
   (VI) धर्म
   (V) राष्ट्रीयता
7. माता
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   (III) पेशा
   (VI) धर्म
   (V) राष्ट्रीयता
8. प्रसव के समय माता की आयु (सम्पूर्ण वर्षों में)
9. जन्म-क्रम जीवित पैदा हुए बच्चों की संख्या (जिसमें पंजीकृत किया जाने वाला बच्चा सम्मिलित है)
10. प्रसव के समय देख-रेख किसके द्वारा की गई
11. सूचना देने वाला-
    (I) नाम
    (II) पता

दिनांक

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सूचना देने वाले व्यक्ति का हस्ताक्षर या बायें हाथ के अँगूठे का निशान

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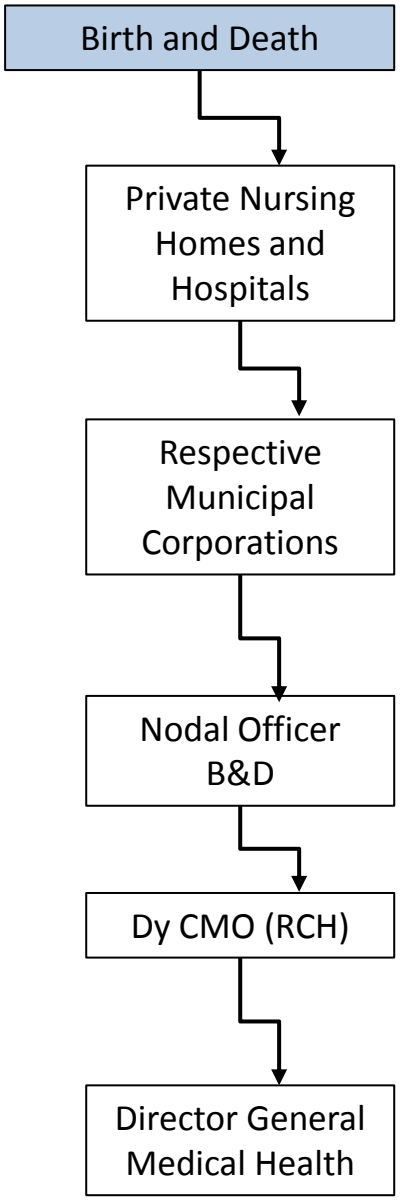
Process of reporting RBD data



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Issues in birth and death reporting under the RBD Act

- Only urban facilities required to report to Nagar Palika; rural to panchayats; rural/urban demarcation may just be a road
- Not all facilities report births and deaths to anyone; typically just give a proof of birth to the family of the newborn
- Link between Panchayats and Nagar Palika or CMO's office?
- Good data on all reported births compared with the data on institutional deliveries can provide a good overview of all births, and home births vs institutional deliveries.

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Enablers: Why do some hospitals report deliveries?

Perceived as mandatory

'This is a law – that those who do deliveries, have to send the numbers every month. We had a circular from the govt about 7-8 years ago for submitting their report and we have been submitting since then. Format was given by the govt, but copy of that format is not available now. But we use the same columns as were given in the format.'

- If accredited for JSY (e.g. Kamla Nehru Memorial Hospital)

A system has been in place

- ANM follows up on a fixed date every month

- 'Have been submitting data since the last 8 years. First we used to send birth and death data to nagar palika (municipal authority)– about births and deaths. Then they did not do it well, so responsibility was given to the CHC.'

- Its never been stopped!

Personal motivation / hospital credibility

- I live here 24 hours and work on the computer. No other entertainment, so keep doing this. My family lives in Lucknow, I go only on Wednesdays.

- ' we are a big hospital, anyone can visit anytime'.

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Other enablers – private sector

Used to recordkeeping and reporting

Used to submitting very rigorous records in a timely manner (e.g. PCPNDT & MTP)

Overall willingness

Willingness to share data if the health department asked for it.

Professional bodies like IMA and UPNHA are willing to influence their members if the associations are roped in and involved.

Birth data cannot be hidden

Although fear of income tax exists, but at the same private facilities have to give some birth proof to all their patients, so that necessarily requires reporting accurate data on deliveries.

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Enablers – public sector

Available system and mandate

A system for reporting deliveries exists which can be strengthened

A legal cover provided by the RBD Act which can be invoked.

RBD system has initiated an online registration system which is not yet well known or well utilised, but it is there.

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Reasons why most hospitals do not report

Never been asked to

Haven't been asked to submit any reports so far…can submit if required

Low volume of deliveries

We don't perform so many deliveries – just one or two

Not perceived as a hospital duty

Getting births registered is the responsibility of patients

Effort required

Need a person to go there and submit..tedious process

Perception that reports are anyway treated as garbage

They just throw away our reports anyway

No motivation

Not paid for submitting, so why submit? If paid, maybe all will submit

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Other barriers – private sector

Lack of communication or follow up by the public sector

....with those facilities that do not report.

Limited interactions with public sector

....in forums like DHS etc.

Fears..

... that govt will use this information for calculating income tax. Package multiplied by number of cases will disclose the income.

....that it will lead to additional work.

.....of unfriendliness of government staff -rough attitudes, especially when hospital staff go to submit any reports.

.... of harassment especially for reporting any deaths. They will be asked all kinds of questions with no understanding as to the contextual circumstances

...of inviting visits and having their quality standards exposed.

Lack of incentives

No monetary incentives or other incentives to report.

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Barriers to reporting – Public Sector

System in place and being used for the MPR but

-data collection processes and formats are not standardised

-not covering all the hospitals that provide MNCH services

MPR and HMIS issues

-Two parallel systems with different data entry persons

-Different provisions for private sector reporting at source

-Overburdened data entry at DPMU level (in Allahabad, the district data entry assistant is also managing accounts)

-Lack of ownership of the HMIS in the system

-Limited feedback on private sector reporting by the state offices

-Cross analysis of birth/death registration with delivery data?

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Barriers to reporting – Public Sector

Lack of a central coordination cell

- No central coordinating body in either CMO office or DPMU for private sector

No exchange of commodities

for which public sector can ask for a return utilisation certificate. E.g. vaccinations.

Conflict of interest

- Govt doctors in private practice. Some also have their own nursing homes.

Limited capacity

- Limited ability to analyse the data – and also limited computers and skills.
- Limited feedback from the state (especially for the MPR system)– for incomplete or erroneous data
- Also a concern that if the data starts coming in, how will the govt handle this data? Are they equipped to handle it?

Disinclined to use

- Public sector may sometimes not want to draw attention to adverse situations reported by the private sector. So may not be comfortable to report any data that shows their district health system in a bad light.

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Suggestions for improving reporting

Strengthen the system

- Use the provision of law by the RBD Act.
- Get orders passed, issue a letter
- A coordinating body for the private sector – could be linked with the Clinical Establishments Act authority
- Cross sharing with the Birth and Death registration data
- Govt should take responsibility; it should not be left to the choice of the pvt sector

Improve engagement and interactions

- Include pvt sector in training cum review workshops of district health officials
- More public private platforms and increased opportunities for interaction in existing platforms

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Suggestions for improving reporting

Design a user friendly system

- Develop formats in consultation with pvt bodies
- Prioritize the most critical data
- Either password protected online data entry system; or streamlined data collection systems
- The system should be simple and should not create extra burden
- Rationalize reporting frequency
- System that enables self analysis for the pvt facilities also

Capacity building

- Technical assistance for setting up the system – training etc.
- Meetings and follow ups to explain and guide

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Suggestions for improving reporting

Motivation

- Orientation to highlight the importance of data sharing
- Simple incentives – financial and non-financial (including for public sector officials too)
- Disincentives for non-submission
- Periodic facility inspections
- Engage health insurance to increase need for reporting

Address fears

- Reassurance against any potential harassment by government
- Confidentiality and risk cover
- Govt approach -less fault findings, more strengthening

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Summary

- Private sector is already reporting, even on deliveries
- Not showing up in HMIS, but it is in MPR, due to gaps in source data
- But even in MPR, it is incomplete and processes and formats not standardised
- Good data on births and newborns, but how is it/will be used?
- Private facilities do have data and are willing to share; good system has to be set up
- Legal cover is available via the Birth and Death registration Act.
- Major barriers : system lacking; communication &engagement; effort; data utilisation; effort required; fears; HMIS vs MPR; unregistered facilities
- Major enablers: RBD Act; a patchy system exists; general willingness; used to recordkeeping
- Key suggestions: system strengthening; regular engagement and interactions; designing a user friendly system; capacity building; motivation; address fears

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Thank You


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