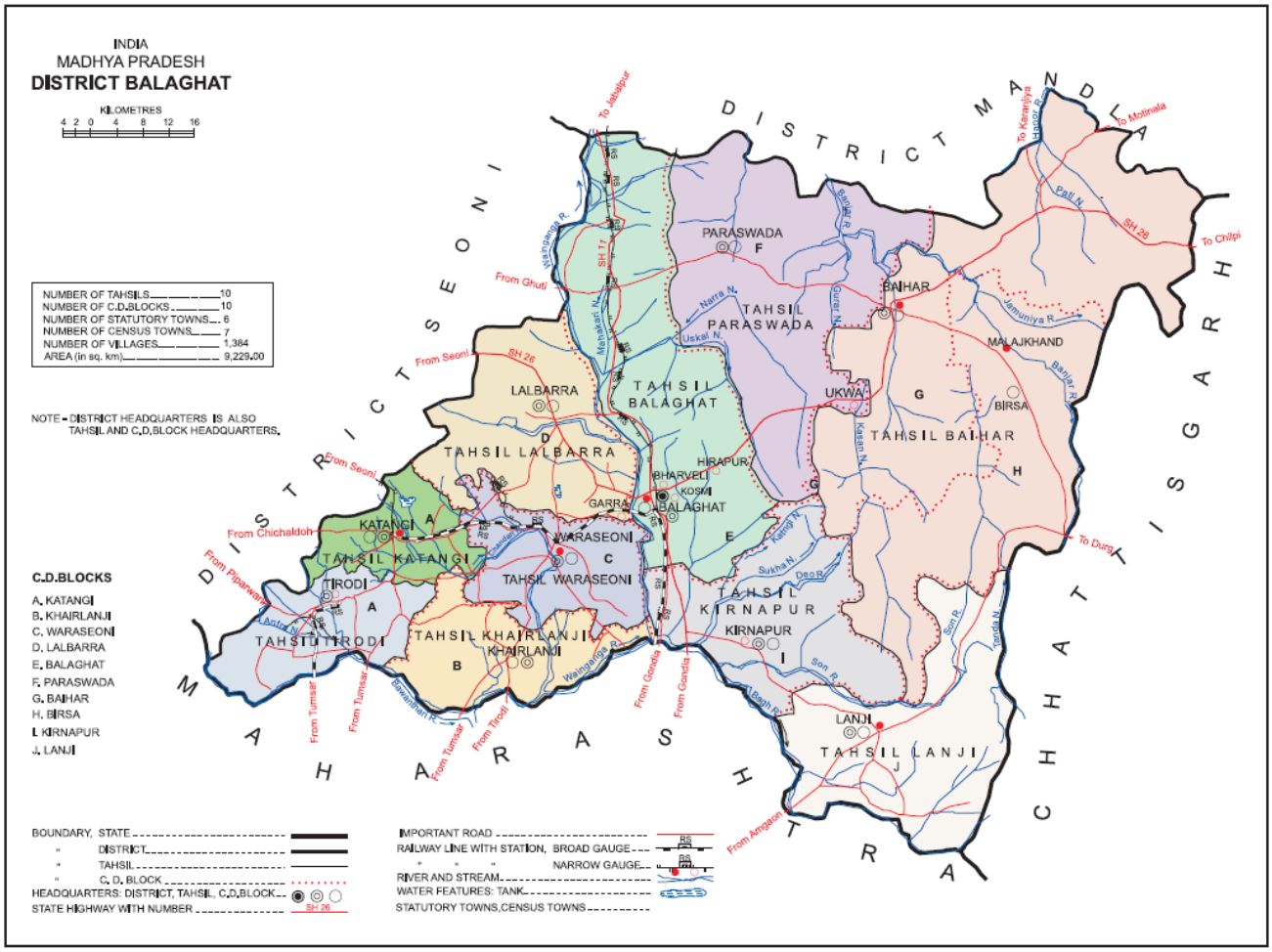
Monitoring of Programme Implementation Plan (PIP) under National Health Mission 2021-22

District: **Balaghat**

(Madhya Pradesh)



Study Completed by

Dr. Nikhilesh Parchure

(Research Investigator)

Honorary Director

Prof. K. K. N. Sharma

Population Research Centre

Dr. Harisingh Gour Vishwavidyalaya

(A Central University)

Sagar (M.P.) 470003

December, 2021

Abbreviation

AFHC	Adolescent Friendly Health Clinic
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWW	Aanganwadi Worker
AYUSH	Ayurvedic, Yoga, Unani, Siddha, Homeopathy
BCC	Behaviour Change Communication
BEmOC	Basic Emergency Obstetric Care
BLSA	Basic Life Support Ambulance
BMO	Block Medical Officer
BMW	Bio-Medical Waste
BPM	Block Programmer Manager
BSU	Blood Storage Unit
CBAC	Community Based Assessment Checklist
CBR	Crude Birth Rate
CEmOC	Comprehensive Emergency Obstetric Care
CHC	Community Health Centre
CHO	Community Health Officer
CMHO	Chief Medical and Health Officer
DBT	Direct Benefit Transfer
DEIC	District Early Intervention Centre
DEO	Data Entry Operator
DH	District Hospital
DMC	Designated Microscopic Centre
DOT	Direct Observation of Treatment
DPM	District Programmer Manager
EC Pills	Emergency Contraceptive Pills
EDL	Essential Drugs List
EmOC	Emergency Obstetric Care
FMR	Financial Management Report
FP	Family Planning
FRU	First Referral Unit
HDU	High Dependency Unit
HMIS	Health Management Information System
HWC	Health and Wellness Centre
IEC	Information, Education, Communication
IFA	Iron Folic Acid
IMR	Infant Mortality Rate
IPD	Indoor Patient Department
IPHS	Indian Public Health Standards
IUCD	Intrauterine Contraceptive Device
JE	Janani Express (vehicle)
JSSK	Janani Shishu Suruksha Karyakram
JSY	Janani Surksha Yojana
LBW	Low Birth Weight
LHV	Leady Health Visitor
LSAS	Life Saving Anaesthesia Skill
LSCS	Lower Segment Caesarean Section
LT	Lab Technician
LTT	Laparoscopy Tubectomy
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCP Card	Mother Child Protection Card
MDR	Maternal death Review
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
MPW	Multi Purpose Worker
NBCC	New Born Care Corner
NBSU	New Born Stabilisation Unit
NCD	Non Communicable Diseases
NFHS	National Family Health Survey
NHM	National Health Mission
NLEP	National Leprosy Eradication Programme
NRC	Nutrition Rehabilitation Centre
NSSK	Navjaat Shishu Suraksha karyakram
NSV	No Scalpel Vasectomy
NTEP	National Tuberculosis Elimination Program
Ob&G	Obstetrics and Gynaecology
OCP	Oral Contraceptives Pills
OPD	Outdoor Patient Department
OT	Operation Theatre
PF	Plasmodium Falsiperum
PFMS	Public Finance Management System
PHC	Primary Health Centre
PICU	Paediatric Intensive Care Unit
PIP	Programme Implementation Plan
PMU	Programme Management Unit
PPIUCD	Post-Partum Intra Uterine Contraceptive Device
PRC	Population Research Centre
PV	Plasmodium Vivex
RBSK	Rashtriya Bal Swasthya Karyakram
RCH	Reproductive Child Health
RGI	Registrar General of India
RKS	Rogi Kalyan Samiti
RKSK	Rashtriya Kishor Swasthya Karyakram
SBA	Skilled Birth Attendant
SC	Scheduled Caste
SDH	Sub-District Hospital
SHC	Sub Health Centre
SN	Staff Nurse
SNCU	Special Newborn Care Unit
ST	Scheduled Tribe
STLS	Senior Tuberculosis Laboratory Supervisor
STS	Senior Treatment Supervisor
T.B.	Tuberculosis
TBHV	TB Health Visitor
TU	Treatment Unit
UPHC	Urban Primary Health Centre
USG	Ultra Sonography
VHND	Village Health & Nutrition Day

Contents

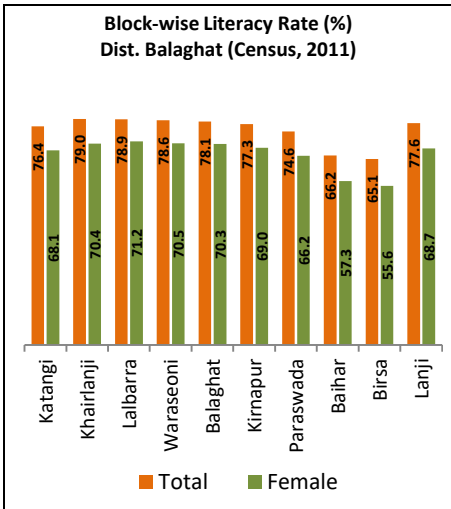
	Abbreviation	
1.	Overview of the district	3
2.	Public health planning and implementation of national programmes	5
3.	Service availability as perceived by the community	11
4.	Service Availability at the public facilities	12
5.	Discussion and key recommendations	24
	Annexure	26

1. Overview of the district

Balaghat is located in the extreme South-West of the state. The district is divided into 10 tahsils viz. Katangi, Waraseoni, Balaghat, Kirnapur, Baihar, Lanji,Tirodi, Khairlanji, Lalbarra,and Paraswada and 10 community development blocks which are Katangi, Khairlanji, Lalbarra, Waraseoni, Balaghat, Kirnapur, Paraswada, Baihar, Birsa and Lanji. During the decade 2001-2011, Khairlanji and Lalbarra have come up as new tahsils which have been carved out from Waraseoni tehsil.

The district occupies 16th place in the state according to population. The district occupies 5th rank in the state in terms of area having 9,229 sq.km. which is 3.0 percent of the total area of state. Literacy rate of Balaghat district is 77.1 percent and it occupies 4th position in the state. The female literacy rate of the district is 69.0 percent.

Balaghat district has highest sex ratio of 1021 in the state. Female work participation of the district is 47.0 percent of total female population. The district ranked 5th in the state according to female work participation rate. Population wise largest village is Pandharwani of Lalbarra tahsil with 6450 population. Population wise largest town is Balaghat having population 84261 and smallest is Garra with 5533 population. Economy of the district is mainly agrarian and the district is famous for copper project of Malajkhand.



Indicator	MP		Balaghat	
	2001	2011	2001	2011
No. of Districts	45	50	-	-
No. of Blocks	333	342	10	10
No. of Inhabited Villages	55393	54903	1390	1384
No. of Towns	394	476	9	13
Population (Million)	60.34	72.63	1.4	1.7
Decadal Growth Rate	24.3	20.3	9.7	13.6
Population Density per (Km^2)	196	236	157	184
Literacy Rate (%)	63.7	70.6	68.0	77.1
Female Literacy Rate (%)	50.3	60.6	57.1	69.0
Sex Ratio	919	930	1022	1021
Sex Ratio (0-6 Age)	932	918	968	967
Urbanization (%)	26.5	27.6	12.9	14.4
Percentage of SC (%)	15.2	15.6	7.7	7.4
Percentage of ST (%)	20.3	21.1	21.8	22.5

Source: Census Reports, Registrar General of India, www.censusindia.gov.in

More than one-fifth of its population comprised of scheduled tribe. Major tribes in the district are Gond, Baiga and Halba. Female literacy in Lalbarra block is 71 percent which

is highest amongst all the blocks whereas, it is lowest in Birsa block. Key performance indicators of the district are as follows.

Key Indicators			
Sr.	**Indicator**	**MP**	**Balaghat**
1	Expected number of Pregnancies for 2021-22@	2232100	49770
2	ANC Registration up to Sept, 2021	918752	17698
3	1st Trimester ANC Registration (%) up to Sept, 2021	69.1	80.0
4	Average OPD cases per 10,000 population up to Sept, 2021	2842	1713
5	Average IPD cases per 10,000 population up to Sept, 2021	219	143
6	Estimated number of deliveries for 2021-22@	2113731	46950
7	Home deliveries (%) attended by skilled birth attendant up to Sept, 2021	18.9	5.7
8	Reported Institutional Deliveries (%) up to Sept, 2021	94.8	95.9
9	Sex Ratio	948	1037
10	Sex Ratio at Birth	927	979
11	Female Literacy Rate (%)	59.4	77.4
12	Unmet Need for Family Planning (%)	12.1	6.5
13	Postnatal Care received within 48 Hrs. after delivery	55	92.1
14	Fully Immunized Children age 12-23 months (%)	53.6	75.8
**Source: Sr. 1-8 HMIS and 9-14: NFHS-5 @: Calculated assuming CBR 24.6 for MP (SRS Bulletin, 2020)*			

Progress made by the district in the health indicators (HMIS)

Sr.	**Indicator**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
1	Pregnant women registered in 1st trimester ANC (%)	70.9	68.9	72.6	73.4	74.6	82.3
2	Pregnant women received 3 or 4 ANC Check-up (%)	85.0	91.1	84.9	78.5	77.0	75.3
3	SBA Home Delivery (%)	2.9	6.6	2.8	1.8	2.9	4.8
4	Institutional Deliveries (%)	94.0	92.6	95.2	96.4	96.5	96.8
5	C-Section deliveries out of total Institutional deliveries (%)	21.0	19.5	19.9	21.3	18.2	24.2
6	Women receiving post-partum check-up within 48 hours of delivery (%) *[Since 2017-18 PNC within 48 hrs. of Home delivery]*	87.7	92.5	285.2	69.3	91.7	62.6
7	Low birth weight children (%)	15.9	10.7	17.7	20.4	21.6	21.7
8	New born breastfed within one hour of birth (%)	97.3	96.1	88.4	90.3	91.0	84.3
9	Sex Ratio at birth	963	979	970	968	977	979
10	IUCD insertions in to all family planning methods (%)	36.4	36.5	42.6	40.1	44.8	35.8
11	Number of fully immunized children (9-11) months	28369	26385	28139	29087	39238	17915
12	Drop-out children between BCG and Measles (%)	-4.8	9.2	-3.7	8.5	100.0	-42.0
13	Adult Female Inpatients to Total Adult Inpatient (%)	70.5	72.1	64.4	68.5	67.7	70.3
14	Children Inpatient to Total Inpatient (%)	17.4	20.2	16.1	15.4	17.3	17.9
15	Female Inpatient Deaths to Total Inpatient Deaths (%)	45.0	46.5	55.9	42.3	43.9	40.1

Sr.	**Health Facility**	**Date of Visit**	**Distance from District Headquarters**
1	SHC-HWC, Dabri	29.09.2021	95 kms.
2	PHC-HWC, Songudda	28.09.2021	80 kms.
3	Community Health Centre, Birsa	29.09.2021	85 kms.
4	District Hospital, Balaghat	30.09.2021	0 kms.

2. Public Health planning and implementation of National Programmes

2.1 District Health Action Plan

- District, usually, send its requirements for HR, Infrastructure etc. to the state level planning cell for NHM activities to be taken-up during the year in advance. This process is initiated with consultation at DPMU and District and block level. There is no separate planning for NHM and NUHM. There is no separate programme management unit for NUHM exists. One assistant programme manager for NUHM is in-position.
- State provides targets to the district set for different programme and activities to be completed and a template is provided to the district for incorporating physical achievements of the previous year and for the planned year.
- District has informed that decentralized planning is not done since block level PMUs require capacity building for planning and budgeting.
- There is little scope for availability of funds other than NHM in the district, since most of the funds are governed by the state directives and health action plan is entirely budgeted from NHM. District has occasionally, received funds, for health infrastructure, amenities in the health facilities, organization of health camps etc. through corporate social responsibility (CSR) funds from the industries.
- During 2021-22, district has not prepared any district health action plan due to Covid related restrictions. State has sanctioned budget based on the regular activates required to be continued. It was informed that most the programme funds were utilized for Covid related infrastructure and emergency services. Salaries, incentives to ASHAs etc. were continued and their services were utilised for Covid related activities.
- Since 2020-21, decentralized budget disbursement was initiated by the state. Instead of releasing entire budget to the district, block PMUs were disbursed with the activity-wise budget, including flexi funds and untied grants.
- District did not share details of budget and expenditure during PIP monitoring visit, even after repeated requests made.
- Patient user charges through RKS were waived-off during Covid period, has now started since May, 2021. This is a source of income for the health facilities.

- Among the visited health facilities, only CHC, Birsa has ongoing construction of 6 residential quarters near the CHC building. Medical officer at the CHC informed that proposal for the construction of new building has been sent to the state government. Presently, all the infrastructure related activities are directly approved from the state health department.
- Under upgrdation of PHC and SHC as HWC, ₹4.0 lacs were approved for branding and minor repairs.
- District hospital is being upgraded as 400 bedded hospital, with provisioning of critical care services such as HDU, PICU, ICU and modular OT.

2.2 Status of Service Delivery

- As per rural health statistics 2019-20 there are 292 SHCs, 38 PHCs, 7 CHCs and 3 SDHs in Balaghat district. There is an increase of one PHC and 41 SHCs since 2019-20.

Distribution of Health Facilities, District Balaghat

Blocks	SDH	CHC	PHC	SHC	Total
Baihar	1		2	34	37
Balaghat			5	33	38
Birsa		1	7	43	51
Katangi		1	6	30	37
Khairlanji		1	3	29	33
Kirnapur		1	3	33	37
Lalbarra		1	3	32	36
Lanji	1		4	35	40
Paraswada		1	3	34	38
Waraseoni	1	1	3	30	35
Grand Total	**3**	**7**	**39**	**333**	**383**

Source: HMIS facility master (as on January, 2021)

- There are sufficient public health facilities in the district. However, as per population distribution in different blocks and looking to the geographical spread of the of tribal blocks Birsa, Khairlanji, Baihar and Lalbarra adequate infrastructure and human resources need to be provided at remote PHCs and SHCs.
- Free drug and diagnostic facilities are available at all the visited health facilities. However, free of cost diagnostic services are extended only for available diagnostic services. In the periphery level health facilities, there is no list of displayed for available free drugs and diagnostics.
- It was observed that all the listed point of care (POC) diagnostic services are not provided at SHC-HWC. Even PHC also does not have all the pathological services due to lack trained lab technician and required infrastructure.

- As per the roadmap of establishing HWCs, provisioning of all the free drugs and diagnostic services must be ensured simultaneously. Only branding and renovation of the building is being emphasised which would hamper the effectiveness of health and wellness centre services.
- Under National Dialysis Programme dialysis services are functional at the DH, Balaghat on public private partnership. There are three dialysis machines functional and daily two dialysis sessions are performed covering six patients per day. During April-September, 2021 in all 541 dialysis have been done. Presently 16 patients (males-11 and female-5) are visiting for bi-weekly dialysis. Out of these 6 are below age 40, 8 are in the age-group 40-60 and 2 are above 60 age. All the services are free of cost. It was informed that in private dialysis centres, a patient has to pay ₹16000 per month. There is long waiting for the dialysis services at the DH. There is no nephrologists posted in the DH.
- Dialysis unit has a technician, a data entry operator and a MTS and 2 staff nurses. Technician suggested that dialysis unit should be shifted near ICU or medial ward. There is no power backup available for dialysis unit, only one uninterrupted power supply UPS system is available but it is not functional and require maintenance. Out of three dialysis machines, one was out of order for nearly two months. It takes at least 3.5 hours for complete dialysis of a patient. On every Sunday periodic maintenance is performed for smooth functioning of the services. Machine related consumables are supplied by the Apex (PPP agency) and other consumables are provided by the DH.
- District Early Intervention Centre (DEIC) has been functional in the Balaghat since 2015 in a separate building near DH. It has total 14 staffs sanctioned and 7 staff in place. It has a District early intervention manager, Paediatrician, dentist, audiologist and speech therapist, lab technician (attached to DH lab) and DEO. District programme manager (DPM) is the nodal officer of DEIC.
- It was informed that since 2019 a common district manager has been appointed for DEIC and RBSK programmes. It was noted that presently 88 patients are undergoing treatment at the DEIC. Till September, 2021 in all 23 patients with CSD symptoms have been treated. CSD patient are treated at medical college Jabalpur under Ayushman

Bharat. A private hospital is also empanelled for surgical treatment of the cleft split patients since these surgeries are not performed in the DH Balaghat.

- It was informed that most of the patients are brought just to get the disability certified by the DEIC and not interested in treatment. ASHAs bring most cases for disability certification which is used in getting scholarships, pension etc. Focus is less on treatment of disability.
- In Balaghat, in all 22 RBSK teams (Rural-20 and Urban-2) are sanctioned. In totality, there are 28 medical officers, 17 ANMs and 3 pharmacists in-position. Only one RBSK team each in Lalbarra and Katangi blocks have all manpower. In Birsa block out of two teams each has one medical officer and ANM. Post of pharmacist is vacant in both the teams. Presently all the RBSK teams are engaged in Covid vaccination at designated sites. Apart from Covid vaccination, medical officers are also instructed to conduct OPD sessions for suspected cases of Covid for treatment of common symptoms. Mobility support is also provided to the RBSK teams. RBSK teams have extensively served during Covid pandemic for contact tracing, community awareness, monitoring and surveillance. During April-September, 2021 RBSK teams have screened 74535 children in all age-group, out of which 7078 children were found with 4-D symptoms and 5460 children were given treatment. During this period 276 children were provided surgical treatment for disability. RBSK has set a target of screening 178200 children and has achieved 41 percent screening target in the year 2021-22.
- CT Scan services are started in the DH since May, 2021 on PPP mode. A Jaipur based health care service provider has set-up the CT Scan services. CT Scan is free of cost for OPD/ IPD patients referred from the DH. During May-September 1574 patients have been given services. For providing services, 4 staffs including 2 technicians, one helpdesk and a support staffs are placed. CT scan is provided at a very affordable cost to the general patients who are directly referred from private hospitals. Generally charges for different CT-Scan ranges from ₹1250 for PNS OMC to 3700 for whole abdomen. In all 41 body parts are scanned as per the requirements in normal, contrast and 3D mode.
- There is no MMU functional in the district.

- District NCD clinic is functional in the DH, Balaghat. This is also supported by e-sanjeevani call centre for tele-medicine services to the patients. In NCD cell one PGMO medical officer provides services to the OPD patients. It was informed that patients coming to the NCD clinic need to be followed-up, which is at present lacking. Services also need to be supported by effective counselling so that patients adhere to the advice and treatment. There is no proper record keeping due to lack of data entry operator. Earlier E-Sanjeevani services were provided through 2 nodes at DH, but operator was left the job. Data entry operator to record all the tele-consultation and patients database should be properly trained.
- During April-August, 1282 persons (Male-733 and Female-549) have attended the NCD clinic. Out of these 175 were diagnosed with only hypertension followed by 64 persons with both hypertension and diabetes and 42 diagnosed with Diabetes only. Presently 476 patients are getting treatment through NCD clinic. During this period 392 persons were provided with counselling services related to health promotion and prevention of NCDs.
- Referral transport services are available in every block of the district. District has 25 on-road vehicles for patient transport. Referral transport functions through a centralized call centre. Services can be used through 'Dial-108' for emergency referral transport and '102' for services for pregnant women and children.
- During visit to the periphery health facilities, it was found that in case of non-availability of free referral transport, patients use private hired vehicles, particularly for transfer of patient in critical emergency, requiring advanced life support vehicle, to district hospital or to medical college, Indore. Usually, private vehicles charge money in the range of ₹500 to ₹2000 per trip.
- It was observed that most of the PHCs and CHCs do not have all the sanctioned staffs posted. PHC Songudda and CHC Birsa do not have all the sanctioned posts in-position.
- There is no consolidated HR management system available at the district level for effective management of available HR, its rational deployment. Moreover, there exists different approach for regular, contractual and outsourced HR management.

- District has no mechanism for recruitment of HR. All the postings, deployment are governed by the state level guidelines and directives.
- District programme management unit has no control over deployment of HR and its effective and rational use. It was informed by the DMPU that some of the CHOs, ANMs, Staff Nurses recently recruited, but after few months they were transferred to other places by the state. Recurring problems of vacancies affect the programme management at district level.
- District has many newly initiated critical health care services at DH level. However, lack of trained HR affects the utilization of health care services. At CHC and PHC it was observed that services like X-ray are not available either due to non-availability of equipments or vacancy of the posts.
- Recently the state has cancelled the process of recruitment of 620 contractual lab technicians which was initiated in the year 2020.
- State also has redeployed 27 adolescent health counsellors as RBSK social worker, 70 adolescent health counsellor, 31 breastfeeding counsellors and 52 family planning counsellors as block community mobilizer (BCM) or TB Health Visitor (TBHV). This redeployment is only upto 31st March, 2022 and services of these staffs will be governed by HR Manual, 2021.
- There is acute shortage of specialist cadre in the secondary level rural health institutions. Many PHCs are also facing staff shortage.
- District has got the approval of various trainings. It was informed that due to Covid related activities trainings could not be held since majority staffs are engaged in Covid vaccination, supervision and Covid management related services.
- It was observed that at all the visited health facilities, staff have been engaged completely in Covid related activities. Since March, 2020 most the services are severely affected and have not resumed upto the expected normal.
- Newly recruited CHOs at SHC-HWC have not even oriented for complete range of health care services that are expected to provide including supervision and monitoring.

- NCD services for identified patients of hypertension and diabetes have been managed to some extent by way of providing regular medicines, however, regular follow-up and community level survey of households has not been continued.
- All the health programme services have common challenge of lack of human resources and absence of decentralized mechanism for programme monitoring and supervision.
- Functionality of health and wellness centres is a major challenge. Out of the envisaged 12 dimension of services, most basic MCH services including BEmOC services at the PHC-HWCs need to be strengthened. Lack of complete staffs, continuity of trainings and patient centric IEC and BCC should also be strengthened. It was observed that frequent shifting of key positions such as medical officer, staff nurse, ANM, Lab technician, pharmacist etc. and dual responsibility for serving at more than one health facilities should be critically reviewed in the light of area being catered, population and other health care services availability.

3. Service availability as perceived by the community

- Community interaction at the SHC-HWC Dabri and PHC-HWC, Songudda revealed that full range of services is not presently available at the village level. ASHAs also have low level of literacy. Community belong to low socio-economic strata with marginal farming and low income. In the Baiga and Gond tribe, people still have faith on traditional healer and seldom come at public health facilities. During the interaction it was revealed that community have very little awareness about health care facilities available.
- Malnutrition is the major cause of concern and recurring morbidity is very high. Women still prefer to deliver at home. There is lack of basic support for health care services accessibility due to poor mobile network for calling patient transport, and all weather road connectivity. Lack of health care services at the health facilities due to limited HR and services is another bottleneck.
- Malaria is among major cause of morbidity. Many children, adolescent and women suffer due to malaria. Asymptomatic malaria can only be diagnosed and treated at the health facility.

- Interaction with the anganwadi workers revealed that during Covid pandemic services at the SHC was barely available and community only had a choice to visit local healers. After appointment of CHOs the situation has improved and people are taking services at the SHC-HWC.
- During discussion it was revealed that water scarcity in the villages is another problem. Water need to be fetched from far away wells and tubswells. There are very few sources of safe drinking water due to high arsenic contamination in the underground water.
- There is strong son preference and family planning acceptance is very low.
- Community also have very less knowledge and awareness about health and wellness services available at the HWCs. Proper IEC and community involvement need strengthening with proper training and orientation of education, panchayati raj institutions and awanwadi centres.

4. Service Availability at the Public facilities

Sub Centre/ HWC - Dabri

- Except OPD services, none of the services are available. There is no provision of services as per the IPHS norms. Required infrastructure is not available as per the norms.
- SHC building, very small in built-up area, is co-located with anganwadi centre in the main village.
- CHO and ANM stay at the SHC in case of any emergency otherwise they stay at PHC Songudda with other staffs by sharing residential quarter. Basic amenities such as water, toilet, electricity and mobile network are not available.
- Recently a whitewash and some renovation of flooring and wall plastering is done for declaring it as HWC.
- Availability of drugs and diagnostics is not as per the HWC or IPHS norms. There is no monitoring mechanism for assessing utilization of drugs and diagnostics.

- NCD services are limited to only screening and providing preliminary treatment for hypertension and diabetes. Suspected cases of NCD are not advised to visit CHC and DH. There is no medical officer posted at the linked PHC, Songudda.
- There are seven villages covered by the SHC. Five villages have ASHAs in place. In Kodapar and Sonpuri there is no ASHA since 2018. All ASHAs have joined recently 4-5 years ago.
- It was revealed that village sarpanch daughter-in-law who is also a anganwdi worker has four children and not willing to accept any family planning.
- No information sharing about patients belonging to the SHC from TB unit for referral and under treatment patients.
- It is very difficult to assess the effective utilization of services, since the availability of CHO and ANM for providing complete range of services is a major challenge. Majority cases of morbidity and maternal and child health directly visit to the other private health facilities even at Indore.
- Key challenges as observed in the facility are lack of proper IEC/BCC training to the CHO and ANM, lack of infrastructure, lack of training and orientation about health programmes and services to be offered through HWC and foremost is lack of community involvement in health care system for preventive/ promotive services.

Sub-Health Centre, Dabri visited on 29.09.2021

Primary Health Centre - Songudda

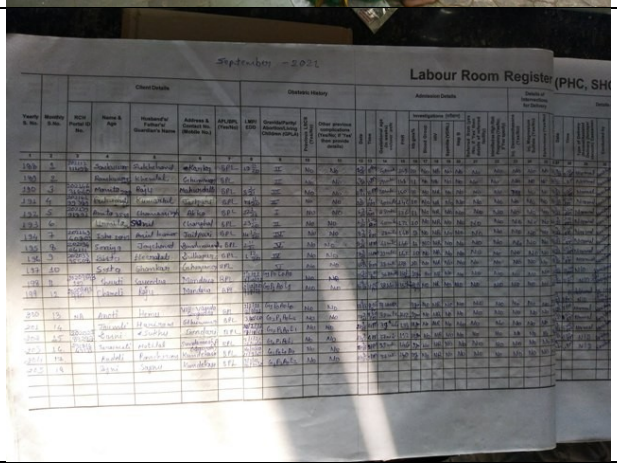
- PHC has OPD, delivery and diagnostic services. A lab technician and a staff nurse have joined the PHC just a week prior to the visit of PRC team. One AYUSH medical officer is posted at the PHC, however, MO is also given additional charge of mobile health services. MO rarely visits PHC. All the services are managed by the paramedical staffs. There is no provision of services and availability of infrastructure as per the IPHS norms.
- PHC building constructed recently and is in very good condition. It has large open space for further expansion of infrastructure. PHC also has two residential quarters.

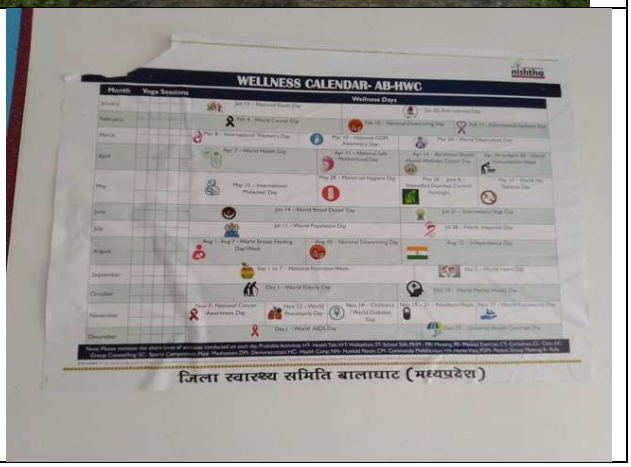
A borewell with water pump and overhead tank is also available. PHC has all the necessary infrastructure available.

- PHC has recently upgraded as HWC since 2019. It was informed that in the beginning NCD services were provided with patients registration, however, due to non-availability of adequate staffs services are now closed. Patients are referred to DH Balaghat for further investigations.
- There is no microscope and other instruments in the PHC. Only POC diagnostic tests are available.
- Out sourced support staff for cleanliness has not getting salary regularly. Since last five months no salary is disbursed due to non-availability of funds.
- Availability of drugs and diagnostics is not as per the HWC or IPHS norms. For every PHC 172 drugs are consumables are prescribed in the EDL. It was reported that only few drugs that are indented for primary care services related to minor ailments, malaria, delivery and family planning etc. are available. Stock of drugs and supplies is not maintained properly. Pharmacist posting is urgently required at the PHC.
- There is only one lab technician posted. There is no hub and spoke model implemented at the PHC for comprehensive diagnostic services.
- It is very difficult to assess the effective utilization of services, since the non-availability of medical officer and other key service providers, various health providers have been given additional responsibility of serving other nearby facilities. Ensuring complete range of services is a major challenge. Shortage of staff at the PHC-HWC need to be addressed at the earliest.
- Key challenges as observed in the facility lack of trained HR and absence of monitoring and supervision at the facility level and at the block and district level as well. Basic services including BEmOC services are grossly not-available. Required support staffs including housekeeping, security, clinical class-IV staffs at the PHC is also not posted.
- There is lack of training and orientation among health staffs about health programmes and services to be offered through HWC. RKS is not functional, due to vacancy of medical officer either regular or contractual.

- State and district should have a policy for retention of staffs for remote location health facilities for availability and effective utilization of health services.

Primary Health Centre, Songudda visited on 28.09.2021





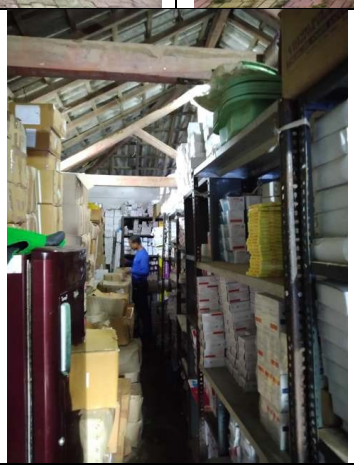
Community Health Centre (CHC) - Birsa

- Community health centre, Birsa has been functioning from an old building. It is in dilapidated condition and cannot be assumed fit for health care service. A new building is urgently required.
- It was informed that CHC building was constructed on donated land. Now since last year donor family has demanded back their land. After donation the land was not handed over to the health department. No records are now available about the land donated for the CHC.

- CHC does not have all the services as per the IPHS norms or as per the facility status. It has 30 functional beds and additional 10 beds in NRC. It provides referral emergency services, limited diagnostics and primary health care facilities and to some extent BEmOC health services. Required infrastructure is not available as per the norms.
- During April-September, 125 deliveries are conducted at the CHC. There were 19 low birth weight children born during this period.
- It was informed that updation in the NCD software is not done promptly from the periphery institutions.
- Availability of drugs and diagnostics is not as per the CHC or IPHS norms. Out of 297 EDL, 245 drugs or consumables are made available. There is no monitoring mechanism for assessing utilization of drugs and diagnostics.
- Due to Covid, services in the NRC were suspended. It has now resumed and admissions are being done since April 2021. NRC has feeding demonstrator, ANM, caretaker, cook and a support staff in-position. One post of cook is vacant.
- It was informed that cataract operations are not done in any public health institution in the periphery. Each facility conducts screening of patients for cataract. Then all the patients are taken to Jabalpur for cataract surgery. An NGO – Devji Eye Hospital bear all the expanses of cataract surgery. The service is provided free of cost. In Balaghat private hospitals charge ₹15000 per operation.
- There is only one malaria lab technician posted. The only lab technician is also on leave due to medical reasons since September, 2021. Three Lab technicians were transferred from CHC in 2021. Later a lab technician posted at the CHC but he got his posting cancelled.
- A radiographer is posted since 2008. There is no functional x-ray machine. AERB certification is not done for the x-ray machine. BMO has demanded new x-ray machine from Vidhayak nidhi.
- There is no hub and spoke model implemented at the CHC for catering to the non-functional labs in the nearby PHCs.
- There is no USG facility available and patients are forced to go to private incurring burden of OOPE for MCH services.

- It is very difficult to assess the effective utilization of services, since the non-availability of medical officer and other key service providers and various health providers have been given additional responsibility of serving other nearby facilities. Ensuring complete range of services is a major challenge. Shortage of staff at the newly designated CHC need to be addressed at the earliest.
- Proper record maintenance was also not observed, and record and registers are not verified by facility in-charge.
- Key challenges as observed in the facility are lack of infrastructure, lack of trained HR and absence of monitoring and supervision at the facility level and at the block and district level as well. Basic services including BEmOC services are primarily lacking due to paucity of staff and poor maintenance of the facility. There is lack of appropriate support staffs including housekeeping, security, clinical class-IV staffs at the CHC.

Community Health Centre, Birsa visited on 29.09.2021



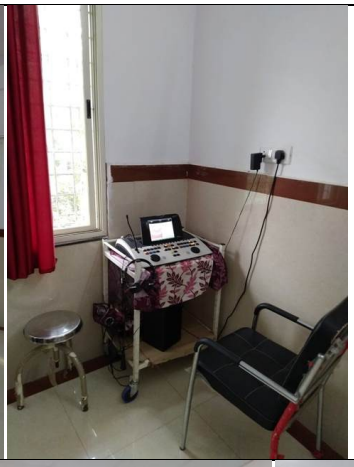
District Hospital, Balaghat

- Shaheed Bhagat Singh District Hospital, Balaghat has been recently upgraded with additional health care services. In-patient wards and OPD have been renovated. Separate complex for OPD, IPD and Emergency services including trauma care is functional in the DH.
- DH has separate maternity wing situated in place of old DH just in-front of the present DH.

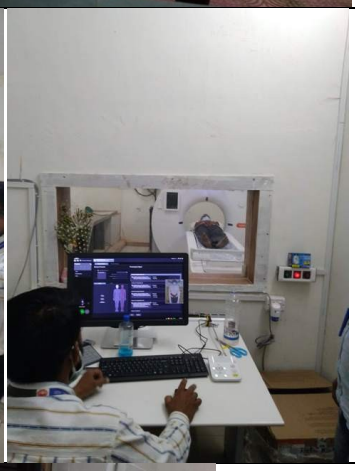
- DH does not have all the services as per the IPHS norms or as per the facility status. It has 15 functional ICU beds. This ICU was set-up for Covid patients.
- CT-Scan, Modular pathology and Dialysis services are out-sourced in DH.
- E-Sanjivani Hub for Tele-consultation for Covid services is also functional at DH.
- Kayakalp has been implemented in the DH. It has got a score of 80 percent in internal assessment for 2021-22.
- DH has a separate dental care clinic. It has two dentists and a outsourced support staff. There no clinical support staff available. Root canalling, prostho-denture, ortho-denture, tooth scaling services are provided at the clinic. Daily 25-30 OPD patients are catered and 10-15 dental procedures are performed. The in-charge medical officer informed that lab set-up for investigation is required with posting of dental technicians.
- Medical officer of the dental clinic is also in-charge nodal officer for national programme of tobacco control. Nodal officer asserted that proper IEC for tobacco control is not supported with services related to the programme outcomes. There is gap in awareness programmes and services. Only visiting schools for awareness is not sufficient in order to mitigate the tobacco related illness.
- DH has a set-up of digital x-ray with all the precautionary measures taken as per the AERB guidelines. The radiographer informed that old computer system connected with the digital x-ray need to be replaced with new computer and related software upgradation. X-ray system has only one cassette system. More cassette are required. Apart from this 3 portable bedside x-ray machines are also functional in the DH. and one as
- Availability of drugs and diagnostics is not as per the DH or IPHS norms. Out of 297 EDL, 245 drugs and consumables are made available through E-Aushadhi. There is no monitoring mechanism for assessing utilization of drugs and diagnostics at the facility level. Analysis done by the state drug store noted that out of 245 drugs and consumables, DH Balaghat has 29 EDL drugs with less than 30 days stock and 118 drugs with no stock. This condition has not improved since July, 2021 when 7 drugs were having less than 30 days stock and 118 drugs were out of stock.

- Paucity of specialist is a major challenge in the DH. It is noted that majority paramedical posts are in-position at DH.
- Comprehensive abortion care (CAC) services are limited to only management of 1st trimester abortion. For NCD services, Cancer treatment facility is presently not functional due to absence of trained medical officer, who has gone on lien for higher studies.
- To local level monitoring and supervision of effective utilization of services, is not possible due to non-availability of Hospital Manager or Public Health Manager. It is understood that day-to-day monitoring of the functioning is not done effectively. A systems approach is required for ensuring effectiveness of the services and optimal utilization of services.
- Key challenges as observed in the DH are lack of trained HR and absence of monitoring and supervision at the facility level and at the block and district level as well.
- It was reported that apart from NHM funds and RKS user charges, DH also received funds from CSR, Sansad/Vidhayak Nidhi, NGOs and Ayushman Bharat.

Shaheed Bhagat Singh District Hospital, Balaghat visited on 30.09.2021









SIEMEN'S ADVIA CP

5. Discussion and key recommendations

Monitoring of programme implementation plan (PIP) 2021-22 under National Health Mission was undertaken in Balaghat district of Madhya Pradesh. Population Research Centre, Sagar team visited Balaghat district in September, 2021 to assess the implantation of PIP. Team visited DH Balaghat, CHC Birsa, PHC-HWC Songudda, SHC-HWC Dabri. PIP monitoring was done to ascertain funds flow and expenditure, oprationalization of priority health programmes, construction and infrastructure upgadation, perspective of community about available health services, achievements of key programme components and functioning of visited health facilities and key problem areas and root cause of problems.

The district has received the allocated PIP budget timely. Expenditure of various budget components was observed to be varying. Nearly half of the allocated budget has been spent during April-September, 2021. Almost all the allocated budget for infrastructure was consumed till September, 2021. There was no district action plan prepared and state has allocated budget as per the pre-determined directives and guidelines.

Community perception about the availability of health care services indicate that full range of services need to be ensured at the designated HWCs including availability of trained service providers. It was found that community is still not coming forward to avail services and local healers are preferred over the health care providers. Primarily, local healers provide treatment instantaneously at the village level and community doorstep. Health care providers availability in the community need to be strengthened.

Presently health care services are more focused on the Covid related services and targeted towards achieving cent percent Covid vaccination. Community in some the areas are still apprehensive towards Covid vaccination and health care providers facing many challenges in making strong in-roads in the community for overall health care.

Delay in payments to the contractual staffs, particularly outsourced support staffs has put many challenges for upkeep of health care facilities. Non-functional RKS at the CHC and PHC is an area of great concern, since HWC services and its smooth functioning is a major responsibility envisaged under the Ayushman Bharat HWC. Presently, team based incentives under Ayushman Bharat PHC-HWCs are not being given.

Key Recommendations:

- DPMU need to be proactive in programme planning and required to be well equipped with all the required HR and allowed to take administrative responsibility.
- Local level recruitment need to be given priority for support staffs.
- Data management issues need to be resolved for proper utilization of data for district planning. Block level programme managers need to be sensitized for programme management and corrective actions for effective programme implementation.
- HR management issues are paramount and need to be given highest priority. Service providers need to be trained in multi-tasking and policy of their retention with incentivization need to be evolved with long term perspective.
- There is still separate recruitment and service condition for regular and contractual HR. There should be a unified HR policy for regular and contractual HR.
- District should be provided enough resources for effective implementation of IT based infrastructure for data reporting and management at the health care provider level. Merely appointing data entry operators for all the data reporting proving to be ineffective, since these outsourced data entry operators have very little knowledge of health systems and at times not able to provided required data for decision making.
- District should ensure provisioning of all the designated services at the established HWCs with all the trained staffs including CHOs and ANMs. There should be some norms for minimum serving period at any HWC for each health care provider for continuity of health care services at the HWCs. Posting at remote HWCs should also be incentivized for retention of health care providers.

Service Delivery: Sub Centre

Name of facility visited	**SHC-HWC, Dabri**
Whether the facility has been converted to HWC	Yes
Standalone/ Co-located	Co-located with Anganwadi Centre
Accessible from nearest road head	Yes
Date of Visit	29/09/2021
Next Referral Point	Facility: DH Balaghat / CHC Birsa (Via Patri) Distance: 95 kms / 70 kms.

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>1. List of Services available</td><td>OPD
ANC and PNC
Immunization
NCD Screening only for</td></tr>
<tr><td rowspan="2">2. Condition of infrastructure/ building

Please comment on the condition and tick the appropriate box</td><td>Comments: SHC building constructed in 2010 and renovated in 2019. It has no electricity connection since ANM joined 3 years ago. Solar plant set up 2 years ago, has sufficient power backup. Solar plant can operate water pump connected to borewell. Handpump in the SHC premises but water has high arsenic level not fit for drinking or any use. ANM has to fetch water from nearby well, water is boiled before use.</td></tr>
<tr><td>☒24*7 running water facility (No, borewell)
☑ Facility is geriatric and disability friendly - Yes
☒Clean functional toilets available (separate Male &female) - No
☒ Drinking water facility available – No
☑ OPD waiting area has sufficient sitting arrangement - Yes
☒ ASHA rest room is available
☑Drug storeroom with rack is available
☑ Branding
☑ Specified area for Yoga / welfare activities
☑ Power backup (Solar system installed) no electricity connection</td></tr>
<tr><td>3. Biomedical waste management practices</td><td>Open Pit is used by SHC</td></tr>
<tr><td>4. Details of HR available in the facility (Sanctioned and In-place)
Out of 7 villages in the catchments area, 5 villages have ASHA, posted since last 4-5 years. Two villages have no ASHA since 2018.</td><td>
<table>
<tr><th>HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td>ANM/ MPW Female</td><td>1</td><td>1</td><td>0</td></tr>
<tr><td>MPW Male</td><td>1</td><td>1</td><td>0</td></tr>
<tr><td>MLHP/ CHO</td><td>1</td><td>0</td><td>1</td></tr>
<tr><td>ASHA</td><td>7</td><td>--</td><td>5</td></tr>
<tr><td>Others (Staff Nurse)</td><td>0</td><td>0</td><td>0</td></tr>
</table>
</td></tr>
<tr><td>5. IT Services</td><td>• Functional Tablet/ laptop with CHO: ☑Yes/ ☐No
• Electronic Tablets with MPWs (ANM): ☑Yes/ ☐No
• Smart phones given to all ASHAs: ☐Yes/ ☒ No
• Internet connectivity: ☑Yes/ ☐No
Quality/strength of internet connection: BSNL and Jio network. Only limited connectivity only for voice calls</td></tr>
<tr><td rowspan="2">6. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☑Yes/ ☐No</td></tr>
<tr><td>If yes, total number of drugs in EDL_98_____
EDL displayed in OPD Area: ☐Yes/ ☑No
No. of drugs available on the day of visit (out of the EDL) _00____</td></tr>
</table>

Indicator	Remarks/ Observation
	(No stock register maintained, indenting through E-Aushadhi)
7. Are anti-TB drugs available at the SHC?	☐Yes/ ☑No If yes, are there any patients currently taking anti-TB drugs from the SHC? ☐Yes/ ☑No
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 Antibiotic
9. Drugs Available for Hypertension & Diabetic patients:	1 Amlodipine 10mg 2 Metformin
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1 No
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	☑Yes/ ☐No
12. Availability of Testing kits/ Rapid Diagnostic Kits Sickle cell testing kit is available but ANM and CHO not trained in use of kit	☑ Sufficient Supply – MP, U-Sugar, B-Sugar, UPT, HIV. ☐Minimal Shortage ☐Acute shortage
13. Availability of:	• BP instrument: ☑Yes/ ☐No. If yes, Type: Digital_____ • Thermometer: ☑Yes/ ☐No (Digital) • Contraceptives: ☑Yes/ ☐No. If yes, Type: OP,CC, Chhaya, Antara • Glucometer: ☑Yes/ ☐No (Digital)
14. Line listing of all Pregnant women in the area	☑Yes/ ☐No • High risk women identified: ☑ Yes/ ☐No • MCP cards duly filled: ☐Yes/ ☑No
15. Number of Maternal Death Review conducted	Previous year: 0 Current year: 0
16. Number of Child Death Review conducted	Previous year: 0 Current year: 0
17. Availability of vaccines and hub cutter	☑Yes/ ☐No • Awareness of ANM on vaccine schedule: ☑Yes/ ☐No • Awareness about open vial policy: ☐Yes/ ☑No
18. Availability of micro-plan for immunization	☑Yes/ ☐No
19. Follow up of:	SNCU discharge babies: ☐Yes/ ☑No LBW babies: ☑Yes/ ☐No (List is available at SHC)
20. Line listing of all eligible couple in the area	☑Yes/ ☐No (1113 Eligible couples in catchments area)
21. Availability of trained provider for IUCD/ PPIUCD	☐Yes/ ☑No
22. Please comment on utilization of other FP services	Most commonly oral pills and sterilization operations are preferred by eligible couples
23. Number of individuals above 30 years of age in the HWC population	
24. Number of CBAC forms filled in last 6 months	
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:
26. Whether universal screening of NCD has started	☑Yes/ ☐No

<table>
<tr><th>Indicator</th><th colspan="4">Remarks/ Observation</th></tr>
<tr><td rowspan="6">27. Number of individuals screened for the following in last 6 months:
*ANM does the breast cancer screening. No facility for cervical cancer screening. RBSK doctors refer screened patients to Balaghat</td><td></td><td>Screened</td><td colspan="2">Confirmed</td></tr>
<tr><td>a. Hypertension</td><td>850</td><td colspan="2">72</td></tr>
<tr><td>b. Diabetes</td><td>0</td><td colspan="2">0</td></tr>
<tr><td>c. Oral Cancer</td><td>0</td><td colspan="2"></td></tr>
<tr><td>d. Breast Cancer</td><td>0</td><td colspan="2"></td></tr>
<tr><td>e. Cervical Cancer</td><td>0</td><td colspan="2"></td></tr>
<tr><td>28. Number of individuals who had initiated treatment for HTN, DM and others during last six months</td><td colspan="4">Advised for Lifestyle management:
Medicines for Hypertension:
Medicines for Diabetes:
Medicines for Others: --</td></tr>
<tr><td>29. Source of getting drugs/ medications for individual.
Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM</td><td colspan="4">From SC-HWC:
From Linked PHC:
From other govt. facilities: (Specify)
From pvt. Chemist shop: 1
(Average OOP/month) : ₹900/month</td></tr>
<tr><td>30. Status of use of:</td><td colspan="4">• Tele-consultation services: Network problem
• HWC App: Use it from Birsa CHC.
Details: --</td></tr>
<tr><td>31. Whether wellness activities are performed</td><td colspan="4">☐ Yes/ ☑No : Done very rarely.
Frequency: --</td></tr>
<tr><td>32. Whether reporting weekly data in S form under IDSP</td><td colspan="4">☑Yes/ ☐No</td></tr>
<tr><td>33. Status of Tuberculosis in the area:</td><td colspan="4"><table><tr><th>Indicators</th><th>Last year</th><th>Current year</th></tr><tr><td>Number of presumptive TB patients identified:</td><td>--</td><td>2</td></tr><tr><td>Number of presumptive TB patients referred for testing</td><td>--</td><td>2</td></tr><tr><td>Number of TB patients diagnosed out of the presumptive patients referred</td><td>--</td><td>1</td></tr><tr><td>Number of TB patients taking treatment under the Sub centre area</td><td>--</td><td>9</td></tr></table></td></tr>
<tr><td>34. ASHA Interaction</td><td colspan="4"></td></tr>
<tr><td>• Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</td><td colspan="4">Yes and functional</td></tr>
<tr><td>• Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</td><td colspan="4">Drugs are provided as per the requirement arises</td></tr>
<tr><td>• ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher.
○ Average delay</td><td colspan="4">No delay in ASHA payments. ASHAs getting Average Rs.2500/month</td></tr>
<tr><td>• ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment)</td><td colspan="4">No. ASHAs need continuous orientation about maintaining records of services rendered by them properly in ASHA diary.</td></tr>
<tr><td>35. Number of Village Health & Sanitation days conducted in last 6 months</td><td colspan="4">8</td></tr>
</table>

Indicator	Remarks/ Observation
36. Incentives:	• Performance Incentives is disbursed to CHOs on monthly basis: ☑Yes/ ☐No • Team-based incentive being disbursed for all HWC staffs: ☐Yes/ ☑No
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)	--
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	☑Yes/ ☐No
39. Maintenance of records on	• TB cases: ☐drug sensitive/ ☐drug resistant cases/ ☑both • Malaria cases: ☑Yes/ ☐No • Palliative cases: ☐Yes/ ☑No • Cases related to Dengue and Chikungunya: ☑Yes/ ☐No Leprosy cases: ☐Yes/ ☑No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 10000.00 Fund utilized last year: 10000.00
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Furniture, bucket and registers purchased for HWC.
	Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	Available: Dial 108/ Janani Express).
• How many cases from the Sub Centre were referred to PHC in last month?	Number: 3 (Since Apri1, 2021) Types of cases referred out: ANC
42. Key challenges observed in the facility and the root causes	
Challenge	**Root causes**
a) Water connection and drinking water facility. People are less aware about safe drinking water	Only 2-3 sources of clean and safe water. Maintenance of cleanliness of drinking water sources is a matter of concern. People need continuous orientation. VHNCS participation is required
b) Network issue and Mobile connectivity.	Village Dabri has police post with wireless connection. That connection can be shared with SHC.
c) Community not aware of general health	Lack of education in community. It is mostly tribal and practice indigenous health care remedies.
d)	
e)	

Service Delivery: Primary Health Centre/ Urban Primary Health Centre

Name of facility visited	**PHC-HWC, Songudda**
Facility Type	☑ PHC/ ☐ U-PHC
Whether the facility has been converted to HWC	☑ Yes/ ☐No
Standalone/ Co-located	☑ Standalone/ ☐Co-located Co-located with (if applicable):
Accessible from nearest road head	☑ Yes/ ☐No
Date of Visit	28.09.2021
Next Referral Point	Facility: DH Balaghat Distance: 85 kms.

Indicator	Remarks/ Observation
1. OPD Timing	**9:00 am to 4:00 pm (Lunch break 1:30 to 2:30 pm)**
• For U-PHC, check if evening/morning OPD/Clinics being conducted	☐ Yes/ ☐No: NA
2. Whether the facility is functioning in PPP mode	☐ Yes/ ☑ No
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Newly constructed building with all required infrastructure and two residential quarters. It has no power back-up and internet network.
	☑ 24*7 running water facility – through school borewell ☑ Facility is geriatric and disability friendly (Ramps etc.) ☑ Clean functional toilets available (separate for Male and female) ☑ Drinking water facility available ☑ OPD waiting area has sufficient sitting arrangement ☒ ASHA rest room is available ☑Drug storeroom with rack is available ☒ Power backup ☑ Branding
4. Number of functional in-patient beds	6 Beds
5. List of Services available	OPD, ANC, PNC, Delivery, Immunization (only birth dose), FP services
6. If 24*7 delivery services available	☑ Yes/ ☐No
7. Tele-medicine/Consultation services available	☑ Yes/ ☐No. PHC has internet and mobile network issue
8. Biomedical waste management practices	☑ Sharp pit ☑ Deep Burial pit
9. Details of HR available in the facility (Sanctioned and In-place) *Other Staff include: MPW – 1 (Regular) Peon – 1 (Regular) DEO – 1 (works at CHC Birsa)	

HR	San.	Reg.	Cont.
MO (MBBS)	--	0	0
MO (AYUSH)	--	0	1
SNs/ GNMs	--	0	1
ANM	--	1	1
LTs	--	0	1
Pharmacist	--	0	0
Public Health Manager (NUHM)	--	--	--
LHV/PHN	--	0	0
Others	--	2	1

Indicator	Remarks/ Observation
10. IT Services Due to network issue no IT services available BSNL goes off when electricity not available, Jio Network comes some times on some places in the PHC premises.	• Desktop/ Laptop available: ☑Yes/ ☐No • All ANMs have functional Tablets: ☑Yes/ ☐No • Smart phones given to all ASHAs: ☐Yes/ ☑No • Internet connectivity: ☐Yes/ ☑No Quality/strength of internet connection: _____
11. Kayakalp	Initiated: Yes in 2020-21 Facility score: 64 internal assessment Award received: No
12. NQAS	Assessment done: Internal/State: No Facility score: NA Certification Status: NA
13. Availability of list of essential medicines (EML)/ drugs (EDL)	☑Yes/ ☐No
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: ☐Yes/ ☑No No. of drugs available on the day of visit (out of the EDL) 00_____
14. Implementation of DVDMS or similar supply chain management system	☑Yes/ ☐No If other, which one_MP E-Aushadhi_____
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 | No pharmacist avaiable
16. Drugs Available for Hypertension & Diabetic patients:	1 | Presently not available
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1 |
18. Availability of Essential Consumables:	☐ Sufficient Supply ☑ Minimal Shortage ☐ Acute shortage In last 6 months how many times there was shortage_____
19. Availability of essential diagnostics	☑In-house (Hb, MP, Bio-chemistry, Sugar profile, lever profile, UPT) ☐Outsourced/ PPP ☐Both/ Mixed
• In-house tests	Timing: 9:00 am to 4:00 pm Total number of tests performed: 4_____ Details of tests performed:
• Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	☐Yes/ ☑No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐Yes/ ☐No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☑Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	☑Sufficient Supply ☐Minimal Shortage ☐Acute shortage

Indicator	Remarks/ Observation
23. If there is any shortage of major instruments/ equipment	No instrument available
24. Average downtime of equipment. Details of equipment are non functional for more than 7 days	
25. Availability of delivery services	☑Yes/ ☐No
• If yes, details	Comment on condition of labour room: Well equipped Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☑ Yes/ ☐ No
26. Status of JSY payments JSY payment is done by block level. PHC prepare all the papers and send it to block. PHC has no information about payment status of JSY beneficiaries.	Payment is up to date: ☐ Yes/ ☐No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	☑Yes/ ☐No : All the JSSK services are not available If yes, whether all entitlements being provided ☑Free delivery services (Normal delivery/ C-section) ☒ Free diet ☑Free drugs and consumables ☑Free diagnostics ☒Free blood services ☑Free referral transport (home to facility) (Dial 108/104, Dial 100) ☑ Free referral transport (drop back from facility to home) ☑No user charges
28. Line listing of high-risk pregnancies	☑Yes/ ☐No
29. Number of normal deliveries in last three month	70
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	☑ Yes (Skill lab, SBA) ☐ No
31. Practice related to Respectful Maternity Care	Yes
32. Number of Maternal Death reported in the facility	Previous year: 0 Current FY: 0
33. Number of Child Death reported in the facility	Previous year:0 Current year: 0
34. Availability of vaccines and hub cutter	☑Yes/ ☐No Nurses/ ANM aware about open vial policy: ☑ Yes/ ☐No
35. Number of newborns immunized with birth dose at the facility in last 3 months	All
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	All
37. Number of sterilizations performed in last one month	0
38. Availability of trained provider for IUCD/ PPIUCD	☐ Yes/ ☑No
39. Who counsels on FP services?	Staff nurse

Indicator	Remarks/ Observation
40. Please comment on utilization of other FP services	FP services are seldom provided. Community is averse to use of FP methods.
41. FPLMIS has been implemented	☐Yes/ ☑No
42. Availability of functional Adolescent Friendly Health Clinic	☐Yes/ ☑No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐Yes/ ☐No
43. Whether facility has fixed day NCD clinic	☐Yes/ ☑No If Yes, how many days in a week: _____ days
44. Are service providers trained in cancer services?	☐Yes/ ☑No
45. Number of individuals screened for the following in last 6 months: Lat technician reported about NCD screening and testing done at PHC. There is only one bonded MO posted at PHC.	**Screened** / **Confirmed** a. Hypertension b. Diabetes c. Oral Cancer d. Breast Cancer e. Cervical Cancer
46. Whether wellness activities are performed	☐Yes/ ☑No Frequency:
47. Whether reporting weekly data in P and L form under IDSP	☐Yes/ ☑No
48. Distribution of LLIN in high-risk areas	No. of LLIN distributed per household: ☐1 per family/ ☐Others (Specify): Not distributed
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐Yes/ ☑No
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____
	If anti-TB drugs available at the facility: ☐Yes/ ☑No If yes, are there any patients currently taking anti-TB drugs from the facility: NA
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _0_____
	Is there a sample transport mechanism in place for: • investigations within public sector for TB testing? ☐Yes/ ☑No • investigations within public sector for other tests? ☐Yes/ ☑No • outsourced testing? ☐Yes/ ☑No
	Are all TB patients tested for HIV? ☐Yes/ ☑No Are all TB patients tested for Diabetes Mellitus: ☐Yes/ ☑No
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 0
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: 0 Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:
51. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐Yes/ ☑No • TB Notification Registers: ☐Yes/ ☑No • Malaria cases: ☑Yes/ ☐No • Palliative cases: ☐Yes/ ☑No

Indicator	Remarks/ Observation
	• Cases related to Dengue and Chikungunya: ☐Yes/ ☑No • Leprosy cases: ☐Yes/ ☑No
52. How much fund was received and utilized by the facility under NHM? BMO (I/c) looking after untied grant of PHC	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
53. Status of data entry in (match with physical records)	HMIS: ☐Updated/ ☑Not updated MCTS: ☐Updated/ ☑Not updated IHIP: ☐Updated/ ☑Not updated HWC Portal: ☑ Updated/ ☐ Not updated Nikshay Portal: ☐Updated/ ☑Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	RKS is not functional at the PHC.
55. Availability of ambulance services in the area Dial 108 for patients and Dial 100 for accident cases	☐PHC own ambulance available ☐PHC has contracted out ambulance services ☑ Ambulances services with Centralized call centre ☐Government ambulance services are not available
	Comment (if any):
• How many cases from sub centre were referred to this PHC last month?	Number: 0 Types of cases referred in:
• How many cases from the PHC were referred to the CHC last month?	Number: 3 Types of cases referred out: Delivery
56. Key challenges observed in the facility and the root causes	
Challenge	**Root causes**
a) Remote area, no staff ready to stay here	Network issues, it is seen as punishment posting
b) Water scarcity is village	Panchayat has not taken the issue seriously
c) Frequent turnout of appointed staff	Implementation issues regarding policy or incetivization for posting in remote areas
d) Additional staff quarters are required	
e) Nutrition Rehabilitation Centre proposed.	

Service Delivery: Community Health Centre (CHC)/ U-CHC

Name of facility visited	**CHC, Birsa**
Facility Type	☑ CHC/ ☐ U-CHC
FRU	☐ Yes/ ☑No
Standalone/ Co-located	☑ Standalone/ ☐Co-located Co-located with (if applicable):
Accessible from nearest road head	☑ Yes/ ☐No
Date of Visit	29.09.2021
Next Referral Point	Facility: DH Balaghat Distance: 100 kms

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>1. OPD Timing</td><td>9:00 am to 04:00 pm (Lunch Break 01:30 - 2:15 pm)</td></tr>
<tr><td>2. Whether the facility is functioning in PPP mode</td><td>☐ Yes/ ☑No</td></tr>
<tr><td>3. Condition of infrastructure/ building

Please comment on the condition and tick the appropriate box</td><td>Comments: Old building, new block constructed in 2005 is also in dilapidated condition. New staff quarters are being constructed.
☑ 24*7 running water facility
☑ Facility is geriatric and disability friendly (ramps etc.)
☑ Clean functional toilets available (separate for Male and female)
☑ Drinking water facility available
☑ OPD waiting area has sufficient sitting arrangement
☒ ASHA rest room is available
☑Drug storeroom with rack is available
Power backup: ☑ Complete Hospital/ ☐ Part of the hospital</td></tr>
<tr><td>4. Number of functional in-patient beds</td><td>30 beds (Maternity + General, Male and Female wards)</td></tr>
<tr><td>5. List of Services available</td><td>OPD/IPD, Immunization, ANC, PNC, Delivery, NCD - Hypertension and Diabetes screening and treatment, 24x7 general emergency, All primary health facilities.</td></tr>
<tr><td>• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</td><td>
<table>
<tr><th>Sl.</th><th>Service</th><th>Y/N</th></tr>
<tr><td>1</td><td>Medicine</td><td>N</td></tr>
<tr><td>2</td><td>O&G</td><td>N</td></tr>
<tr><td>3</td><td>Pediatric</td><td>N</td></tr>
<tr><td>4</td><td>General Surgery</td><td>N</td></tr>
<tr><td>5</td><td>Anesthesiology</td><td>N</td></tr>
<tr><td>6</td><td>Ophthalmology</td><td>N</td></tr>
<tr><td>7</td><td>Dental</td><td>Y</td></tr>
<tr><td>8</td><td>Imaging Services (X – ray)</td><td>Y</td></tr>
<tr><td>9</td><td>Imaging Services (USG)</td><td>N</td></tr>
<tr><td>10</td><td>Newborn Stabilization Unit</td><td>Y</td></tr>
</table>
</td></tr>
<tr><td>• Any specialists are available 24*7</td><td>☐ Yes available / ☐ Yes, available only on-call /☑ Not available</td></tr>
<tr><td>• Emergency</td><td>General emergency All primary management only: ☑</td></tr>
<tr><td>6. Tele-medicine/Consultation services available</td><td>☐ Yes/ ☑ No (Set-up created at Mohgaon PHC)
If yes, average case per day_____</td></tr>
<tr><td>7. Operation Theatre available</td><td>☑ Yes/ ☐No
If yes,</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>Major: 0
Minor: 1 (A retired surgeon comes every week since Aug, 2021 for LTT/NSVT camps</td></tr>
<tr><td>8. Availability of functional Blood Storage Unit</td><td>☐ Yes/ ☑ No If yes, number of units of blood currently available:
No. of blood transfusions done in last month: _____</td></tr>
<tr><td>9. Whether blood is issued free, or user-fee is being charged</td><td>☐Free for BPL
☐Free for elderly
☐Free for JSSK beneficiaries
☑Free for all</td></tr>
<tr><td>10. Biomedical waste management practices</td><td>☑ Sharp pit:
☑ Deep Burial pit: (Daily collection by outsourced agency)</td></tr>
<tr><td>11. Details of HR available in the facility (Sanctioned and In-place)

For housekeeping 5 staffs are available 1-regular and 4 outsourced</td><td>
<table>
<tr><th colspan="2">HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td colspan="2">MO (MBBS)</td><td></td><td>2</td><td>0</td></tr>
<tr><td rowspan="4">Specialists</td><td>Medicine</td><td></td><td>0</td><td>0</td></tr>
<tr><td>ObGy</td><td></td><td>0</td><td>0</td></tr>
<tr><td>Pediatrician</td><td></td><td>0</td><td>0</td></tr>
<tr><td>Anesthetist</td><td></td><td>0</td><td>0</td></tr>
<tr><td colspan="2">Dentist</td><td></td><td>0</td><td>0</td></tr>
<tr><td colspan="2">SNs/ GNMs</td><td></td><td>3</td><td>0</td></tr>
<tr><td colspan="2">LTs</td><td></td><td>1</td><td>0</td></tr>
<tr><td colspan="2">Pharmacist</td><td></td><td>1</td><td>0</td></tr>
<tr><td colspan="2">Dental Assistant/ Hygienist</td><td></td><td>0</td><td>0</td></tr>
<tr><td colspan="2">Hospital/ Facility Manager</td><td></td><td>0</td><td>0</td></tr>
<tr><td colspan="2">EmOC trained doctor</td><td></td><td>0</td><td>0</td></tr>
<tr><td colspan="2">LSAS trained doctor</td><td></td><td></td><td>0</td></tr>
<tr><td colspan="2">Others (Ayush)</td><td></td><td>1</td><td>4</td></tr>
</table>
</td></tr>
<tr><td>12. IT Services</td><td>• Desktop/ Laptop available: ☑Yes/ ☐No
• Internet connectivity: ☑Yes/ ☐No
Quality/strength of internet connection: Slow – SWAN</td></tr>
<tr><td>13. Kayakalp</td><td>Initiated: Yes
Facility score: 60%
Award received: No</td></tr>
<tr><td>14. NQAS</td><td>Assessment done: Internal/State (Not assessed)
Facility score:
Certification Status:</td></tr>
<tr><td>15. LaQshya</td><td>Labour Room:
Operation Theatre:</td></tr>
<tr><td rowspan="2">16. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☑Yes/ ☐No</td></tr>
<tr><td>If yes, total number of drugs in EDL 296
EDL displayed in OPD Area: ☑Yes/ ☐No
No. of drugs available on the day of visit (out of the EDL) 290</td></tr>
<tr><td>17. Implementation of DVDMS or similar supply chain management system</td><td>☑Yes/ ☐No
If other, which one MP E-Aushdhi</td></tr>
<tr><td>18. Shortage of 5 priority drugs from EDL in last 30 days, if any</td><td>
<table>
<tr><td>1</td><td>No</td></tr>
</table>
</td></tr>
<tr><td>19. Availability of Essential
Only dog bite injection 40 vials available</td><td>☑ Sufficient Supply
☐Minimal Shortage :</td></tr>
</table>

Indicator	Remarks/ Observation
local purchased	☐ Acute shortage In last 6 months how many times there was shortage:____
20. Availability of essential diagnostics	☑In-house ☐Outsourced/ PPP ☐Both/ Mixed
• In-house tests	Timing: 09:00 am to 04:00 pm Total number of tests performed:28_____ Details of tests performed: As prescribed for the CHC
• Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available *X-ray technician posted at CHC. Old analog x-ray machine is not in working condition. 30-35 / month done	☑Yes/ ☐No If Yes, type & nos. of functional X-ray machine is available in the hospital: Analogue Is the X-ray machine AERB certified: ☐ Yes/ ☑ No
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☑Free for all
23. Availability of Testing kits/ Rapid Diagnostic Kits	☑Sufficient Supply – HIV, HbsAG, HCB, MP, Widal, UPT, VDRL ☐Minimal Shortage ☐Acute shortage
24. If there is any shortage of major instruments/ equipment	
25. Average downtime of equipment. Details of equipment are non-functional for more than 7 days	--
26. Availability of delivery services	☑ Yes/ ☐No
• If the facility is designated as FRU, whether C-sections are performed	☐Yes/ ☑No Number of normal deliveries performed since April, 2021: 112____ No. of C-sections performed in last month: 0_____
• Comment on condition of:	Labour room: Not in good condition, water seepage problem OT: available, but not well maintained Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☑ Yes/ ☐ No
27. Status of JSY payments	Payment is up to date: ☐Yes/ ☑No Average delay: 7-15 days Payment done till: -- Reasons for delay: For some JSY beneficiaries, required documents such as aadhar, samagra, RCH IDs are not submitted.
28. Availability of JSSK entitlements	☑ Yes/ ☐No If yes, whether all entitlements being provided ☑Free delivery services (Normal delivery/ C-section) ☑Free diet ☑Free drugs and consumables ☑Free diagnostics ☒ Free blood services

Indicator	Remarks/ Observation
	☑Free referral transport (home to facility) ☑ Free referral transport (drop back from facility to home) ☑No user charges
29. PMSMA services provided on 9th of every month	☑Yes/ ☐No LHV screen high risk ANCs If yes, how are high risks identified on 9th? : Based on high risk criteria
30. Line listing of high-risk pregnancies	☑Yes/ ☐No
31. Practice related to Respectful Maternity Care	Yes.
32. Whether facility have registers for entering births and deaths	☑Yes/ ☐No
33. Number of Maternal Death reported in the facility	Previous year: 0 Current year: 0
34. Number of Child Death reported in the facility	Previous year: 0 Current year: 24
35. If Comprehensive Abortion Care (CAC) services available	☐Yes/ ☑No
36. Availability of vaccines and hub cutter	☑Yes/ ☐No Nurses/ ANM aware about open vial policy: ☑Yes/ ☐No
37. Number of newborns immunized with birth dose at the facility in last 3 months	113 (Up to September, 2021)
38. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	Yes
39. Number of sterilizations performed in last one month	60 (Every Saturday LTT is performed)
40. Availability of trained provider for IUCD/ PPIUCD	☑Yes/ ☐No 33 PPIUCD during April-September, 2021. Avg. 5/month
41. Who counsels on FP services?	Staff Nurse
42. Please comment on utilization of other FP services	
43. FPLMIS has been implemented	☑Yes/ ☐No No indent since last month due to Covid duty
44. Availability of functional Adolescent Friendly Health Clinic	☐Yes/ ☑No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐Yes/ ☑No
45. Facility has fixed day NCD clinic	☐Yes/ ☑No
46. Are service providers trained in cancer services?	☐Yes/ ☑No
47. Number of individuals screened for the following in last 6 months:	**Screened** / **Confirmed** a. Hypertension: 2764 / b. Diabetes: 1932 / c. Oral Cancer: 232 / 3 d. Breast Cancer: 47 / 0 e. Cervical Cancer: 3757 / 9
48. Are service providers trained in cancer services?	☐Yes/ ☑No
49. Whether reporting weekly data in P, S and L form under IDSP	☑Yes/ ☐No

Indicator	Remarks/ Observation
50. Status of TB elimination programme There is TB microscopy mobile team functional in the block. It caters to 15 villages. In all 45 confirmed cases are found and all are on-treatment.	Facility is designated as Designated Microscopy Centre (DMC): ☐Yes/ ☑No
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) 50-60/month from periphery
	If anti-TB drugs available at the facility: ☐Yes/ ☑No If yes, are there any patients currently taking anti-TB drugs from the facility: ☐Yes/ ☑No
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _0_
	Is there a sample transport mechanism in place for: • investigations within public sector for TB testing? ☑Yes/ ☐No • investigations within public sector for other tests? ☐Yes/ ☑No • outsourced testing? ☐Yes/ ☑No
	Are all TB patients tested for HIV? ☐Yes/ ☑No Are all TB patients tested for Diabetes Mellitus: ☐Yes/ ☑No
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:
51. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: 3 Out of those, how many are having Gr. II deformity: 8(1 PB, 7 MB) Frequency of Community Surveillance: ongoing in 22 villages
52. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☑Yes/ ☐No • TB Notification Registers: ☑Yes/ ☐No • Malaria cases: ☑Yes/ ☐No • Palliative cases: ☐Yes/ ☑No • Cases related to Dengue and Chikungunya: ☑Yes/ ☐No • Leprosy cases: ☑Yes/ ☐No
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Electrical, Cleaning and Gardening
	Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: ☑Updated/ ☐Not updated MCTS: ☐Updated/ ☑Not updated IHIP: ☑Updated/ ☐Not updated HWC Portal: ☐Updated/ ☐Not updated Nikshay Portal: ☑Updated/ ☐Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	RKS meeting not held regularly. Last RKS meeting was held in November, 2020. Last Executive meeting held in February, 2020 with SDM.
56. Availability of ambulance services in the area	☐CHC own ambulance available ☐CHC has contracted out ambulance services ☑Ambulances services with Centralized call centre ☐Government ambulance services are not available
	Comment (if any):

Indicator	Remarks/ Observation
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: -- Types of cases referred in: Anaemia, complicated pregnancies
• How many cases from the CHC were referred to the DH last month?	Number: 41 Types of cases referred out: ANC, Delivery and PNC

57. Key challenges observed in the facility and the root causes

Challenge	Root causes
a) Lack of required HR	No recruitment from the state level. No retention policy for remote location CHCs
b) Old building	CHC need new building urgently. No proposal has been submitted
c) 6 new staff quarters under construction	Construction need to be expedited
d)	
e)	

Service Delivery: District Hospital/ Sub District Hospital

Name of facility visited	**Shaheed Bhagat Singh District Hospital, Balaghat**
Facility Type	☑ DH/ ☐ SDH
FRU	☑ Yes/ ☐No
Standalone/ Co-located	☑ Standalone/ ☐Co-located Co-located with (if applicable):
Accessible from nearest road head	☑ Yes/ ☐No
Date of Visit	30.09.2021
Next Referral Point	Facility: Medical College Jabalpur / Chhindwada Distance: 250 kms. / 160 kms.

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>1. OPD Timing</td><td>09:00 am to 04:00 pm</td></tr>
<tr><td>2. Condition of infrastructure/ building

Please comment on the condition and tick the appropriate box</td><td>Comments: Recently renovated and upgraded for specialty care services. It has separate wings for MCH, Casualty, OPD, IPD services.
☑ 24*7 running water facility
☑ Facility is geriatric and disability friendly (ramps etc.)
☑ Clean functional toilets available (separate for Male and female)
☑ Drinking water facility available (RO plant)
☑ OPD waiting area has sufficient sitting arrangement
☑ ASHA rest room is available
☑Drug storeroom with rack is available
Power backup: ☑ Complete Hospital/ ☐ Part of the hospital

Last major renovation done in (Year): Renovation in progress_</td></tr>
<tr><td>3. Number of functional in-patient beds</td><td>400_____ ICU and PICU under construction
No of ICU Beds available: 10</td></tr>
<tr><td>4. List of Services available</td><td>Trauma, MCH, Surgeries, General and Specialised, NCD, Clubfoot, VHBCP, Orthopaedic</td></tr>
<tr><td>• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</td><td>
<table>
<tr><th>Sl.</th><th>Service</th><th>Y/N</th></tr>
<tr><td>1</td><td>Medicine</td><td>Y</td></tr>
<tr><td>2</td><td>O&G</td><td>Y</td></tr>
<tr><td>3</td><td>Pediatric</td><td>Y</td></tr>
<tr><td>4</td><td>General Surgery</td><td>Y</td></tr>
<tr><td>5</td><td>Anesthesiology</td><td>Y</td></tr>
<tr><td>6</td><td>Ophthalmology</td><td>Y</td></tr>
<tr><td>7</td><td>Dental</td><td>Y</td></tr>
<tr><td>8</td><td>Imaging Services (X – ray)</td><td>Y</td></tr>
<tr><td>9</td><td>Imaging Services (USG)</td><td>Y</td></tr>
<tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td>Y</td></tr>
<tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td>Y</td></tr>
<tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td>Y</td></tr>
<tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td>Y</td></tr>
<tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td>N</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>
<table>
<tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td>N</td></tr>
<tr><td>16</td><td>Labour Room Complex</td><td>Y</td></tr>
<tr><td>17</td><td>ICU</td><td>Y</td></tr>
<tr><td>18</td><td>Dialysis Unit</td><td>Y</td></tr>
<tr><td>19</td><td>Emergency Care</td><td>Y</td></tr>
<tr><td>20</td><td>Burn Unit</td><td>Y</td></tr>
<tr><td>21</td><td>Teaching block (medical, nursing, paramedical)</td><td>Y</td></tr>
<tr><td>22</td><td>Skill Lab</td><td>N</td></tr>
</table>
</td></tr>
<tr><td>5. Emergency</td><td>Facilities available for: Triage, Resuscitation, Stebilization - Yes</td></tr>
<tr><td>6. Tele-medicine/Consultation services available</td><td>☑ Yes/ ☐No E-Sanjeevani
If yes, average case per day__5-6_____</td></tr>
<tr><td>7. Operation Theatre available</td><td>☑ Yes/ ☐No
If yes,
Single general OT: Yes
Elective OT-Major (General): Yes
Elective OT-Major (Ortho): No
Obstetrics & Gynaecology OT: Yes
Ophthalmology/ENT OT: Yes
Emergency OT: No</td></tr>
<tr><td>8. Availability of functional Blood Bank</td><td>☑ Yes/ ☐No
If yes, number of units of blood currently available: _____
No. of blood transfusions done in last month: _____</td></tr>
<tr><td>9. Whether blood is issued free, or user-fee is being charged
₹ 1050 is charged from patients coming from private hospital</td><td>☐Free for BPL
☐Free for elderly
☐Free for JSSK beneficiaries
☑Free for all</td></tr>
<tr><td>10. Biomedical waste management practices</td><td>1. Sharp pit
2. Deep Burial pit
3. Incinerator
4. Using Common Bio Medical Treatment plant
5. “Krupa Wastage, Seoni” Contracted for collection of BMW</td></tr>
<tr><td>11. Details of HR available in the facility (Sanctioned and In-place)</td><td>
<table>
<tr><th colspan="2">HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td colspan="2">MO (MBBS)</td><td></td><td>17</td><td>7</td></tr>
<tr><td rowspan="10">Specialists</td><td>Medicine</td><td></td><td>1</td><td></td></tr>
<tr><td>ObGy</td><td></td><td>2</td><td></td></tr>
<tr><td>Pediatrician</td><td></td><td>2</td><td></td></tr>
<tr><td>Anesthetist</td><td></td><td>2</td><td></td></tr>
<tr><td>Surgeon</td><td></td><td>1</td><td></td></tr>
<tr><td>Ophthalmologist</td><td></td><td>1</td><td></td></tr>
<tr><td>Orthopedic</td><td></td><td>2</td><td></td></tr>
<tr><td>Radiologist</td><td></td><td>1</td><td></td></tr>
<tr><td>Pathologist</td><td></td><td>1</td><td></td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Dentist</td><td></td><td>2</td><td></td></tr>
<tr><td colspan="2">Staff Nurses/ GNMs</td><td></td><td>23</td><td></td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>
<table>
<tr><td>LTs</td><td></td><td>6</td><td>2</td></tr>
<tr><td>Pharmacist</td><td></td><td>2</td><td></td></tr>
<tr><td>Dental Technician/ Hygienist</td><td></td><td></td><td></td></tr>
<tr><td>Hospital/ Facility Manager</td><td></td><td></td><td></td></tr>
<tr><td>EmOC trained doctor</td><td></td><td></td><td></td></tr>
<tr><td>LSAS trained doctor</td><td></td><td></td><td></td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>12. IT Services</td><td>• Desktop/ Laptop available: ☑Yes/ ☐No
• Internet connectivity: ☑Yes/ ☐No
Quality/strength of internet connection: Good</td></tr>
<tr><td>13. Kayakalp</td><td>Initiated: Yes
Facility score: 80% (Internal Assessment)
Award received: No</td></tr>
<tr><td>14. NQAS</td><td>Assessment done: Internal/State
Facility score:
Certification Status:</td></tr>
<tr><td>15. LaQshya</td><td>Labour Room: Yes
Operation Theatre: Yes</td></tr>
<tr><td rowspan="2">16. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☑Yes/ ☐No</td></tr>
<tr><td>If yes, total number of drugs in EDL_____
EDL displayed in OPD Area: ☑Yes/ ☐No
No. of drugs available on the day of visit (out of the EDL) _____</td></tr>
<tr><td>17. Implementation of DVDMS or similar supply chain management system</td><td>☑Yes/ ☐No
If other, which one_MP E-Aushadhi_____</td></tr>
<tr><td>18. Shortage of 5 priority drugs from EDL in last 30 days, if any</td><td>
<table>
<tr><td>1</td><td></td></tr>
</table>
</td></tr>
<tr><td>19. Availability of Essential Consumables:</td><td>☐Sufficient Supply
☑ Minimal Shortage
☐Acute shortage:
In last 6 months how many times there was shortage: __</td></tr>
<tr><td>20. Availability of essential diagnostics</td><td>☐In-house
☑Outsourced/ PPP
☐Both/ Mixed</td></tr>
<tr><td>• In-house tests</td><td>Timing: 24x7
Total number of tests performed: _80 (20 more tests are proposed to be started)
Details of tests performed: Serology, Biochemistry, Urine Analysis, Haematology, Coagulation, Immunoassay, Cancer marker, Auto immune assay</td></tr>
<tr><td>• Outsourced/ PPP</td><td>Timing:
Total number of tests performed 37184 tests are performed
Details of tests performed:</td></tr>
<tr><td>21. X-ray services is available
Radiographer - 10 sanctioned posts and 3 in-position,</td><td>☑ Yes/ ☐No
If Yes, type & nos. of functional X-ray machine is available in the hospital: 1 500mA and Digital functioning since 2019
Is the X-ray machine AERB certified: ☑Yes/ ☐No</td></tr>
<tr><td>22. CT scan services available
Free for Ayushman Bharat, BPL, DDC, IPD.</td><td>☑Yes/ ☐No (₹933 per scan is charged from OPD, private patient)
If yes: ☐In-house/ ☑PPP</td></tr>
</table>

Indicator	Remarks/ Observation
	Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): No
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☑Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	☑Sufficient Supply ☐Minimal Shortage ☐Acute shortage
25. Implementation of PM-National Dialysis programme Total 3 machines functions in 2 shifts	☐Yes/ ☐No
	☐ In-house ☑Outsourced/ PPP Total number of tests performed: 541
• Whether the services are free for all	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☑Free for all
• Number of patients provided dialysis service	Previous year_____ Current FY 16 **Calculate the approximate no. of patients provided dialysis per day* ***On average 6 patients provided with dialysis / day***
26. If there is any shortage of major instruments / equipment	No
27. Average downtime of equipment. Details of equipment are non functional for more than 7 days	NA
28. Availability of delivery services	☑Yes/ ☐No
• If the facility is designated as FRU, whether C-sections are performed	☑Yes/ ☐No Number of normal deliveries performed since April: 13058 No. of C-sections performed since April: 3629
• Comment on the condition of:	Labour room: Well Maintained OT: Well maintained Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☑ Yes/ ☐ No
29. Status of JSY payments	Payment is up to date: ☑Yes/ ☐No Average delay: Payment done till: Reasons for delay: in few cases delay is due to late paper submission
30. Availability of JSSK entitlements	☑Yes/ ☐No If yes, whether all entitlements being provided ☑Free delivery services (Normal delivery/ C-section) ☑Free diet ☑Free drugs and consumables ☑Free diagnostics ☑Free blood services ☑Free referral transport (home to facility)

Indicator	Remarks/ Observation		
	☑ Free referral transport (drop back from facility to home) ☑No user charges		
31. PMSMA services provided on 9th of every month	☑Yes/ ☐No If yes, how are high risks identified on 9th? HRPW are listed as per the high risk criteria and advised for follow-up visit. If No, reasons thereof:		
32. Line listing of high-risk pregnancies	☑Yes/ ☐No		
33. Practice of Respectful Maternity Care	Yes, All staff nurses are trained		
34. Whether facility have registers for entering births and deaths	☑Yes/ ☐No (Online Birth and Death Registration)		
35. Number of Maternal Death reported in the facility	Previous year: Current year:		
36. Number of Child Death reported in the facility	Previous year: 0 Current year: 0		
37. If Comprehensive Abortion Care (CAC) services available	☑Yes/ ☐No		
38. Availability of vaccines and hub cutter	☑Yes/ ☐No Nurses/ ANM aware about open vial policy: ☑Yes/ ☐No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	☐Fully functional with all staff in place ☑ Functional with few vacancies (approx. 20%-30%) ☐Functional with more than 50% vacancies ☐Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	☑Yes/ ☐No		
44. Who counsels on FP services?	Staff nurse		
45. comment on utilization of other FP services	FP services are provided as per the choice of acceptor. However, female methods have more acceptance than male methods.		
46. FPLMIS has been implemented	☑Yes/ ☐No		
47. Availability of functional Adolescent Friendly Health Clinic	☑Yes/ ☐No If yes, who provides counselling to adolescents: Staff Nurse_____ Separate male and female counselors available: ☐Yes/ ☑No		
48. Whether facility has fixed day NCD clinic	☑Yes/ ☐No If Yes, how many days in a week: _All 6 days		
49. Are service providers trained in cancer services?	☑Yes/ ☐No		
50. Number of individuals screened for the following in last 6 months:		**Screened**	**Confirmed**
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		

Indicator	Remarks/ Observation
51. Whether reporting weekly data in P, S and L form under IDSP	☑Yes/ ☐No
58. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☑Yes/ ☐No
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____
	If anti-TB drugs available at the facility: ☑Yes/ ☐No If yes, are there any patients currently taking anti-TB drugs from the facility: ☑Yes/ ☐No
	Availability of CBNAAT/ TruNat: ☑Yes/ ☐No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____
	Are all TB patients tested for HIV? ☑Yes/ ☐No Are all TB patients tested for Diabetes Mellitus: ☑Yes/ ☐No
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 100%
52. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☑Yes/ ☐No • TB Notification Registers: ☑Yes/ ☐No • Malaria cases: ☑ Yes/ ☐No • Palliative cases: ☐Yes/ ☑No • Cases related to Dengue and Chikungunya: ☑Yes/ ☐No • Leprosy cases: ☐Yes/ ☑ No
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Mostly for maintenance and sundry purchases
	Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: ☑Updated/ ☐Not updated MCTS: ☐Updated/ ☑Not updated IHIP: ☑Updated/ ☐Not updated HWC Portal: ☑Updated/ ☐Not updated Nikshay Portal: ☑Updated/ ☐Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	☑Own ambulance available ☐DH/ SDH has contracted out ambulance services ☑Ambulances services with Centralized call centre ☐ Government ambulance services are not available
• How many cases from referred to in last month?	Number: Types of cases referred in:
• How many cases were referred out last month?	Number: 260 Types of cases referred out: Mostly critical patients are referred out
60. Key challenges observed in the facility and the root causes	

Indicator	Remarks/ Observation
Challenge	**Root causes**
a) Wrong referral cases being sent to the DH. This creates lot of unwarranted emergency	Periphery staff are not trained enough in referral services.
b) Administration	There is no regular administrative officer. Day-to-day administrative affairs are not addressed properly. Government has never addressed these issues. There should be a administrative unit in the DH
c) Super – specialty services are not available	There is no in-service quota for post-graduation. In next few years, there will not be any PG doctor in the public health facilities.
d) Emergency and Trauma services are available	No trained HR available for emergency and Trauma
e)	