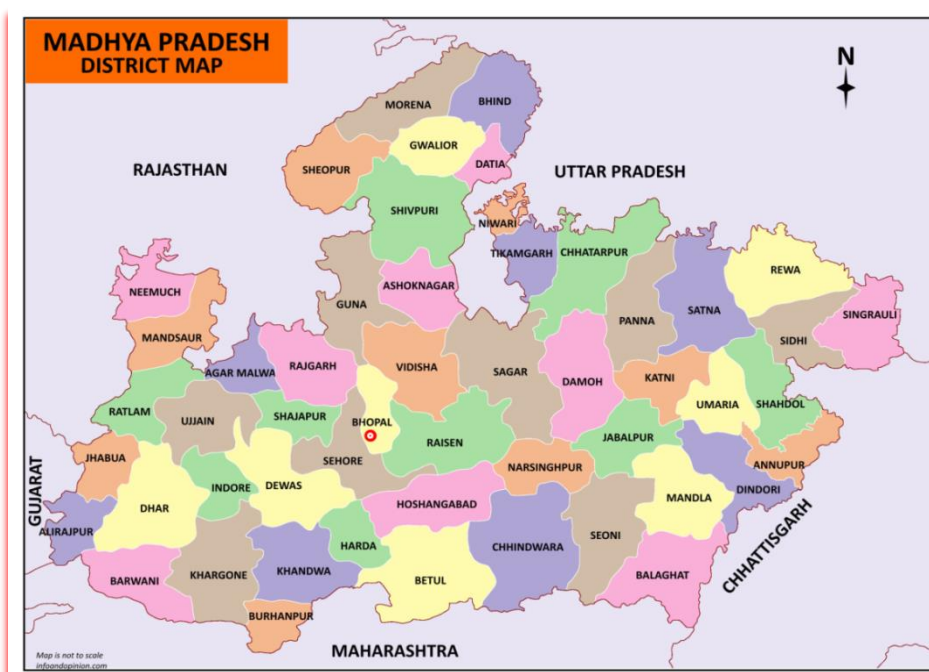


**Report on Monitoring of Programme Implementation Plan (PIP)
Under National Health Mission
2021-2022**



**District: Niwari
(Madhya Pradesh)**



Study Completed by

Dr. Jyoti Tiwari

**(Research Investigator)
Honorary Director
Prof.K.K.N.Sharma**

Population Research Centre
(Ministry of Health and Family Welfare, Government of India)
Department of General and Applied Geography
Dr. H. S. Gour Central University
Sagar (M.P.) 470003
January 2022

Contents

A.	Assessment of the District profile	3
B.	Community Level	4
C.	Service Delivery :Sub Centre	5
D.	Service Delivery: Primary Health Centre	7
E.	Service Delivery :Community Health Centre (CHC)	10
	Action Point	14
	Annexure	15
	List of Acronyms	35
	Photographs of Health Facilities Visited	

Quality Monitoring of Programme Implementation Plan under National Health Mission in Niwari District 2021-22 (M.P)

Executive Summary

For quality monitoring of Programme Implementation Plan (PIP) of NHM, the Ministry of Health and Family Welfare, Government of India, has assigned its 18 Population Research Centres (PRC) since 2012-13 in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2021-22, PRC Sagar is engaged in carrying out PIP monitoring in several districts of Madhya Pradesh. In this context a field visit was made to Niwari district in MP in second week of November, 2021. The PRC team visited Community Health Centre (CHC) Niwari, 24*7 Primary Health Centre (PHC) Orchha and SHC Kulua, which are functioning as delivery points, to assess services being provided in these health facilities.

This report provides a review of key population, socio economic, health and service delivery indicators of the state and Ashok Nagar District. The report provides insight based on observations and information collected from the service providers and programme managers during the visits to different health facilities in the district. The reference point for examination of issues and status is for the period April-October 2021 for all selected facilities. Checklists for different health facilities are used to ascertain the range of services available. During monitoring, exit interviews of recently delivered women were carried out at CHC Niwari 24*7 PHC Orchha and SHC Kulua for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received.

Some key observations are as follows.

- The construction work has started after marking the place of district hospital in district Niwari. The construction work of CMHO office has started near it.
- The distance of the proposed district hospital from the station is about 2 kilometres away.
- The district hospital has been proposed in the outside the city. The photograph of the proposed land is attached. PIU company of Bhopal is doing the construction work.

- Approval of Rs. 300 lacks has been received for the construction of 60 bedded district hospital of community Health centre Niwari. Along with this, the approval of Rs. 150 lacks has also been received for establishment of CMHO office.
- A total of 32 posts including medical specialists have been approved and all the posts are vacant at present.
- Presently there is appointment of DPM and Epidemiologist has been done in the district hospital. Also a dentist has been appointed from NHM.
- Four RBSK teams are working in the district Niwari. These four teams are four medical officers. The posts of ANM and pharmacist are vacant.
- Insulator van for bio medical waste comes twice in a week. There is deep pit available with other facilities.
- The allocation of the budget is now done only with Tikamgarh District.
- 397 ASHAs are working in the district and 25 ASHAs are needed in proportion to the population.
- Niwari district has been connected to major cities by rail since last few years.
- The number of Community health center, Primary Health Center and Sub Health Center in the district are 2, 8 and 68 respectively.
- The number of medicines listed in the Community Health Center, Primary Health Center, and Sub Health Center in the district are 251, 171, and 40 respectively.
- The number of free pathological tests performed in Community Health Center, Primary Health Center and Sub Health Centers in the district are 28, 16, and 14 respectively.
- Free vehicle facility in the district as Janani Express, 108, and ambulance are 4, 3 and 7 respectively.
- The total number of ASHA workers in Niwari district 357 and number of ASHA Sahyogi is 41.
- During financial year 2021-22 a total of 3 crore 18 lakh beget have been approved under various programme like ASHA, IEC, NHM, Child health, family welfare etc, out of which the total expenditure amount have been 1 crore 91 lakh that is 60 percent of the amount has been spent.(see Table for details,)

Monitoring of PIP 2021-22

District Niwari (M.P.)

A. Assessment of the District profile

A.1 Introduction

For action based PIP monitoring of NRHM for high priority districts proposed by MoHFW (GOI) a field visit was made to Niwari district in Madhya Pradesh in November, 2021. CHC, Niwari, , 24X7 Primary Health Centre (PHC) Orchha, and Sub-Centre (SC) Kuluawere visited by PRC. PIP monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, human resources and programme management, and qualitative interaction with beneficiaries to ascertain quality of services. Secondary data was collected for the structured format from the state and district HMIS data format that was already available at the respective Programme Management Unit. Primary data was collected for the qualitative responses interactions with the health staff and Checklists were used to assess the availability of services during visits to health facilities

A.2 State and District Profile

Madhya Pradesh is located in central India has 50 districts and 342 blocks with a total population of 7.2 crores (Census, 2011). Niwari district is located at a distance of 228 kms from the state capital Bhopal and caters to a population of 4.48 lakhs. Niwari district is placed under Sagar division. The district is divided into 2 blocks namely, Niwari and Prithvipur.

The notification for making district was issued in the first of July 2018. Thus the Niwari district came into existence on 1st October 2018 as the 52nd district of Madhya Pradesh. Earlier Niwari was at tehsil of Tikamgarh district. Niwari district was formed by merging 3 tehsils of Tikamgarh, i.e. Niwari, Orchha and Prithvipur. In Niwari district 54 panchayats of Niwari, 17 of Orchha, and 56 of that of Prithvipur have been included. Thus there are a total of 127 panchayats in Niwari district.

Niwari district is placed under Sagar division. The area of Niwari district is 131745 hectares. After the formation Niwari has now become the smallest district of Madhya Pradesh in both Population and area. Niwari has also become the smallest district of Madhya Pradesh in terms of number of tehsils.

A.3 The key socio-Demographic indicators

Key Socio-Demographic Indicators				
Sr.	Indicator	MP		Niwari*
		2001	2011	
1	No. of Districts	45	50	-
2	No. of Blocks	333	342	2
3	No. of Villages	55393	54903	281
4	No. of Towns	394	476	-
5	Population (Million)	60.34	72.63	04.04
6	Decadal Growth Rate	24.3	20.3	18.1
7	Population Density (per (Km ²))	196	236	350
8	Literacy Rate (%)	63.7	70.6	63.9
9	Female Literacy Rate (%)	50.3	60.6	50.8
10	Sex Ratio	919	930	866
11	Sex Ratio (0-6 Age)	932	918	869
12	Urbanization (%)	26.5	27.6	20.7
13	Percentage of SC (%)	15.2	15.6	24.25
14	Percentage of ST (%)	20.3	21.1	5.1
Source: Census of India 2001, 2011 various publications, RGI.xx				
*The indicators of Niwari tahsil has been calculated by taking the average of all three tahsil, because Niwari tahsil is new district, the value of its indicator is not available at.				

The population density of Niwari district is 350 persons per sq. km. as compared to 236 of that of the Madhya Pradesh. The decadal growth rate of Niwari is 18.1. The literacy rate of Niwari district is 63.9% of which the female literacy rate is 50.8%. The male-female sex ratio of Niwari is 866 females per thousand males in comparison to 912 of that of M.P. The sex ratio for 0-6 years of age group in Niwari district has 869.

B. Community Level Assessment

B.1 Service Indicators

- It is observed that the people living in rural areas prefer govt. hospital; due to weak economic condition they do not give priority to private hospital.
- People have been satisfied with the services of govt. hospital. People say that the condition of govt. hospital is better than before.
- After discussion with community, it has concluded that the people are aware of the bad effects of tobacco, alcohol, use of solid pollution, air pollution and pollution of drinking water.

- Most villagers use clean water and toilets. It is found that the ASHA has a constant door to door visit. Medicine, checkups and referral transportation facilities are available for community.
- The services in the govt. hospital are provided free of cost according to community members.
- The relationship ASHA and community have been found healthy.
- Niwari district persons referred to Jhansi Medical collage as per community view.

B.2 Assessment of challenges and root causes

Challenges	Root Causes
• A. Sometime transportation facility is not proper functioning due to peak session.	A. The number of referral transport vehicles should be increased.
B. There is not enough space available for patient in the sub canter.	B. Sub canter can be expanded for accommodating all villager patients.
C. Sometime there is no supply of essential medicine.	C. The supply of medicine to the DH should be ensured.
D. According to the public, delivery point is a must in the sub canter.	D. Delivery point should be provided in the sub canter.
E. People are in trouble due to the lack of emergency services of the sub canter at night.	E. Emergency services at night must be provided by the sub canter.

C.Assessment of Service Delivery Sub Canter Kulua

- As per the National Health programme and IPHS norms the services of OPD, ANC checkups, Immunization, NCD, Covid vaccination, FP counselling is actively functional.
- Sub canter Kulua building was found to be in good condition with facilities such as running water facility, disability friendly OPD, waiting area, ASHA rest room, drug store room, specified yoga area and power backup.
- The facility HR Table is as follows--

C.1 Human Resources and other services indicator details.

HR	Sanction	Regular	Contractual
ANM/MPW	1	1	0
MPW Male	1	1	0
CHO/MLHP	1	0	1
ASHA	7	0	7
Others	-	-	-

- It is noted that there are all the required workers available in the facility hence there is no shortage of HR in the facility.
- IT services like functional tablet, internet connectivity are available.
- There are 14 types of medicines list in the store, out of which 12 medicines are found available during the visit.
- Anti TB drugs is available in the facility and is currently being prescribed to the patients.
- The five medicine not available at the sub canter are as follows—
 - 1.Oxytocin Injection
 2. Dextromethorphan 10 mg
 3. Furazolidone
 4. Ibuprofen 400mg
 5. Frusemide 10 mg
- Drugs which are available for hypertension and diabetes patients.
 - 1.Amlodipine
 - 2.Metformin
- There is a shortage of medicines for the last 7 days of **telenston** used for hypertension.
- Medicine for hypertension and diabetes are distributed by CHO.
- The sub canter has BP instrument, thermometer, and glucometer machine for diagnostic of respective patients.
- Identification of high risk women is done by ANM successfully.
- The maternal death occurred are four and two in previous and current years respectively. The reason for these deaths is reviewed properly.
- It is reported that the vaccines and hub cutter is available at the canter.
- Micro plan is available for immunization at the canter.
- ASHAs are reported to make the list of all eligible target couple.
- It is reported that the trained provider for IUCD/PPIUCD is available.
- All family planning services are functional inside the sub canter area.
- The 2214 number of individuals above 30 years of the age comprises in the HWC population.
- It is found that the universal screening of NCD has started since 2015-16.
- Screening and confirmation of various disease are as follows--

	Screened	Confirmed
a. Hypertension	250	25
b. Diabetes	230	20
c. Oral Cancer	25	1
d. Breast Cancer	30	0
d. Cervical Cancer	0	0

- It is concluded from the above table that the most of the patients were found to be of hypertension and diabetes.
- The wellness activities are found functional in the sub canter.
- The IDSP form, and S form are to be filled by the ANM.
- Status of Tuberculosis in the area is given as following Table—

Indicators	Last Year	Current Year
1.Number of presumptive TB patients identified	04	01
2.Number of presumptive TB Patients referred for testing	46	30
3.Number of TB patients diagnosed out of the presumptive patients referred	01	00
4. Number of TB patients taking treatment under the sub canter area	04	01

- The ASHA has HBNC kit and drug kits both.
- Sometimes the incentives of ASHAs are not paid in time due to some technical issues.

C.2 Assessment of Challenges and Root Causes

Challenges	Root Cause
• A. Delivery point at the canter is needed.	A. Delivery point should be started at the earliest so that community are served better.
B. The fourth class employees are dissatisfied with their pay.	B. Consider the demands of the employees for their pay structure.
C. ANM is not fully trained for ANMOL software.	C Training of ANMOL software should be provided continuously.
D. Some beneficiaries do not get money due to mismatch identification.	D. The system of getting money to the beneficiaries should be simplified.
E. Sometime there is a problem of internet connectivity.	E. Internet facility should be upgraded.

D PHC Orchha Assessment

D.1 Assessment of Service Indicator:

- Orchha PHC is running with building in a good condition with 6 beds. The OPD timing is between 9AM to 4 PM.
- The basic infrastructures of PHC is observed as follows—
 - a. Running water facility is available during 24*7.
 - b. Geriatric and disability facility is available.
 - c. Clean toilets are available.
 - d. Drinking water facility is available.
 - e. OPD waiting area has sufficient sitting arrangement.
 - f. ASHA rest room is available.
 - g. Drug store room with rack is available.
 - h. Power backup is available.

- Emergency, OPD, Family Planning, Immunization, Covid 19 vaccination services are found in the center.
- Delivery services are functional during 24*7.
- Tele-medicine/consultation services are available.
- The details of HR is available in the facility as showing in the following table—

D.2 Human Resources and other services indicator details.

HR	Sanction	Regular	Contractual
MO (MBBS)	No record	01	01
SNs/GNMs	-	01	03
ANM	-	01	01
Pharmacist	-	-	01
LHV/PHN	-	-	-

- Two MOs are working in Orchha PHC in regular and contractual mod.
- Basic IT services like Desktop/Laptop, Tablets, Internet connectivity are available.
- Kayakalp programme is conducted in the centers and it gets facility score of 82%. This center has also been honoured with state and National level award.
- NAQS is not functional in the PHC.
- The list of essential 170 medicines is available.
- 5 priority drugs from EDL in last 30 days are available with names as given-
 - a. Tab.Paracetamol 500mg
 - b. Tab. Anoxy 500
 - c. Tab.Cerixive
 - d. Inj.Ceftriaxone
 - e. Inj Genre
- Drugs for Hypertension and diabetes are available with names given-
 - 1.Tab. Amlodipine
 - 2.Tab. Metformin 500mg
- The availability of essential consumption with sufficient supply and minimum shortage is found.
- There are total 16 types of pathology tests performed in the PHC Orchha.
- A number of X ray services are available at the PHC.
- Availability of testing kit/Rapid Diagnostic is found in sufficient number.
- Payment under JSY is found up to date (no delay).
- The scheme of JSSK is executed with all the specified parameters (all entitlements being provided like free delivery, free drug, free referral, transport etc.).
- High risk pregnant women are identified.
- The number of normal deliveries in PHC is 115 in last three months.
- All types of training are done under Dakshta.

- No maternal death reported in current year and previous year. No child death is reported in current and previous year.
- It is reported that there are 113 numbers of newborns who are immunized with birth doses at the facility in last three months.
- The mother is counselled to feed the baby within one hour of birth.
- The IUCD training is given to a relevant staff.
- Family planning counselling is provided to MO and their supporting staff.
- Availability of functional adolescent friendly health clinic is working smoothly.
- NCD clinic works on fixed days (one).
- Patients of various diseases were screened and found confirmed as follows—

	Screened	Confirmed
a. Hypertension	86	17
b. Diabetes	112	36
c. Oral Cancer	-	-
d. Breast Cancer	-	-
d. Cervical Cancer	14	nil

Note: The above table shows that the highest number of hypertension, diabetes patients are reported in the area, compared to other disease like cancer, breast cancer and cervical cancer.

- Wellness activities are not performed in CHC Orchha.
- It is noted that the weekly entry of data is done in the P and L formats under IDSP.
- It is noted that the distribution of LLIN is in the high risk area.
- The main points of the TB elimination programme are as given—
 - a. Facility is designated microscopy center.
 - b. During last six month 64 samples were collected for TB patients.
 - c. Anti TB drugs is available in the PHC.
 - d. In the last 6 months 64 patients have been tested through CBNATT/Tru Nat.
 - e. There is no sample transport mechanism in the PHC.
 - f. 25 patients got benefited under NikshayPoshan Yojana in the last 6 months.
 - g. All TB patients are tested for diabetes Mellitus.
 - h. Every TB patient has been done an HIV test.
- 2 leprosy patients have been identified by the field workers in the last 12 months
- Data entry is done in HIMS, MCTS, ANMOL, IHIP, HWC portal Nikshay portal.
- The amount Rs.87500 was received in the last year and all is utilized under NHM. Thus the entire amount sanctioned has been spent.
- Maintenance of records on PHC is given below-
 - TB treatment card cases.
 - TB Notification Registers.
 - Malaria cases.
 - Leprosy cases.

- Services are running on the basis of self and centralized call center in PHC
- No data is reported for referral cases to PHC in the last month.

D.3 Assessment of Challenges and Root Causes

Challenges	Root Causes
A. Due to the lack of Doctor and staff quarters, in the hospital campus, doctors do not permanently live in hospital.	A. Doctor quarter should be made in the premises.
B. Lab technician needed in hospital.	B. The post of Lab technician should be filled immediately.
C. Approved amount does not get received on time.	C. The sanctioned amount should be allocated on time.
D. Beneficiaries some time do not get money due to miss matching identification.	D. Identification should be simplified.
E. Centre has personal ambulance but there is fuel problem.	E. MO should be authorized to buy diesel.

E. CHC Niwari Assessment

E.1 Service Indicator Assessment

- The building of Niwari was built in 1956 and is in a very poor condition.
- Its OPD timing is 9 am to 4 pm.
- It is also observed that the CHC is operated with following facilities—
 - a. Running water facility is available during 24*7 hours.
 - b. Ramp facility is also available for geriatric and disability person.
 - c. Clean toilet was not found inside the hospital.
 - d. Drinking water facility is available
 - e. There is not enough space for the patients to sit in the OPD of the hospital.
 - f. ASHAs rest room is not available.
 - g. Drug store room with racks is available.
- The CHC is functional with 30 beds under all basic services including ANC, PNC, OPD, IPD, Delivery, NRC, emergency, MTP, seasonal LTT, FP, Immunization, and laboratory services etc.
- It is noted that the specialized services like medicine, O&G, Paediatric, General Surgery, Anaesthesiology, USG, newborn stabilisation units are not available. Whereas Ophthalmology, Dental and X ray services are functional.
- There is no doctor specialist available inside CHC during 24*7.

- It is observed regular service is operated in emergency including Triage, Resuscitation and Stabilization.
- Tele medicine/consultation services are not available in the CHC.
- Minor operation theatre is available in CHC.
- Blood storage unit is not available in CHC.
- Pickup biomedical waste material an insulator van arrives stNiwari from Chanderi, every two days in a week.
- Details of HR availability in the hospital is given below—

E.2HR and Other relevant Details

HR	Sanction	Regular	Contractual
MO (MBBS)	2	2	0
Medicine	0	0	0
ObGy	0	0	0
Paediatrician	0	0	0
Anaesthetist	0	0	0
Dentist	1	1	0
SNs/GNM	6	5	3
LTs	3	3	0
Pharmacist	2	0	1
Dental Assitant	1	0	1

- The posts of specialized Doctors like Medicine, ObGy, Paediatrician, and Anaesthetist are not approved and the other information regarding HR are mentioned in the above Table.
- It is noted that the CHC is functioning with the basic IT services like Dektop/Laptop and internet connectivity.
- It is noted that the score in Kayakalp is 65 therefore the Kayakalp programme did not eligible to get award.
- It is observed that NQAS is not functional.
- LaQshya programme also does not run in CHC Niwari.
- List of 256 essential medicine provided by CHC in the time of visit.
- It is noted that implementation of DVDMS supply chain management system is not functional.
- Information about the shortage of five medicines was not provided.
- Availability of essential consumables items are in sufficient supply.
- Availability of essential diagnostic services are available in house, there are 29 number of tests performed in the CHC pathology.
- It is reported that X ray services operates inside the hospital and is also certified with AERB.
- Lab, and X ray diagnostic services are free for all patients.

- All types of testing kits are available in sufficient supply.
- CHC Niwari is short of the required instruments such as USG, digital X ray, Auto stabilizer, CBC machine, Radiant Warmer, and Photo therapies.
- No instruments are damaged in the hospital in the last seven days.
- Delivery services are available in CHC.
- Labour room condition is good.
- JSSK scheme is dully running in CHC with all essential services like free delivery, free diet, free drugs, free diagnostic, free referral, free transport and no user charges.
- It is observed that the PMSMA services are functional. It is provided on every date on 9th to the 30 beneficiaries.
- High risk pregnant women are indentified.
- CHC have registers for entering birth and death.
- There have been two maternal death reported in the previous year at the facility.
- No child death is found reported in the current and previous year.
- Comprehensive abortion care services are available in the CHC.
- It is noted that the 731 newborns are immunized with birth doses at the facility in last three months.
- The beneficiaries are counselled to breast feed within one hour of the birth, for the good health of the child.
- Trained provider for IUCD/PPIUCD is available.
- Doctors and nurses counsels the family planning services.
- It is found that the FPLMIS has been implemented properly.
- Adolescent Friendly health clinic is not functional at the CHC.
- Thursdays and Saturdays are fixed days for NCD clinic.
- There is no trained provider for cancer services in the CHC.
- Patients of various diseases were screened and found confirmed as fallows in the last six months—

	Screened	Confirmed
a. Hypertension	612	523
b. Diabetes	515	416
c. Oral Cancer	0	0
d. Breast Cancer	0	0
d. Cervical Cancer	0	0

Note: The above table shows that the highest number of hypertensions and diabetes patients are reported in the area, compared to the other disease like cancer, breast cancer and cervical cancer.

- It is noted that the weekly entry of data is done in the P and L format under IDSP.
- The main points of the TB elimination programme are as given—
 - a. The facility is a designated microscopy canter.
 - b. During last six months, 239 samples were collected for TB patients.

- c. Anti TB drugs is available in the CHC.
- d. In the last 6 months 424 patients have been tested, and the 140 detected through CBNATT/Tru Nat.
- e. There is a sample transport mechanism functional in the CHC.
- f. 201 patients got benefited under NikshayPoshan Yojana during the last 6 months.
- g. All TB patients tested for diabetes Mellitus.
- h. Every TB patient has an HIV test.
- Nine Leprosy patients have been found by a field worker in the last 12 months.
- Maintenance of records on CHC is given below-
 - TB treatment card cases
 - TB Notification Registers
 - Malaria cases
 - Leprosy cases
 - Cases related to Dengue and Chikungunya.
- The amount Rs.40182378 received in last year, and utilized out of which is Rs.34354287 under NHM.
- It is verified that the data entry is updated on HIMS, MCTS, IHIP, HWC portal, and Nikshay Portal.
- Services are running on the basis of self and centralized call canter in CHC
- 142 cases are referred from sub canter/PHC to CHC, while 78 have been referred to the district hospital from CHC. The above cases are of delivery related and accidental cases.

E.3 Assessment of Challenges and Root Causes

Challenges	Root Causes
A. There is no regular training for technical staff in the hospital	A.Regular training should be given to the technical staff in the hospital for skill development in them.
B. Most of the doctor's specialist post in the CHC is vacant.	B. Vacant Doctor post should be filled soon.
C. There is lack of clean toilets in the hospital	C. Special attention should be paid to cleanliness inside the toilets including hospital
D. Extension is not possible due to encroachment outside CHC.	D. Action should be taken to remove the encroachmentfor the development of the hospital.
E. Lack of necessary medically equipment USG and digital X ray etc. are reported.	E. Necessary medically equipment should be procured soon, so that the diagnostic of patients can be done properly.

Action taken points/Recommendations:

- Niwari district was formed in October 2018, but even after the three years of its existence, the hospital structure is not built. During the visit of the PRC team, it is seen that the location of the hospital is selected 2km. away from the city, and some raw material is lying on this spot, but the work has not started yet. Therefore, hospital construction work should be started on war footing as soon as possible.
- The site of CMHO office is also near the district hospital place, and it is also under starting phase of construction. It is recommended that the CHMHO office should be made soon.
- Most of the posts of doctor specialists are vacant in the district; it is recommended that all doctor vacancies should be filled.
- Training of Technical staff should be given continuously.
- IT infrastructure should be improved like network connectivity throughout the district.
- The building of Niwari was built in 1956 and is in very poor condition; therefore extensive renovation of the building is required.
- A lot of waste material was found in the toilet and other places inside the hospital, therefore the hospital administration needs to pay special attention to cleanliness.
- There is not enough space for the patient to sit in the OPD of the hospital. Therefore it is necessary to make extension for the patients seating area.
- In various places in the district (CHC, PHC, and SHC) patient of hypertension and diabetes are getting more in the district, as compared to other diseases like oral cancer, breast cancer and cervical cancer, so there is more need to run a comprehensive campaign on this.
- The post of specialist doctors like that of medicine, ObGy, Paediatrician, and Anaesthetist are not approved in the CHC. Therefore the post of the above doctors should be sanctioned.



Population Research Centre
Ministry of Health and Family Welfare, GoI, New Delhi



Schedule for PIP Monitoring

A. Service Delivery: Primary Health Centre (HWC)/ Sub Centre Kulua-Niwari

Name of facility visited	Kulua- Niwari
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	11/11/2021
Next Referral Point	Facility: CHC Niwari Distance: 06 KM

Please remember that along with the checklist you have to list five key challenges observed in the facility and explore the root causes during the discussion in the facility and document them.

Indicator	Remarks/Observation
1. List of Services available	• OPD • ANC CHECKUP • IMMUNIZATION • ESANJIVNI • NCD • COVID VACCINATION • F.P. Counseling
2. Condition of infrastructure /building Please comment on the condition and tick the appropriate box	Comments: Good ☒ 24x7 running water facility ☐ Facility is geriatric and disability friendly ☒ 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 ☒ Branding ☒ Specified area for Yoga/welfare activities ☒ Power backup
3. Biomedical waste management	No

practices	
-----------	--

Indicator	Remarks/Observation																								
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr> </thead> <tbody> <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>0</td><td>7</td></tr> <tr> <td>Others</td><td></td><td></td><td></td></tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/MPW Female	1	1	0	MPW Male	1	1	0	MLHP/CHO	1	0	1	ASHA	7	0	7	Others			
HR	San.	Reg.	Cont.																						
ANM/MPW Female	1	1	0																						
MPW Male	1	1	0																						
MLHP/CHO	1	0	1																						
ASHA	7	0	7																						
Others																									
5. IT Services	- Functional Tablet/laptop with CHO: ☒ Yes/ ☐ No - Electronic Tablets with MPWs (ANM): ☒ Yes/ ☐ No - Smart phone given to all ASHAs: ☐ Yes/ ☒ No - Internet connectivity: ☒ Yes/ ☐ No - Quality/strength of internet connection:																								
6. Availability of list of essential medicines (EML)/ drugs (EDL)	☒ Yes/ ☐ No If yes, total number of drugs in EDL 14 EDL displayed in OPD Area: ☒ Yes/ ☐ No No. of drugs available on the day of visit (out of the EDL) 12																								
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	<table border="1"> <tbody> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </tbody> </table>	1		2		3		4		5															
1																									
2																									
3																									
4																									
5																									
9. Drugs Available for-Hypertension & Diabetic patients:	<table border="1"> <tbody> <tr><td>1</td><td>amlodipine Yes</td></tr> <tr><td>2</td><td>telmisartan No</td></tr> <tr><td>3</td><td>metformin Yes</td></tr> </tbody> </table>	1	amlodipine Yes	2	telmisartan No	3	metformin Yes																		
1	amlodipine Yes																								
2	telmisartan No																								
3	metformin Yes																								
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1"> <tbody> <tr><td>1</td><td>18</td></tr> <tr><td>2</td><td>12</td></tr> <tr><td>3</td><td>11</td></tr> </tbody> </table>	1	18	2	12	3	11																		
1	18																								
2	12																								
3	11																								
11. Are CHOs dispensing medicines for hypertension and diabetes at SHG-HWC	☒ Yes/ ☐ No																								
12. Availability of Testing kits/Rapid Diagnostic Kits	☒ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage																								
13. Availability of	- BP instrument: ☒ Yes/ ☐ No If yes Type----- - Thermometer: ☒ Yes/ ☐ No - Contraceptives: ☒ Yes/ ☐ No If yes, Type----- - Glucometer: ☒ Yes/ ☐ No																								

Indicator	Remarks/Observation			
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: no Current year: Yes (24/04/2021)			
16. Number of Child Death Review Conducted	Previous year: no 4 Current year: no 2			
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			
20. Line listing of all eligible couple in the area	☒ Yes/ ☐ No			
21. Availability of trained provider for IUCD/PPIUC	☒ Yes/ ☐ No			
22. Please comment on utilization of other FP services	Yes			
23. Number of individuals above 30 Years of age in the HWC population	2214			
24. Number of CBAC form filled in last 6 months	1000			
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: nil			
26. Whether universal screening of NCD has started	☒ Yes/ ☐ No			
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed	
	a. Hypertension	Yes 250	Yes 25	
	b. Diabetes	Yes 230	Yes 20	
	c. Oral Cancer	Yes 25	Yes 1	
	d. Breast Cancer	Yes 30	No 0	
	e. Cervical Cancer	Yes 0	No 0	
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: yes Medicines for Hypertension: yes Medicines for Diabetes: yes Medicines for Others: yes			

29. Source of getting drugs/medications for individual Number of individuals taking medication for HTN and DM during last six months	From SC-HWC : KULUA From Linked PHC-CHC NIWARI From other govt. facilities: (Specify) no CHC NIWARI From pvt. Chemist, shop: no		
Indicator	Remarks/Observation		
from which source Taking medication for HTN/DM	(Average OOP/month) 25 HTN-10, DM-15		
30. Status of use of:	• Tele-consultation services 30 per month • HWC App Details: Yes		
31. Whether wellness activities are performed	☒ Yes/ ☐ No Frequency:		
32. Whether reporting weekly data in S from under IDSP	☒ Yes/ ☐ No		
33. Status of Tuberculosis in the area:	Indicator	Last year	Current year
	Number of presumptive TB patient identified:	04	01
	Number of presumptive TB patients referred for testing	46	30
	number of patients diagnosed out of the presumptive patients referred	01	00
	Number of TB patients taking treatment under the Sub centre area	04	01
34. ASHA Interaction			
• Status of availability of Functional HRNC Kits (weighing scale/digital thermometer/blanket or warm bag)	Yes		
• Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/Zinc/IFA Syrup/Cotrimoxazole)	Yes		
• ASHA Incentives: Any Time lag/Delay in Payment after submission of voucher 0 Average delay 5-6 month	Yes		
• ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and NikshayPoshanYojna (500 per month incentive to the TB patient for the duration of treatment)	Yes		
35. Number of Village Health & Sanitation days conducted in last 6	30		

month	
36. Incentives:	• Performance Incentives is disbursed to CHOs on monthly basis: ☒ Yes/ ☐ No • Team-based incentive being disbursed for all HWC staffs: ☒ Yes/ ☐ No

Indicator	Remarks/Observation
37. Frequency of VHSNC/MAS meeting (check and obtain minutes of last meeting held)	Yes
38. Whether CHOs and HWC staffs are involved in VHSNC/MAS meeting	• 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 Fund utilized last year: 10000
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: item activities
	Reasons for underutilization of fund (if any) for hwc necessary item
41. Availability of ambulance services in the area	in CHC
42. How many cases from the sub Center were referred to PHC in last month?	Number: - 8 Types of cases referred out: critical
43. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a. No delivery point	a. Delivery point should be started
b. Forth class salary problem	b. Consider the demand
c. Anmol software problem	c. Training of ANMOL software needed
d. Some time beneficiary do not get money	d. Identification system should be simplified
e. Internet problem	e. Should be upgraded



Population Research Centre
Ministry of Health and Family Welfare, GoI, New Delhi



Schedule for PIP Monitoring PHC ORCHHA

B. Service Delivery: Primary Health Centre (HWC)/ Urban Primary Health Center

Name of facility visited	ORCHHA
Facility Type	☒ PHC HWC/ ☐ U-PHC
FRU	☐ Yes/ ☒ No
Standalone/Co-located	☒ Standalone/ ☐ Co-located Co-located with (if applicable):
Accessible from nearest road head	☒ Yes/ ☐ No
Date of Visit	12/11/2021
Next Referral Point	Facility: Jhansi Medical Collage Distance: 20 KM

Please remember that along with the checklist you have to list five key challenges observed in the facility and explore the root causes during the discussion in the facility and document them.

Indicator	Remarks/Observation
1. OPD Timing • For U-PHC, check if evening/morning OPD/Clinic, being conducted	9 AM To 4 PM ☒ Yes/ ☐ No
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: Good condition ☒ 24x7 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 ☒ Branding																																				
4. Number of functional in-patient beds	06																																				
5. List of Services available	1. Emergency services 24x7 2. Delivery services 24x7 3. Tele medicine 4. OPD 5. Family Planning 6. Immunization 7. Covid-19 vaccination																																				
6. If 24x7 delivery services available	☒ Yes/ ☐ No																																				
7. Tele-medicine/Consultation services available	☒ Yes/ ☐ No If yes, average case per day-----																																				
8. Biomedical waste management practices	Shap pit: Yes Deep Burial Pit: Yes Other System, if any:																																				
9. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr> </thead> <tbody> <tr> <td>MO (MBB)</td><td></td><td>01</td><td>01</td></tr> <tr> <td>MO (AYUSH)</td><td></td><td>X</td><td>X</td></tr> <tr> <td>SNs/GNMs</td><td></td><td>01</td><td>03</td></tr> <tr> <td>LTs</td><td></td><td>X</td><td>X</td></tr> <tr> <td>Pharmacist</td><td></td><td></td><td>01</td></tr> <tr> <td>Public Health Manager (NUHM)</td><td></td><td>X</td><td>X</td></tr> <tr> <td>LHV/PHN</td><td></td><td>X</td><td>X</td></tr> <tr> <td>Others</td><td></td><td></td><td></td></tr> </tbody> </table>	HR	San.	Reg.	Cont.	MO (MBB)		01	01	MO (AYUSH)		X	X	SNs/GNMs		01	03	LTs		X	X	Pharmacist			01	Public Health Manager (NUHM)		X	X	LHV/PHN		X	X	Others			
HR	San.	Reg.	Cont.																																		
MO (MBB)		01	01																																		
MO (AYUSH)		X	X																																		
SNs/GNMs		01	03																																		
LTs		X	X																																		
Pharmacist			01																																		
Public Health Manager (NUHM)		X	X																																		
LHV/PHN		X	X																																		
Others																																					
10. IT Services	- 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: 2017-18 Facility score: 82 Award received: 2018-19																																				
12. NQAS	Assessment done: Internal/State Facility Score: Certification Status:																																				
13. Availability of list of essential medicines (EML)/drugs (EDL)	☒ Yes/ ☐ No																																				

Indicator	Remarks/Observation										
14. Implementation of DVDMS of similar supply chain management system	☒ Yes/ ☐ No If other, which one										
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td>Tab. Paracetamol 500Mg</td></tr> <tr><td>2</td><td>Tab. Amoxy 500</td></tr> <tr><td>3</td><td>Tab. Cerixing</td></tr> <tr><td>4</td><td>Tab. Cegira</td></tr> <tr><td>5</td><td>Tab. Gevie</td></tr> </table>	1	Tab. Paracetamol 500Mg	2	Tab. Amoxy 500	3	Tab. Cerixing	4	Tab. Cegira	5	Tab. Gevie
1	Tab. Paracetamol 500Mg										
2	Tab. Amoxy 500										
3	Tab. Cerixing										
4	Tab. Cegira										
5	Tab. Gevie										
16. Drugs Available for Hypertension & Diabetic patients:	<table border="1"> <tr><td>1</td><td>Tab. Amlodipine</td></tr> <tr><td>2</td><td>Tab. Measuring 500 Mg</td></tr> <tr><td>3</td><td></td></tr> </table>	1	Tab. Amlodipine	2	Tab. Measuring 500 Mg	3					
1	Tab. Amlodipine										
2	Tab. Measuring 500 Mg										
3											
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1"> <tr><td>1</td><td>Nil No shortage</td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> </table>	1	Nil No shortage	2		3					
1	Nil No shortage										
2											
3											
18. Availability of Essential Consumables	☒ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage In last 6 months how many times was shortage										
19. Availability of essential diagnostics	In House T.B./HIV/ ☒ Outsourced/ ☐ PPP Outsources basics Both/Mixed										
• In-house tests	Timing: Total number of tests performed: Details of tests performed:										
• Outsourced/PPP	Timing: Total number of tests performed: 16 Details of tests performed: (List enclosed)										
20. X-ray services is available	If yes, type & nos. of functional X-ray machine is available in the hospital: ☐ Yes / ☒ No 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 (Not applicable)										

	Free for JSSK beneficiaries Free for all
22. Availability of Testing kits/Rapid Diagnostic kits	☒ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage
23. If there is any shortage of major Instruments/equipment	No
24. Average downtime of equipment Details of equipment are nonfunctional for more than 7 days	No
25. Availability of delivery services	☒ Yes/ ☐ No
• If yes, details	Comment on condition of labour room: Labour was is 4 good candition Functional New-born care corner (functional rediant warmer with neo-natal ambu bag): ☒ Yes/ ☐ No
26. Status of JSY payments	Payment is up to date: ☒ Yes/ ☐ No Average delay: Payment done till: Reasons for delay:
27. 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 No services/avalibility ☒ Free referral transport (home to facility) ☒ 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	115
30. Availability of Daksh/Dakshta trained/ SBA trained MO/SN/ANM in Labour Room	☒ Yes/ ☐ No
31. Practice related to Respectful Maternity Care	Good maternity care.
32. Number of Maternal Death reported in the facility	Previous Year: 3 Current FY: 5
33. Number of Child Death reported in the facility	Previous Year: 00 Current Year: 00 No live death Repotated
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	113
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counseled)	All Newborns
37. Number of sterilizations performed in last one month	02 tinge
38. Availability of trained provider for IUCD/PPIUCD	☒ Yes / ☐ No
39. Who counsels on FP services?	N.O.S.H.
40. Please comment on utilization of other FP services	

Indicator	Remarks/Observation			
41. FPLMIS has been implemented	☐ Yes/ ☒ No			
42. Availability of functional Adolescent Friendly Health Clinic	☒ Yes / ☐ No If yes, who provides counseling 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:		Screened	Confirmed	
	a. Hypertension	86	17	
	b. Diabetes	112	36	
	c. Ora Cancer	X	X	
	d. Breast Cancer	X	X	
	e. Cervical Cancer	14	Nil	
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): Distributed as per			
49. Status of TB elimination program	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) 64			
	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 54
	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: 25
50. Status on Leprosy eradication program	Nos of new case detected by Field worker in last 12 months: 02 Out of those, how many are having Gr, II deformity: Nil 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 - Pallative cases: ☐ Yes/☒ No - Cases related to Dengue and Chikinguniya: ☒ Yes/☐ No - Leprosy cases: ☒ Yes/☐ No

Indicator	Remarks/Observation
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 87500/- Fund utilized last year: 87500/-
	Items/Activities whose expenditure is met out of the RKS/Untied Fund regularly: Furniture Electricity Repairing washing bad. Non Consumables items etc.
	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 ANMOL: ☒ 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)	10/01/2021
55. Availability of ambulance services	☒ PHC own ambulance available 1

in the area	PHC has contracted out ambulance services ☒ Ambulances services with Centralized call centre Government ambulance services are not available
	Comment (if any): No
• How many cases from sub centre were referred to this PHC last month?	Number: - No cases Referred Types of cases referred in:

• How many cases from the PHC were referred to the CHC last month?	Number: - Nil Types of cases referred out:
Key challenges observed in the facility and the root causes	
Challenge	Root causes
a. Lack of the doctor quarter in the premises.	a. Infrastructure should be developed
b. No lab technician	b. Filled immediately
c. Problem of received amount budget.	c. Transaction should be on time
d. Beneficiaries facing to received amount	d. Process should be simplified in terms of identification
e. Fuel problem for ambulance	e. Authorization should be given to M.O.



Population Research Centre
Ministry of Health and Family Welfare, GoI, New Delhi



Schedule for PIP Monitoring

C. Service Delivery: Primary Health Centre (HWC)/ Urban Primary Health Center

Name of facility visited	CHC Niwari
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	11/11/2021
Next Referral Point	Facility: Jhansi Medical Collage Distance: 30 KM

Please remember that along with the checklist you have to list five key challenges observed in the facility and explore the root causes during the discussion in the facility and document them.

Indicator	Remarks/Observation
4. OPD Timing	9 AM To 4 PM
5. Whether the facility is functioning in PPP mode	☐ Yes/ ☒ No
6. Condition of infrastructure /building	Comments: Not Good condition
Please comment on the condition and tick the appropriate box	☒ 24x7 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 Sufficient ☒ ASHA rest room is available

	☒ Drug storeroom with rack is available Power backup: ☒ Completed Hospital/ ☐ Part of the hospital									
4. Number of functional in-patient beds	30									
5. List of Services available	ANC, PNC, OPD, IPD, Delivery NRC, Emergency, MTP Session LTT, LAP, TCTC, FP, Immunization									
• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	<table border="1"> <thead> <tr> <th>Sl.</th><th>Service</th><th>Y/N</th></tr> </thead> <tbody> <tr> <td>1</td><td>Medicine</td><td>N</td></tr> <tr> <td>2</td><td>O & G</td><td>N</td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine	N	2	O & G	N
Sl.	Service	Y/N								
1	Medicine	N								
2	O & G	N								

Indicator	Remarks/Observation																								
	<table border="1"> <tbody> <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 Assistant</td><td>Yes</td></tr> <tr><td>7</td><td>Dental</td><td>Yes</td></tr> <tr><td>8</td><td>Imaging Services (X-ray)</td><td>Yes</td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td>No</td></tr> <tr><td>10</td><td>Newborn Stabilization Unit</td><td>No</td></tr> </tbody> </table>	3	Pediatric	N	4	General Surgery	N	5	Anesthesiology	N	6	Ophthalmology Assistant	Yes	7	Dental	Yes	8	Imaging Services (X-ray)	Yes	9	Imaging Services (USG)	No	10	Newborn Stabilization Unit	No
3	Pediatric	N																							
4	General Surgery	N																							
5	Anesthesiology	N																							
6	Ophthalmology Assistant	Yes																							
7	Dental	Yes																							
8	Imaging Services (X-ray)	Yes																							
9	Imaging Services (USG)	No																							
10	Newborn Stabilization Unit	No																							
• If any of the specialists are available 24x7	Yes available Yes, available only on-callspecialists ☒ Not available																								
• Emergency	General emergency: Or facilities available for: 1. ☒ Triage 2. ☒ Resuscitation 3. ☒ Stabilization																								
6. Tele-medicine/Consultation services available	☐ Yes/ ☒ No If yes, average case per day-----																								
7. Operation Theatre available	☒ Yes/ ☐ No If yes, Major: Major:																								
8. Availability of functional Blood Storage Unit	☐ Yes/ ☒ No If yes, number of units of blood currently available:----- ---- No. of blood transfusions done in last month:----- ---																								

9. Whether blood is issued free, or user -fee is being charged	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all																																															
10. Biomedical waste management practices	Sharp pit: ☒ Deep Burial pit Other System, if any:																																															
11. Details of HR available in the facility (Sanctioned and in-place)	<table border="1"> <thead> <tr> <th colspan="2">HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2">MO (MBBS)</td> <td>2</td> <td>2</td> <td>0</td> </tr> <tr> <td rowspan="4">Specialists</td> <td>Medicine</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>ObGy</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pediatrician</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Anesthetist</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td colspan="2">Dentist</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td colspan="2">SNs/GNMs</td> <td>6</td> <td>5</td> <td>3</td> </tr> <tr> <td colspan="2">LTs</td> <td>3</td> <td>3</td> <td>0</td> </tr> <tr> <td colspan="2">Pharmacist</td> <td>2</td> <td>0</td> <td>1</td> </tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)		2	2	0	Specialists	Medicine	0	0	0	ObGy	0	0	0	Pediatrician	0	0	0	Anesthetist	0	0	0	Dentist		1	1	0	SNs/GNMs		6	5	3	LTs		3	3	0	Pharmacist		2	0	1
HR		San.	Reg.	Cont.																																												
MO (MBBS)		2	2	0																																												
Specialists	Medicine	0	0	0																																												
	ObGy	0	0	0																																												
	Pediatrician	0	0	0																																												
	Anesthetist	0	0	0																																												
Dentist		1	1	0																																												
SNs/GNMs		6	5	3																																												
LTs		3	3	0																																												
Pharmacist		2	0	1																																												

Indicator	Remarks/Observation																				
	<table border="1"> <tr> <td>Dental Assistant/Hygienist</td> <td>1</td> <td>0</td> <td>1</td> </tr> <tr> <td>Hospital/Facility Manager</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>EmOC trained doctor</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>LSAS trained doctor</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Others</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table>	Dental Assistant/Hygienist	1	0	1	Hospital/Facility Manager	0	0	0	EmOC trained doctor	0	0	0	LSAS trained doctor	0	0	0	Others	0	0	0
Dental Assistant/Hygienist	1	0	1																		
Hospital/Facility Manager	0	0	0																		
EmOC trained doctor	0	0	0																		
LSAS trained doctor	0	0	0																		
Others	0	0	0																		
12. IT Services	- Desktop/Laptop available: ☒ Yes/ ☐ No - Internet connectivity: ☒ Yes/ ☐ No Quality/strength of internet connection:----- ---																				
13. Kayakalp	Initiated: Facility score: 65.0 Award received:																				
14. NQAS	Assessment done:: Internal/State Facility score: Certification Status:																				
15. LaQshya	Labour Room: Operation Theatre:																				
16. Availability of list of essential medicines (EML)/ drugs (EDL)	If yes, total number of drugs in EDL 256 EDL displayed in IPD Area: ☒ Yes/ ☐ No No. of drugs available on the day of visit (out of the EDL)																				
17. Implementation of DVDMS of similar supply chain management system	☐ Yes/ ☒ No If other, which one																				

18. Shortage of 5 priority drugs from EDL inlast 30 days, if any	1		
	2		
	3		
	4		
	5		
19. Availability of Essential Consumables	☒ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage In last 6 months how many times was shortage		
20. Availability of essential diagnostics	☒ In House Outsourced/PPP Outsources basics Both/Mixed		
• In-house tests	Timing: Total number of tests performed: 21 Details of tests performed:		
• Outsourced/PPP	Timing: No Total number of tests performed: ----- Details of tests performed:		

Indicator	Remarks/Observation
21. 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
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 Minimal Shortage Acute shortage
24. If there is any shortage of major Instruments/equipment	USG, Digital X-ray, semiauto cleave Atostablizer, CBC machine, Radiant warmer Photo Therepee
25. Average downtime of equipment Details of equipment are nonfunctional 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 in last month:----- No. of C-sections performed in last month:-----
• Comment on condition of:	Labour room: Good Condition OT: 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: - 15-20 fnu Payment done till: Reasons for delay: ANMOL Software Problem
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 ☒ Free referral transport (home to facility) ☒ Free referral transport (drop back from facility to home) No user charges
Indicator	Remarks/Observation
29. PMSMA services provided on 9 th of	☒ Yes / ☐ No

every month	If yes, how are high risks identified on 9th? 30 If No, reasons there of:
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: 2 Current year: 0
34. Number of Child Death reported in the facility	Previous year: Current year:
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	731
38. Newborns breastfed within one hour Of birth (observe if practiced and women are being counseled)	Yes
39. Number of sterilizations performed in last one month	No
40. Availability of trained provider for IUCD/PPIUCD	☒ Yes / ☐ No
41. Who counsels on FP services?	Dr. Staff N
42. Please comment on Utilization of other FP services	
43. FPLMIS has been implemented	☒ Yes / ☐ No
44. Availability of functional Adolescent Friendly Health Clinic	☐ Yes / ☒ No If yes, who provides counseling to adolescents:----- separate male and female counselors available: ☐ Yes/☐ No
45. Whether facility has fixed day NCD clinic	☒ Yes / ☐ No Thursday, Saturday If Yes, how many days in a week: 2 days

46. Are service providers trained in cancer services?	☐ Yes / ☒ No		
47. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	f. Hypertension	612	523
	g. Diabetes	515	416
	h. Oral Cancer	0	0
	i. Breast Cancer	0	0
	j. Cervical Cancer	0	0
Indicator	Remarks/Observation		
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		
50. Status of TB elimination program	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) 239 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 245-140 deducted CBNATT-Not functional 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: 201		
51. Status on Leprosy eradication program April Is vHkhrd 7 TBP	Nos of new case detected by Field worker in last 12 months: 9 Out of those, how many are having Gr, II deformity: Nil Frequency of Community Surveillance:		
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 • Pallative cases: ☐ Yes/ ☒ No • Cases related to Dengue and Chikinguniya: ☒ Yes/ ☐ No		

	Leprosy cases: ☒ Yes/ ☐ No
53. How much fund was received and utilized by the facility under NHM	Fund Received last year: 4,0182378/- Fund utilized last year: 34354287/- Items/Activities whose expenditure is met out of the RKS/ Untied Fund regularly: 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 ANMOL IHIP: ☒ Updated/ ☐ Not Updated HWC Portal: ☒ Updated/ ☐ Not Updated Nikshay Portal: ☒ Updated/ ☐ Not updated

Indicator	Remarks/Observation
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
56. Availability of ambulance services in the area	☒ CHC own ambulance available 1 CHC 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/PHC were referred to this CHC last month?	Number: 142 Total Types of cases referred in: Delivery, Exidental
How many cases from the CHC were referred to the DH last month?	Number: - 78 Types of cases referred out: Delivery, Exident
57. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a. Training needed for technical staff.	a. Training should be given for skilled development
b. Most of the doctors post vacant.	b. Post should be filled.
c. Encroachment problem surrounding CHC	c. Action should be taken to remove the encroachment.
d. Lack of necessary medical equipment	d. Necessary medical equipment procured.
f. Lack of clean toilets in the hospital.	f. Special attention should be paid for cleanliness.

List of Acronyms

AFHS	Adolescent Friendly Health Clinic	MCH	Maternal and Child Health
AHS	Annual Health Survey	LT	Lab Technician
AMC	Annual Maintenance Contract	LTT	Laparoscopy Tubectomy
AMG	Annual Maintenance Grant	MCH	Maternal and Child Health
ANC	Anti Natal Care	MCP Card	Mother Child ProtectionCard
ANM	Auxiliary Nurse Midwife	MCTS	Maternal and Child TrackingSystem
ARSH	Adolescent Reproductive and Sexual Health	MDR	Maternal death Review
ART	Anti Retro-viral Therapy	M&E	Monitoring and Evaluation
ASHA	Accredited Social Health Activist	MMR	Maternal Mortality Ratio
AWW	Aanganwadi Worker	MMU	Medical Mobile Unit
AYUSH	Ayurvedic, Yoga, Unani, Siddha, HomeopathyMP		Madhya Pradesh
BAM	Block Account Manager	MPW	Multi Purpose Worker
BCM	Block Community Mobilizer	MSS	MahilaSwasthyaShivir
BEmOC	Basic Emergency Obstetric Care	MO	Medical Officer
BMO	Block Medical Officer	MoHFW	Ministry of Health andFamily Welfare
BMW	Bio-Medical Waste	NBCC	New Born Care Corner
BPM	Block Programmer Manager	NBSU	New Born Stabilisation Unit
BB	Blood Bank	NCD	Non Communicable Diseases
BSU	Blood Storage Unit	NFHS-4	National Family Health Survey-4
CBC	Complete Blood Count	NHM	National Health Mission
CD	Civil Dispensary	NLEP	National Leprosy EradicationProgramme
CEA	Clinical Establishment Act	NMA	Non Medical Assistant
CEmOC	Comprehensive Emergency Obstetric Care	NMR	Neonatal Mortality Rate
CH	Civil Hospital	NRC	Nutrition Rehabilitation Centre
CHC	Community Health Centre	NRHM	National Rural Health Mission
CMHO	Chief Medical and Health Officer	NSCB	Netaji Subhash Chandra Bose
CS	Civil Surgeon	NSSK	NavjaatShishu Suraksha karyakram
CTT	Conventional Tubectomy	NSV	No Scalpel Vasectomy
DAO	District AYUSH Officer	Ob&G	Obstetrics and Gynaecology
DAM	District Account Manager	OC	Oral Contraceptives Pills
DCM	District Community Mobilizer	OPD	Outdoor Patient Department
DEIC	District Early Intervention Centre	OPV	Oral Polio Vaccine
DEO	Data Entry Operator	ORS	Oral Rehydration Solution
DH	District Hospital	OT	Operation Theatre
DIO	District Immunization Officer	PFMS	Public Financial Management System
DM	District Magistrate	PHC	Primary Health Centre
DMC	Designated Microscopic Centre	PIP	Programme Implementation Plan
DMO	District Malaria Officer	PMU	Programme Management Unit
DOT	Direct Observation of Treatment	PMDT	Programmatic management of Drug Resistant TB
DPM	District Programmer Manager	PPIUCD	Post-Partum Intra Uterine Contraceptive Device
DTO	District Tuberculosis Officer	PRC	Population Research Centre
EAG	Empowered Action Group	PRI	Panchayati Raj Institution
EC Pills	Emergency Contraceptive Pills	PV	Plasmodium Vivex
EDL	Essential Drugs List	RBSK	Rashtriya Bal SwasthyaKaryakram
EmOC	Emergency Obstetric Care	RCH	Reproductive Child Health
ENT	Ear, Nose, Throat	RGI	Registrar General of India
FP	Family Planning	RKS	Rogi Kalyan Samiti
FRU	First Referral Unit	RKSK	RashtriyaKishoreSwasthyaKaryakram
GOI	Government of India	RMNCH+A	Reproductive, Maternal, Newborn, Child Health
HFW	Health & Family Welfare		Adolescents
HIV	Human Immuno Deficiency Virus	RNTCP	Revised National Tuberculosis ControlProgram
HMIS	Health Management Information System	RPR	Rapid Plasma Reagen
HPD	High Priority District	RTI	Reproductive Tract Infection
ICTC	Integrated Counselling and Testing Centre	SAM	Severe Acute Malnourishment
IDR	Infant Death Review	SBA	Skilled Birth Attendant
IEC	Information, Education, Communication	SDM	Sub-Divisional Magistrate
IFA	Iron Folic Acid	SHC	Sub Health Centre
IMEP	Infection Management Environmental Plan	SN	Staff Nurse
IMNCI	Integrated Management of Neonatal and Childhood illness	SNCU	Special Newborn Care Unit
IMR	Infant Mortality Rate	STI	Sexually Transmitted Infection
IPD	Indoor Patient Department	T.B.	Tuberculosis
IPHS	Indian Public Health Standard	TBHV	Tuberculosis Health Visitor
IUCD	Copper (T) -Intrauterine Contraceptive Device	TT	Tetanus Toxoide
JE	Janani Express (vehicle)	UPHC	Urban Primary Health Centre
JSSK	Janani ShishuSurkshaKaryakram	USG	Ultra Sonography
JSY	Janani Surksha Yojana	WIFS	Weekly Iron Folic-acid Supplementation
LBW	Low Birth Weight	VHND	Village Health & Nutrition Day
LHV	Lead Health Visitor	VHSC	Village Health Sanitation Committee
LSAS	Life Saving Anaesthesia Skill	WCD	Women & Child Development

Community Health Center (CHC) Niwari District Niwarivisited on 11th November , 2021



Sub Health Center (SHC) Kulua, District Niwar visited on 11th November, 2021



Primary Health Center (PHC) Orchha, District Niwar visited on 12th, November, 2021



