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

District: **Betul**
(Madhya Pradesh)

Study Completed by

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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 Suraksha Karyakram
JSY	Janani Suraksha 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

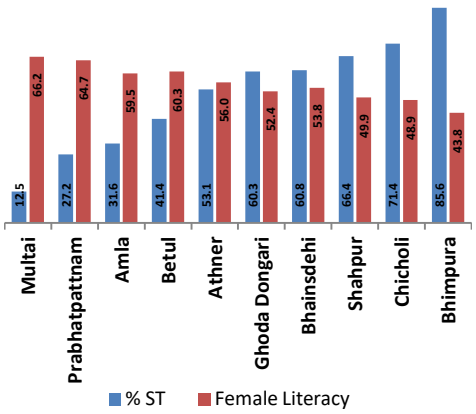
1. Overview of the district

Betul district lies in the extreme south of the Narmdapuram division. It shares boundary with Khandwa, Harda, Hoshangabad, Chhindwada districts of Madhya Pradesh and Nagpur district of Maharashtra. The district comprises of eight tahsils and ten community development blocks, which are Betul, Multai, Athner, Prabhat Pattam, Chicholi, Ghoda Dongri, Amla, Bhainsdehi, Bhimpur and Shahpur.

The district occupies 17th place in the state with 1.6 million population. The district occupies 4th rank in the state in terms of area having 10,043 km^2 which is 3.25 percent of the total area of state. Proportion of scheduled tribe and scheduled caste population is 42.3 and 10.1 percent respectively. Gond and Korku are major tribes of Betul district.

Literacy rate of Betul district is 70.6 percent and it occupies 27th position in the state. The female literacy rate of the district is 61.6 percent. Density wise the rank of the district is 47th in the state. Ranking of the district according to the sex-ratio is 10th in the state. Female work participation of the district is 42.9 percent of total female population. Rank of the district according to female work participation is 6th in the state. Population wise largest village is Prabhatpattam of Multai tahsil with 7704 Population wise largest town is Betul having population 103330 and smallest is Dhodaramohar with 5956 population.

Block-wise ST Population and Female Literacy Rate (in %), District Betul (Census, 2011)



Key Socio-Demographic Indicators

Sr.	Indicator	MP		Betul	
		2001	2011	2001	2011
1	No. of Districts	45	50	--	--
2	No. of Blocks	333	342	10	10
3	No. of Villages	55393	54903	1407	1399
4	No. of Towns	394	476	7	10
5	Population (Million)	60.34	72.52	1.4	1.6
6	Decadal Growth Rate	24.3	20.3	18.1	12.9
7	Population Density (per km^2)	196	236	139	157
8	Literacy Rate (%)	63.7	70.6	66.4	70.6
9	Female Literacy Rate (%)	50.3	60.0	55.6	61.6
10	Sex Ratio	919	930	965	970
11	Sex Ratio (0-6 Age)	918	912	969	949
12	Urbanization (%)	26.5	27.6	18.6	19.6
13	Scheduled Caste Population (%)	15.2	15.6	10.6	10.1
14	Scheduled Tribe Population (%)	20.3	21.1	39.4	42.3

Source: Census of India 2001, 2011 various publications, RGI

Sex ratio at birth of the Betul district has increased from 933 in NFHS-4 (2015-16) to 1049 in NFHS-5 (2019-21) females per 1000 males which is a significant improvement.

Key Indicators			
Sr.	**Indicator**	**MP**	**Betul**
1	Expected number of pregnancies for 2021-22@	2232100	45830
2	ANC registration up to Sept, 2021	918752	15939
3	1st Trimester ANC Registration (%) up to Sept, 2021	69.1	80.7
4	Average OPD cases per 10,000 population up to Sept, 2021	2842	3399
5	Average IPD cases per 10,000 population up to Sept, 2021	219	215
6	Estimated number of deliveries for 2021-22@	2113731	43230
7	Home deliveries (%)attended by skilled birth attendant up to Sept, 2021	18.9	0.9
8	Reported Institutional Deliveries (%) up to Sept, 2021	94.8	89.3
9	Sex Ratio	948	993
10	Sex Ratio at Birth	927	1049
11	Female Literacy Rate (%)	59.4	72.7
12	Unmet Need for Family Planning (%)	12.1	4.6
13	Postnatal Care received within 48 Hrs. after delivery	55	85.4
14	Fully Immunized Children age 12-23 months (%)	53.6	80.9
***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 (%)	50.0	49.2	53.9	55.3	61.6	60.2
2	Pregnant women received 3 or 4 ANC Check-up (%)	78.1	78.3	66.3	71.0	76.3	72.9
3	SBA Home Delivery (%)	0.5	1.3	1.7	6.3	9.2	3.3
4	Institutional Deliveries (%)	92.9	89.6	94.5	97.6	97.6	94.8
5	C-Section deliveries out of total Institutional deliveries (%)	3.3	4.7	2.8	3.3	4.0	5.0
6	Women receiving post-partum check-up within 48 hours of delivery (%) *[Since 2017-18 PNC within 48 hrs. of Home delivery]*	95.9	92.2	84.5	59.5	26.3	134.2
7	Low birth weight children (%)	12.7	10.4	15	16.3	15.6	16.6
8	New born breastfed within one hour of birth (%)	98.1	98.4	96.8	96.9	97.8	88.8
9	Sex ratio at birth	928	898	920	917	919	919
10	IUCD insertions in to all family planning methods (%)	71.3	66.0	74.4	76.0	75.0	59.2
11	Number of fully immunized children (9-11) months	31894	33440	31789	29202	38063	19479
12	Drop-out children between BCG and Measles (%)	-7.4	-1.8	-9.1	-1.0	94.3	-30.7
13	Adult Female Inpatients to Total Adult Inpatient (%)	66	62.4	62.5	68	64.9	67.8
14	Children Inpatient to Total Inpatient (%)	19.1	13.9	17.8	18.8	22.9	13.9
15	Female Inpatient Deaths to Total Inpatient Deaths (%)	40.5	39	39.9	48.4	56.3	38.0

Following Health Facilities were visited in the district –

Sr.	Health Facility	Date of Visit	Distance from District Headquarters
1	SHC-HWC, Chopna	07.09.2021	50 kms.
2	PHC-HWC, Dehri Aamdhana	07.09.2021	68 kms.
3	Community Health Centre, Ghoda Dongri	08.09.2021	37 kms.
4	District Hospital, Betul	06.09.2021	0 kms.

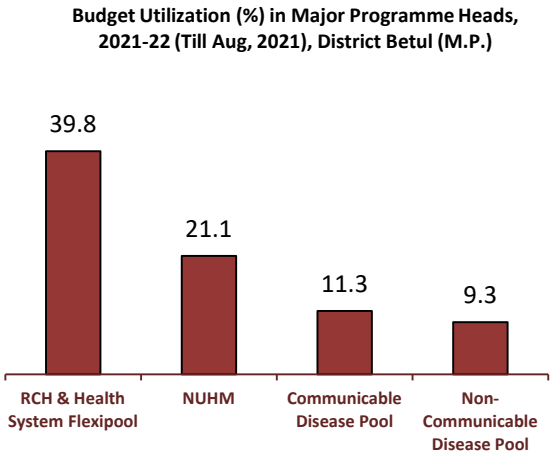
2. Public Health planning and implementation of national programmes

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.
- 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 expected 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.
- During 2021-22, Betul district has received ₹37.12 Cr. as ROP budget. Out of the total budget, ₹14.33 Cr. has been utilized till August, 2021. In all utilization is 38.6 percent. FMR-wise utilization ranges from highest 46.8 percent utilization of infrastructure (FMR 5), 46.0 percent in HR (Service Delivery) (FMR 8) grant to only 7.9 percent for

IEC-BCC (FMR 11) activities. Budget allocated for Untied Grant (FMR 4), Training (FMR 9) and Quality (FMR 13) has not been utilized till August, 2021.

- It was informed that due to Covid services majority activities could not be initiated. Budget utilization has remained low for Programme Management (37 percent), and IT initiatives for service delivery (30 percent).



Budget Released (In Cr.)

- RCH & Health System Flexipool - ₹35.55
- NUHM - ₹0.21
- Communicable Disease Pool - ₹0.55
- Non-Communicable Disease Pool - ₹0.82

- DPMU informed that during 2020-21, only 50% amount of sanctioned untied grant was released for the health facilities and for the year 2021-22 no untied grants have been released by the district till August, 2021.
- 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.
- DPMU informed that budget for approved programme implementation activities is not released simultaneously. This makes very difficult for effective programme implementation. There is no timely communication from the state regarding time-scheduled calendar of various programmes and activities to be implemented in the district. District is not able to properly plan their yearly budget position and programme activities in advance.
- There is significant curtailment of budget for the outsourced services for cleanliness and security. No budget has been released so far for these services, however, district is forced to continue hiring the manpower for these services.

- Though, there is no delay in release of NHM budget, however, administrative approval for non regular activities and new initiatives were kept on hold for the time-being. It was reported that DBT transfer for beneficiaries of JSY, Nikshay Poshan Yojana, ASHA payments were made timely, barring delay in few cases due to non-availability of beneficiary account numbers, bank linking with E-Vitta Pravah software etc.
- In Betul district, 155 construction/renovation works, costing ₹17.61 Cr., have been approved during 2020-21. Out of these only 38 construction / renovation works amounting to ₹6.21 Cr. have been completed – (i) Renovation of 34 HWCs and (ii) Renovation of 4 SHCs. None of the completed work has been handed over. There are 107 construction works in-progress and 10 construction works have not yet started. For 6 HWCs, work could not be initiated due to dilapidated and non-existent SHC buildings. Construction of 3 SHCs and a PHC was not initiated due to non-availability of land. It was informed that contractors do not follow norms for construction. Covid pandemic has resulted in shortage of labour and this has delayed completion or initiation of constructions.
- DMPU asserted that building sanctioning and handing over should be routed through the district for timely and quality construction. Presently, all the infrastructure related activities are directly approved from the state health department.
- District hospital is being upgraded as 400 bedded hospital, with provisioning of critical care services such as HDU, PICU, ICU and modular OT.

2.1 Status of Service Delivery

- As per rural health statistics 2019-20 there are 323 SHCs, 36 PHCs, 9 CHCs and 1 SDHs in Betul district. There is an increase of a CHC and 16 SHCs since 2019-20.

Distribution of Health Facilities, District Betul

Tehsils	SDH	CHC	PHC	SHC	Total
Amla	1		2	32	**35**
Athner		1	3	32	**36**
Betul		2	9	40	**51**
Bhainsdehi		2	6	87	**95**
Chicholi		1	1	23	**25**
Ghoda Dongri		1	5	35	**41**
Multai		2	7	62	**71**
Shahpur		1	3	28	**32**
Grand Total	**1**	**10**	**36**	**339**	**387**

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

- There are sufficient public health facilities in the district. However, majority rural health care facilities require renovation and placement of sanctioned human resources.

- Presently, 307 SHCs have been approved for upgradation as HWCs, and 35 PHCs have been upgraded to HWCs and required branding and renovation is being done.
- 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 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.
- Dialysis service is functional at the DH, Betul on public private partnership mode. There are two dialysis machines functional and daily two dialysis sessions are performed covering four patients for dialysis services. On every Sunday periodic maintenance is performed for smooth functioning of the services. Under the National Dialysis Programme, services are provided free of cost to every patient.
- In Betul district, 21 RBSK teams are sanctioned but none of the block has complete RBSK team. No recruitment on the vacancies of RBSK is done timely. RBKS teams although have given 19 separate vehicles but they are also being utilized by the BMO for other programmes. RBSK teams have extensively served during Covid pandemic for contact tracing, community awareness, monitoring and surveillance.
- Referral transport services are available in every block of the district. As per the information furnished by the district, there are 30 transport vehicles available on road.
- Referral transport services are functioning on public private partnership. There are 11 BLS vehicles available at present. Only one ALS vehicle is available, however, it's effective utilization need to be ensured. 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 ₹150 to ₹1500 per trip.
- There are 27 transport vehicles exclusively for pregnant women and children functioning in the district. On average 6 trips are made daily by each vehicle.
- Looking to the geographical spread of the district, particularly in Bhainsdehi, Ghodadongri and Bhimpur tribal blocks, referral vehicles need to be deployed at the remote PHCs.
- There is no consolidated HR management system available at the district level for effective management of available HR and 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 and SDH 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 rural health institutions of the district. In the district out of 48 specialist posts, only 11 are in-position. This includes 6 Obstetrician and Gynaecologist, 3 Paediatricians, a Surgeons and a Radiologist. Nearly one-third of the medical officer posts are vacant in the periphery health facilities.
- District has not planned any training for the year 2021-22 till the date of visit. It was informed that only ₹42000 has been earmarked for the trainings in the NHM budget. Due to intensive Covid vaccination drive almost all the periphery health care providers are engaged and could not be spared for any training.
- It was observed 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 been oriented for providing full range of health care services that are expected to be available at SHC-HWC. Referral linkages for NCDs at PHC-HWC are also affected. Medical officer at PHC is providing NCD services, but there is no back-referral from PHC to SHC-HWC for continuity of services.
- NCD services for identified patients of hypertension and diabetes have been managed to some extent by way of providing regular medicines at PHC, however, regular follow-up and community level survey of households has not been continued due to Covid.
- Under NTEP, recruitment of the staffs at TU, DMCs is in process and would be completed soon. DBT transfer of already registered TB patients has been made.
- 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.

- Decentralized supportive supervision and monitoring at the periphery is grossly affected. Five of the block medical officers are given additional charge of other blocks.

3. Service availability as perceived by the community

- Interaction at the SHC-HWC Chopna and PHC-HWC, Dehri Aamdhana with ASHA revealed that full range of services are not presently available at the village level. It is understood that PHC and SHC do not have adequate residential facilities and staffs commute from nearby places.
- ASHA informed that community is not very keen to utilize services except some special care through public health facilities. Mostly JSY, TB, FP services are taken by the community, as these services are promptly available at the health facility and cash benefits are also provided. Village having majority families preferring private health care services over public health facilities.
- Uptake of services using Ayushman Bharat Card is not yet universalized in the public health facilities due to the fact that all the services are already free of cost.
- It was informed that proper infrastructure at the SHC and PHC should be provided to the benefit of the community.
- Villagers expressed that ASHAs are now providing required help in case of delivery and providing health information related to Covid, cleanliness and preventive measures to be adopted.
- For maternity care services, community still have to pay for USG, which is at present, not available at the periphery level health care facilities. Out of pocket expenditure mostly for transportation and diagnostic services is still a concern for community.
- Some of the community members at the SHC asserted that usually few medicines and services are available to them medicines available at the SHC

4. Service Availability at the Public facilities

Sub Centres/ HWCs - Chopna

- SHC Chopna started providing services 4 years ago after appointment of staffs. SHC provides OPD/IPD, Delivery and NCD services. There is no provision of all services as per the IPHS norms.
- SHC building is situated in the village. Village panchayat has generously supported in renovation of the building and furnishing during Covid lockdown.
- SHC has been given the status of HWC and CHO has been appointed. SHC branding has been done and other infrastructural amenities are also available. SHC does not have filtered drinking water facility.
- CHO and ANM do not stay in the village or at the SHC due to lack of residential facility and security reasons.
- Availability of drugs and diagnostics is not as per the HWC or IPHS norms. Out of 90 EDL, only 45 drugs or consumables are made available. There is no monitoring mechanism for assessing utilization of drugs and diagnostics.
- Untied grant is managed by the field ANM. It was informed that BMO has purchased BP, Thermometer, Glucometer on behalf of CHO. However, these instruments are faulty and were not replaced. CHO has purchased new equipments.
- NCD services are limited to only screening and providing preliminary treatment for hypertension and diabetes. Suspected cases of NCD are advised to visit CHC and DH. However, patients prefer to go to private health facility or private doctor. Shortage of CBAC forms was reported by the ASHAs and CHO. Problem in updating NCD services follow-up data in NCD App was reported by the CHO.
- Non-availability of complete range of services at SHC-HWC is a major challenge. Majority cases of morbidity and maternal and child health directly visit to private health facilities.
- Key challenges as observed in the facility are lack of proper IEC/BCC training to the CHO and ANM, lack of residential facility, lack of training and orientation about health programmes and services to be offered through HWC and foremost is lack of coordination among health staffs and PRI members. Community involvement in health care system for preventive/ promotive services also needs strengthening.

Sub-Health Centre, Chopna visited on 07.09.2021



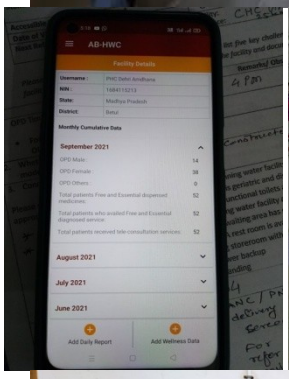

Primary Health Centre – Dehri Aamdhana

- Except OPD and delivery services, none of the services are available. There is no provision of services and availability of infrastructure as per the IPHS norms.
- PHC building constructed in 2006. However, there is no boundary wall around the building. Medical officer informed that building was not complete in all aspects but

he was forced to take possession of the incomplete building. Afterwards, remaining works have been completed over the years. PHC does not have its own water supply facility. Rainwater harvesting and recharge system has been installed. PHC provided water pump for borewell of the school for water supply. There are two staff quarters but one of them is dilapidated and has no toilet facility. Quarter is used for day care NCD service and weekly NCD clinic and for store purpose.

- Availability of drugs and diagnostics is not as per the HWC or IPHS norms. Out of 172 EDL, all drugs and consumables are nit supplied as per requirements. There is no monitoring mechanism for assessing utilization of drugs and diagnostics. There is no lab technician posted at PHC. PHC has only POC diagnostic test available. There is no hub and spoke model for the PHC to provide comprehensive diagnostic services.
- NCD services available for the patients directly coming to the PHC. There is no linkages for referred NCD services from the SHCs. Patients are referred to CHC, Ghodadongri or DH Betul for further investigations, after primary screening.
- Medical officer is trained in comprehensive abortion care services however, no services are provided at the PHC, due to limited infrastructure and in-patient servies. Earlier LTT camps used to be organised at the PHC, but as per the guidelines, no camps are conducted at the PHC now.
- 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 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 grossly ineffective due to inadequate services and lack of required support staffs including housekeeping, security, clinical class-IV staffs at the PHC.
- There is lack of training and orientation among health staffs about health programmes and services to be offered through HWC. RKS is not functional and only 1-2 meetings have been conducted in a year.

Primary Health Centre, Dehri Aamdhana visited on 20.09.2021



Community Health Centre (CHC) - Ghodadongri

- CHC functions from an old building constructed in 1956. There is encroachment all around the building. New building of the CHC is ready, however, approach road to the new building is not yet complete. CHC in the past two years, has won state level Kayakalp award with a score of 93 in 2019-20 and 92 in 2020-21.
- CHC does not have all the services as per the IPHS norms or as per the facility status. It has 30 functional beds. It provides referral emergency services, limited diagnostics and primary health care facilities and to some extent BEmOC health services. EmOC services including C-section delivery and ICU are not available. Required infrastructure is not available as per the norms.
- New CHC building has been constructed. Block medical officer informed that additional space near labour room is required for triage facility. Many minor facilities are still in the process of completion. Boundary wall for the new CHC building is also not planned.
- Availability of drugs and diagnostics is not as per the CHC or IPHS norms. Out of 243 EDL, 124 drugs and consumables are made available. There is no monitoring mechanism for assessing utilization of drugs and diagnostics. Out of 28 designated pathological tests, CHC has only 18 types of diagnostic/pathological test available. Mostly POC tests are available. Due to non-availability of Semi auto analyser or auto analyser, 8-10 tests are not being provided and patients are referred to DH, Betul. There is no hub and spoke model implemented at the CHC for catering to the non-functional labs in the nearby PHCs. An x-ray technician has been recently posted at the CHC, but the X-ray machine is non-functional. There is no USG facility available and patients are forced to go to private facility which cost ₹500-700 per visit, incurring burden of OOPE for MCH services.
- Referral NCD services are not available for the patients screened at SHC-HWC and PHC-HWC. Patients are referred to DH Betul for further investigations, after primary screening.
- There is acute shortage of paramedical staffs at the CHC. Out of 9 staff nurses, three are attached from periphery institutions to manage the ever increasing patient load. Critical and emergency patients are referred to DH, Betul and PSU Hospital at

Padhar. Patients with Ayushman Bharat Card and BPL status are provided free of cost services at PSU hospital, Padhar. Non-availability of paediatrician and gynaecologist has adverse impact on availability of emergency MCH services.

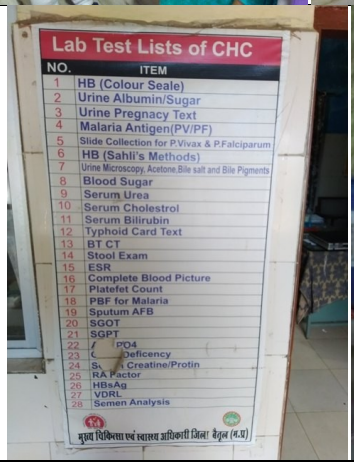
- It is very difficult to assess the effective utilization of services, since the non-availability of medical officer and other key service providers and various health providers have been given additional responsibility of serving other nearby facilities. Ensuring complete range of services is a major challenge. Shortage of staff at the CHC need to be addressed at the earliest.
- RKS is not effectively functional. BMO asserted that , since BMO is in-charge of RKS 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.
- There is one lab technician posted for NTEP diagnostic services. As per the records, there are 1023 sputum samples tested and 105 TB cases are undergoing DOTs treatment during April-August, 2021.
- It was reported that in-referral cases of complicated pregnancies such as highly anaemic, with previous C-sections delivery and pre-term labour are not managed at the CHC and referred to higher level facilities to avoid any risk.
- Block medical officer of the Ghodadongri stressed that allocation of nursing staff in the CHC is still in old staffing pattern, whereas, the patient load has increased many fold, which required to be increased. He also pointed that budget is not sufficient for the maintenance of the facility, however, BMO has effectively utilized available resources for the IEC, upkeep and cleanliness of the hospital premises through donation received from the local authorities. He pointed out that donors are supporting in various community based services.
- 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. There is lack of appropriate support staffs including housekeeping, security, clinical class-IV staffs at the CHC.

Community Health Centre, Ghodadongri visited on 07.09.2021







District Hospital, Betul

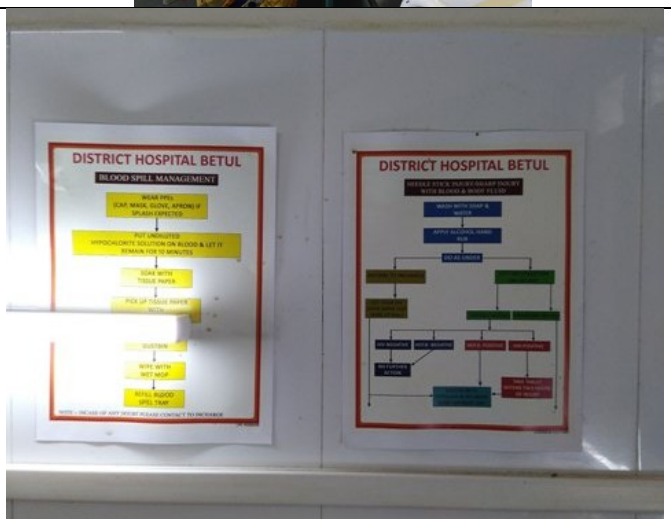
- District Hospital, Betul functioning from a new building constructed in 2018. It has 300 beds capacity. Major renovation and upgradation of services are presently undergoing at the DH. Various sections of the DH are scattered in the premises. A 150 bedded separate maternity wing is under construction.
- DH does not have all the services as per the IPHS norms or as per the facility status. It has 10 bed ICU, but non-functional due to lack of specialist and trained paramedical staffs. 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.
- 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 Betul has 9 EDL drugs with less than 30 days stock and 141 drugs with no stock. This condition was similar in July, 2021 when 14 drugs were having less than 30 days stock and 122 drugs were out of stock.
- Paucity of specialist is a major challenge in the DH to make it functional as tertiary care facility.
- Comprehensive abortion care (CAC) services are limited to only management of 1st trimester abortion. For NCD services, cancer treatment facility is being upgraded with the availability of mammograph machine for diagnosis of breast cancer. There is separate NCD clinic for cancer related services.
- It is very difficult to assess the effective utilization of services, due to non-availability of Hospital Manager or Public Health Manager. Civil surgeon informed that post of hospital manager is urgently required for effective monitoring and management of day-to-day functioning of the hospital. A systems approach is required for ensuring effectiveness of the services and optimal utilization of services.
- Civil surgeon asserted that management of in-referral cases of emergency and trauma need to be strengthened in the periphery level health facilities. in majority

cases, referrals are made without proper primary investigations leading to high death rate in emergency and trauma.

- Key challenges as observed in the DH 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. EmOC and specialty care services are primarily lacking due to paucity of staff and inadequate HR management and systems approach in functioning of the facility.
- RKS though functional, but only meets once in a year. For effective management of hospital services and optimal utilization of available funds, RKS should meet regularly. 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.

District Hospital, Betul visited on 06.09.2021


भाई पटेल
निःशुल्क औषधि
वितरण केन्द्र


DISTRICT HOSPITAL BETUL
BLOOD SPILL MANAGEMENT
DISTRICT HOSPITAL BETUL

5. Discussion and key recommendations

Monitoring of programme implementation plan (PIP) 2021-22 under National Health Mission was undertaken in Betul district of Madhya Pradesh. Population Research Centre, Sagar team visited Betul district in September, 2021 to assess the implantation of PIP. Team visited DH Betul, CHC Ghodadongri, PHC-HWC Dehri Aamdhana and SHC-HWC Chopna. During PIP monitoring team assessed 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 issues and root causes of problems.

The district has received the allocated PIP budget timely. Expenditure of various budget components was observed to be varying. Nearly two-fifths of the allocated budget has been spent during April-August, 2021. Major proportion of budget has been allocated for untied grant, human resource (Service delivery) and programme management. All these three FMRs account for nearly 90 percent of the approved budget. The district has not prepared any action plan since budget was allocation as per state 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. Community was expressed that most of the services at the secondary level health care facilities are not available and primary care facility has no linkage for referral including continuum of care. Private health facilities are mostly preferred due to easy access and availability. 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 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.

A. District Profile for PIP Monitoring 2021-22

Indicator	Remarks/ Observation			
1. Total number of Blocks*	10			
2. Total number of Villages*	1339			
3. Total Population *	1575362			
• Rural population*	1233211			
• Urban population*	309151			
4. Literacy rate*	68.9			
5. Sex Ratio	971			
6. Sex ratio at birth (NFHS-4)	957			
7. Population Density*	157/km^2			
Provide data from Census 2011				
8. Estimated number of deliveries (2021-22)	39082			
9. Estimated number of C-section (2021-22)	5862			
10. Estimated numbers of live births (2021-22)	3174			
11. Estimated number of eligible couples (2021-22)	267554			
12. Estimated number of leprosy cases (2021-22)	160			
13. Target for public and private sector TB notification for the current year (2021-22)	4700			
14. Estimated number of cataract surgeries to be conducted (2021-22)	13000			
15. Mortality Indicators:	**Previous year 2020-21**		**Current FY 2021-22**	
	Estimated	**Reported**	**Estimated**	**Reported**
• Maternal Death	72	34	72	09
• Child Death	3100	808	3100	--
• Infant Death	3100	--	--	--
• Still birth		482		209
• Deaths due to Malaria		0		0
• Deaths due to (Male + Female) sterilization procedure		0		0
16. Facility Details (2021-22)	**Sanctioned/ Planned**		**Operational**	
1. District Hospitals	1		1	
2. Sub District Hospital	1		1	
3. Community Health Centers (CHC)	9		9	
4. Primary Health Centers (PHC)	33		33	
5. Sub Centers (SC)	339		339	
6. Urban Primary Health Centers (U-PHC)	3		3	
7. Urban Community Health Centers (U-CHC)	0		0	
8. Special Newborn Care Units (SNCU)	1		1	
9. Nutritional Rehabilitation Centers (NRC)	7		7	
10. District Early intervention Centers (DEIC)	1		1	
11. First Referral Units (FRU)	3		3	
12. Blood Bank	1		1	
13. Blood Storage Unit (BSU)	2		2	
14. No. of PHC converted to HWC	33		33	

15. No. of U-PHC converted to HWC	2	2
16. Number of Sub Centre converted to HWC	307	307
17. Designated Microscopy Center (DMC)	21	18
18. Tuberculosis Units (TUs)	10	10
19. Number of sites with CBNAAT/TruNat test facility	1	1
20. Drug Resistant TB Centers	1	1
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	1	1
• At SDH	1	1
• At CHC	9	9
22. Institutions providing Comprehensive Abortion Care (CAC) services • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services	 11 (1DH+1CH+9CHC) 11 11	 6 6 6

B. Overview: DHAP

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	***Send a copy of district PIP 2021-22***
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	***Send a copy of Approved District PIP 2021-22***
3. Date of release PIP (2021-22)	
4. Date of release of first installment of fund against DHAP	
5. Infrastructure: Construction Status (2021-22)	
• Details of Construction pending for more than 2 years	***(Provide list)***
• Details of Construction completed but not handed over	***(Provide list)***

C. Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all) **Yes/No**	yes
2. Implementation of diagnostic services (if it is free for all) **Yes/No** • Number of lab tests notified ***(List of Test)***	yes
3. Status of delivery points in the District (2021-22)	
• No. of SCs conducting >3 deliveries/month	6
• No. of 24X7 PHCs conducting > 10 deliveries /month	15

Indicator	Remarks/ Observation	
• No. of CHCs conducting > 20 deliveries /month	8	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	1	
• No. of DH/ District Women and child hospital conducting C-section	1	
• No. of Medical colleges conducting > 50 deliveries per month	--	
• No. of Medical colleges conducting C-section	--	
4. Number of institutes with ultrasound facilities (Public+Private)	(Public-3 + Private-9)	
• Of these, how many are registered under PCPNDT act (Pre-Conception and Pre-natal Diagnostic Technique Act-1994)	(Public-3 + Private-9)	
5. Details of PMSMA activities performed (Pradhan Mantri Surakshit Matritva Abhiyan)	1DH+1CH+9CHC	
6. RBSK (Rashtriya Bal Swasthya Karyakram)		
• Total no. of RBSK teams sanctioned	21	
• No. of teams with all HR in-place (full-team)	02 (Sehra team A & B) -Rural	
• No. of vehicles (on the road) for RBSK team	19 (all the RBSK vehicles are used for other purpose)	
• No. of Teams per Block	02/Block (Block Chicholi 1 team sanctioned)	
• No. of block/s without dedicated teams	1 Bhimpur has only one MO for two teams	
• Average no of children screened per day per team	60	
• Number of children born in delivery points screened for defects at birth	Yes	
7. Special Newborn Care Units (SNCU) both DH & Medical College in the district (2021-22)	SNCU DH, Betul	
• Total number of beds ▪ In radiant warmer ▪ Stepdown care ▪ Kangaroo Mother Care (KMC) unit	20 16 06 01	
• Number of non-functional radiant warmer for more than a week	0	
• Number of non-functional phototherapy unit for more than a week	0	
	Inborn	**Out born**
• Admission	339	409
• Defects at birth	11	17
• Discharged	307	343
• Referral	6	18
• LAMA	0	1
• Died	27	41

Indicator	Remarks/ Observation	
8. Newborn Stabilization Unit (NBSU) in the district (2021-22)		
	Inborn	**Out born**
• Admission	121	17
• Discharged	86	11
• Referral	30	08
• LAMA (Left Against Medical Advice)	00	00
• Died	01	00
9. Nutrition Rehabilitation Centers -NRC (2021-22) Total district data	07	
• Admission ▪ Bilateral pitting oedema ▪ MUAC<115 mm ▪ <'-3SD WFH ▪ with Diarrhea ▪ ARI/ Pneumonia ▪ TB ▪ HIV ▪ Fever ▪ Nutrition related disorder ▪ Others	216 1 4 127 20 26 0 0 36 25 92	
• Referred by ▪ Frontline worker ▪ Self ▪ Ref from VCDC/ CTC ▪ RBSK ▪ Pediatric ward/ emergency	 136 22 0 33 25	
• Discharged	192	
• Referral/ Medical transfer	16	
• LAMA	8	
• Died	0	
10. Home Based Newborn Care (HBNC)		
• No. of ASHA having HBNC kit	1468	
• No. of Newborns visited under HBNC	9880	
• No. of ASHA having drug kit	1630	
11. Number of Maternal Death Review conducted • Previous year (2020-21) • Current FY (2021-22)	 34 09	
12. Number of Child Death Review conducted • Previous year (2020-21) • Current FY (2021-22)	 184 85	
13. Number of blocks covered under Peer Education (PE) programme (RKSK)	0	
14. No. of villages covered under PE programme	0	
15. No. of PE selected	0	

Indicator	Remarks/ Observation	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	0	
17. Weekly Iron Folic Acid Supplementation (WIFS) stock out **Yes/No**	**No**	
18. Mobile Medical Unit (MMU) and micro-plan (2021-22)		
• No. of Mobile Medical Unit (MMU) on the road	0	
• No. of trips per MMU per month	--	
• No. of camps per MMU per month	--	
• No. of villages covered	--	
• Average number of OPD per MMU per month	--	
• Average no. of lab investigations per MMU per month	--	
• Avg. no. of X-ray investigations per MMU per month	--	
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month	--	
• Avg. no. of sputum collected for TB detection per MMU per month	--	
• Average Number of patients referred to higher facilities	--	
• Payment pending (if any) • If yes, since when and reasons thereof	--	
19. Vehicle for Referral Transport (2021-22)		
• No. of Basic Life Support (BLS) (on the road) and their distribution (Block wise number)	11	
• No. of Advanced Life Support (ALS) (on the road) and their distribution	1	
	ALS	**BLS**
▪ Operational agency (State/ NGO/ PPP)	PPP	PPP
▪ If the ambulances are GPS fitted and handled through centralized call centre	YES	YES
▪ Average number of calls received per day	4	6
▪ Average number of trips per ambulance per day	4.5	4.5
▪ Average km travelled per ambulance per day	350	460
▪ Key reasons for low utilization (if any)	--	--
• No. of transport vehicle/102 vehicle (on the road)	27	
▪ If the vehicles are GPS fitted and handled through centralized call centre	Yes	
▪ Average number of trips per ambulance per day	6	
▪ Average km travelled per ambulance per day	400	
▪ Key reasons for low utilization (if any)	--	
20. If State notified a State Mental Health Authority (SMHA)	**Yes**	
21. If grievance redressal mechanism in place		
• Whether call center and toll-free number available **Yes/No**	Yes (CM Helpline) Toll Free Number - 181	
• Percentage of complains resolved out of the total complains registered in current FY (2021-22)	Yes-100%	
22. No. of health facilities linked with Mera-aspatal	1 DH	

Indicator	Remarks/ Observation		
23. Payment status:	**No. of beneficiaries**	**Backlog**	**DBT status**
• JSY beneficiaries			
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	137	0	137
• Patients incentive under NTEP programme	1055	245	810
• Provider's incentive under NTEP programme	1375	160	1215
• FP compensation			
• FP incentive			
• **ASHA payment:**	**No. of ASHA**	**Backlog**	**DBT status**
▪ A- Routine and recurring at increased rate of Rs. 2000 pm	1630	0	1630
▪ B- Incentive under NTEP	645	30	624
▪ C- Incentives under NLEP	--	--	--
24. Implementation of Integrated Disease Surveillance Programme (IDSP)			
• If Rapid Response Team constituted, what is the composition of the team • No. of outbreaks investigated in previous year(2020-21) and in current FY (2021-22)	Provide details of RRT under IDSP- Yes Yes 0		
• Proportion (% out of total) of private health facilities reporting weekly data of IDSP	In Process		
25. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
• Micro plan and macro plan available at district level- **Yes/No**	Yes		
• Annual Blood Examination Rate (ABER) for last three years (2018-19),(2019-20) and (2020-21)	2018-19 – 13.21%, 2019-20 – 13.60%, 2020-21 – 13.12%		
• No. of LLIN distributed	No		
• No. of sites where IRS done	1		
• No. of sites where Anti-larval methods used	1352		
• No. of MDR rounds observed	Not applicable		
• District achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% **Yes/No**	Not applicable		
26. Implementation of National Tuberculosis Elimination Programme (NTEP) (2021-22)			
• Target TB notification achieved (2021-22)	1000		
• Whether HIV Status of all TB patient is known	No. No. of TB Patients with known HIV status – 940		
• No. of Eligible TB patients with UDST testing	480		
• Whether drugs for both drug sensitive and drug resistance TB available **Yes/ No**	yes		
• Patients notification from public sector	No of patients notified: 718		

Indicator	Remarks/ Observation
	Treatment success rate:47% No. of MDR TB Patients:25 Treatment initiation among MDR TB patients:25
• Patients notification from private sector	No of patients notified: 282 Treatment success rate:8% No. of MDR TB Patients:0 Treatment initiation among MDR TB patients:0
• No. of Beneficiaries paid under Nikshay Poshan Yojana (NPY)	810
• Active Case Finding conducted as per planned for the year	Yes
27. Implementation of National Leprosy Eradication Programme (NLEP) (2021-22)	
• No. of new cases detected	33
• No. of G2D cases	0
• MDT available without interruption	yes
• Reconstructive surgery for G2D cases being conducted	In process
• MCR footwear and self-care kit available **Yes/ No**	yes
28. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis available	
29. Percent of health workers immunized against Hep B	
30. Number of ASHAs • Required as per population • Selected • No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population • No. of villages/ slum areas with no ASHA	 1633 1630 (rural-65/Urban-0) 03/0
31. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator/Sahyogi enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • Any other state specific scheme_____	

Indicator	Remarks/ Observation			
32. Mahila Arogya Samitis (MAS)-				
a. No. of MAS Formed	70			
b. No. of MAS Trained	69			
c. No. of MAS account opened	69			
33. Village Health Sanitation and Nutrition Committee (VHSNC)				
a. No. of VHSNC Formed	1280			
b. No. of VHSNC Trained	1280			
c. No. of VHSNC account opened	1278			
34. Number of facilities NQAS certified in the district				
35. No. of health facilities implemented Kayakalp				
36. No. of health facilities implemented Swachh Swasth Sarvatra (SSS)				
37. Activities performed by District Level Quality Assurance Committee (DQAC)				
38. Recruitment for any staff position/ cadre conducted at district level **(Yes/No)**				
39. Details of recruitment	**Previous year (2020-21)**		**Current FY (2021-22)**	
	Regular cadre	**NHM**	**Regular cadre**	**NHM**
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				
40. If state has comprehensive ***(common for regular and contractual HR)*** Human Resource Information System (HRIS) in place				

D. Implementation of CPHC (2021-22)

Indicator	Planned	Completed
Universal health screening for NCD		
1. If conducted, what is the target population		
2. Number of individuals enumerated		
3. Number of CBAC forms filled		
4. Number of HWCs started NCD screening:		
a. SHC- HWC	307	181
b. PHC- HWC	33	33
c. UPHC – HWC	2	2
5. No. of patients screened, diagnosed and treated		
a. Hypertension		
b. Diabetes		
c. Oral Cancer		
d. Breast Cancer		
e. Cervical Cancer		

6. Number of HWCs providing Tele-consultation services	181	181
7. Number of HWCs organizing wellness activities	181	181

E. Status of HRH (2021-22)

1. Staff details at public facility (Regular+ NHM+ other sources)	**Sanctioned**	**In-place**		**Vacancy (%)**
		Regular	**Contractual**	
• ANM	306	306	170	
• MPW (Male)	256	103	0	59.7
• Staff Nurse	252	238	55	
• Lab technician	49	47	16	
• Pharmacist (Allopathic)	55	34	40	
• MO (MBBS)	91	41	21	31.9
• OBGY	14	2	4	57.1
• Pediatrician	10	0	3	70.0
• Anesthetist	7	0	0	100
• Surgeon	14	1	0	92.8
• Radiologists	2	1	0	50.0
• Other Specialists	1	0	0	100.0
• Dentists/ Dental Surgeon/ Dental MO	0	0	01 (RBSK)	
• Dental technician	0	0	0	
• Dental Hygienist	19	0	0	100.0
• Radiographer/ X-ray technician	0	19	0	
• CSSD Technician	0	0	0	
• OT technician	15	0	0	100.0
• CHO/ MLHP	0	15	200	
• AYUSH MO	0	0	34 (RBSK)	
• AYUSH Pharmacist	0	0	09 (RBSK)	

2. Performance of EMOC/ LSAS trained doctors	**Trained**	**Posted in FRU**	**Performing C-section**
• LSAS trained doctors			
• EmOC trained doctors			

F. State of Fund Utilization

FMR Wise (as per ROP budget heads)

Status of Expenditure: ***up to August 2021***

Indicator	Budget Released (₹)	Budget utilized (₹)	Reason for low utilization (if < 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants	18235000	00	0.00
5. FMR 5: Infrastructure	5130134	2400578	46.79
6. FMR 6: Procurement	00	00	
7. FMR 7: Referral Transport	00	00	
8. FMR 8: Human Resource (Service Delivery)	129886617	59811252	46.05
9. FMR 9: Training	42000	00	0.00
10. FMR 10: Review, Research and Surveillance	00	00	
11. FMR 11: IEC-BCC	685453	54070	7.89
12. FMR 12: Printing			
13. FMR 13: Quality	118000	00	0.00
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management	6340000	2335726	36.84
• FMR 16.1: PM Activities Sub Annexure	00	00	
17. FMR 17: IT Initiatives for Service Delivery	36500	11234	30.78
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure: ***up to August 2021***

Indicator	Budget Released (₹)	Budget utilized (₹)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health	41787011	16241655	38.87
• Child Health	2500789	551711	20.6
• RBSK	14730000	3649353	24.77
• Family Planning	13926150	2722761	19.55
• RKSK/ Adolescent health	00	00	00
• PC-PNDT	11000	00	00
• Immunization	18200179	8737849	48.01
• Untied Fund	18235000	00	00
• Comprehensive Primary Healthcare (CPHC)	00	00	00

Indicator	Budget Released (₹)	Budget utilized (₹)	Reason for low utilization (if less than 60%)
• Blood Services and Disorders	5439908	4778450	87.44
• Infrastructure	5130134	2400578	46.79
• ASHAs	99154847	40209012	40.55
• HR	129886617	59811252	46.05
• Programme Management	634000	2335726	36.84
• MMU	00	00	00
• Referral Transport	00	00	00
• Procurement	00	00	00
• Quality Assurance	118000	00	00
• PPP	00	00	00
• NIDDCP	7000	00	00
2. NUHM	2113645	446464	21.12
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)	150000	64484	42.99
• National Vector Borne Disease Control Programme (NVBDCP)	918075	303362	33.04
• National Leprosy Eradication Programme (NLEP)	616200	44770	7.27
• National TB Elimination Programme (NTEP)	3851825	215182	5.59
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	5125000	5000	0.10
• National Mental Health Program (NMHP)	98935	00	00
• National Programme for Health Care for the Elderly (NPHCE)	00	00	00
• National Tobacco Control Programme (NTCP)	150000	00	00
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	2627400	130337	4.96
• National Dialysis Programme	00	00	00
• National Program for Climate Change and Human Health (NPCCHH)	00	00	00
• National Oral health programme (NOHP)	174000	00	00
• National Programme on	00	00	00

Indicator	Budget Released (₹)	Budget utilized (₹)	Reason for low utilization (if less than 60%)
palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)	5000	00	00
• National Rabies Control Programme (NRCP)	00	00	0.0
• National Programme for Prevention and Control of Deafness (NPPCD)	00	00	00
• National programme for Prevention and Management of Burn & Injuries	00	00	00
• Programme for Prevention and Control of Leptospirosis (PPCL)	00	00	00

G. Status of trainings (Status as upto August 2021)

List of training (to be filled as per ROP approval)	Planned	Completed
1. Training / Capacity Building (Malaria)		
2. Training / Workshop (Dengue and Chikungunya)		
3. Training cum review meeting for HMIS & MCTS at District level		
4. Training of MAS		
5. Training of Medical Officers and Health Workers under NRCP		
6. Trainings Under HBYC		
7. 1st Round training of ASHA in Module 6 & 7		
8. 2nd Round training of ASHA in Module 6 & 7		
9. 3rd Round training of ASHA in Module 6 & 7		
10. 4 days Trainings on IYCF for MOs, SNs, ANMs of all DPs and SCs (ToT, 4 days IYCF Trainings & 1 day Sensitisation on MAA Program)		
11. 4th Round training of ASHA in Module 6 & 7		
12. DAKSHTA training		

Service Delivery: Sub Centre

Name of facility visited	**SHC-HWC, Chopna**
Whether the facility has been converted to HWC	Yes
Standalone/ Co-located	Standalone
Accessible from nearest road head	Yes
Date of Visit	07/09/2021
Next Referral Point	Facility: CHC, Ghodadongri Distance: 18 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.

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>1. List of Services available</td><td>OPD
IPD
MCH, Delivery
Immunization
NCD Screening</td></tr>
<tr><td>2. Condition of infrastructure/ building

Please comment on the condition and tick the appropriate box</td><td>Comments: SHC is situated in the villages. Building was renovated by Panchayat and furniture was also provided by the Panchayat.

☑24*7 running water facility (Yes, borewell)
☑ Facility is geriatric and disability friendly - Yes
☑Clean functional toilets available (separate Male &female) - No
☑ Drinking water facility available – (Yes, Directly from borewell, no water filter available at SHC)
☑ 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)</td></tr>
<tr><td>3. Biomedical waste management practices</td><td>Deep Burial Pit is used SHC</td></tr>
<tr><td>4. Details of HR available in the facility (Sanctioned and In-place)

* DK – Don’t know</td><td>
<table>
<tr><th>HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td>ANM/ MPW Female</td><td>2</td><td>1</td><td>1</td></tr>
<tr><td>MPW Male</td><td>1</td><td>0</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>7</td></tr>
<tr><td>Others (Staff Nurse)</td><td>1</td><td>1</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: Only Jio network , some disruption in rainy season.</td></tr>
<tr><td>6. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☑Yes/ ☐No

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____
(No stock register maintained, indenting through E-Aushadhi)</td></tr>
</table>

Indicator	Remarks/ Observation
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 PCM – Always 2 Ranitidine 3 Amoxicillin 4 Azithromycin
9. Drugs Available for Hypertension & Diabetic patients:	1 Amlodipine 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	☑ Sufficient Supply – HIV/MP/Hb-Scale/PTK ☐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 • 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 not available at SHC)
20. Line listing of all eligible couple in the area	☑Yes/ ☐No (32 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 condom and oral pills is used by eligible couples
23. Number of individuals above 30 years of age in the HWC population	1855.
24. Number of CBAC forms filled in last 6 months	200 (Supply of CBAC form is not sufficient, all SHC staffs engaged in Covid vaccination since April, 2021
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 180 4 and above score: 20

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>26. Whether universal screening of NCD has started</td><td>☑Yes/ ☐No</td></tr>
<tr><td>27. Number of individuals screened for the following in last 6 months:
* This data pertained to period from the initiation when NCD screening started. (There are 40 NCD patient with previous history)</td><td>
<table>
<tr><th></th><th>Screened</th><th>Confirmed</th></tr>
<tr><td>a. Hypertension</td><td>20</td><td>12</td></tr>
<tr><td>b. Diabetes</td><td>20</td><td>10</td></tr>
<tr><td>c. Oral Cancer</td><td>0</td><td></td></tr>
<tr><td>d. Breast Cancer</td><td>0</td><td></td></tr>
<tr><td>e. Cervical Cancer</td><td>0</td><td></td></tr>
</table>
</td></tr>
<tr><td>28. Number of individuals who had initiated treatment for HTN, DM and others during last six months</td><td>Advised for Lifestyle management:
Medicines for Hypertension: 12
Medicines for Diabetes: 10
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>From SC-HWC: 3-4
From Linked PHC: 10-15
From other govt. facilities: (Specify)
From pvt. Chemist shop: 20-22
(Average OOP/month) :--</td></tr>
<tr><td>30. Status of use of:</td><td>• Tele-consultation services: Yes (Target of 30 calls/month)
• HWC App: Only OPD is reported
Details: --</td></tr>
<tr><td>31. Whether wellness activities are performed</td><td>☐ Yes/ ☑No :
Frequency: --</td></tr>
<tr><td>32. Whether reporting weekly data in S form under IDSP</td><td>☐Yes/ ☑No</td></tr>
<tr><td>33. Status of Tuberculosis in the area:</td><td>
<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>1</td></tr>
<tr><td>Number of presumptive TB patients referred for testing</td><td>--</td><td>--</td></tr>
<tr><td>Number of TB patients diagnosed out of the presumptive patients referred</td><td>--</td><td>--</td></tr>
<tr><td>Number of TB patients taking treatment under the Sub centre area</td><td>--</td><td>14</td></tr>
</table>
</td></tr>
<tr><td>34. ASHA Interaction</td><td></td></tr>
<tr><td>• Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</td><td>ASHA has weighing machines – child and adult, BP instrument supplied to ASHA was faulty. New BP instrument purchased from VHNSC untied grant.</td></tr>
<tr><td>• Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</td><td>Drugs are not in supply this year</td></tr>
<tr><td>• ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher.
○ Average delay</td><td>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>No. ASHAs need continuous orientation about maintaining records of services rendered by them properly in ASHA diary.</td></tr>
</table>

Indicator	Remarks/ Observation
35. Number of Village Health & Sanitation days conducted in last 6 months	8
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 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: 4 (Since Apri1, 2021) Types of cases referred out: TB/Ear-Eye/ Low Hb/ANC
42. Key challenges observed in the facility and the root causes	
Challenge	**Root causes**
a) In NCD app, follow-up data entry is not possible in the tab	App not functioning for NCD updation of services for patients.
b) SHC-HWC cleanliness staff not getting regular salary.	Staff is not aware about their status of employment – whether outsourced or through government fund. No information about source of funding for salary/PF of outsourced staffs.
c) Low utilization of untied grant	Village Sarpanch not cooperative. Untied grant account is with Sarpanch.
d)	ANM and CHO were not given enough orientation about new HMIS portal. Strike of regular ANMs stopped updation of RCH Portal and ANMOL data entry. Printed registers not provided to CHOs for HWC
e)	USG services available only at DH Betul (100 kms), takes 3-4 days to get USG done. Women are taken to pvt. USG centre which charges between Rs.300-600/per service. beneficiary need to spend Rs. 1500-2000 for upto 3 USG services in pvt. facility.

Service Delivery: Primary Health Centre/ Urban Primary Health Centre

Name of facility visited	**PHC-HWC, Dehri Aamdhana**
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	07.09.2021
Next Referral Point	Facility: CHC, Ghodadongri / DH Betul Distance: 25 kms. / 110 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: Building constructed in 2006. PHC is surrounded with water logged areas. Recently renovated as per the HWC requirements. However, it has only 1 residential quarter. No water supply connection of PHC. Nearby school borewell is connected to PHC. There is encroachment on PHC land. No boundary wall for PHC.
	☑ 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 – Not sufficient for all the areas of PHC ☑ Branding
4. Number of functional in-patient beds	4 Beds
5. List of Services available	OPD, IPD, NCD, ANC, PNC, Delivery, Immunization (only birth dose), Cancer screening using VIA method General primary Emergency care Antara and Chhaya for FP and for other Gynaecological services refer to CHC. Yoga sessions – instructor from Padhar village (30kms) from PHC
6. If 24*7 delivery services available	☑ Yes/ ☐No
7. Tele-medicine/Consultation services available	☐ Yes/ ☑No
8. Biomedical waste management practices	☑ Sharp pit ☑ Deep Burial pit
9. Details of HR available in the facility (Sanctioned and In-place) * AYUSH MO visits PHC every Monday from CHC Ghodadongri	**HR** / **San.** / **Reg.** / **Cont.** MO (MBBS) / 1 / 1 / 0 MO (AYUSH) / 0 / 0 / 0 SNs/ GNMs / 1 / 1 / 0

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>Other Staff include:
Wardboy – 1 (Regular)
Peon – 1 (Regular)
DEO – 2</td><td>
<table>
<tr><td>ANM</td><td>0</td><td>0</td><td>1</td></tr>
<tr><td>LTs</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Pharmacist</td><td>1</td><td>1</td><td>0</td></tr>
<tr><td>Public Health Manager (NUHM)</td><td>--</td><td>--</td><td>--</td></tr>
<tr><td>LHV/PHN</td><td>1</td><td>0</td><td>0</td></tr>
<tr><td>Others</td><td>2</td><td>2</td><td>2</td></tr>
</table>
</td></tr>
<tr><td>10. IT Services</td><td>• 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: _____</td></tr>
<tr><td>11. Kayakalp</td><td>Initiated: Yes in 2020-21
Facility score: 91internal assessment
Award received: Yes</td></tr>
<tr><td>12. NQAS</td><td>Assessment done: Internal/State: No
Facility score: NA
Certification Status: NA</td></tr>
<tr><td rowspan="2">13. 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 126_____
EDL displayed in OPD Area: ☑Yes/ ☐No
No. of drugs available on the day of visit (out of the EDL) 00_____</td></tr>
<tr><td>14. Implementation of DVDMS or similar supply chain management system</td><td>☑Yes/ ☐No
If other, which one_MP E-Aushadhi_____</td></tr>
<tr><td>15. Shortage of 5 priority drugs from EDL in last 30 days, if any</td><td>
<table>
<tr><td>1</td><td>Paracetamol</td></tr>
<tr><td>2</td><td>Diclofenac + Paracetamol</td></tr>
<tr><td>3</td><td>Syp Paracetamol</td></tr>
<tr><td>4</td><td>Ranitidin</td></tr>
<tr><td>5</td><td>Tranexamic Acid</td></tr>
</table>
</td></tr>
<tr><td>16. Drugs Available for Hypertension & Diabetic patients:</td><td>
<table>
<tr><td>1</td><td>Almodipine</td></tr>
<tr><td>2</td><td>Atenolol</td></tr>
<tr><td>3</td><td>Metformin</td></tr>
<tr><td>4</td><td>Telmisartan</td></tr>
</table>
</td></tr>
<tr><td>17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days</td><td>
<table>
<tr><td>1</td><td>Amlodipine 5 mg and 2.5 mg</td></tr>
</table>
</td></tr>
<tr><td>18. 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>19. Availability of essential diagnostics</td><td>☑In-house (Only Kit based tests, no LT posted at PHC)
☐Outsourced/ PPP
☐Both/ Mixed</td></tr>
<tr><td>• In-house tests</td><td>Timing: 9:00 am to 4:00 pm
Total number of tests performed: 10_____
Details of tests performed: MP-RD Kit, Hb-Digital, U-Albumin, U-Sugar, Blood Sugar, BP, Cervical screening VIA method</td></tr>
</table>

Indicator	Remarks/ Observation
• 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
23. If there is any shortage of major instruments/ equipment	Microscope revolving stool, PP kit for lab, Blood Grouping Fridge, Sei-Auto Analyzer, Strainer
24. Average downtime of equipment. Details of equipment are non functional for more than 7 days	3.4 days. HomoCue machine for measuring Hb becomes non functional occasionally. Glucometer, Warmer, Autoclave frequently remain non-functional
25. Availability of delivery services	☑Yes/ ☐No
• If yes, details	Comment on condition of labour room: Well maintained & arranged Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☑ Yes/ ☐ No
26. Status of JSY payments	Payment is up to date: ☑ Yes/ ☐No Average delay: 1-2 weeks for few cases Payment done till: August, 2021 Reasons for delay: For making JSY payment, Samagra ID, Aadhaar and RCH IDs are required. The e-Vitta Pravah software matches all the identification data in three IDs and then payment is done. Non-matching of beneficiary details causes delay of 1-2 weeks.
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	41
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	☐Yes ☑No
31. Practice related to Respectful Maternity Care	Yes

Indicator	Remarks/ Observation
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	11
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	41
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?	ANMs
40. Please comment on utilization of other FP services	Only condom and oral pills are distributed
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: _1_____ 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: 198 / 18 b. Diabetes: 195 / 118 c. Oral Cancer: 194 / 0 d. Breast Cancer: 106 / 0 e. Cervical Cancer: 104 / 0
46. Whether wellness activities are performed	☑ Yes/ ☐No Frequency: Weekly, but no records are maintained for activities
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:

Indicator	Remarks/ Observation
	• 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 • 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?	Fund Received last year: 2,00,000 Fund utilized last year: 1,00,000
	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	☐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: 0 Types of cases referred out: Delivery
56. Key challenges observed in the facility and the root causes	
Challenge	**Root causes**
a) Infrastructure not sufficient	Gap analysis for HWC was not reviewed and accordingly infrastructure was not upgraded.
b) Severe Staff Paucity. MO will retire in two months	No recruitment by state on all positions. No policy for staff retention
c)	
d) Outsourced staff not getting salary regularly	State has not released salary of outsourced staff in the PIP

Indicator	Remarks/ Observation
e) PHC although designated as HWC, but only skeletal services are being provided	No regular supervision by district and block officials to mitigate problems related to infrastructure, HR, Supplies and services. Staff works with low motivation.
Only for U-PHC	
57. Population enumeration initiated for slum population	☐Not yet initiated ☐Initiated ☐Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	☐Yes/ ☐No
	If yes, specialist services are provided through: ☐Teleconsultation/ ☐Clinic Schedule: ☐Fixed/ ☐Rotational Type of specialist services available: ☐OBGY, ☐Pediatrics, ☐Medicine, ☐Dermatology, ☐Ophthalmology, Others_____
60. UHNDs Conducted:	☐Yes/ ☐No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	☐Yes/ ☐No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps: _____

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

Name of facility visited	**CHC, Ghodagongri**
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	08.09.2021
Next Referral Point	Facility: DH Betul Distance: 43 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 rowspan="2">3. Condition of infrastructure/ building

Please comment on the condition and tick the appropriate box</td><td>Comments: Presently CHC functioning from old and fragmented building. New Building adjacent to the old building is near completion.</td></tr>
<tr><td>☑ 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</td></tr>
<tr><td>5. List of Services available</td><td>24x7 general emergency, Delivery, ANC, PNC, MCH
Lab facility
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>Y</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>N</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: ☑</td></tr>
<tr><td>6. Tele-medicine/Consultation services available</td><td>☐ Yes/ ☑ No
If yes, average case per day_____</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>7. Operation Theatre available</td><td>☐ Yes/ ☑No
If yes,
Major: 0
Minor: 1</td></tr>
<tr><td>8. Availability of functional Blood Storage Unit</td><td>☑ ☐ Yes/ ☐No
If yes, number of units of blood currently available: _3_____
No. of blood transfusions done in last month: _7_____</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:</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>3</td><td>3</td><td>0</td></tr>
<tr><td rowspan="4">Specialists</td><td>Medicine</td><td>1</td><td>1</td><td>0</td></tr>
<tr><td>ObGy</td><td>1</td><td>1</td><td>0</td></tr>
<tr><td>Pediatrician</td><td>1</td><td>0</td><td>0</td></tr>
<tr><td>Anesthetist</td><td>1</td><td>0</td><td>0</td></tr>
<tr><td colspan="2">Dentist</td><td>1</td><td>0</td><td>0</td></tr>
<tr><td colspan="2">SNs/ GNMs</td><td>6</td><td>6</td><td>0</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>2</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>0</td><td>0</td></tr>
<tr><td colspan="2">Others (Ayush)</td><td>1</td><td>0</td><td>1</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 – BSNL Broadband_</td></tr>
<tr><td>13. Kayakalp</td><td>Initiated: Yes
Facility score: 93.9%
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: Assessed
Operation Theatre: Assessed</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_251_____
EDL displayed in OPD Area: ☑Yes/ ☐No
No. of drugs available on the day of visit (out of the EDL) _00____</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>Paracetamol</td></tr>
</table>
</td></tr>
</table>

Indicator	Remarks/ Observation
	2 Diclofenac + Paracetamol 3 Syp Paracetamol 4 Ranitidin 5 TT vial
19. Availability of Essential Consumables: Due to Covid no purchase was allowed. Only about 50% of indented items were supplied	☐Sufficient Supply ☐Minimal Shortage : ☑Acute shortage In last 6 months how many times there was shortage: Mostly
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 recently at CHC. Old analog x-ray machine is not in working conition.	☑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	Yes. Semi Auto Analyser reagent kit not available for more than 2 months, even in district store. Cell counter also not available.
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 since April, 2021: 146 No. of C-sections performed in last month: 0
• Comment on condition of:	Labour room: Labour room is well maintained OT: available 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.

Indicator	Remarks/ Observation
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
29. PMSMA services provided on 9th of every month	☑Yes/ ☐No If yes, how are high risks identified on 9th? : Identified by Ob&G on the basis of lab findings.
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: 0
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	318 (Up to August, 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	0
40. Availability of trained provider for IUCD/ PPIUCD	☑Yes/ ☐No
41. Who counsels on FP services?	BEE, MO and Staff Nurse
42. Please comment on utilization of other FP services	Mostly Injectible, OCP.
43. FPLMIS has been implemented	☑Yes/ ☐No
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. Whether facility has fixed day NCD clinic	☐Yes/ ☑No If Yes, how many days in a week: __One
46. Are service providers trained in cancer services?	☐Yes/ ☑No

Indicator	Remarks/ Observation		
47. 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		
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 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) 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: 100		
51. 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:		
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: 2,50,000 Fund utilized last year: 100%		
	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		

Indicator	Remarks/ Observation
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	RKS meeting not held regularly.
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):
• 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: -- Types of cases referred out:

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) RKS not effective and hence not able to utilize grants effectively	RKS meetings are not held regularly
c) Outsourced staff not getting regular salary and not regular in their work	There is no mechanism for monitoring and supervision of the outsourced staff at the health facility level.
d) CHC still functioning from old building constructed in 1956	New building possession not yet given due to administrative reasons
e)	

Service Delivery: District Hospital/ Sub District Hospital

Name of facility visited	**District Hospital, Betul**
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	06.09.2021
Next Referral Point	Facility: Gandhi Medical College, Bhopal Distance: 178 kms.

Indicator	Remarks/ Observation
1. OPD Timing	09:00 am to 04:00 pm
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: New building complex of the DH has been constructed in 2013. Old DH building has separate maternity wing. An additional 150 bedded maternity wing is under construction. ☑ 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 Last major renovation done in (Year): Renovation in progress
3. Number of functional in-patient beds	300 No of ICU Beds available: 10 (Not functional, no trained staff available)
4. List of Services available	Modular pathology (PPP Model), CT Scan (PPP Model), Modular OTs, General Emergency, IPD, OPD, NRC, Ophthalmic and General Surgeries, Obstetrics and Gynaecology services
• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	

Sl.	Service	Y/N
1	Medicine	Y
2	O&G	Y
3	Pediatric	Y
4	General Surgery	Y
5	Anesthesiology	Y
6	Ophthalmology	Y
7	Dental	Y
8	Imaging Services (X – ray)	Y
9	Imaging Services (USG)	Y
10	District Early Intervention Centre (DEIC)	Y
11	Nutritional Rehabilitation Centre (NRC)	Y
12	SNCU/ Mother and Newborn Care Unit (MNCU)	Y
13	Comprehensive Lactation Management Centre	N

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>
<table>
<tr><td></td><td>(CLMC) / Lactation Management Unit (LMU)</td><td></td></tr>
<tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td>N</td></tr>
<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>N</td></tr>
<tr><td>21</td><td>Teaching block (medical, nursing, paramedical)</td><td>N</td></tr>
<tr><td>22</td><td>Skill Lab</td><td>N</td></tr>
</table>
</td></tr>
<tr><td>5. Emergency</td><td>General emergency: Yes</td></tr>
<tr><td>6. Tele-medicine/Consultation services available</td><td>☑ Yes/ ☐No E-Sanjeevani

If yes, average case per day__50_____</td></tr>
<tr><td>7. Operation Theatre available</td><td>☑ Yes/ ☐No
If yes,
Single general OT:
Elective OT-Major (General): Yes
Elective OT-Major (Ortho): No
Obstetrics & Gynecology OT: No
Ophthalmology/ENT OT: Yes
Emergency OT: Yes</td></tr>
<tr><td>8. Availability of functional Blood Bank</td><td>☑ Yes/ ☐No
If yes, number of units of blood currently available: _40____
No. of blood transfusions done in last month: _540_____</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>1. Sharp pit
2. Deep Burial pit
3. Incinerator
4. Using Common Bio Medical Treatment plant
5. “Hoswin” agency 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>20</td><td>15</td><td>5</td></tr>
<tr><td rowspan="7">Specialists</td><td>Medicine</td><td>4</td><td>4</td><td>0</td></tr>
<tr><td>ObGy</td><td>6</td><td>4</td><td>2</td></tr>
<tr><td>Pediatrician</td><td>10</td><td>7</td><td>3</td></tr>
<tr><td>Anesthetist</td><td>2</td><td>2</td><td>0</td></tr>
<tr><td>Surgeon</td><td>2</td><td>2</td><td>0</td></tr>
<tr><td>Ophthalmologist</td><td>2</td><td>2</td><td>0</td></tr>
<tr><td>Orthopedic</td><td>2</td><td>2</td><td>0</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>
<table>
<tr><td rowspan="3"></td><td>Radiologist</td><td>2</td><td>2</td><td>0</td></tr>
<tr><td>Pathologist</td><td>2</td><td>2</td><td>0</td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Dentist</td><td>2</td><td>1</td><td>1</td></tr>
<tr><td colspan="2">Staff Nurses/ GNMs</td><td>150</td><td>138</td><td>12</td></tr>
<tr><td colspan="2">LTs</td><td>11</td><td>8</td><td>3</td></tr>
<tr><td colspan="2">Pharmacist</td><td>9</td><td>8</td><td>1</td></tr>
<tr><td colspan="2">Dental Technician/ Hygienist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Hospital/ Facility Manager</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">EmOC trained doctor</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">LSAS trained doctor</td><td>1</td><td>1</td><td>0</td></tr>
<tr><td colspan="2">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: 85.4% (Internal Assessment)
Award received: 2018-19 (3rd place); Runner-up (2020-21) in MP</td></tr>
<tr><td>14. NQAS</td><td>Assessment done: ☑ Internal/State
Facility score: 70 (in 2020)
Certification Status: State level assessment awaited</td></tr>
<tr><td>15. LaQshya</td><td>Labour Room: Result awaited
Operation Theatre:Certified</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 211

EDL displayed in OPD Area: ☑Yes/ ☐No

No. of drugs available on the day of visit (out of the EDL) 0</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>Azithromycin 500mg</td></tr>
<tr><td>2</td><td>Inj Anti D</td></tr>
<tr><td>3</td><td>Syp. Amoxicillin</td></tr>
<tr><td>4</td><td>Tab. Amoxicillin</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: 101
Details of tests performed: Serology, Biochemistry, Urine Analysis, Haematology</td></tr>
<tr><td>• Outsourced/ PPP</td><td>Timing:</td></tr>
</table>

Indicator	Remarks/ Observation
	Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	☑ Yes/ ☐No If Yes, type & nos. of functional X-ray machine is available in the hospital: 2 300mA and Digital Is the X-ray machine AERB certified: ☑Yes/ ☐No
22. CT scan services available	☑Yes/ ☐No If yes: ☐In-house/ ☑PPP 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	☐Yes/ ☐No
	☐ In-house ☑Outsourced/ PPP Total number of tests performed: _____
• 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 301 Current FY 143 **Calculate the approximate no. of patients provided dialysis per day* ***On average 4 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 nonfunctional 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 in last month: 324 No. of C-sections performed in last month: 145
• 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

Indicator	Remarks/ Observation
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) ☑ 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: 04 Current year: 02
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	1357
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	1898
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	25
43. Availability of trained provider for IUCD/ PPIUCD	☑Yes/ ☐No
44. Who counsels on FP services?	Female counsellor
45. Please 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

Indicator	Remarks/ Observation		
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	1657	1657
	b. Diabetes	1196	119
	c. Oral Cancer		
	d. Breast Cancer	61	61
	e. Cervical Cancer		
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) _4.7%_____		
	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:₹5,12,20,064 Fund utilized last year:₹4,09,05,498		
	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)	1 / Year		

Indicator	Remarks/ Observation
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: 109 Types of cases referred out:

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

Challenge	Root causes
a) Wrong referral cases being sent to the DH. This creates lot of unwarranted emergency	Periphery staffs 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)	