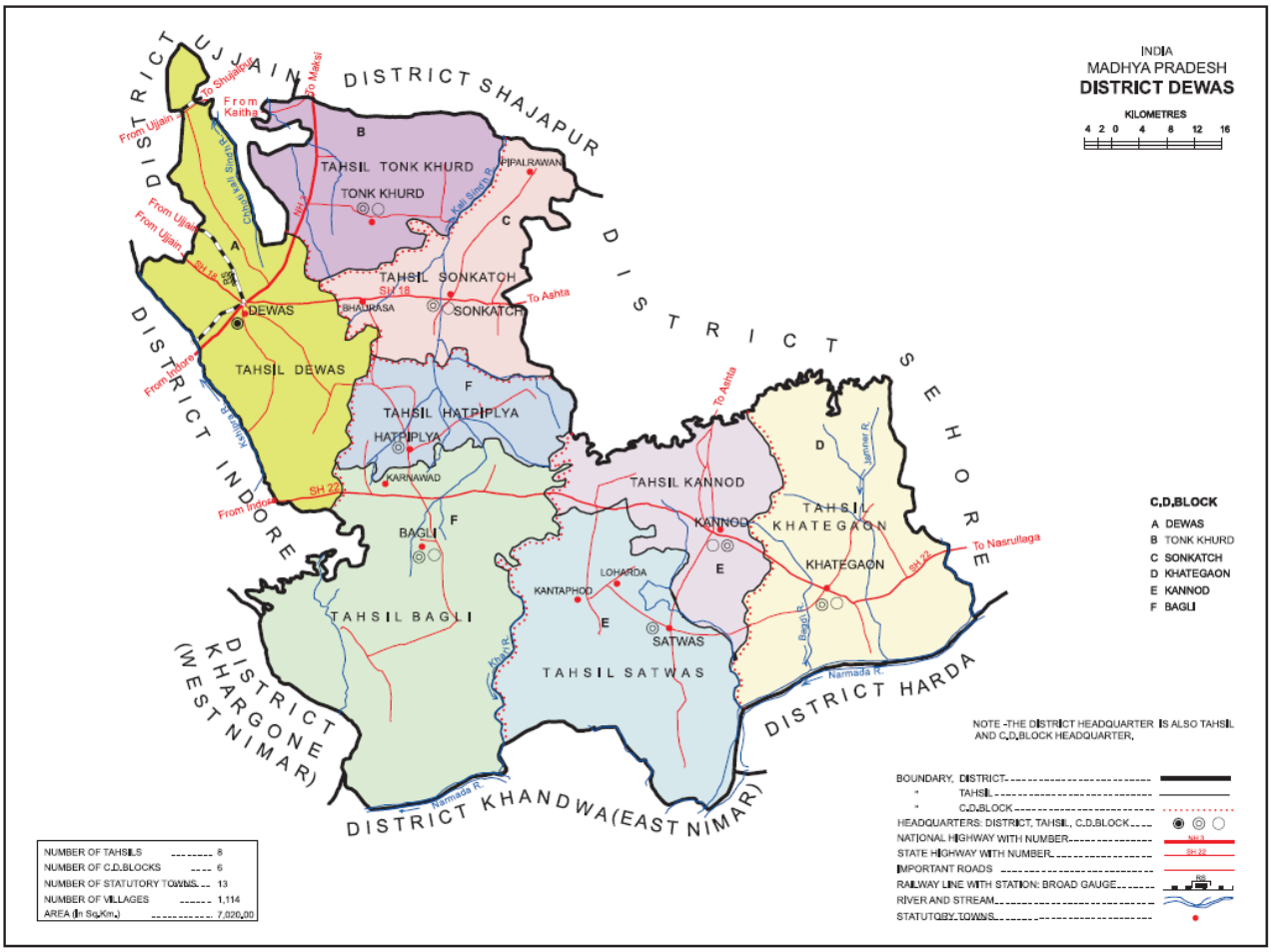
Report on Monitoring of Programme Implementation Plan (PIP) under National Health Mission 2021-22

District: **Dewas**
(Madhya Pradesh)



Study Completed by
Dr. Nikhilesh Parchure
(Research Investigator)

Honorary Director
Prof. K. K. N. Sharma

Population Research Centre
Dr. Harisingh Gour Vishwavidyalaya
(A Central University)
Sagar (M.P.) 470003

December, 2021

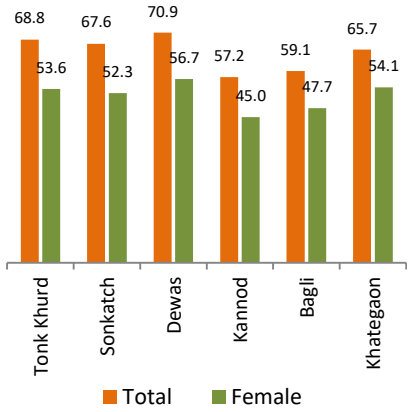
Abbreviation

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

Contents

1. Overview of the district

Dewas district is situated in the Malwa region in the western part of Madhya Pradesh. Its district headquarters is located in Dewas city. As per census 2011 the district population is 1.5 million and it occupies 18th place in the state according to population. The district occupies 17th rank in the state in terms of area having 7,020 Km^2 which is 2.3 percent of the total area of state. Literacy rate of Dewas district is 69.3 percent and it occupies 25th position in the state. The female literacy rate of the district is 57.8 percent. Density wise the rank of the district is 24th in the state. Ranking of the district according to the sex-ratio is 24th in the state. Female work participation of the district is 38.4 percent of total female population. Rank of the district according to female work participation is 16th. Population wise largest village is Barotha of Dewas tahsil with 6860 population. Dewas having population 289554 is the largest town and smallest is Tonk khurd with 7,979 population. Economy of the district is mainly dependent on industries and agriculture. The district is famous for Bank Note Press Dewas.



Indicator	MP		Dewas	
	2001	2011	2001	2011
No. of Districts	45	50	-	-
No. of Blocks	333	342	6	6
No. of Inhabited Villages	55393	54903	1061	1057
No. of Towns	394	476	11	13
Population (Million)	60.34	72.63	1.31	1.50
Decadal Growth Rate	24.3	20.3	26.5	19.5
Population Density per (Km^2)	196	236	186	223
Literacy Rate (%)	63.7	70.6	61.0	69.3
Female Literacy Rate (%)	50.3	60.6	45.0	57.8
Sex Ratio	919	930	930	942
Sex Ratio (0-6 Age)	932	918	930	893
Urbanization (%)	26.5	27.6	27.4	30.0
Percentage of SC (%)	15.2	15.6	18.3	18.7
Percentage of ST (%)	20.3	21.1	16.5	17.4

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

More than one-third of its population comprised of scheduled caste and scheduled tribe population. The sex ratio of child population (age 0-6) is alarmingly low at 893 girls per 1000 boys. During last decade it dwindled from 930 in year 2001. One third of district population is urban. Female literacy in Kannod block is 47 percent which is lowest amongst all the blocks whereas, it is highest in Khategaon block. Key performance indicators of the district are as follows.

Key Indicators			
Sr.	**Indicator**	**MP**	**Dewas**
1	Expected number of Pregnancies for 2021-22[@]	2232100	47651
2	ANC Registration up to Sept, 2021	918752	16520
3	1st Trimester ANC Registration (%) up to Sept, 2021	69.1	80.3
4	Average OPD cases per 10,000 population up to Sept, 2021	2842	2716
5	Average IPD cases per 10,000 population up to Sept, 2021	219	166
6	Estimated number of deliveries for 2021-22[@]	2113731	45124
7	SBA Home Deliveries (%) up to Sept, 2021	18.9	23.7
8	Reported Institutional Deliveries (%) up to Sept, 2021	94.8	98.6
9	Sex Ratio	948	964
10	Sex Ratio at Birth	927	961
11	Female Literacy Rate (%)	59.4	61.4
12	Unmet Need for Family Planning (%)	12.1	11.3
13	Postnatal Care received within 48 Hrs. after delivery	55	77.9
14	Fully Immunized Children age 12-23 months (%)	53.6	60.3
***Source**: Sr. 1-8 HMIS and 9-14: NFHS-4 @: 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 (%)	62.1	67.8	75.6	72.4	80.2	80.7
2	Pregnant women received 3 or 4 ANC Check-up (%)	80.3	88.8	80.2	61.4	68.3	73.9
3	SBA Home Delivery (%)	39.3	27.8	17.9	15.6	17.9	13.3
4	Institutional Deliveries (%)	96.9	97.8	98.5	99.0	99.3	99.0
5	C-Section deliveries out of total Institutional deliveries (%)	9.7	9.3	8.5	14.2	12.4	12.1
6	Women receiving post-partum check-up within 48 hours of delivery (%) *[Since 2017-18 PNC within 48 hrs. of Home delivery]*	91.0	91.5	349.5	67.3	43.8	48.6
7	Low birth weight children (%)	15.4	16.6	13.7	13.6	13.8	12.0
8	New born breastfed within one hour of birth (%)	96.4	98.4	98.3	99	93.4	94.5
9	Sex Ratio at birth	921	966	923	934	955	967
10	IUCD insertions to all family planning methods (%)	42.8	53.4	52	51.8	51.2	47.4
11	Number of fully immunized children (9-11) months	29382	33225	32070	23680	34851	17296
12	Drop-out children between BCG and Measles (%)	-17.4	-28.4	-22.2	-17.3	-100	-35.0
13	Adult Female Inpatients to Total Adult Inpatient (%)	65.9	62.6	67.1	76.4	74.3	75.9
14	Children Inpatient to Total Inpatient (%)	12.1	12.5	16.5	11.4	12.1	11.3
15	Female Inpatient Deaths to Total Inpatient Deaths (%)	43.9	42.3	65.2	37.8	34.9	42.9

• Following Health Facilities were visited in the district –

Sr.	**Health Facility**	**Date of Visit**	**Distance from District Headquarters**
1	SHC-HWC, Godana	20.09.2021	110 kms.
2	PHC-HWC, Kantaphod	20.09.2021	100 kms.
3	Community Health Centre, Satwas	21.09.2021	137 kms.
4	Mahatma Gandhi District Hospital, Dewas	22.09.2021	0 kms.

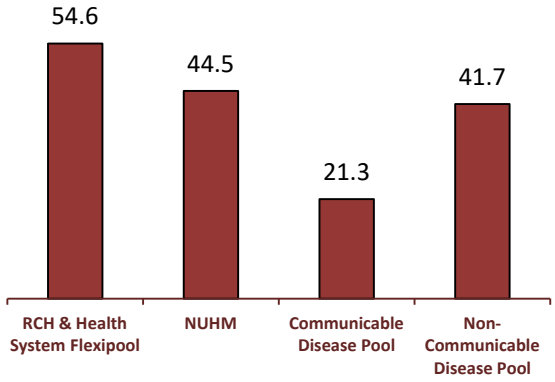
2. Public Health planning and implementation of National Programmes

2.1 District health action plan

- District, usually, send its requirements for HR, Infrastructure etc. to the state level planning cell for NHM activities to be taken-up during the year in advance. This process is initiated with consultation at DPMU and District and block level. There is no separate planning for NHM and NUHM. There is no separate programme management unit for NUHM exists. One assistant programme manager for NUHM is in-position.
- State provides targets to the district set for different programme and activities to be completed and a template is provided to the district for incorporating physical achievements of the previous year and for the planned year.
- District has informed that decentralized planning is not done since block level PMUs require capacity building for planning and budgeting.
- There is little scope for availability of funds other than NHM in the district, since most of the funds are governed by the state directives and health action plan is entirely budgeted from NHM. District has occasionally, received funds, for health infrastructure, amenities in the health facilities, organization of health camps etc. through corporate social responsibility (CSR) funds from the industries.
- DPMU does not have enough information about various other sources of funding which could be available for comprehensive health planning in the district.
- 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, Dewas district has received ₹46.30 Cr. as NHM grant in 16 FMRs. Out of the total budget, ₹23.58 Cr. has been utilized till September, 2021. In all utilization is 50 percent. FMR-wise utilization ranges from 81.6 percent in Procurement (FMR 6),

69.4 percent utilization of infrastructure (FMR 5) grant to only 6 percent for Public Private Partnership (FMR 15) activities and 5.2 percent utilization in untied grants (FMR 4). Budget allocated for Research, Review and Surveillance (FMR 10) and Printing (FMR 12) has not been utilized till September, 2021.

- About 95 percent budget (₹0.49Cr) for Quality (FMR 13) has been utilized. It was informed that due to Covid services majority activities could not be initiated. Budget utilization has remained low for Training (17 percent), Facility based service delivery (27 percent), Programme Management (34 percent), Drug warehouse and Logistic (44 percent) and Human Resource (Service Delivery) (44 percent).



Budget Released (In Cr.)

- RCH & Health System Flexipool - ₹39.63
- NUHM - ₹1.28
- Communicable Disease Pool - ₹0.34
- Non-Communicable Disease Pool - ₹0.49

- 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 September, 2021.
- Curtailment of budget for outsourcing of staff for support services such as housekeeping, security and hiring of agency for outsourcing staff was reported. An estimated ₹1.5 Cr. budget is required for outsourcing of support staff, but state could only sanction 30-40% of the required budget. Only ₹45 Lacs were released for outsourcing during 2021-22. Outstanding payment to the outsourcing agency for last quarter of FY 2020-21 was reimbursed from the budget for 2021-22 causing payment overdue to outsourced staffs. In all 173 outsourced staffs are engaged in the district.
- 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.

- 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 Dewas district, 15 construction works, costing ₹28.58 Cr., have been approved during 2017-18 to 2021-22. Out of these only 4 construction works have been completed – (i) Effluent treatment plant 20KLD ETP at DH Dewas (ii) 10 bedded NRC at CHC Bagli (iii) Building and staff quarter at PHC Ajnas and (iv) 30 bedded building and staff quarter at CHC, Satwas. One work is handed over. There are 7 construction works in-progress and 4 construction works have not yet started. Covid pandemic was cited as major reason for the delay in completion or initiation of approved 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.
- Under upgrdation of PHC and SHC as HWC, ₹4.0 lacs were approved for branding and minor repairs. There is no budget sanctioned for boundary wall which is required.
- District hospital is being upgraded as 400 bedded hospital, with provisioning of critical care services such as HDU, PICU, ICU and modular OT.

2.2 Status of service delivery

- As per rural health statistics 2019-20 there are 209 SHCs, 25 PHCs, 7 CHCs and 2 SDHs in Dewas district. There is an increase of 1 CHC, 1 PHC and 8 SHCs since 2019-20.

Distribution of Health Facilities, District Dewas

Tehsils	SDH	CHC	PHC	SHC	Total
Bagli	1	1	5	43	50
Dewas		3	6	38	48
Hatpiplya				3	3
Kannod	1		4	19	24
Khategaon		1	5	32	38
Satwas		1	3	22	26
Sonkatch		1	2	31	34
Tonk Khurd		1	1	29	31
Grand Total	**2**	**8**	**26**	**217**	**254**

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

- There are sufficient public health facilities in the district. However, as per population distribution in different sub-districts and looking to the geographical spread of the of Bagli, Satwas and Kannod blocks, few more PHC and SHC are require.

- Presently, out of 132 SHCs approved for upgradation as HWCs, 65 SHCs have own building, and approval for renovation and new building for remaining SHCs is awaited. As per the HWC norms, 22 PHCs have been branded and renovated.
- Free drug and diagnostic facilities are available at all the visited health facilities. However, free of cost diagnostic services are extended only for available diagnostic services. In the periphery level health facilities, there is no list of displayed for available free drugs and diagnostics.
- It was observed that all the listed point of care (POC) diagnostic services are not provided at SHC-HWC. Even PHC also does not have all the pathological services due to lack trained lab technician and required infrastructure.
- As per the roadmap of establishing HWCs, provisioning of all the free drugs and diagnostic services must be ensured simultaneously. Only branding and renovation of the building is being emphasised which would hamper the effectiveness of health and wellness centre services.
- Dialysis services are functional at the DH, Dewas on public private partnership. 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 Dewas district, there are 7 RBSK teams functional. There are altogether 14 staffs available in these teams. In none of the block, RBSK team is complete and operational. It was informed that timely recruitment on the vacancies of RBSK is not done. RBKS teams although have given 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 patient transport vehicles available on road. There is no MMU functional in the district.
- 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 ₹500 to ₹2000 per trip.
- There are 18 transport vehicles exclusively for pregnant women and children functioning in the district. On average 5 trips are made daily by each vehicle.
- Looking to the geographical spread of the district, particularly in Udaygarh and Bagli tribal blocks, referral vehicles need to be deployed at the remote PHCs.
- It was observed that most of the PHCs and CHCs do not have all the sanctioned staffs posted. PHC Kantaphod and Dabalchouki do not have any medical officer.
- There is no consolidated HR management system available at the district level for effective management of available HR, its rational deployment. Moreover, there exists different approach for regular, contractual and outsourced HR management.
- District has no mechanism for recruitment of HR. All the postings, deployment are governed by the state level guidelines and directives.
- District programme management unit has no control over deployment of HR and its effective and rational use. It was informed by the DMPU that some of the CHOs, ANMs, Staff Nurses recently recruited, but after few months they were transferred to other places by the state. Recurring problems of vacancies affect the programme management at district level.
- District has many newly initiated critical health care services at DH 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. There is only one paediatrician in-position. Posts are vacant for 8 gynaecologist, 2 anaesthetist, 8 surgeons and a radiologist. There is more than 50% vacancy of medical officers in the periphery health facilities.
- District has only 1 LSAS and 2 EmOC trained medical officers, posted at FRU. However, none of them performing C-section due to lack of other support services such as OT trained staff, blood bank or blood storage unit and operation theatre.
- District has got the approval of 12 types of trainings covering 51 trainings sessions in the ROP. As per the information provided, training on Dengue / Chikungunya, HMIS/MCTS, 1st round, 2nd round, 3rd and 4th round training of newly appointed ASHA on 6th and 7th module have been completed till August, 2021. It was informed that due to Covid related activities trainings could not be held since majority staffs are engaged in Covid vaccination, supervision and covid management related services.
- It was observed that at all the visited health facilities, staff have been engaged completely in Covid related activities. Since March, 2020 most the services are severely affected and have not resumed upto the expected normal.
- Newly recruited CHOs at SHC-HWC have not even oriented for complete range of health care services that are expected to provide including supervision and monitoring.
- NCD services for identified patients of hypertension and diabetes have been managed to some extent by way of providing regular medicines, however, regular follow-up and community level survey of households has not been continued.

- Under NTEP, recruitment of the staffs at TU, DMCs is in process and would be functional soon. DBT transfer of already registered TB patients has been made.
- RCH portal registration of MCH services has reduced from 32 thousand to 28 thousand during 2020-21 and 2021-22 as reported by the DPMU.
- Services under Dastak Abhiyaan have also affected. Last year the programme has reached 2.33 lakh children below age 5 years, compared to just 1.45 lakh children during 2021-22 till August, 2021.
- 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. Staffing, continuity of trainings and patient centric IEC and BCC should also be strengthened. It was observed that frequent shifting of key positions such as medical officer, staff nurse, ANM, Lab technician, pharmacist etc. and dual responsibility for serving at more than one health facilities should be critically reviewed in the light of area being catered, population and other health care services availability.

3. Service availability as perceived by the community

- Community interaction at the SHC-HWC Godna and PHC-HWC, Kantaphod revealed that full range of services are not presently available at the village level. It is understood that PHC and SHC do not have residential facilities and staffs commute from nearly by places. However, efforts are being made to appoint CHOs at SHC-HWC from the native places to the extent possible.
- Interaction with the anganwadi workers revealed that during Covid pandemic services at the SHC was severely affected and local healers have taken undue benefit of the situation by treating people and taking hefty money in the name of covid treatment. The situation improved since the joining of CHO who is native to the place. Villagers also informed that presence of CHO in the villages has put a halt to the mal-practices of local healers and quacks.

- 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.

4. Service availability at the public facilities

Sub Health Centre/ HWC - Godana

- Except OPD services, none of the services are available. There is no provision of services as per the IPHS norms. Required infrastructure is not available as per the norms.
- SHC building, very small in built-up area, is situated in a school premises, which is 2 kms. away from the main village.
- CHO and ANM do not stay in the village or at the SHC due to lack of residential facility and security reasons. Basic amenities such as functional toilet, water supply is also not available.
- Recently a whitewash and some renovation of flooring and wall plastering is done for declaring it as HWC.
- Availability of drugs and diagnostics is not as per the HWC or IPHS norms. Out of 90 EDL, only 45 drugs or consumables are made available. There is no monitoring mechanism for assessing utilization of drugs and diagnostics.
- NCD services are limited to only screening and providing preliminary treatment for hypertension and diabetes. Suspected cases of NCD are not advised to visit CHC and DH. There is no medical officer posted at the linked PHC, Kantaphod.
- It is very difficult to assess the effective utilization of services, since the availability of CHO and ANM for providing complete range of services is a major challenge. Majority cases of morbidity and maternal and child health directly visit to the other private health facilities even at Indore.
- Key challenges as observed in the facility are lack of proper IEC/BCC training to the CHO and ANM, lack of infrastructure, lack of training and orientation about health

programmes and services to be offered through HWC and foremost is lack of community involvement in health care system for preventive/ promotive services.

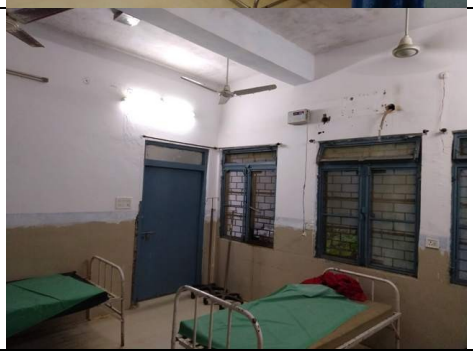
Sub-Health Centre, Godana visited on 20.09.2021	
	DIcussion with Community Health Officer and ANM
	Interaction held with village ASHAs regarding their work, training and incentives received
	Visit to village Anganwadi Centre and interaction with anganwadi worker about health issues in the village and services availability at SHC-HWC

Primary Health Centre - Kantaphod

- 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 recently in 2016, has very poor quality of construction. One wing of the PHC having toilets and store is not used due to water leakage from roof and, water logging surrounding PHC due to improper drainage. PHC design is not as per the requirement of the HWC. Dilapidated old PHC building is situated just in-front of the new building which restricted movement of ambulance and parking facility in the PHC premises.
- Availability of drugs and diagnostics is not as per the HWC or IPHS norms. Out of 172 EDL, only 60-65 drugs or consumables are made available. There is no monitoring mechanism for assessing utilization of drugs and diagnostics. There is only one Lab technician posted. PHC has only 11 types of diagnostic test available. There is no hub and spoke model implemented at the PHC for comprehensive diagnostic services.
- There is no NCD services available. Patients are referred to SDH Kannod or DH Dewas for further investigations, after primary screening at PHC. There is no medical officer posted at the PHC, Kantaphod.
- 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 poor maintenance of the PHC and paucity 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, due to vacancy of medical officer either regular or contractual. During last two years, two medical officers have been shifted one has resigned and another has been

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

Primary Health Centre, Kantaphod visited on 20.09.2021



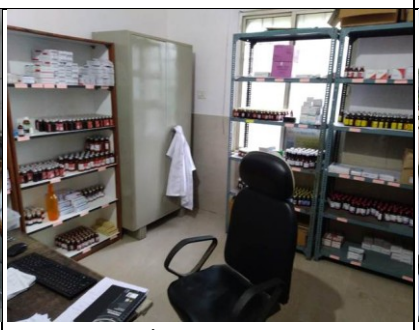
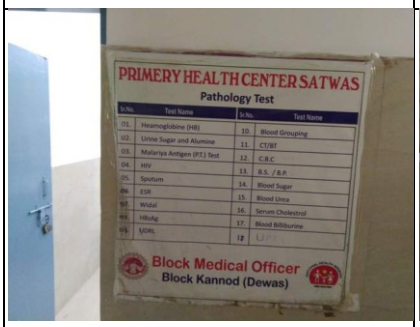
Community Health Centre (CHC) - Satwas

- Community health centre, Satwas has been upgraded from primary health centre since October, 2020. This CHC is administratively functions under the civil hospital, Kannod. Block medical officer (BMO) is the overall in-charge of the CHC. There is one medicine specialist and an AYUSH (Homeopathy) medical officer posted at the CHC.
- CHC does not have all the services as per the IPHS norms or as per the facility status. It has only 10 functional beds. It provides referral emergency services, limited diagnostics and primary health care facilities and to some extent BEmOC health services. The only female AYUSH Medical officer has also received SBA, NSSK, PPIUCD and Skill lab training. Required infrastructure is not available as per the norms.
- New CHC building is being constructed. It was observed that a large open drainage flows through the new CHC premises and new staff quarters are built across this drainage. 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 297 EDL, 243 drugs or consumables are made available. There is no monitoring mechanism for assessing utilization of drugs and diagnostics. There is only one Lab technician posted. CHC has only 18 types of diagnostic test available. 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. X-ray machine is not AERB certified. There is no USG facility available and patients are forced to go to private facility which cost ₹500-700 per visit, incurring burden of out of pocket expenditure for MCH services. Frequent shortage of IV sets, Gloves, cannula and disposable delivery kits is reported by the medical officer and staff nurses.
- Referral NCD services are unavailable for the patients screened at SHC-HWC and PHC-HWC. Patients are referred to SDH Kannod or DH Dewas for further investigations, after primary screening.
- It is very difficult to assess the effective utilization of services, since the non-availability of medical officer and other key service providers and various health providers have been given additional responsibility of serving other nearby facilities.

Ensuring complete range of services is a major challenge. Shortage of staff at the newly designated CHC need to be addressed at the earliest.

- RKS is not functional, 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.
- Gaps in the available services were observed through the facts that during April to September, 2021 there were 650 deliveries and 177 high risk pregnant women were referred to DH Dewas, DH Harda and Medical College Indore from CHC. There is 20-30 AYUSH OPD daily, however, inadequacy of HR, stationery, budget for co-located AYUSH facility, and limited or short supply of required medicines was observed. Proper record maintenance also not observed, and record and registers are not verified by facility in-charge.
- Recently posted x-ray technician is given additional responsibility of TB treatment unit. As per the records available, 42 TB patients are undergoing DOTS treatment.
- The only medicine specialist is attached from DH Dewas was also given additional responsibility of surveillance for Covid vaccination, mobile vaccination teams. Pharmacist attached from PHC, Dokakui to CHC since 2017 and has been serving both the facilities.
- It was reported that in-referral cases of complicated pregnancies has no proper diagnosis of complications and they are referred directly to CHC. Due to non-availability of trained EmOC medical officer, patients are referred to higher level facilities to avoid any risk. Majority emergency cases are received with very low Hb.
- Key challenges as observed in the facility are lack of infrastructure, lack of trained HR and absence of monitoring and supervision at the facility level and at the block and district level as well. Basic services including BEmOC services are primarily lacking due to paucity of staff and poor maintenance of the facility. There is lack of appropriate support staffs including housekeeping, security, clinical class-IV staffs at the CHC.

Community Health Centre, Satwas visited on 21.09.2021

Existing CHC Infrastructure		Under construction CHC Building
		
 Labour room	 Drug dispensing room	 Drainage flowing in premises
 AYUSH Drug Dispensing room	 Isolated DOTS room	
 Lab test available	 Small Pathology room	

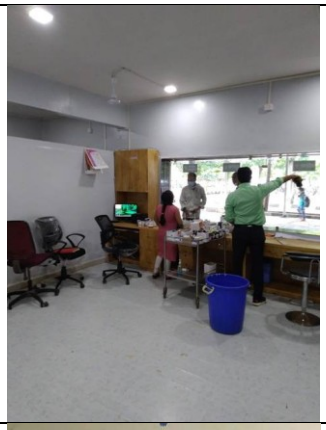
District Hospital, Dewas

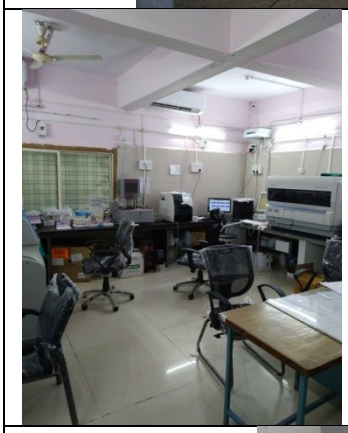
- Mahatma Gandhi District Hospital, Dewas has been recently upgraded to a 400 bedded hospital. Major renovation and upgradation of services are presently undergoing at the DH. Various sections of the DH are scattered in the premises. In the old three storied building of the DH, various in-patient wards are located, they are connected with lift facility. DH renovation includes, retrofitting of all wards, modular beds, bedside locker, IV stand, new OPD complex, Drug distribution counter, RCC road in the premises, Landscaping and modular OT.
- DH does not have all the services as per the IPHS norms or as per the facility status. It has only 10 functional ICU beds. This ICU was set-up with the CSR fund for Covid patients. CT-Scan, Modular pathology and Dialysis services are out-sourced in DH. During April-September, 2021, 966 dialysis sessions are conducted. On average six sessions are conducted per day. E-Sanjivani Hub for Tele-consultation for Covid services is also functional at DH.
- DH is the first in the state to conduct comprehensive energy auditing. DH has scored 84 percent in Kayakalp, 40 percent in NQAS and 88 percent in LaQshya certification for labour room.
- 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 Dewas has 53 EDL drugs with less than 30 days stock and 107 drugs with no stock. This condition was similar in July, 2021 when 53 drugs were having less than 30 days stock and 107 drugs were out of stock. There is no data entry operator posted at drug store.
- Paucity of specialist is a major challenge in the DH. Out of sanctioned 39 posts, 24 are vacant, including all seven specialists position for Trauma Care Centre at the DH. Thirty medical officer posts sanctioned are all in-position. It is noted that majority paramedical posts are in-position at DH. Out of 95 paramedical staff 64 are in-position and out of 232 nursing staffs 173 are in-position. In support staffs, out of

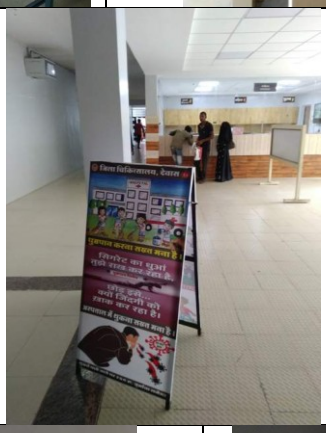
196 sanctioned posts, only 95 are in position including out-sourced staffs. In DH out-sourced staff includes 54 housekeeping, 14 security, 2 laundry and 7 registration.

- Comprehensive abortion care (CAC) services are limited to only management of 1st trimester abortion. For NCD services, Cancer treatment facility is presently not functional due to absence of trained medical officer, who has gone on lien for higher studies.
- It was informed that OT renovation still in progress since last two years, due to non-payment to the contractor, work has not completed in the stipulated time.
- It is very difficult to assess the effective utilization of services, due to non-availability of Hospital Manager or Public Health Manager. It is understood that day-to-day monitoring of the functioning is not done effectively. A systems approach is required for ensuring effectiveness of the services and optimal utilization of services. Data shared by the hospital indicate - 38% bed occupancy rate, 16 OPD consultations per doctor per day, 12% LAMA rate and 4 days average length of stay in the year 2020.
- DH building requires up-keep and sewerage management this is primarily due to inadequacy of staffs and slow pace of renovation in the DH. At administratively level also DH facing major issues in HR management due to absence of dedicated hospital manager and administrative officer. Due to paucity of space, MCH wing is crowded since separate MCH wing is not yet approved for the DH. Super specialization services also required to be introduced at the DH.
- 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, Dewas visited on 22.09.2021







5. Discussion and key recommendations

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

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

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

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

Key Recommendations:

- DPMU need to be proactive in programme planning and required to be well equipped with all the required HR and allowed to take administrative responsibility.
- Local level recruitment need to be given priority for support staffs.
- Data management issues need to be resolved for proper utilization of data for district planning. Block level programme managers need to be sensitized for programme management and corrective actions for effective programme implementation.
- HR management issues are paramount and need to be given highest priority. Service providers need to be trained in multi-tasking and policy of their retention with incentivization need to be evolved with long term perspective.
- There is still separate recruitment and service condition for regular and contractual HR. There should be a unified HR policy for regular and contractual HR.
- District should be provided enough resources for effective implementation of IT based infrastructure for data reporting and management at the health care provider level. Merely appointing data entry operators for all the data reporting proving to be ineffective, since these outsourced data entry operators have very little knowledge of health systems and at times not able to provided required data for decision making.
- District should ensure provisioning of all the designated services at the established HWCs with all the trained staffs including CHOs and ANMs. There should be some norms for minimum serving period at any HWC for each health care provider for ensuring 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*	6			
2. Total number of Villages*	1058			
3. Total Population *	1654470			
• Rural population*	1363238			
• Urban population*	291232			
4. Literacy rate*	59.17			
5. Sex Ratio (NFHS-4)	964			
6. Sex ratio at birth (NFHS-4)	961			
7. Population Density*	**220/km^2 (580/sq mi)**			
Provide data from Census 2011				
8. Estimated number of deliveries (2021-22)	39203			
9. Estimated number of C-section (2021-22)	--			
10. Estimated numbers of live births (2021-22)	37382			
11. Estimated number of eligible couples (2021-22)	--			
12. Estimated number of leprosy cases (2021-22)	140			
13. Target for public and private sector TB notification for the current year (2021-22)	2800- Public, 1800- Private			
14. Estimated number of cataract surgeries to be conducted (2021-22)	12800			
15. Mortality Indicators:	**Previous year 2020-21**		**Current FY 2021-22**	
	Estimated	**Reported**	**Estimated**	**Reported**
• Maternal Death	62		67	26
• Child Death	--	42	--	14
• Infant Death	--	519	--	182
• Still birth		349		116
• Deaths due to Malaria	--	3	--	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	2		2	
3. Community Health Centers (CHC)	7		7	
4. Primary Health Centers (PHC)	22		22	
5. Sub Centers (SC)	217		217	
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)	6		6	
10. District Early intervention Centers (DEIC)	1		1	
11. First Referral Units (FRU)	3		1	
12. Blood Bank	1		1	
13. Blood Storage Unit (BSU)	3		3	
14. No. of PHC converted to HWC	22		20	

15. No. of U-PHC converted to HWC	3	2
16. Number of Sub Centre converted to HWC	217	130
17. Designated Microscopy Center (DMC)	1	17
18. Tuberculosis Units (TUs)		***TUs-5, Blocks-6***
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	2	2
• At CHC	7	7
22. Institutions providing Comprehensive Abortion Care (CAC) services • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services	32	12

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)	NHM/DHAP/2021/5787, DATED:31.03.21 for ongoing activities
4. Date of release of first installment of fund against DHAP	06.04.2021
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**	yes
3. Status of delivery points in the District (2021-22)	
• No. of SCs conducting >3 deliveries/month	2
• No. of 24X7 PHCs conducting > 10 deliveries /month	16

Indicator	Remarks/ Observation	
• No. of CHCs conducting > 20 deliveries /month	7	
• 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)	40	
• Of these, how many are registered under PCPNDT act (Pre-Conception and Pre-natal Diagnostic Technique Act-1994)	40	
5. Details of PMSMA activities performed (Pradhan Mantri Surakshit Matritva Abhiyan)	ON 9TH of every month	
6. RBSK (Rashtriya Bal Swasthya Karyakram)		
• Total no. of RBSK teams sanctioned	14	
• No. of teams with all HR in-place (full-team)	0	
• No. of vehicles (on the road) for RBSK team	13	
• No. of Teams per Block	2	
• No. of block/s without dedicated teams	0	
• Average no of children screened per day per team	85	
• Number of children born in delivery points screened for defects at birth	249 (year 2020-2021)	
7. Special Newborn Care Units (SNCU) both DH & Medical College in the district (2021-22)		
• Total number of beds ▪ In radiant warmer ▪ Stepdown care ▪ Kangaroo Mother Care (KMC) unit	20	
• 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	244	337
• Defects at birth		
• Discharged	463	
• Referral	24	
• LAMA	15	
• Died	63	
8. Newborn Stabilization Unit (NBSU) in the district (2021-22)	**Inborn**	**Out born**
• Admission	113	0
• Discharged	113	0

Indicator	Remarks/ Observation	
• Referral	0	0
• LAMA (Left Against Medical Advice)	0	0
• Died	0	0
9. Nutrition Rehabilitation Centers -NRC (2021-22) Total district data		
• Admission ▪ Bilateral pitting oedema ▪ MUAC<115 mm ▪ <'-3SD WFH ▪ with Diarrhea ▪ ARI/ Pneumonia ▪ TB ▪ HIV ▪ Fever ▪ Nutrition related disorder ▪ Others	 0 11 157 0 0 0 0 0 0 34	
• Referred by ▪ Frontline worker ▪ Self ▪ Ref from VCDC/ CTC ▪ RBSK ▪ Pediatric ward/ emergency	 207 0 0 0 0	
• Discharged	204	
• Referral/ Medical transfer	3	
• LAMA	0	
• Died	0	
10. Home Based Newborn Care (HBNC)		
• No. of ASHA having HBNC kit	1333	
• No. of Newborns visited under HBNC	4650	
• No. of ASHA having drug kit	1333	
11. Number of Maternal Death Review conducted • Previous year (2020-21) • Current FY (2021-22)	 36 26	
12. Number of Child Death Review conducted • Previous year (2020-21) • Current FY (2021-22)	 525 144	
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	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	9	
17. Weekly Iron Folic Acid Supplementation (WIFS) stock out **Yes/No**	**No**	
18. Mobile Medical Unit (MMU) and micro-plan (2021-22)		

Indicator	Remarks/ Observation		
• 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	57	55	
▪ Average number of trips per ambulance per day	3.38	3.36	
▪ Average km travelled per ambulance per day	--	--	
▪ Key reasons for low utilization (if any)	--	--	
• No. of transport vehicle/102 vehicle (on the road)	18		
▪ If the vehicles are GPS fitted and handled through centralized call centre	YES		
▪ Average number of trips per ambulance per day	5.14	4.80	
▪ Average km travelled per ambulance per day			
▪ Key reasons for low utilization (if any)			
20. If State notified a State Mental Health Authority (SMHA)	**Yes/No**		
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)	Out of 345 complaints 117 resolved (33.9%)		
22. No. of health facilities linked with Mera-aspatal	1		
23. Payment status:	**No. of beneficiaries**	**Backlog**	**DBT status**
• JSY beneficiaries	7443	2359	5084

Indicator	Remarks/ Observation		
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)			
• Patients incentive under NTEP programme	5068	--	90%
• Provider's incentive under NTEP programme	41	--	97.5
• FP compensation			
• FP incentive			
• **ASHA payment:**	**No. of ASHA**	**Backlog**	**DBT status**
▪ A- Routine and recurring at increased rate of Rs. 2000 pm	1328	0	1328
▪ B- Incentive under NTEP	--	--	--
▪ 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 (Annexure attached) 0		
• Proportion (% out of total) of private health facilities reporting weekly data of IDSP	7.31% (3/41)		
25. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
• Micro plan and macro plan available at district level- **Yes/No**			
• Annual Blood Examination Rate (ABER) for last three years (2018-19),(2019-20) and (2020-21)			
• No. of LLIN distributed			
• No. of sites where IRS done			
• No. of sites where Anti-larval methods used			
• No. of MDR rounds observed			
• District achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% **Yes/No**			
26. Implementation of National Tuberculosis Elimination Programme (NTEP) (2021-22)			
• Target TB notification achieved (2021-22)	69.6%		
• Whether HIV Status of all TB patient is known	Yes		
• No. of Eligible TB patients with UDST testing	1775		
• Whether drugs for both drug sensitive and drug resistance TB available **Yes/ No**	yes		
• Patients notification from public sector	No of patients notified: 1423 Treatment success rate:90.25% No. of MDR TB Patients:23 Treatment initiation among MDR TB patients:23		

Indicator	Remarks/ Observation
• Patients notification from private sector	No of patients notified: 352 Treatment success rate:88.5% No. of MDR TB Patients:0 Treatment initiation among MDR TB patients:0
• No. of Beneficiaries paid under Nikshay Poshan Yojana (NPY)	1593
• Active Case Finding conducted as per planned for the year	☐ Yes
27. Implementation of National Leprosy Eradication Programme (NLEP) (2021-22)	DEWAS
• No. of new cases detected	25
• No. of G2D cases	0
• MDT available without interruption	yes
• Reconstructive surgery for G2D cases being conducted	yes
• 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	 1376 1352 (22 ASHAs in rural)/ (5 ASHAs in Urban) 05/07
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_____	 95 13 1093 93 785 61
32. Mahila Arogya Samitis (MAS)- a. No. of MAS Formed b. No. of MAS Trained c. No. of MAS account opened	 a. No. of MAS Formed 97 b. No. of MAS Trained 97 c. No. of MAS account opened 83

Indicator	Remarks/ Observation			
33. Village Health Sanitation and Nutrition Committee (VHSNC) a. No. of VHSNC Formed b. No. of VHSNC Trained c. No. of VHSNC account opened	a. No. of VHSNC Formed 1058 b. No. of VHSNC Trained 1058 c. No. of VHSNC account opened 1055			
34. Number of facilities NQAS certified in the district	0			
35. No. of health facilities implemented Kayakalp	27			
36. No. of health facilities implemented Swachh Swasth Sarvatra (SSS)	10			
37. Activities performed by District Level Quality Assurance Committee (DQAC)	Quarterly 1 visit and 1 meeting			
38. Recruitment for any staff position/ cadre conducted at district level **(Yes/No)**	Yes (for covid-19 staff)			
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	413	332	393	402
• Among these, no. of posts filled by state	16	45	21	25
• Among these, no. of posts filled at district level	4			
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	687476	
2. Number of individuals enumerated		326319
3. Number of CBAC forms filled		192425
4. Number of HWCs started NCD screening: a. SHC- HWC b. PHC- HWC c. UPHC – HWC	 132 25 3	 124 22 2
5. No. of patients screened, diagnosed and treated a. Hypertension b. Diabetes c. Oral Cancer d. Breast Cancer e. Cervical Cancer		 4558 2146 1 0 0
6. Number of HWCs providing Tele-consultation services	132	124
7. Number of HWCs organizing wellness	124	124

activities		

E. Status of HRH (2021-22)

1. Staff details at public facility (Regular+ NHM+ other sources)	**Sanctioned**	**In-place**	**Vacancy (%)**
• ANM	253	203	50
• MPW (Male)	178	86	92
• Staff Nurse	89	71	18
• Lab technician	23	17	06
• Pharmacist (Allopathic)	34	22	12
• MO (MBBS)	61	29	32
• OBGY	8	0	8
• Pediatrician	3	1	2
• Anesthetist	2	0	2
• Surgeon	8	0	8
• Radiologists	1	0	1
• Other Specialists			
• Dentists/ Dental Surgeon/ Dental MO			
• Dental technician			
• Dental Hygienist			
• Radiographer/ X-ray technician	13	12	1
• CSSD Technician			
• OT technician	2	0	2
• CHO/ MLHP			
• AYUSH MO	06	0	6
• AYUSH Pharmacist			

2. Performance of EMOC/ LSAS trained doctors	**Trained**	**Posted in FRU**	**Performing C-section**	
• LSAS trained doctors	1	1	0	
• EmOC trained doctors	2	1	0	

F. State of Fund Utilization

FMR Wise (as per ROP budget heads)

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based	61,461,086.00	16,408,955.91	26.7
2. FMR 2: Service Delivery: Community Based	5,555,381.00	2,981,773.00	53.7
3. FMR 3: Community Intervention	75,973,541.00	38,458,247.00	50.6
4. FMR 4: Untied grants	14,770,000.00	770,000.00	5.2
5. FMR 5: Infrastructure	6,500,334.00	4,508,235.00	69.4
6. FMR 6: Procurement	118,038,651.28	96,292,161.00	81.6
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)	140,291,510.50	61,697,669.00	44.0
9. FMR 9: Training	2,244,685.00	379,999.00	16.9
10. FMR 10: Review, Research and Surveillance	185,000.00	0.00	0.0
11. FMR 11: IEC-BCC	683,120.00	137,175.00	20.1
12. FMR 12: Printing	2,782,578.00	20,000.00	0.7
13. FMR 13: Quality	4,997,670.00	4,766,005.00	95.4
14. FMR 14: Drug Warehouse & Logistic	1,357,640.00	605,190.00	44.6
15. FMR 15: PPP	2,670,000.00	160,000.00	6.0
16. FMR 16: Programme Management	24,481,606.00	8,409,097.00	34.3
• FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for Service Delivery	1,042,000.00	186,758.20	17.9
18. FMR 18: Innovations			

Programme Wise

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health	4776000	1801373	37.7
• Child Health	1480000	428507	28.9
• RBSK	1860000	551000	29.6
• Family Planning	9386500	1089400	11.6
• RKSK/ Adolescent health			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• PC-PNDT	37000	0	0
• Immunization	7228801	3515753	48.6
• Untied Fund	14,770,000.00	770,000.00	5.2
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure	6,500,334.00	4,508,235.00	69.4
• ASHAs	62519234	32569564	52.0
• HR	140,291,510.50	61,697,669.00	44
• Programme Management	24,481,606.00	8,409,097.00	34.3
• MMU			
• Referral Transport			
• Procurement	118,038,651.28	96,292,161.00	81.6
• Quality Assurance	4,997,670.00	4,766,005.00	95.4
• PPP			
• NIDDCP			
2. NUHM	12887017	5742952	44.5
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)	513700	287782	56.0
• National Vector Borne Disease Control Programme (NVBDCP)	990045	104960	10.6
• National Leprosy Eradication Programme (NLEP)	658900	146088	22.1
• National TB Elimination Programme (NTEP)	12.5 L	1.87	15% UNDER PROCESS
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	2500000	654000	26.1
• National Mental Health Program (NMHP)	194101	18786	9.6
• National Programme for Health Care for the Elderly (NPHCE)	20000	0	0
• National Tobacco Control Programme (NTCP)	150000	64000	42.6
• National Programme for Prevention and Control of Diabetes, Cardiovascular	1426950	1046837	73.3

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
Disease and Stroke (NPCDCS)			
• National Dialysis Programme	160000	160000	100
• National Program for Climate Change and Human Health (NPCCHH)	176000	6000	3.4
• National Oral health programme (NOHP)	144000	111471	77.4
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)	170000	0	0.0
• National Programme for Prevention and Control of Deafness (NPPCD)	--	--	
• National programme for Prevention and Management of Burn & Injuries	--	--	
• Programme for Prevention and Control of Leptospirosis (PPCL)	--	--	

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)	1	0
2. Training / Workshop (Dengue and Chikungunya)	1	1
3. Training cum review meeting for HMIS & MCTS at District level	4	1
4. Training of MAS	16	0
5. Training of Medical Officers and Health Workers under NRCP	1	0
6. Trainings Under HBYC	12	0
7. 1st Round training of ASHA in Module 6 & 7	2	1
8. 2nd Round training of ASHA in Module 6 & 7	3	1
9. 3rd Round training of ASHA in Module 6 & 7	4	1
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)	1	0
11. 4th Round training of ASHA in Module 6 & 7	5	2
12. DAKSHTA training	1	0

H. Service Delivery: Sub Centre

Name of facility visited	**SHC-HWC, Godana**
Whether the facility has been converted to HWC	☐ **Yes**
Standalone/ Co-located	☐ Standalone
Accessible from nearest road head	☐ Yes (But 1 km away from the village)
Date of Visit	20/09/2021
Next Referral Point	Facility: PHC, Kantaphode Distance: 11 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
Immunization
NCD Screening (Done at VHND every Wednesday)</td></tr>
<tr><td rowspan="2">2. Condition of infrastructure/ building

Please comment on the condition and tick the appropriate box</td><td>Comments: SHC is situated in a school complex about 1 km away from the village. It’s a very small building with no residential facility. Recently renovation of the building is started. SCH and ANM do not stay in the SHC village and commute from PHC, Kantaphode.</td></tr>
<tr><td>☑24*7 running water facility (Yes, common borewell for school)
☒ Facility is geriatric and disability friendly - No
☒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</td></tr>
<tr><td>3. Biomedical waste management practices</td><td>BMW is sent to PHC Kantaphod for disposal. No arrangement at the SHC available</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>1</td><td>1</td><td>0</td></tr>
<tr><td>MPW Male</td><td>DK</td><td>--</td><td>--</td></tr>
<tr><td>MLHP/ CHO</td><td>1</td><td>--</td><td>1</td></tr>
<tr><td>ASHA</td><td>7</td><td>--</td><td>7</td></tr>
<tr><td>Others</td><td>0</td><td>0</td><td>0</td></tr>
</table>
</td></tr>
<tr><td>5. IT Services</td><td>• Functional Tablet/ laptop with CHO: ☑Yes/ ☐No
• Electronic Tablets with MPWs (ANM): ☑Yes/ ☐No
• Smart phones given to all ASHAs: ☐Yes/ ☒ No
• Internet connectivity: ☑Yes/ ☐No
Quality/strength of internet connection: Only Jio network not available regularly, Laptop / tablet used at home by CHO/ANM</td></tr>
</table>

Indicator	Remarks/ Observation
6. Availability of list of essential medicines (EML)/ drugs (EDL)	☑Yes/ ☐No If yes, total number of drugs in EDL_90_____ EDL displayed in OPD Area: ☐Yes/ ☑No No. of drugs available on the day of visit (out of the EDL) _00____
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 (Total 12 TB patients in 4 villages taking medicines from ASHA in respective village)
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 No
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 • Contraceptives: ☑Yes/ ☐No. If yes, Type: OP and CC_ • Glucometer: ☑Yes/ ☐No
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: 1 (Age <5 yrs) Current year: 1 (Age <5 yrs)
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
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.
23. Number of individuals above 30 years of age in the HWC population	--- (Only estimated population, there is no assessment done due to covid vaccination drive.)

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>24. Number of CBAC forms filled in last 6 months</td><td>None</td></tr>
<tr><td>25. Report for number of individuals for whom CBAC form has been filled in last six months.</td><td>Score with below 4: NA
4 and above score: NA</td></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>1828</td><td>0</td></tr>
<tr><td>b. Diabetes</td><td>1827</td><td>63</td></tr>
<tr><td>c. Oral Cancer</td><td>1810</td><td>0</td></tr>
<tr><td>d. Breast Cancer</td><td>824</td><td>0</td></tr>
<tr><td>e. Cervical Cancer</td><td>10</td><td>0</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: No adequate data is maintained
Medicines for Hypertension: No adequate data is maintained
Medicines for Diabetes: No adequate data is maintained
Medicines for Others: No adequate data is maintained</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: 5-7
From Linked PHC: 10-15
From other govt. facilities: (Specify)
From pvt. Chemist shop: 10-15

(Average OOP/month) : 450</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 : CHO herself conduct yoga sessions
Frequency: Occasionally (NO records maintained)</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 only child weighing machine (spring type), Glucometer not provided to ASHA, Pulse Oxymeter supplied was faulty.</td></tr>
<tr><td>• Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</td><td>All drugs available except PCM. It is in short supply due to covid vaccination.</td></tr>
<tr><td>• ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher.</td><td>No delay in ASHA payments. ASHAs getting Average Rs.3000/month</td></tr>
</table>

Indicator	Remarks/ Observation
○ Average delay	
• 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)	Yes. However ASHAs need continuous orientation about maintaining records of services rendered by them properly in ASHA diary.
35. Number of Village Health & Sanitation days conducted in last 6 months	--
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: 20000.00 Fund utilized last year: 20000.00
	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). An NGO 'Swea Kutir' also runs ambulance between village Punjapura and Kantaphode PHC to cater needy patients.
• How many cases from the Sub Centre were referred to PHC in last month?	Number: 5 (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) BCC/IEC/IPC is poor.	No induction training on these aspects has been given to CHO. ANM is also not oriented on these crucial aspects.
b) SHC has no water supply connection.	ANM has to carry water from the borewell in the school campus. Renovation did not include provisioning of non-available amenities.
c) CHO/ANM resides at Village Kataphod	Security reason. No proper residential facility available
d) Record maintenance and reporting is poor.	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) High OOP for ANC for USG services.	USG services available only at DH Dewas (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.

I. Service Delivery: Primary Health Centre/ Urban Primary Health Centre

Name of facility visited	**PHC-HWC, Kantaphod**
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	20.09.2021
Next Referral Point	Facility: SDH Kannod / DH, Dewas Distance: 30 kms. / 110 kms.

Indicator	Remarks/ Observation
1. OPD Timing • For U-PHC, check if evening/morning OPD/Clinics being conducted	**9:00 am to 4:00 pm (Lunch break 1:30 to 2:30 pm)** ☐ 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 2016 require overall renovation of electricity / sewerage / drainage system. Leakage and faulty electrical connections causes frequent outage, open space around building is not cleaned, a dilapidated old PHC building in-front of existing building still not demolished. Staff quarters are not sufficient. Only 5 quarters available. ☑ 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 – Not sufficient for all the areas of PHC ☑ Branding
4. Number of functional in-patient beds	3 Beds
5. List of Services available	OPD IPD ANC / Delivery General primary Emergency care Immunization Pathology
6. If 24*7 delivery services available	☑ Yes/ ☐No
7. Tele-medicine/Consultation services available	☑ Yes/ ☐No (E-Sanjivani tele-consultation services) If yes, average case per day 10/Day
8. Biomedical waste management practices	Sharp pit: NA Deep Burial pit: NA Other System, if any: Vehicle comes alternate day to pick-up BMW.

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>9. Details of HR available in the facility (Sanctioned and In-place)

* AYUSH MO visits PHC every Monday from CHC Satwas
Other Staff include:
Wardboy – 1 (Regular)
Accountant cum-LDC – 1 (Regular)
Sweeper -2 (Regular -1 and Outsourced - 1)
DEO – 1 (Outsourced)
Guard – 1 (Outsourced)</td><td>
<table>
<tr><th>HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td>MO (MBBS)</td><td></td><td>0</td><td>1</td></tr>
<tr><td>MO (AYUSH)</td><td></td><td>0</td><td>0</td></tr>
<tr><td>SNs/ GNMs</td><td></td><td>0</td><td>0</td></tr>
<tr><td>ANM</td><td></td><td>1</td><td>1</td></tr>
<tr><td>LTs</td><td></td><td>1</td><td>0</td></tr>
<tr><td>Pharmacist</td><td></td><td>0</td><td>1</td></tr>
<tr><td>Public Health Manager (NUHM)</td><td></td><td>0</td><td>0</td></tr>
<tr><td>LHV/PHN</td><td></td><td>0</td><td>0</td></tr>
<tr><td>Others</td><td></td><td>2</td><td>3</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
Facility score: 83.61 (2021-22) internal assessment
Award received: No</td></tr>
<tr><td>12. NQAS</td><td>Assessment done: Internal/State: No
Facility score: NA
Certification Status:NA</td></tr>
<tr><td>13. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☐Yes/ ☐No
If yes, total number of drugs in EDL 170_____
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>No</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>Telmisartan</td></tr>
<tr><td>4</td><td>Metformin</td></tr>
<tr><td>5</td><td>Glimeperide</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
☐Outsourced/ PPP
☐Both/ Mixed</td></tr>
</table>

Indicator	Remarks/ Observation
• In-house tests	Timing: 9:00 am to 4:00 pm Total number of tests performed: 9_____ Details of tests performed: MP-RD Kit / Slide, Widal – Kit, Hb, U-Albumin / U-Sugar, Blood Sugar (By Glucoleter), Sputum for AFB/Microscopy, HBsAg, HIV/VDRL Combo-Kit, UPT, RAT for Covid, ESR
• 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 nonfunctional for more than 7 days	HomoCue machine for measuring Hb becomes non functional occasionally.
25. Availability of delivery services	☑Yes/ ☐No
• If yes, details	Comment on condition of labour room: Well maintained, but seepage is problem. Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☑ No (Not functional since 1 month)
26. Status of JSY payments	Payment is up to date: ☐Yes/ ☑No Average delay: 7-15 days 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 availble 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) (Not for all) ☑ Free referral transport (drop back from facility to home) ☑No user charges

Indicator	Remarks/ Observation
28. Line listing of high-risk pregnancies	☐Yes/ ☑No
29. Number of normal deliveries in last three month	90
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	☐Yes ☑No
31. Practice related to Respectful Maternity Care	Yes
32. Number of Maternal Death reported in the facility	Previous year: 0 Current FY: 0
33. Number of Child Death reported in the facility	Previous year:0 Current year: 3
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	90
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	NA
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 9 PPIUCDs were inserted since March, 2021. Last PPIUCD insertion done on 13.09.2021. There are no records maintained for FP services provided at PHC
41. FPLMIS has been implemented	☐Yes/ ☑No
42. Availability of functional Adolescent Friendly Health Clinic	☐Yes/ ☑No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐Yes/ ☐No
43. Whether facility has fixed day NCD clinic	☐Yes/ ☑No If Yes, how many days in a week: _____ days
44. Are service providers trained in cancer services?	☐Yes/ ☑No
45. Number of individuals screened for the following in last 6 months: Lat technician reported about NCD screening and testing done at PHC. There is only one bonded MO posted at PHC.	**Screened** / **Confirmed** a. Hypertension: 300 / 200 b. Diabetes: 400 / 220 c. Oral Cancer: 0 / 0 d. Breast Cancer: 0 / 0 e. Cervical Cancer: 0 / 0
46. Whether wellness activities are performed	☐Yes/ ☑No Frequency:
47. Whether reporting weekly data in P and L form under IDSP	☑Yes/ ☐No
48. Distribution of LLIN in high-risk areas	No. of LLIN distributed per household: ☐1 per family/ ☐Others (Specify): Not distributed_____
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☑Yes/ ☐No

Indicator	Remarks/ Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _200 sputum samples tested
	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: 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? *MO does not know, in the absence of regular MO, RKS and untied grants are managed by BMO	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
53. Status of data entry in (match with physical records)	HMIS: ☑Updated/ ☐Not updated MCTS: ☐Updated/ ☑Not updated IHIP: ☑Updated/ ☐Not updated HWC Portal: ☐Updated/ ☑Not updated Nikshay Portal: ☐Updated/ ☑Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	RKS is not functional at the PHC.
55. Availability of ambulance services in the area	☐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):

Indicator	Remarks/ Observation
• How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:
• How many cases from the PHC were referred to the CHC last month?	Number: 8 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.	No recruitment by state on all positions. No policy for staff retention
c) Fund utilization	BMO has all the authority for utilization of PHC funds due to no regular or contractual MO posted at PHC.
d) Outsourced staff not getting salary regularly	State has not released salary of outsourced staff in the PIP
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: _____

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

Name of facility visited	**CHC, Satwas**
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	21.09.2021
Next Referral Point	Facility: SDH Kannod Distance: 18 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>10 beds</td></tr>
<tr><td>5. List of Services available</td><td>24x7 general emergency
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>Y</td></tr>
<tr><td>2</td><td>O&G</td><td>N</td></tr>
<tr><td>3</td><td>Pediatric</td><td>N</td></tr>
<tr><td>4</td><td>General Surgery</td><td>N</td></tr>
<tr><td>5</td><td>Anesthesiology</td><td>N</td></tr>
<tr><td>6</td><td>Ophthalmology</td><td>N</td></tr>
<tr><td>7</td><td>Dental</td><td>N</td></tr>
<tr><td>8</td><td>Imaging Services (X – ray)</td><td>N</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>• If any of the 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</td><td>☐ Yes/ ☑ No</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>available</td><td>If yes, average case per day_____</td></tr>
<tr><td>7. Operation Theatre available</td><td>☐ Yes/ ☑No
If yes,
Major:
Minor:</td></tr>
<tr><td>8. Availability of functional Blood Storage Unit</td><td>☐ Yes/ ☑No
If yes, number of units of blood currently available: _____
No. of blood transfusions done in last month: _____</td></tr>
<tr><td>9. Whether blood is issued free, or user-fee is being charged</td><td>☐Free for BPL
☐Free for elderly
☐Free for JSSK beneficiaries
☐Free for all</td></tr>
<tr><td>10. Biomedical waste management practices</td><td>Sharp pit:
Deep Burial pit:
Other System, if any: BMW collection van comes alternate day</td></tr>
<tr><td>11. Details of HR available in the facility (Sanctioned and In-place)

* Other Regular staff include
Wardboy -2
Sweeper – 1
Aaya – 1
OT attainder – 1
Ophthalmic Assistant – 1
X-Ray Technician – 1

AYUSH MO – 1 (Contractual)</td><td>
<table>
<tr><th colspan="2">HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td colspan="2">MO (MBBS)</td><td></td><td>0</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></td><td>0</td><td>0</td></tr>
<tr><td>Pediatrician</td><td></td><td>0</td><td>0</td></tr>
<tr><td>Anesthetist</td><td></td><td>0</td><td>0</td></tr>
<tr><td colspan="2">Dentist</td><td></td><td>0</td><td>0</td></tr>
<tr><td colspan="2">SNs/ GNMs</td><td></td><td>4</td><td>0</td></tr>
<tr><td colspan="2">LTs</td><td>2</td><td>1</td><td>0</td></tr>
<tr><td colspan="2">Pharmacist</td><td></td><td>0</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</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: Fair – BSNL Broadband</td></tr>
<tr><td>13. Kayakalp</td><td>Initiated: Yes
Facility score: 82.28%
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: Not Assessed
Operation Theatre:</td></tr>
<tr><td rowspan="2">16. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☑Yes/ ☐No</td></tr>
<tr><td>If yes, total number of drugs in EDL 259
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</td><td>☑Yes/ ☐No</td></tr>
</table>

Indicator	Remarks/ Observation
supply chain management system	If other, which one_MP E-Aushdhi__
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 | No Shortage
19. Availability of Essential Consumables:	☐Sufficient Supply ☑Minimal Shortage : IV Set, Gloves, Cannula, DDK ☐Acute shortage In last 6 months how many times there was shortage_00____
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: _____ Details of tests performed: Total 18 types of diagnostic tests are performed.
• 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: Is the X-ray machine AERB certified: ☐Yes/ ☐No
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☑Free for all
23. Availability of Testing kits/ Rapid Diagnostic Kits	☑Sufficient Supply ☐Minimal Shortage ☐Acute shortage
24. If there is any shortage of major instruments/ equipment	No. It may be mentioned that once to the new building of CHC is complete all the new equipments will have to be provided to CHC.
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: 400+____ No. of C-sections performed in last month: 0_____
• Comment on condition of:	Labour room: Labour room is well maintained with two labour tables OT: Not 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: Sept, 2021 632 out of 1117 deliveries in block. Reasons for delay: for some JSY beneficiaries, required documentation such as aadhar, samagra, RCH IDs are not submitted.
28. Availability of JSSK entitlements	☑ Yes/ ☐No

Indicator	Remarks/ Observation
	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? : High risk cases are identified by respective ASHA/ANM and referred to CHC. AYUSH MO who is trained in SBA/Skill lab/PPIUCD/NSSK screen PW for high risk factors, refer them for USG, check BP, pre-aclampsia, elampsia, Diabetic mother to provide appropriate services.
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	388 (Up to September, 2021)
38. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	389 (Up to September, 2021)
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?	MO and Staff Nurse
42. Please comment on utilization of other FP services	Mostly CC and Cu-T are preferred methods among couple. Every year LTT camps are conducted in winters.
43. FPLMIS has been implemented	☑Yes/ ☐No
44. Availability of functional Adolescent Friendly Health Clinic	☑Yes/ ☐No If yes, who provides counselling to adolescents: MO_____ Separate male and female counselors available: ☐Yes/ ☑No
45. Whether facility has fixed day NCD	☐Yes/ ☑No

Indicator	Remarks/ Observation		
clinic	If Yes, how many days in a week: __all 6 days in a week		
46. Are service providers trained in cancer services?	☐Yes/ ☑No		
47. Number of individuals screened for the following in last 6 months:		**Screened**	**Confirmed**
	a. Hypertension		
	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) _____		
	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: 42		
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: NA Fund utilized last year: NA		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		

Indicator	Remarks/ Observation
54. Status of data entry in (match with physical records)	HMIS: ☑Updated/ ☐Not updated MCTS: ☐Updated/ ☑Not updated IHIP: ☑Updated/ ☐Not updated HWC Portal: ☐Updated/ ☐Not updated Nikshay Portal: ☑Updated/ ☐Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	RKS meeting not held regularly.
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: 24 Types of cases referred in: Anaemia, complicated pregnancies
• How many cases from the CHC were referred to the DH last month?	Number: 177 HRPW + 208 other = 382 total patients referred out Types of cases referred out:

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

Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

K. Service Delivery: District Hospital/ Sub District Hospital

Name of facility visited	**Mahatma Gandhi District Hospital, Dewas**
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	22.09.2021
Next Referral Point	Facility: Medical College, Indore Distance: 35 kms.

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

Please comment on the condition and tick the appropriate box</td><td>Comments: Old building complex with segregated sections. Area of the building is 3720 m^2. Building is currently being renovated as per the patient requirements and upgrade of amenities and services. Most of the building is being retrofitted.</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

Last major renovation done in (Year): Renovation in progress_</td></tr>
<tr><td>3. Number of functional in-patient beds</td><td>400_____

No of ICU Beds available: 10</td></tr>
<tr><td>4. List of Services available</td><td>Modular pathology (PPP Model), CT Scan (PPP Model), Modular OTs, General Emergency, IPD, OPD, NRC, Ophthalmic and General Surgeries, Obstetrics and Gynaecology services, Cancer detection and Chemotherapy.</td></tr>
<tr><td>• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</td><td>
<table>
<tr><th>Sl.</th><th>Service</th><th>Y/N</th></tr>
<tr><td>1</td><td>Medicine</td><td>Y</td></tr>
<tr><td>2</td><td>O&G</td><td>Y</td></tr>
<tr><td>3</td><td>Pediatric</td><td>Y</td></tr>
<tr><td>4</td><td>General Surgery</td><td>Y</td></tr>
<tr><td>5</td><td>Anesthesiology</td><td>Y</td></tr>
<tr><td>6</td><td>Ophthalmology</td><td>Y</td></tr>
<tr><td>7</td><td>Dental</td><td>Y</td></tr>
<tr><td>8</td><td>Imaging Services (X – ray)</td><td>Y</td></tr>
<tr><td>9</td><td>Imaging Services (USG)</td><td>N</td></tr>
<tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td>Y</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>
<table>
<tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td>Y</td></tr>
<tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td>Y</td></tr>
<tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td>Y</td></tr>
<tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td>Y</td></tr>
<tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td>Y</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>Y</td></tr>
</table>
</td></tr>
<tr><td>5. Emergency</td><td>General emergency: Yes
or
facilities available for:
1. Triage
2. Resuscitation
3. Stabilization</td></tr>
<tr><td>6. Tele-medicine/Consultation services available</td><td>☑ Yes/ ☐No This is specific for

If yes, average case per day__30-40_____</td></tr>
<tr><td>7. Operation Theatre available</td><td>☑ Yes/ ☐No
If yes,
Single general OT:
Elective OT-Major (General): Yes (Maternity)
Elective OT-Major (Ortho): Yes (Ortho + General)
Obstetrics & Gynecology OT: Yes
Ophthalmology/ENT OT: Yes
Emergency OT: No</td></tr>
<tr><td>8. Availability of functional Blood Bank</td><td>☑ Yes/ ☐No
If yes, number of units of blood currently available: _____
No. of blood transfusions done in last month: _2910_____</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</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>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>19</td><td>19</td><td>0</td></tr>
<tr><td rowspan="10">Specialists</td><td>Medicine</td><td>4</td><td>2</td><td>0</td></tr>
<tr><td>ObGy</td><td>4</td><td>2</td><td>0</td></tr>
<tr><td>Pediatrician</td><td>7</td><td>5</td><td>0</td></tr>
<tr><td>Anesthetist</td><td>3</td><td>1</td><td>0</td></tr>
<tr><td>Surgeon</td><td>2</td><td>1</td><td>0</td></tr>
<tr><td>Ophthalmologist</td><td>2</td><td>1</td><td>0</td></tr>
<tr><td>Orthopedic</td><td>2</td><td>1</td><td>0</td></tr>
<tr><td>Radiologist</td><td>2</td><td>0</td><td>0</td></tr>
<tr><td>Pathologist</td><td>2</td><td>1</td><td>0</td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Dentist</td><td>1</td><td>0</td><td>0</td></tr>
<tr><td colspan="2">Staff Nurses/ GNMs</td><td>160</td><td>159</td><td>0</td></tr>
<tr><td colspan="2">LTs</td><td>9</td><td>9</td><td>0</td></tr>
<tr><td colspan="2">Pharmacist</td><td>11</td><td>7</td><td>0</td></tr>
<tr><td colspan="2">Dental Technician/ Hygienist</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td colspan="2">Hospital/ Facility Manager</td><td>1</td><td>0</td><td>1</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></td><td></td><td></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: 84.29% (Internal Assessment)
Award received: No</td></tr>
<tr><td>14. NQAS</td><td>Assessment done: ☑ Internal/State
Facility score: 40 (in 2020)
Certification Status: Not yet certified</td></tr>
<tr><td>15. LaQshya</td><td>Labour Room: 88 (In 2020)
Operation Theatre: --</td></tr>
<tr><td rowspan="2">16. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☑Yes/ ☐No</td></tr>
<tr><td>If yes, total number of drugs in EDL 178

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>No Shortage</td></tr>
</table>
</td></tr>
<tr><td>19. Availability of Essential Consumables:</td><td>☐Sufficient Supply
☐Minimal Shortage
☑Acute shortage: Masks, gloves, No permission for local purchase</td></tr>
</table>

Indicator	Remarks/ Observation
	In last 6 months how many times there was shortage: Many times__
20. Availability of essential diagnostics	☑In-house ☐Outsourced/ PPP ☐Both/ Mixed
• In-house tests	Timing: Total number of tests performed: _864572_____ Details of tests performed:
• Outsourced/ PPP	Timing: 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: Digital Is the X-ray machine AERB certified: ☑Yes/ ☐No
22. CT scan services available	☑Yes/ ☐No (5596 CT Scan done during April-September, 2021) 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: _2457_____
• 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_2457_____ ○ Current FY__966_____ **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

Indicator	Remarks/ Observation
• If the facility is designated as FRU, whether C-sections are performed	☑Yes/ ☐No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on the condition of:	Labour room: Well Maintained OT: Being renovated 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:
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 related to Respectful Maternity Care	Yes
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: 0 Current year: 2
36. Number of Child Death reported in the facility	Previous year: 0 Current year: 3
37. If Comprehensive Abortion Care (CAC) services available	☑Yes/ ☐No (Only upto 1st Trimester)
38. Availability of vaccines and hub cutter	☑Yes/ ☐No Nurses/ ANM aware about open vial policy: ☑Yes/ ☐No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are	

Indicator	Remarks/ Observation
being counselled)	
41. Status of functionality of DEIC	☐Fully functional with all staff in place ☑ Functional with few vacancies (approx. 20%-30%) ☐Functional with more than 50% vacancies ☐Not functional/ All posts vacant
42. Number of sterilizations performed in last one month	
43. Availability of trained provider for IUCD/ PPIUCD	☑Yes/ ☐No
44. Who counsels on FP services?	Staff Nurses and Medial Officer
45. Please comment on utilization of other FP services	FP services are provided as per the choice of acceptor. However, female methods are more acceptance than male methods.
46. FPLMIS has been implemented	☑Yes/ ☐No
47. Availability of functional Adolescent Friendly Health Clinic	☑Yes/ ☐No If yes, who provides counselling to adolescents: Staff Nurse_____ Separate male and female counselors available: ☐Yes/ ☑No
48. Whether facility has fixed day NCD clinic	☑Yes/ ☐No If Yes, how many days in a week: _All 6 days
49. Are service providers trained in cancer services?	☑Yes/ ☐No (One MO trained, presently on lian
50. Number of individuals screened for the following in last 6 months:	**Screened** / **Confirmed** a. Hypertension b. Diabetes c. Oral Cancer d. Breast Cancer e. Cervical Cancer
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

Indicator	Remarks/ Observation
	• TB Notification Registers: ☑Yes/ ☐No • Malaria cases: ☑ Yes/ ☐No • Palliative cases: ☐Yes/ ☑No • Cases related to Dengue and Chikungunya: ☑Yes/ ☐No • Leprosy cases: ☐Yes/ ☑ No
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	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
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: Types of cases referred out:

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

Challenge	Root causes
a) Building upkeep and Sewerage management is lacking	Present DH building is very old and requires renovation in many areas.
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) MCH has very limited space	A separate 200 bedded MCH wing is required
d) Super – specialty services are not available	Posts of such services with required infrastructure is not yet sanctioned.
e)	