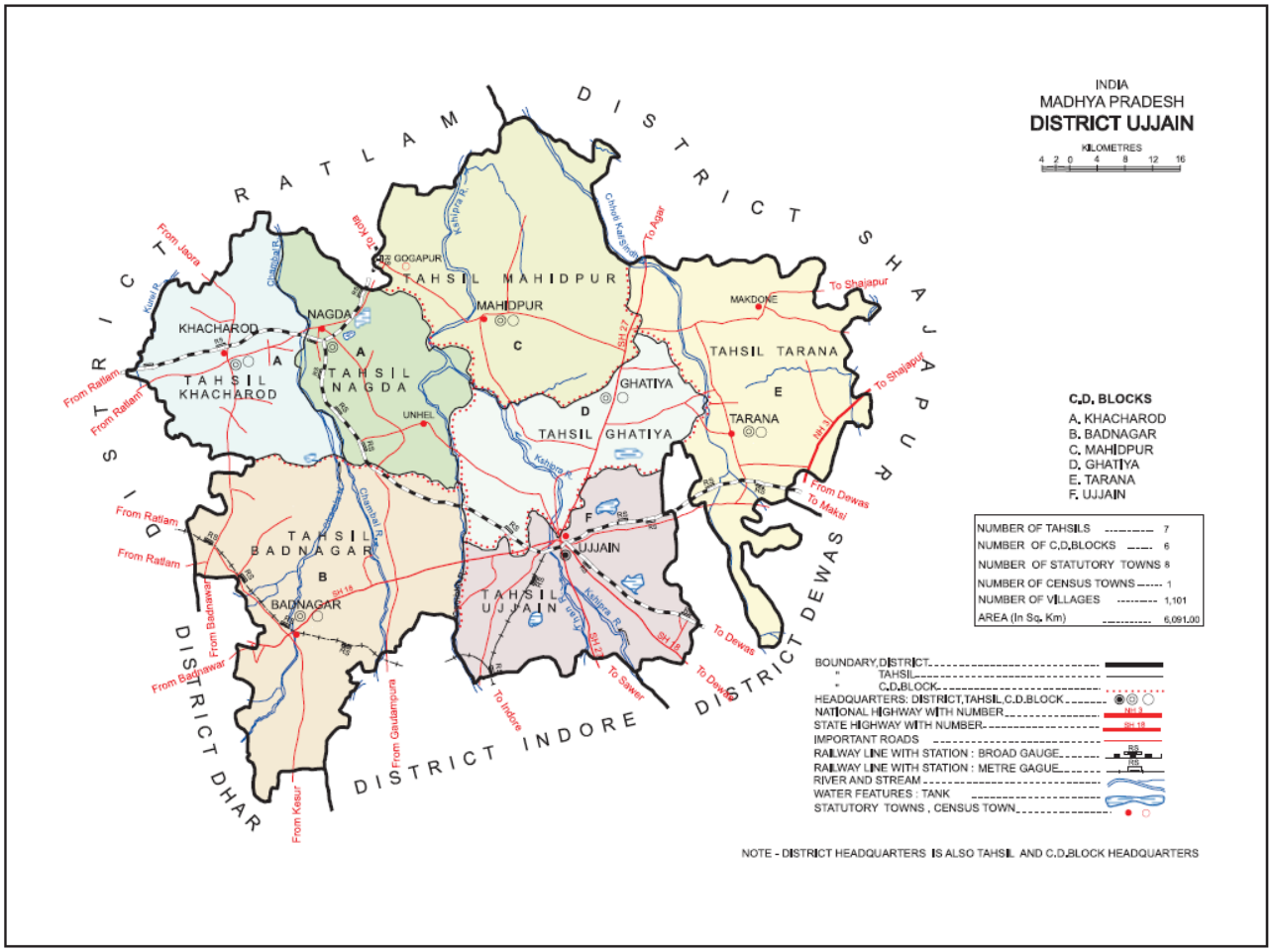
# Monitoring of Programme Implementation Plan (PIP) under National Health Mission 2021-22

## District: **Nagda (Ujjain)**

(Madhya Pradesh)





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**Abbreviation**

| | |
|---|---|
| AFHC | Adolescent Friendly Health Clinic |
| ANC | Antenatal Care |
| ANM | Auxiliary Nurse Midwife |
| ARSH | Adolescent Reproductive and Sexual Health |
| ASHA | Accredited Social Health Activist |
| AWW | Aanganwadi Worker |
| AYUSH | Ayurvedic, Yoga, Unani, Siddha, Homeopathy |
| BCC | Behaviour Change Communication |
| BEmOC | Basic Emergency Obstetric Care |
| BLSA | Basic Life Support Ambulance |
| BMO | Block Medical Officer |
| BMW | Bio-Medical Waste |
| BPM | Block Programmer Manager |
| BSU | Blood Storage Unit |
| CBAC | Community Based Assessment Checklist |
| CBR | Crude Birth Rate |
| CEmOC | Comprehensive Emergency Obstetric Care |
| CHC | Community Health Centre |
| CHO | Community Health Officer |
| CMHO | Chief Medical and Health Officer |
| DBT | Direct Benefit Transfer |
| DEIC | District Early Intervention Centre |
| DEO | Data Entry Operator |
| DH | District Hospital |
| DMC | Designated Microscopic Centre |
| DOT | Direct Observation of Treatment |
| DPM | District Programmer Manager |
| EC Pills | Emergency Contraceptive Pills |
| EDL | Essential Drugs List |
| EmOC | Emergency Obstetric Care |
| FMR | Financial Management Report |
| FP | Family Planning |
| FRU | First Referral Unit |
| HDU | High Dependency Unit |
| HMIS | Health Management Information System |
| HWC | Health and Wellness Centre |
| IEC | Information, Education, Communication |
| IFA | Iron Folic Acid |
| IMR | Infant Mortality Rate |
| IPD | Indoor Patient Department |
| IPHS | Indian Public Health Standards |
| IUCD | Intrauterine Contraceptive Device |
| JE | Janani Express (vehicle) |
| JSSK | Janani Shishu 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

Nagda is a small industrial town situated on the bank of River Chambal in Ujjain district. Nagda town is headquarter of tehsil Nagda in present Ujjain district. State government of Madhya Pradesh had proposed to create Nagda as a new district by bifurcating Ratlam and Ujjain districts. The proposal was approved by the erstwhile cabinet in the year 2018. However, this proposal could not be passed in the state assembly. Presently there is no change in the administrative status of tehsil Nagda.

For PIP monitoring 2021-22 Nagda was chosen as a district in Madhya Pradesh. However, for monitoring purpose PRC visited Sub-District Hospital Nagda, PHC-HWC Unhel and SHC-HWC Guradia Sanga and Hathai. Team also visited AWW Hathai.

Administratively Nagda-Khachrod is a twin block, formed by combining Nagda and Khachrod tehsils of Ujjain district. Health facilities from Khachrod and Nagda tehsils are administratively under control of BMO, Nagda. There is no clear jurisdiction regarding health block and number of health facilities governed by the BMO Nagda. Block medical officer of Nagda informed that due to absurdly combined health facilities from two different tehsils in Nagda, it is administratively very difficult to manage health facilities from programme management perspective.

| Sr. | Health Facility | Date of Visit | Distance from block Headquarters |
|---|---|---|---|
| 1 | SHC-HWC, Guradia Sanga | 23.09.2021 | 45 kms. |
| 2 | PHC-HWC, Unhel | 23.09.2021 | 28 kms. |
| 3 | Sub-District Hospital, Nagda | 24.09.2021 | 0 kms. |
| 4 | Anganwadi Centre, Makla | 24.09.2021 | 8 kms. |

# 2. Public health planning and implementation of national programmes

## 2.1 District Health Action Plan

- District, usually, send its requirements for HR, Infrastructure etc. to the state level planning cell for NHM activities to be taken-up during the year in advance. This process is initiated with consultation at DPMU and District and block level. There is no separate planning for NHM and NUHM. There is no separate programme management unit for NUHM exists.

- State provides targets to the district set for different programme and activities to be completed and a template is provided to the district for incorporating physical achievements of the previous year and for the planned year.
- District has informed that decentralized planning is not done since block level PMUs require capacity building for planning and budgeting.
- There is little scope for availability of funds other than NHM in the district, since most of the funds are governed by the state directives and health action plan is entirely budgeted from NHM. District has occasionally received funds for health infrastructure, amenities in the health facilities, organization of health camps etc. through corporate social responsibility (CSR) funds from the industries.
- During 2021-22, district has not prepared any district health action plan due to Covid related restrictions. State has sanctioned budget based on the regular activates required to be continued. It was informed that most the programme funds were utilized for Covid related infrastructure and emergency services. Salaries, incentives to ASHAs etc. were continued and their services were utilised for Covid related activities.
- Since 2020-21, decentralized budget disbursement was initiated by the state. Instead of releasing entire budget to the district, block PMUs were disbursed with the activity-wise budget, including flexi funds and untied grants.
- During 2021-22, Nagda has received ₹4.64 Cr. as ROP budget. Out of the total budget, ₹2.44 Cr. has been utilized till October, 2021. In all utilization is 52.6 percent. Details of budget allocated and expenditure is given in the annexure.
- It was observed that more than three-fourths of the allocated budget ₹68.23 lakhs for ASHA programmes, particularly various incentives to ASHAs has been utilized.
- Utilization of the budget was in the range of 50 to 75 percent for the salary of the contractual staff, out of total sanctioned budget of ₹2.21 Cr.
- For activities such as HBNC, National Iron plus programme, alternate vaccine delivery, team based incentive for SHC-HWC, annual maintenance of NRC and NBSU are in the range of 25 to 50 percent of allocated budget.

- Very less utilization of the budget was observed for untied grant of SHC-HWC (3.7 percent), treatment cost of SAM children at NRC (11.6 percent) and untied grant of rented building - UPHC (22.3 percent).
- Budget of ₹ 56.6 lakhs has not been utilized earmarked for training, follow-up incentives, hiring of specialists, mobility support, beneficiary compensation for family planning, block level reviews, awards to ASHAs, provisioning of support staff, and untied / annual maintenance grant for SDH, CHC, PHC.
- Curtailment of budget for outsourcing of staff for support services such as housekeeping, security and hiring of agency for outsourcing staff was reported. 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.
- New building for the SDH Nagda has been sanctioned in 2018. An amount of ₹7.5 Cr. has been sanctioned for the proposed 4500 $m^2$ building. However, due to administrative delays for approval and identification of proper land for the new building, the budget has remained unutilized. Later it was proposed to construct the new SDH building at the same place by dismantling old building. This plan was also not operationalized. BMO informed that the sanctioned budget was laying and about to lapse due to inordinate delay of more than 3 years in initiation of construction work. The proposal for the construction of new SDH building in the same premises was approved and the dismantling of the old building began on the day of PRC team visit.
- Now the whole SDH has been shifted to BIMA Hospital 2 kms. away from the present location. BMO asserted that inordinate delay in decision for starting construction of new SDH building will have adverse impact on services and will also impact the cost of construction upwards. This will be detrimental to the quality of construction and may also delay completion of the construction.

- It was informed that a 5 bedded ICU entirely donated by LanXESS industries, specially for Covid services under CSR will become obsolete.
- SDH also has dialysis unit functioning under PPP model. It will be very difficult for the patients till the unit is again operational at the new location of the SDH in BIMA hospital. Presently the dialysis unit will not be shifted from the present location.
- Majority of the construction works for sub health centres are not initiated or delayed due to Covid pandemic.
- For 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.
- 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.

## 2.2 Status of Service Delivery

- 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 service is functional at SDH Nagda on public private partnership since 2017. There are two dialysis machines functional and daily two patients are given services. Presently 5 patients are registered for the dialysis services. Out of these four are females and a male patient. Patients are in the age-group of 40-65. In all 20 patients have been benefited and have taken services since the beginning of the Dialysis

services. Seven patients have died during this period. 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 Nagda, RBSK team is incomplete and partially operational. It was informed that timely recruitment on the vacancies of RBSK is not done. RBSK teams have extensively served during Covid pandemic for contact tracing, community awareness, monitoring and surveillance.
- There is no MMU functional in the district.
- Referral transport services are available in every block of the district. 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 ₹1000 per trip.
- 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 31$^{st}$ March, 2022 and services of these staffs will be governed by HR Manual, 2021.
- In comparison to the sanctioned position, acute shortage of specialist cadre in the secondary level rural health institutions is observed.
- In all the visited health facilities, staffs 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 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.
- All the health programme services have common challenge of lack of human resources and absence of decentralized mechanism for programme monitoring and supervision.
- Functionality of health and wellness centres is a major challenge. Out of the envisaged 12 dimension of services, most basic MCH services including BEmOC services at the PHC-HWCs need to be strengthened. Lack of complete staffs, continuity of trainings and patient centric IEC and BCC should also be strengthened. It was observed that frequent shifting of key positions such as medical officer, staff nurse, ANM, Lab technician, pharmacist etc. and dual responsibility for serving at more than one health

facilities should be critically reviewed in the light of area being catered, population and other health care services availability.

## 3. Service Availability as perceived by the Community

- Community interaction at the SHC-HWC Guradia Sanga and Anganwadi centre, Makla 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. Nutritional supplementation was not provided regularly. There were some issues regarding irregularities in tendering for supply of Take Home Ration due to which policy of supply has been changed recently.
- It was observed that AWW and ASHA need further orientation and need continuous involvement in health and wellness activities of the SHC-HWC.
- ASHAs at both the SHC-HWC at Guradia Sanga and Hathai have joined recently and require in-depth training and supportive supervision for effective services.
- It was found that preventive and promotional health care services need more strengthening form the community participation perspective. Community is more inclined towards private health care services due to inadequacy of services at the health and wellness centre and insufficient linkages with referral services.
- It was informed that proper infrastructure at the SHC and PHC should be provided to the benefit of the community.
- AWW of Guradia Sanga informed that majority youth and adult male population are involved in substance abuse and liquor drinking. It is very difficult to convince them about benefits of healthy life style and wellness activities.
- 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 Centre/ HWC – Guradia Sanga***

- SHC has very old building recently renovated to be declared as HWC. It does not have, electricity connection, proper approach road and boundary wall. A Nullah flows from the front of the SHC and water is logged around the SHC in rainy season.
- CHO appointed in January, 2020. Post of ANM vacant since last one year. Earlier ANM suspended from the services. Post of MPW is also vacant.
- Village has SC-ST population comprising Banjara tribe, mostly migrated from Rajasthan. Living condition of this community is not so good. Problem of sanitation and hygiene is paramount. Substance abuse and illegal activities among this tribal group is also reported by the village ASHA and AWW.
- Five villages are covered by the SHC. ASHA post was vacant in the village since beginning. In February, 2021 new ASHA has been posted.
- ASHA and AWW has adequate cooperation as reported by the CHO.
- CHO asserted that ASHA and AWW should be given adequate information about noting diseases condition and preferred mode of treatment among community. Orientation about recording and reporting of disease pattern and their causes is urgently required.
- CHO informed that TDS is deducted from the team based incentives, which is not refunded back to CHO and staff.
- For pregnant women community prefer ANC registration and delivery services at government health care facility. For USG private health facility is preferred.
- In the village, water sources are scare. Only 2 handpumps available for supply of potable water. Other handpumps and borewell have hard water. There is no sufficient water supply in the village.
- AWW informed that SHGs are not supplying nutrition supplements for the children and pregnant women. Quality of the take home ration is also not good.

- For effective management of anaemia and under nutrition among children, diet plan is very essential.
- 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.
- 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.
- Availability of drugs and diagnostics is not as per the HWC or IPHS norms. There is no monitoring mechanism for assessing utilization of drugs and diagnostics.
- NCD services are limited to only screening and providing preliminary treatment for hypertension and diabetes. Screened NCD cases are not advised to visit CHC and DH.
- 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, Guradia Sanga visited on 23.09.2021**


***Primary Health Centre - Unhel***

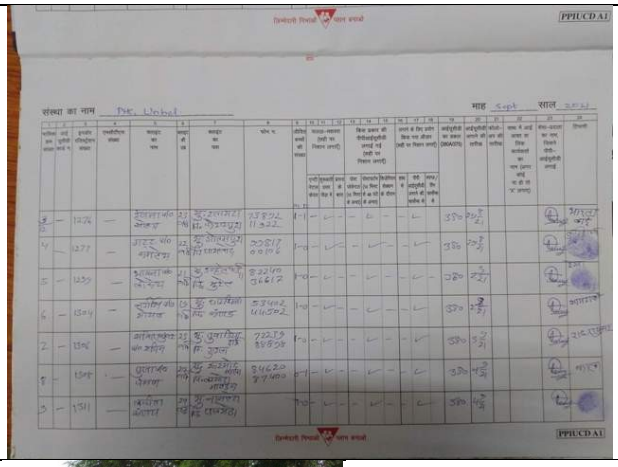
- PHC is constructed on donated land. New building of the PHC has small rooms and not very suitable for all the services. PHC located in the main market of Unhel town.
- Only 3 staffs are available for the delivery services. There are 2 ANMs and a staff nurse.
- One contractual medical officer is posted since last 2-3 years.
- Many consumables are not supplied in sufficient quantity. Patients are asked to bring Gloves, DDK and baby kit. Baby warmer is not functional and frequent breakdown is reported by the staff nurse.
- Labour room is very small. Nearly 70-100 deliveries are conducted every month. Referral cases from SDH Nagda are referred to DH Ujjain, drop at PHC Unhel.
- Very high referrals are observed from SDH Nagda. Full term delivery cases are referred and come to PHC for delivery. Anaemic women are usually referred within 3-4 days of expected date of delivery.

- Lab has only 13 tests available. LT received training on Bio-systems and TB sputum examination, but it is not implemented since necessary equipment is not available.
- Unhel has a designated DMC. It has no separate LT. Lab has testing facility for POC test including MP, Widal, HIV, VDRL, SCV, UPT. There is acute shortage of reagents and gloves. Blood grouping is also done. Cell counter and centrifuge machine required for the lab. STLS from Nagda visit PHC for servicing of microscope.
- There is water supply problems in the PHC. It has no running water supply facility in all the parts of PHC. A 3000 lts. Storage tank is available for whole PHC. For lab space is the main problem. Hb testing is done through colour scale and not through haemoglobinometer. Blood sugar testing is done by glucometer. Staff is not fully aware about calibration of the equipment.
- OGTT tests are not done at PHC.
- USG machine is available at SDH, Nagda. It is operated under PPP model and ₹250 per case is charged. This amount is paid to the outsourced agency by the NHM. Presently USG facility is not available since lockdown. Pregnant women are referred to private facility. Private facility charge ₹700-800 per case.
- RKS is managed by an outsourced DEO. RKS funds are generated from OPD charges. PHC have no IPD services except for delivery. There is no written instructions regarding management of RKS. Funds are utilized without proper authorization and procedures are not followed as per the RKS guidelines.
- For outreach services in the 15 wards of Unhel, 2 ANMs provide services for ANC and immunization.
- There are no printed registers available for proper record keeping of majority services.
- Hepatitis A-B-C testing is initiated for pregnant women since July, 2021.
- Every pregnant women having <11 Hb is administered with iron-sucrose IV irrespective of her Hb level and without following any guidelines. ANM has no knowledge about iron-sucrose administering guidelines.
- PPIUCD follow-up register is not maintained, no follow-up is made.

- It was observed that staff has low motivation. Medical officer is not able to communicate properly and has some health issues. A surgeon has been posted at the PHC Unhel, who does not attend PHC regularly.
- There is no provision of services and availability of infrastructure as per the IPHS norms.
- 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.
- 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, Unhel visited on 23.09.2021**

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संस्था का नाम PHC, Unhel
माह Sept. साल 2021
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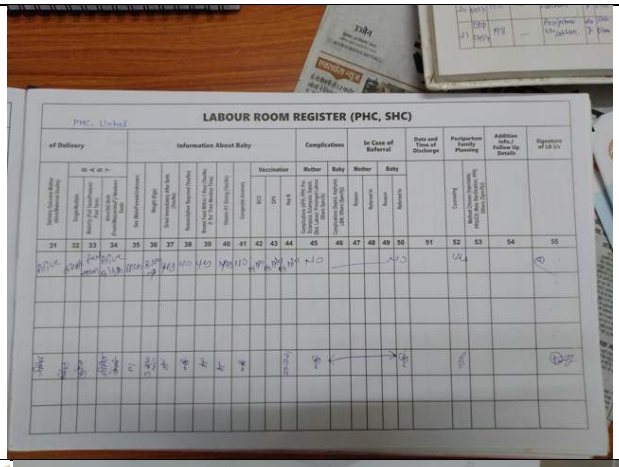
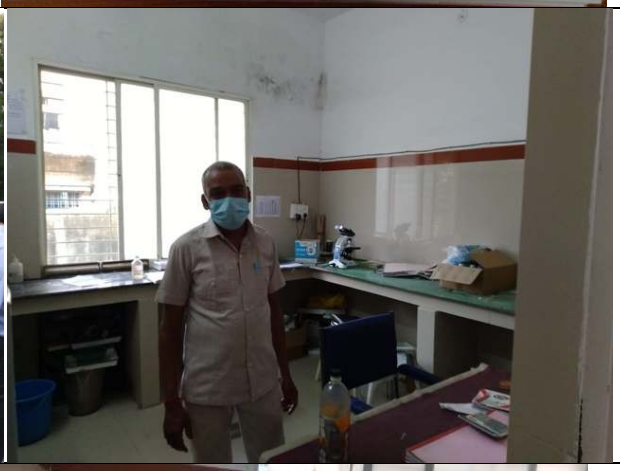
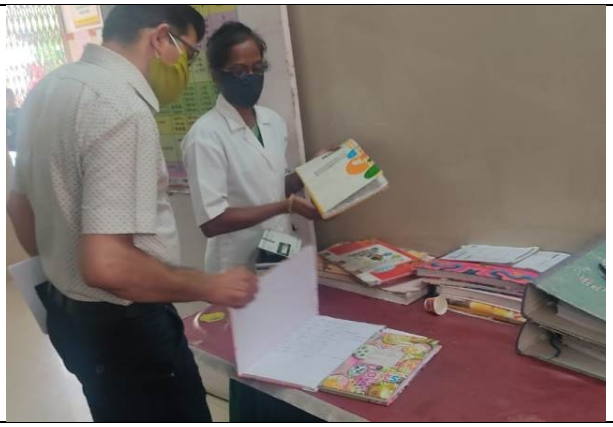

LABOUR ROOM REGISTER (PHC, SHC)
PHC, Unhel



***Sub-District Hospital, Nagda***

- Sub District Hospital, Nagda has been shifted in BIMA hospital due to dismantling of the existing building for construction of the new building. In 2018, budget of ₹7.5 Cr. has been allocated for 4500m$^2$ building. BIMA hospital is run by Employees' State Insurance Corporation under the Ministry of Labour and Employment, Government of India. It was informed that SDH will share the BIMA hospital resources and manpower from SDH will be supported for provisioning of service. Necessary infrastructure will be created for setting-up of all the services in BIMA hospital for providing all the services which were available at the old SDH hospital.
- All the services at the SDH have been affected due to unplanned and abrupt shifting of the SDH in the new location. Many services such as NRC, Dialysis unit, surgical and maternity services will function from old premises while OPD will be shifted to the BIMA hospital. This will significantly affect the services till the new infrastructure is created at the BIMA hospital.
- Newborn stabilization unit (NBSU) is functional at the SDH. During April-September 100 children were admitted to NBSU and 48 out of them were referred to higher level health facilities. It was observed that there is no mechanism to monitor the referred cases at the SDH. Staff nurses informed that family members take their new born child to different hospital as no proper services available at the DH Ujjain.
- SUMAN helpdesk is not effectively functional at the referral hospital i.e. DH, Ujjain. Calls are not usually attended at night. A whatsapp group is formed to communicate the referral cases at higher facilities. This has helped in tracking of critically ill new born and assuring prompt service at the referral health facility.

- Screening of cervical cancer is done at the SDH. There is lack of follow-up services as concerned staff do not contact the patient regarding follow-up visit. Concerned village ASHAs need to be provided details of patients screened for NCDs at the SDH.
- SDH also has newly established oxygen plant during Covid. This now become non-functional due to shifting of the SDH.
- Continuity of critical care services such as USG, dialysis, ICU need inter-departmental coordination till the infrastructure is created at the new location.
- It was informed that earlier SDH was conducting c-section delivery, but due to non-availability of anaesthetist services are now not operational.
- SDH has dialysis services under PPP mode established in 2017. There are two machines and only 2 patients are given services per day. It was informed that many patients are waiting to have services at the SDH, but are forced to go to private health care service provider, Jansewa Hospital, which charges ₹1000 per dialysis. Dialysis unit has three staffs posted - technician, nursing staff and housekeeping. Dialysis unit room has water seepage problems and need maintenance.
- Availability of drugs and diagnostics is not as per the SDH or IPHS norms. There is no monitoring mechanism for assessing utilization of drugs and diagnostics at the facility level.
- Paucity of specialist is a major challenge in the SDH.
- Key challenges as observed in the SDH 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 occasionally. Block medical officer asserted that since Nagda-Khachrod is a duel block, involving SDMs (ex-officio chairman of RKS) from both the tehsils has many issues. Regular meetings and approval is very difficult due to non-availability officials due to their routine work. There are administrative issues in approval of any budget proposal and expenditure. Decision

making is very difficult. 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, SDH also received funds from CSR and Ayushman Bharat.

**Sub-District Hospital, Nagda visited on 24.09.2021**



LANXESS
सिविल हॉस्पिटल - नागदा
ICCU कक्ष


TRIAGE AREA
ट्रियाज ऐरीया
सिस्टर ड्यूटी रुम

## 5. Discussion and Key Recommendations

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

allocated PIP budget was disbursed timely. Expenditure of various budget components was observed to be varying. Nearly half of the allocated budget has been spent during April-September, 2021. Majority budget on ASHA services and incentives have been utilized 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. There is lack of community level activities for promotive and preventive services. Anganwadi centres though provide supportive services in health care activities, but need more hand holding for mass awareness about availability of extended range of health care services at the established health and wellness centres.

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

Delay in payments to the contractual staffs, particularly outsourced support staffs has put many challenges for upkeep of health care facilities. Non-functional RKS at the PHCs 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. There is no presence of Jan Aarogya Samiti at the health and wellness level.

**Key Recommendations:**

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

## State of Fund Utilization

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

| Sr. | FMR Code | Activity Name | Budget Allocated (₹) | Expenditure (₹) | Expenditure (%) |
|---|---|---|---|---|---|
| 1 | 3.1.1.1.2 | ASHA incentive under MAA programme @ Rs 100 per ASHA for quarterly mothers meeting | 20,400.00 | 20,400.00 | 100.00 |
| 2 | 9.5.2.2 | Orientation/Planning Meeting/Launch on SAANS initiative at State or District (Pneumonia)/IDCF orientation} in place of {Management of Diarrhoea & ARI & micronutrient malnutrition (trainings only) | 19,550.00 | 19,490.00 | 99.69 |
| 3 | 3.1.1.5.2 | Any other ASHA Incentives (Drug distribution and Follow-up for BP/Diabetes Patients on every six Month) | 8,000.00 | 7,900.00 | 98.75 |
| 4 | 3.1.1.6.1 | ASHA incentives for routine activities | 49,20,000.00 | 43,96,000.00 | 89.35 |
| 5 | 3.1.3.2 | Support provisions to ASHA/Urban Non-Monetary Incentives Costs (badge, uniform, ID, etc.) | 1,12,200.00 | 96,400.00 | 85.92 |
| 6 | 3.1.3.4 | Mobilization of children through ASHA or other mobilizers | 3,51,400.00 | 2,95,800.00 | 84.18 |
| 7 | 3.1.1.1.6 | Incentive for National Deworming Day for mobilising out of school children | 26,900.00 | 21,400.00 | 79.55 |
| 8 | 3.1.1.1.13 | Any other ASHA incentives including Early Registration of PW, Iron Sucrose administration, accompanying MTP case & GDM and also preventive strategy campaigns. | 8,40,300.00 | 6,48,250.00 | 77.15 |
| 9 | 8.1.7.1.1 | MOs- AYUSH | 4,00,704.00 | 3,05,719.00 | 76.30 |
| 10 | U.3.1.1.1 | Incentives for routine activities (Urban) | 1,44,000.00 | 1,08,000.00 | 75.00 |
| 11 | 1.1.1.2 | Normal Delivery - Diet | 6,00,000.00 | 4,44,403.00 | 74.07 |
| 12 | 8.1.8.5 | Feeding demonstrator for NRC | 4,86,256.00 | 3,56,555.00 | 73.33 |
| 13 | 3.1.1.1.11 | ASHA Incentive for Full Immunzation | 3,84,860.00 | 2,75,000.00 | 71.45 |
| 14 | 8.1.12.1 | Mid-level Service Provider | 47,25,000.00 | 33,33,197.00 | 70.54 |
| 15 | 3.1.1.1.11 | ASHA Incentive for Complete Immunzation including Incentive for DPT Booster Immunzation at 5 - 6 Years | 3,19,235.00 | 2,23,400.00 | 69.98 |
| 16 | 8.1.5.1 | Medical Officers | 31,20,000.00 | 20,35,314.00 | 65.23 |
| 17 | 3.1.1.2.4 | ASHA PPIUCD incentive for accompanying the client for PPIUCD insertion (@ Rs. 150/ASHA/insertion) | 1,12,500.00 | 72,900.00 | 64.80 |
| 18 | 3.1.1.1.7 | Incentive for IDCF for prophylactic distribution of ORS | 33,040.00 | 21,400.00 | 64.77 |

| Sr. | FMR Code | Activity Name | Budget Allocated (₹) | Expenditure (₹) | Expenditure (%) |
|---|---|---|---|---|---|
| | | to family with under-five children. | | | |
| 19 | 8.1.12.2 | Performance incentive for Mid-level service providers (HWCs) | 18,40,000.00 | 11,31,400.00 | 61.49 |
| 20 | 3.1.3.1 | Supervision costs by ASHA facilitators(12 months) | 14,40,000.00 | 8,64,000.00 | 60.00 |
| 21 | 16.4.3.1.6 | Block Community Mobiliser | 2,32,584.00 | 1,39,002.00 | 59.76 |
| 22 | 14.2.5 | Alternative Vaccine Delivery in other areas | 3,96,545.00 | 2,34,180.00 | 59.06 |
| 23 | 1.2.1.2.1 | Rural | 30,07,200.00 | 17,51,400.00 | 58.24 |
| 24 | 8.1.7.1.5 | Pharmacists | 2,21,376.00 | 1,28,220.00 | 57.92 |
| 25 | 8.1.15.13 | Data Entry Operators (Block Pool) | 1,62,156.00 | 93,757.00 | 57.82 |
| 26 | 16.4.3.1.7 | Block Account Manager | 2,73,708.00 | 1,55,694.00 | 56.88 |
| 27 | 16.4.3.1.1 | Block Program Manager | 3,60,000.00 | 2,01,000.00 | 55.83 |
| 28 | 3.1.1.1.1 | JSY Incentive to ASHA- Rural/ Urban | 29,82,000.00 | 16,48,600.00 | 55.29 |
| 29 | 8.1.1.8 | Pharmacist | 2,34,864.00 | 1,28,221.00 | 54.59 |
| 30 | 16.4.2.1.6 | STLS | 4,20,612.00 | 2,28,823.00 | 54.40 |
| 31 | 1.2.2.1.1 | Compensation for female sterilization (Acceptor) | 7,88,200.00 | 4,15,200.00 | 52.68 |
| 32 | 1.2.1.1 | Home deliveries | 1,000.00 | 500.00 | 50.00 |
| 33 | 3.1.1.4.8.3 | ASHA Incentive for MB (Treatment completion) | 1,200.00 | 600.00 | 50.00 |
| 34 | 8.1.1.1 | ANMs | 29,70,980.00 | 14,83,172.00 | 49.92 |
| 35 | 3.1.1.1.3 | Incentive for Home Based Newborn Care programme | 9,70,000.00 | 4,66,250.00 | 48.07 |
| 36 | 8.1.1.5 | Laboratory Technicians | 3,29,142.00 | 1,57,841.00 | 47.96 |
| 37 | 3.1.1.1.8 | National Iron Plus Incentive for mobilizing non pregnant & non-lactating Women 20-49 years and children 6-59 months | 86,750.00 | 41,400.00 | 47.72 |
| 38 | 1.2.1.2.2 | Urban | 6,56,000.00 | 3,07,000.00 | 46.80 |
| 39 | 3.1.1.2.7 | ASHA Incentive under ESB scheme for promoting adoption of limiting method upto two children | 14,46,000.00 | 6,72,000.00 | 46.47 |
| 40 | 8.1.1.2 | Staff Nurses | 18,00,000.00 | 7,49,208.00 | 41.62 |
| 41 | 1.2.2.1.1 | ASHA (Motivator) payment for Female sterilization | 1,67,600.00 | 69,600.00 | 41.53 |
| 42 | 14.2.4.1 | Alternative vaccine delivery in hard to reach areas | 25,400.00 | 10,400.00 | 40.94 |
| 43 | 3.1.1.4.1 | ASHA Incentive/ Honorarium for Malaria - Test, RT, Referral and distribution of LLIN by ASHAs, Including Urban (Dengue & chikunguniya) | 73,320.00 | 29,115.00 | 39.71 |
| 44 | 8.4.9 | Team based incentives for Health & Wellness Centres (H&WC - Sub Centre) | 8,64,000.00 | 2,64,236.00 | 30.58 |
| 45 | 3.1.1.2.6 | ASHA incentive under ESB scheme for promoting spacing of births | 27,500.00 | 7,500.00 | 27.27 |

| Sr. | FMR Code | Activity Name | Budget Allocated (₹) | Expenditure (₹) | Expenditure (%) |
|---|---|---|---|---|---|
| 46 | 1.3.1.4 | Annual Maintenance Cost of 10 bedded NRCs | 80,000.00 | 20,887.00 | 26.11 |
| 47 | 1.3.1.2 | NBSU | 1,75,000.00 | 45,665.00 | 26.09 |
| 48 | 1.3.1.4 | Management cost of SAM children at NRC/SMTU | 5,29,200.00 | 1,30,805.00 | 24.72 |
| 49 | U.4.1.1.2 | Untied Grants of Rented Building (UPHCs run in rented building) | 1,00,000.00 | 22,375.00 | 22.38 |
| 50 | 16.1.2.1.28 | Office Expenditure | 1,00,000.00 | 21,177.00 | 21.18 |
| 51 | U.1.3.1 | Operational Expenses of UPHCs (excluding rent) | 84,000.00 | 12,493.00 | 14.87 |
| 52 | 1.3.1.4 | Treatment cost of SAM children at NRC/SMTU(Wage loss compensation) | 9,07,200.00 | 1,05,880.00 | 11.67 |
| 53 | 9.5.2.19 | Orientation on National Deworming Day | 1,27,500.00 | 10,200.00 | 8.00 |
| 54 | 4.1.5 | Sub Centres (Untied HWC) | 2,70,000.00 | 10,000.00 | 3.70 |
| 55 | 1.1.1.1 | PMSMA activities at State/ District level | 10,000.00 | .00 | .00 |
| 56 | 1.1.1.2 | NRC - Diet | 1,40,000.00 | .00 | .00 |
| 57 | 1.1.1.2 | LSCS - Diet | 30,000.00 | .00 | .00 |
| 58 | 16.1.2.1.28 | TA/DA - NHM | 24,000.00 | .00 | .00 |
| 59 | 16.1.3.4.3 | Mobility Support - BMO | 3,00,000.00 | .00 | .00 |
| 60 | 1.3.1.4 | Treatment cost of SAM children at NRC(Motivation amount to AWW) | 35,100.00 | .00 | .00 |
| 61 | 10.1.2 | Child Death Review - Incentive to ANM for First Brief investigation report (Community Deaths only) | 4,000.00 | .00 | .00 |
| 62 | 10.1.2 | Child Death Review - Incentive to Medical Officer for Verbal Autopsy @ Rs. 500/- per verbal autopsy for 7512 verbal autopsy | 12,000.00 | .00 | .00 |
| 63 | 1.1.3.1.1 | Female sterilization fixed day services (Mobility support client) | 60,000.00 | .00 | .00 |
| 64 | 1.1.3.1.1 | Contingency for Female FDS | 12,000.00 | .00 | .00 |
| 65 | 1.1.3.1.2 | Male Sterilization fixed day services | 15,000.00 | .00 | .00 |
| 66 | 1.2.2.1.1 | Motivator payment for Female sterilization | 3,37,800.00 | .00 | .00 |
| 67 | 1.2.2.1.2 | Compensation for male sterilization/NSV(Acceptor) | 28,000.00 | .00 | .00 |
| 68 | 1.2.2.1.2 | Other motivator payment for male sterilization/NSV | 9,800.00 | .00 | .00 |
| 69 | 1.2.2.1.2 | Motivator (ASHA) payment for male sterilization/nsv | 2,400.00 | .00 | .00 |
| 70 | 1.2.2.2.2 | PPIUCD/PAIUCD services: Compensation to beneficiary@Rs 300 insertion | 2,63,400.00 | .00 | .00 |
| 71 | 8.4.7 | Incentive to provider for PPIUCD services @Rs 150 per PPIUCD insertion | 1,31,700.00 | .00 | .00 |
| 72 | 8.4.8 | Incentive to provider for PAIUCD Services @Rs 150 per PAIUCD | 2,100.00 | .00 | .00 |

| Sr. | FMR Code | Activity Name | Budget Allocated (₹) | Expenditure (₹) | Expenditure (%) |
|---|---|---|---|---|---|
| | | insertion | | | |
| 73 | 11.6.3 | IEC & promotional activities for World Population Day celebration | 5,000.00 | .00 | .00 |
| 74 | 1.2.2.2.4 | Injectable contraceptive incentive for beneficiaries | .00 | .00 | .00 |
| 75 | 16.1.3.4.4 | Monthly Review meeting of ASHA facilitators with BCM at block level-cost of travel and meeting expenses | 36,000.00 | .00 | .00 |
| 76 | 3.1.1.1.4 | Incentive to ASHA for follow up of SNCU discharge babies and for follow up of LBW babies | 5,000.00 | .00 | .00 |
| 77 | 3.1.1.1.5 | Follow up expenses of SAM | 41,850.00 | .00 | .00 |
| 78 | 3.1.1.2.5 | ASHA PAIUCD incentive for accompanying the client for PAIUCD insertion (@ Rs. 150/ASHA/insertion) | 300.00 | .00 | .00 |
| 79 | 3.1.3.3 | Awards to ASHAs/Link workers | 4,000.00 | .00 | .00 |
| 80 | 11.5.4 | IEC for National deworming day | 5,000.00 | .00 | .00 |
| 81 | 3.2.4.3 | Block level | 2,000.00 | .00 | .00 |
| 82 | 9.5.26.3 | Training cum review meeting for HMIS & MCTS at Block level | 40,000.00 | .00 | .00 |
| 83 | 4.1.2 | SDH | 5,00,000.00 | .00 | .00 |
| 84 | 4.1.4 | PHCs | 5,25,000.00 | .00 | .00 |
| 85 | 4.1.5 | Sub Centres | 9,40,000.00 | .00 | .00 |
| 86 | 8.1.16.7 | Support Staff for Health Facilities on outsourcing basis | 5,00,000.00 | .00 | .00 |
| 87 | 8.1.16.7 | Support Staff for Health Facilities on outsourcing basis (Cook & Helper) | .00 | .00 | .00 |
| 88 | 8.1.2.3 | Anaesthetists | 15,00,000.00 | .00 | .00 |
| 89 | 16.1.1.6 | To develop microplan at sub-centre level | 6,914.00 | .00 | .00 |
| 90 | 16.1.1.7 | For consolidation of micro plans at block level | 1,000.00 | .00 | .00 |
| 91 | 9.5.10.1 | Training under Immunisation | 40,768.00 | .00 | .00 |
| 92 | 3.1.1.6.2 | ASHA incentives for Ayushman Bharat Health & Wellness Centres (H&WC) Incentive for CBAC Form | 5,000.00 | .00 | .00 |
| 93 | 3.1.1.4.8.1 | ASHA incentive for detection of leprosy | 1,000.00 | .00 | .00 |
| 94 | 3.1.1.4.8.2 | ASHA Incentive for PB (Treatment completion) | 800.00 | .00 | .00 |
| 95 | U.2.3.6 | Community Based Service delivery by AB-HWC ( Specialist On call) | 90,000.00 | .00 | .00 |
| | | **Total** | **4,64,42,314.00** | **2,44,39,329.00** | **52.62** |

**Service Delivery: Sub Centre**

| | |
|---|---|
| **Name of facility visited** | **SHC-HWC, Guradia Sanga** |
| **Whether the facility has been converted to HWC** | Yes |
| **Standalone/ Co-located** | Standalone |
| **Accessible from nearest road head** | Yes |
| **Date of Visit** | 23.09.2021 |
| **Next Referral Point** | Facility: PHC, Unhel / SDH Mahidpur<br>Distance: 18 kms. / 6 kms. |

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>1. List of Services available</td><td>OPD, ANC, PNC, NCD Screening, Management of minor injuries, POC diagnostic and imunization</td></tr>
<tr><td>2. Condition of infrastructure/ building<br><br>Please comment on the condition and tick the appropriate box</td><td>Comments: SHC is situated in the village. Building was renovated by Panchayat. Basic amenities are lacking.<br>☑24*7 running water facility (Yes, well)<br>☑ Facility is geriatric and disability friendly - Yes<br>☑Clean functional toilets available (separate Male &female) - No<br>☑ Drinking water facility available – (Yes, Directly from borewell, no water filter available at SHC)<br>☑ OPD waiting area has sufficient sitting arrangement - Yes<br>☑ ASHA rest room is available<br>☑Drug storeroom with rack is available<br>☑ Branding<br>☑ Specified area for Yoga / welfare activities<br>☑ Power backup (Solar system installed)</td></tr>
<tr><td>3. Biomedical waste management practices</td><td>Deep Burial Pit is used SHC</td></tr>
<tr><td>4. Details of HR available in the facility (Sanctioned and In-place)</td><td>
<table>
<tr><th>HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td>ANM/ MPW Female</td><td></td><td>0</td><td>0</td></tr>
<tr><td>MPW Male</td><td></td><td>0</td><td>0</td></tr>
<tr><td>MLHP/ CHO</td><td></td><td>0</td><td>1</td></tr>
<tr><td>ASHA</td><td></td><td>--</td><td>3</td></tr>
<tr><td>Others (Staff Nurse)</td><td></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<br>• Electronic Tablets with MPWs (ANM): ☑Yes/ ☐No<br>• Smart phones given to all ASHAs: ☐Yes/ ☒ No<br>• Internet connectivity: ☑Yes/ ☐No<br>Quality/strength of internet connection: Only Jio network,</td></tr>
<tr><td>6. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☑Yes/ ☐No<br>If yes, total number of drugs in EDL_59_____<br>EDL displayed in OPD Area: ☐Yes/ ☑No<br>No. of drugs available on the day of visit (out of the EDL) _20____<br>(No stock register maintained, indenting through E-Aushadhi)</td></tr>
<tr><td>7. Are anti-TB drugs available at the SHC?</td><td>☐Yes/ ☑No<br>If yes, are there any patients currently taking anti-TB drugs from the SHC? ☐Yes/ ☑No</td></tr>
<tr><td>8. 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>
</table>

| Indicator | Remarks/ Observation |
|---|---|
| 9. Drugs Available for Hypertension & Diabetic patients: | 1 Amlodipine 5mg<br>2 Metformin<br>3 Telmisartan 40 mg |
| 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<br>☐Minimal Shortage<br>☐Acute shortage |
| 13. Availability of: | • BP instrument: ☑Yes/ ☐No. If yes, Type: Digital<br>• Thermometer: ☑Yes/ ☐No (Digital)<br>• Contraceptives: ☑Yes/ ☐No. If yes, Type: OP,CC, Chhaya<br>• Glucometer: ☑Yes/ ☐No (Digital) |
| 14. Line listing of all Pregnant women in the area | ☑Yes/ ☐No<br>• High risk women identified: ☑ Yes/ ☐No<br>• MCP cards duly filled: ☐Yes/ ☑No |
| 15. Number of Maternal Death Review conducted | Previous year: 0<br>Current year: 0 |
| 16. Number of Child Death Review conducted | Previous year: 0<br>Current year: 0 |
| 17. Availability of vaccines and hub cutter | ☑Yes/ ☐No<br>• Awareness of ANM on vaccine schedule: ☑Yes/ ☐No<br>• 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<br>LBW babies: ☑Yes/ ☐No (List is not available at SHC) |
| 20. Line listing of all eligible couple in the area | ☑Yes/ ☐No (32 Eligible couples in catchments area) |
| 21. Availability of trained provider for IUCD/ PPIUCD | ☐Yes/ ☑No |
| 22. Please comment on utilization of other FP services | Most commonly condom and oral pills is used by eligible couples |
| 23. Number of individuals above 30 years of age in the HWC population | 14. |
| 24. Number of CBAC forms filled in last 6 months | 42 (Supply of CBAC form is not sufficient, all SHC staffs engaged in Covid vaccination since April, 2021 |
| 25. Report for number of individuals for whom CBAC form has been filled in last 6 months. | Score with below 4: 24<br>4 and above score: 18 |
| 26. Whether universal screening of NCD has started | ☑Yes/ ☐No |
| 27. Number of individuals screened for the following in last 6 months:<br>* This data pertained to period from the initiation when NCD screening started. (There are 40 NCD patient with previous history) | a. Hypertension: Screened 195<br>b. Diabetes: Screened 198<br>c. Oral Cancer: Screened 63<br>d. Breast Cancer: Screened 41<br>e. Cervical Cancer: Screened 44 |

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></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:<br>Medicines for Hypertension:<br>Medicines for Diabetes:<br>Medicines for Others:</td></tr>
<tr><td>29. Source of getting drugs/ medications for individual.<br>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:<br>From Linked PHC:<br>From other govt. facilities: (Specify)<br>From pvt. Chemist shop:<br>(Average OOP/month) :--</td></tr>
<tr><td>30. Status of use of:</td><td>• Tele-consultation services: Yes (Target of 30 calls/month)<br>• HWC App: Only OPD is reported<br>Details</td></tr>
<tr><td>31. Whether wellness activities are performed</td><td>☑ Yes/ ☐No :<br>Frequency: Weekly</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>1</td><td>2</td></tr>
<tr><td>Number of presumptive TB patients referred for testing</td><td>30</td><td>50</td></tr>
<tr><td>Number of TB patients diagnosed out of the presumptive patients referred</td><td>0</td><td>0</td></tr>
<tr><td>Number of TB patients taking treatment under the Sub centre area</td><td>0</td><td>0</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 not been given any kit. ASHA has joined few months ago. Still not received any training. CHO providing adequate guidance and support in preparing registers and record maintenance and supporting in ASHAs work.</td></tr>
<tr><td>• Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</td><td>not in supply this year</td></tr>
<tr><td>• ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher.<br>○ Average delay</td><td>No delay in ASHA payments. ASHAs getting Average Rs.2500/month</td></tr>
<tr><td>• ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment)</td><td>No. ASHAs need continuous orientation about maintaining records of services rendered by them properly in ASHA diary.</td></tr>
<tr><td>35. Number of Village Health & Sanitation days conducted in last 6 months</td><td>12</td></tr>
<tr><td>36. Incentives:</td><td>• Performance Incentives is disbursed to CHOs on monthly basis: ☑Yes/ ☐No<br>• Team-based incentive being disbursed for all HWC staffs: ☐Yes/ ☑No</td></tr>
</table>

| Indicator | Remarks/ Observation |
|---|---|
| 37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held) | 5 |
| 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<br>• Malaria cases: ☑Yes/ ☐No<br>• Palliative cases: ☐Yes/ ☑No<br>• Cases related to Dengue and Chikungunya: ☑Yes/ ☐No<br>Leprosy cases: ☐Yes/ ☑No |
| 40. How much fund was received and utilized by the facility under NHM? | Fund Received last year: 10000.00<br>Fund utilized last year: 10000.00 |
| | IEC, Repairs, equipments, furniture. |
| | Reasons for underutilization of fund (if any) |
| 41. Availability of ambulance services in the area | Available: Dial 108/ Janani Express). |
| • How many cases from the Sub Centre were referred to PHC in last month? | Number: 10 (Since Apri1, 2021)<br>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) CHO and ANM not staying at SHC-HWC | No residential facility, lack of basic amenities. |
| b) Bio-waste management in the village | Lack of trained staff, equipment and segregation. Community not aware about hygiene and related precaution. |
| c) Poor water quality | Water sources are contaminated with drainage water. Alternate sources required. |
| d) | |
| e) | |

**Service Delivery: Primary Health Centre/ Urban Primary Health Centre**

| | |
|---|---|
| **Name of facility visited** | **PHC-HWC, Unhel** |
| **Facility Type** | ☑ PHC/ ☐ U-PHC |
| **Whether the facility has been converted to HWC** | ☑ Yes/ ☐No |
| **Standalone/ Co-located** | ☑ Standalone/ ☐Co-located<br>Co-located with (if applicable): |
| **Accessible from nearest road head** | ☑ Yes/ ☐No |
| **Date of Visit** | 23.09.2021 |
| **Next Referral Point** | Facility: DH Ujjain<br>Distance: 30 kms. |

| Indicator | Remarks/ Observation |
|---|---|
| 1. OPD Timing<br>• 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)**<br>☐ Yes/ ☐No: NA |
| 2. Whether the facility is functioning in PPP mode | ☐ Yes/ ☑ No |
| 3. Condition of infrastructure/ building<br><br>Please comment on the condition and tick the appropriate box | Comments: Building constructed in 2017 on donated land. Have very small rooms. Old building in the same premises is in dilapidated condition. Two residential quarters are also not in good condition. There is encroachment on PHC land. No all around boundary wall for PHC.<br>☑ 24*7 running water facility – through school borewell<br>☑ Facility is geriatric and disability friendly (Ramps etc.)<br>☑ Clean functional toilets available (separate for Male and female)<br>☑ Drinking water facility available<br>☑ OPD waiting area has sufficient sitting arrangement<br>☒ ASHA rest room is available<br>☑Drug storeroom with rack is available<br>☑ Power backup – Not sufficient for all the areas of PHC<br>☑ Branding |
| 4. Number of functional in-patient beds | 10 Beds |
| 5. List of Services available | OPD, IPD, NCD screening and primary management, ANC, PNC, Delivery, Immunization (only birth dose), PPIUCD, General primary Emergency care<br>For other Gynaecological services refer to DH Ujjain. |
| 6. If 24*7 delivery services available | ☑ Yes/ ☐No |
| 7. Tele-medicine/Consultation services available | ☐ Yes/ ☑No |
| 8. Biomedical waste management practices | ☑ Sharp pit<br>☐ Deep Burial pit<br>Hoswin Bio Media Waste Management collects the BMW |
| 9. Details of HR available in the facility (Sanctioned and In-place)<br><br>DEO – 1 Outsourced | **HR** / **San.** / **Reg.** / **Cont.**<br>MO (MBBS) / / 2 / 1<br>MO (AYUSH) / / 0 / 0<br>SNs/ GNMs / / 1 / 0<br>ANM / / 1 / 1 |

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>
<table>
<tr><td>LTs</td><td></td><td>2</td><td></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 (BEE)</td><td></td><td>1</td><td>0</td></tr>
</table>
</td></tr>
<tr><td>10. IT Services</td><td>• Desktop/ Laptop available: ☑Yes/ ☐No<br>• All ANMs have functional Tablets: ☑Yes/ ☐No<br>• Smart phones given to all ASHAs: ☐Yes/ ☑No<br>• Internet connectivity: ☐Yes/ ☑No<br>Quality/strength of internet connection: _____</td></tr>
<tr><td>11. Kayakalp<br>None of the staffs are aware of Kayakalp programme including BEE</td><td>Initiated: Yes<br>Facility score:<br>Award received:</td></tr>
<tr><td>12. NQAS</td><td>Assessment done: Internal/State: No<br>Facility score: NA<br>Certification Status: NA</td></tr>
<tr><td rowspan="2">13. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☑Yes/ ☐No</td></tr>
<tr><td>If yes, total number of drugs in EDL 190_____<br>EDL displayed in OPD Area: ☑Yes/ ☐No<br>No. of drugs available on the day of visit (out of the EDL) 150_____</td></tr>
<tr><td>14. Implementation of DVDMS or similar supply chain management system</td><td>☑Yes/ ☐No<br>If other, which one_MP E-Aushadhi_____</td></tr>
<tr><td>15. Shortage of 5 priority drugs from EDL in last 30 days, if any</td><td>
<table>
<tr><td>1</td><td>Paracetamol</td></tr>
<tr><td>2</td><td>Doxycycline</td></tr>
<tr><td>3</td><td>Anti Rabies Immunoglobulin</td></tr>
<tr><td>4</td><td>Tetanus Toxoid</td></tr>
<tr><td>5</td><td>Tranexamic Acid</td></tr>
</table>
</td></tr>
<tr><td>16. Drugs Available for Hypertension & Diabetic patients:</td><td>
<table>
<tr><td>1</td><td>Almodipine 5mg</td></tr>
<tr><td>2</td><td>Almodipine 10mg</td></tr>
<tr><td>3</td><td>Metformin</td></tr>
<tr><td>4</td><td>Telmisartan</td></tr>
</table>
</td></tr>
<tr><td>17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days</td><td>
<table>
<tr><td>1</td><td>No</td></tr>
</table>
</td></tr>
<tr><td>18. Availability of Essential Consumables:</td><td>☐Sufficient Supply<br>☐ Minimal Shortage<br>☑ Acute shortage<br>In last 6 months how many times there was shortage - always_</td></tr>
<tr><td>19. Availability of essential diagnostics</td><td>☑In-house<br>☐Outsourced/ PPP<br>☐Both/ Mixed</td></tr>
<tr><td>• In-house tests</td><td>Timing: 9:00 am to 4:00 pm<br>Total number of tests performed: 18_____<br>Details of tests performed: MP-RD Kit, Hb-Digital, U-Albumin, U-Sugar, Blood Sugar, BP, sputum etc.</td></tr>
</table>

| Indicator | Remarks/ Observation |
|---|---|
| • Outsourced/ PPP | Timing:<br>Total number of tests performed: _____<br>Details of tests performed: |
| 20. X-ray services is available | ☐Yes/ ☑No<br>If Yes, type & nos. of functional X-ray machine is available in the hospital:<br>Is the X-ray machine AERB certified: ☐Yes/ ☐No |
| 21. Whether diagnostic services (lab, X-ray etc.) are free for all | ☐Free for BPL<br>☐Free for elderly<br>☐Free for JSSK beneficiaries<br>☑Free for all |
| 22. Availability of Testing kits/ Rapid Diagnostic Kits | ☐ Sufficient Supply<br>☑ Minimal Shortage<br>☐Acute shortage |
| 23. If there is any shortage of major instruments/ equipment | Haemoglobinometer, weighing machine - adult |
| 24. Average downtime of equipment. Details of equipment are non functional for more than 7 days | |
| 25. Availability of delivery services | ☑Yes/ ☐No |
| • If yes, details | Comment on condition of labour room: Well maintained & arranged<br>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☑ No |
| 26. Status of JSY payments | Payment is up to date: ☑ Yes/ ☐No<br>Average delay: 1-2 weeks for few cases<br>Payment done till: August, 2021<br>Reasons for delay: For making JSY payment, Samagra ID, Aadhaar and RCH IDs are required. The e-Vitta Pravah software matches all the identification data in three IDs and then payment is done. Non-matching of beneficiary details causes delay of 1-2 weeks. |
| 27. Availability of JSSK entitlements | ☑Yes/ ☐No : All the JSSK services are not available<br><br>If yes, whether all entitlements being provided<br>☑Free delivery services (Normal delivery/ C-section)<br>☒ Free diet<br>☑Free drugs and consumables<br>☑Free diagnostics<br>☒Free blood services<br>☑Free referral transport (home to facility) (Dial 108/104, Dial 100)<br>☑ Free referral transport (drop back from facility to home)<br>☑No user charges |
| 28. Line listing of high-risk pregnancies | ☑Yes/ ☐No |
| 29. Number of normal deliveries in last three month | 242 |
| 30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room | ☐Yes<br>☑No |
| 31. Practice related to Respectful Maternity Care | Yes |
| 32. Number of Maternal Death reported in the | Previous year: 0 |

| Indicator | Remarks/ Observation |
|---|---|
| facility | Current FY: 0 |
| 33. Number of Child Death reported in the facility | Previous year:0<br>Current year: 0 |
| 34. Availability of vaccines and hub cutter | ☑Yes/ ☐No<br>Nurses/ ANM aware about open vial policy: ☑ Yes/ ☐No |
| 35. Number of newborns immunized with birth dose at the facility in last 3 months | 242 |
| 36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled) | Yes |
| 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 and Staff nurse |
| 40. Please comment on utilization of other FP services | |
| 41. FPLMIS has been implemented | ☑ Yes/ ☐No |
| 42. Availability of functional Adolescent Friendly Health Clinic | ☐Yes/ ☑No<br>If yes, who provides counselling to adolescents: _____<br>Separate male and female counselors available: ☐Yes/ ☐No |
| 43. Whether facility has fixed day NCD clinic | ☑ Yes/ ☐No<br>If Yes, how many days in a week: _1_____ days |
| 44. Are service providers trained in cancer services? | ☑ Yes/ ☐No |
| 45. Number of individuals screened for the following in last 6 months:<br>Lat technician reported about NCD screening and testing done at PHC. There is only one bonded MO posted at PHC. | **Screened** / **Confirmed**<br>a. Hypertension: 1852 / 66<br>b. Diabetes: 1260 / 178<br>c. Oral Cancer: 0 /<br>d. Breast Cancer: 0 /<br>e. Cervical Cancer: 0 / |
| 46. Whether wellness activities are performed | ☑ Yes/ ☐No<br>Frequency: Weekly, but no records are maintained for activities |
| 47. Whether reporting weekly data in P and L form under IDSP | ☑Yes/ ☐No |
| 48. Distribution of LLIN in high-risk areas | No. of LLIN distributed per household: ☐1 per family/ ☐Others (Specify): Not distributed_____ |
| 49. Status of TB elimination programme | Facility is designated as Designated Microscopy Centre (DMC): ☑ Yes/ ☐No |
| | If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) 180_____ |
| | If anti-TB drugs available at the facility: ☑ Yes/ ☐No<br>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: |

| Indicator | Remarks/ Observation |
|---|---|
| | • investigations within public sector for TB testing? ☑Yes/ ☐No<br>• investigations within public sector for other tests? ☐Yes/ ☑No<br>• outsourced testing? ☐Yes/ ☑No |
| | Are all TB patients tested for HIV? ☑Yes/ ☐No<br>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<br>Out of those, how many are having Gr. II deformity:<br>Frequency of Community Surveillance: |
| 51. Maintenance of records on | • TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☑Yes/ ☐No<br>• TB Notification Registers: ☑Yes/ ☐No<br>• Malaria cases: ☑Yes/ ☐No<br>• Palliative cases: ☐Yes/ ☑No<br>• Cases related to Dengue and Chikungunya: ☐Yes/ ☑No<br>• Leprosy cases: ☐Yes/ ☑No |
| 52. How much fund was received and utilized by the facility under NHM? | Fund Received last year:<br>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<br>MCTS: ☐Updated/ ☑Not updated<br>IHIP: ☑Updated/ ☐Not updated<br>HWC Portal: ☐Updated/ ☑Not updated<br>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<br>☐PHC has contracted out ambulance services<br>☑ Ambulances services with Centralized call centre<br>☐Government ambulance services are not available |
| | Comment (if any): |
| • How many cases from sub centre were referred to this PHC last month? | Number: 0<br>Types of cases referred in: |
| • How many cases from the PHC were referred to the CHC last month? | Number: 0<br>Types of cases referred out: Delivery |
| 56. Key challenges observed in the facility and the root causes | |
| **Challenge** | **Root causes** |
| a) No monitoring and supervision at any level | Absence of policy for HWC management |
| b) RKS not functional | Lack of implementation of RKS guidelines |
| c) Outsourced staff not getting salary regularly | State has not released salary of outsourced staff in the PIP |
| d) 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. |
| e) | |

**Service Delivery: District Hospital/ Sub District Hospital**

| | |
|---|---|
| **Name of facility visited** | **District Hospital, Nagda** |
| **Facility Type** | ☐ DH/ ☑ SDH |
| **FRU** | ☐ Yes/ ☑ No |
| **Standalone/ Co-located** | ☑ Standalone/ ☐Co-located<br>Co-located with (if applicable): |
| **Accessible from nearest road head** | ☑ Yes/ ☐No |
| **Date of Visit** | 24.09.2021 |
| **Next Referral Point** | Facility: DH Ujjain<br>Distance: 55 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<br><br>Please comment on the condition and tick the appropriate box</td><td>Comments: New building complex of the SDH will be constructed. SDH has been shifted in BIMA hospital. All the services except OPD are affected</td></tr>
<tr><td>☑ 24*7 running water facility<br>☑ Facility is geriatric and disability friendly (ramps etc.)<br>☑ Clean functional toilets available (separate for Male and female)<br>☑ Drinking water facility available<br>☑ OPD waiting area has sufficient sitting arrangement<br>☒ ASHA rest room is available<br>☑Drug storeroom with rack is available<br>Power backup: ☑ Complete Hospital/ ☐ Part of the hospital<br>Last major renovation done in (Year): _</td></tr>
<tr><td>3. Number of functional in-patient beds</td><td>35<br>No of ICU Beds available: 5 (Not functional, trained staff unavailable)</td></tr>
<tr><td>4. List of Services available</td><td>Dialysis (on PPP), USG (on PPP), General Emergency, IPD, OPD, NRC, MCH, Immunization, FP, NBSU</td></tr>
<tr><td>• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</td><td>
<table>
<tr><th>Sl.</th><th>Service</th><th>Y/N</th></tr>
<tr><td>1</td><td>Medicine</td><td>N</td></tr>
<tr><td>2</td><td>O&G</td><td>Y</td></tr>
<tr><td>3</td><td>Pediatric</td><td>Y</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>Y</td></tr>
<tr><td>9</td><td>Imaging Services (USG)</td><td>Y</td></tr>
<tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td>N</td></tr>
<tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td>Y</td></tr>
<tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td>N</td></tr>
<tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td>N</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>
<table>
<tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td>N</td></tr>
<tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td>N</td></tr>
<tr><td>16</td><td>Labour Room Complex</td><td>Y</td></tr>
<tr><td>17</td><td>ICU</td><td>Y</td></tr>
<tr><td>18</td><td>Dialysis Unit</td><td>Y</td></tr>
<tr><td>19</td><td>Emergency Care</td><td>Y</td></tr>
<tr><td>20</td><td>Burn Unit</td><td>N</td></tr>
<tr><td>21</td><td>Teaching block (medical, nursing, paramedical)</td><td>N</td></tr>
<tr><td>22</td><td>Skill Lab</td><td>N</td></tr>
</table>
</td></tr>
<tr><td>5. Emergency</td><td>General emergency: Yes</td></tr>
<tr><td>6. Tele-medicine/Consultation services available</td><td>☐ Yes/ ☑ No E-Sanjeevani<br>If yes, average case per day_____</td></tr>
<tr><td>7. Operation Theatre available</td><td>☑ Yes/ ☐No<br>If yes,<br>Single general OT: Yes only for minor surgeries, LTT, CTT<br>Elective OT-Major (General): Yes<br>Elective OT-Major (Ortho): No<br>Obstetrics & Gynecology OT: No<br>Ophthalmology/ENT OT: Yes<br>Emergency OT: Yes</td></tr>
<tr><td>8. Availability of functional Blood Bank</td><td>☐ Yes/ ☑ No<br>If yes, number of units of blood currently available: _____<br>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<br>☐Free for elderly<br>☐Free for JSSK beneficiaries<br>☑Free for all</td></tr>
<tr><td>10. Biomedical waste management practices</td><td>1. Sharp pit<br>2. Deep Burial pit - Yes<br>3. Incinerator<br>4. Using Common Bio Medical Treatment plant<br>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></td><td></td><td></td></tr>
<tr><td rowspan="10">Specialists</td><td>Medicine</td><td></td><td></td><td></td></tr>
<tr><td>ObGy</td><td></td><td>1</td><td></td></tr>
<tr><td>Pediatrician</td><td></td><td>1</td><td></td></tr>
<tr><td>Anesthetist</td><td></td><td></td><td></td></tr>
<tr><td>Surgeon</td><td></td><td>1</td><td></td></tr>
<tr><td>Ophthalmologist</td><td></td><td></td><td></td></tr>
<tr><td>Orthopedic</td><td></td><td></td><td></td></tr>
<tr><td>Radiologist</td><td></td><td></td><td></td></tr>
<tr><td>Pathologist</td><td></td><td></td><td></td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Dentist</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>
<table>
<tr><td>Staff Nurses/ GNMs</td><td></td><td>6</td><td></td></tr>
<tr><td>LTs</td><td></td><td>1</td><td></td></tr>
<tr><td>Pharmacist</td><td></td><td>1</td><td></td></tr>
<tr><td>Dental Technician/ Hygienist</td><td></td><td></td><td></td></tr>
<tr><td>Hospital/ Facility Manager</td><td></td><td></td><td></td></tr>
<tr><td>EmOC trained doctor</td><td></td><td></td><td></td></tr>
<tr><td>LSAS trained doctor</td><td></td><td></td><td></td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>12. IT Services</td><td>• Desktop/ Laptop available: ☑Yes/ ☐No<br>• Internet connectivity: ☑Yes/ ☐No<br>Quality/strength of internet connection: Good</td></tr>
<tr><td>13. Kayakalp</td><td>Initiated: No<br>Facility score)<br>Award received:</td></tr>
<tr><td>14. NQAS</td><td>Assessment done: No<br>Facility score:<br>Certification Status:</td></tr>
<tr><td>15. LaQshya</td><td>Labour Room: 82%<br>Operation Theatre: No</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_217_____<br>EDL displayed in OPD Area: ☑Yes/ ☐No<br>No. of drugs available on the day of visit (out of the EDL) _____</td></tr>
<tr><td>17. Implementation of DVDMS or similar supply chain management system</td><td>☑Yes/ ☐No<br>If other, which one_MP E-Aushadhi_____</td></tr>
<tr><td>18. Shortage of 5 priority drugs from EDL in last 30 days, if any</td><td>
<table>
<tr><td>1</td><td>Azithromycin 500mg</td></tr>
<tr><td>2</td><td>Inj Anti D</td></tr>
<tr><td>3</td><td>Syp. Amoxicillin</td></tr>
<tr><td>4</td><td>Tab. Amoxicillin</td></tr>
</table>
</td></tr>
<tr><td>19. Availability of Essential Consumables:</td><td>☐Sufficient Supply<br>☑ Minimal Shortage<br>☐Acute shortage:<br>In last 6 months how many times there was shortage: __</td></tr>
<tr><td>20. Availability of essential diagnostics</td><td>☐In-house<br>☑Outsourced/ PPP<br>☐Both/ Mixed</td></tr>
<tr><td>• In-house tests</td><td>Timing: 24x7<br>Total number of tests performed: _____<br>Details of tests performed:</td></tr>
<tr><td>• Outsourced/ PPP</td><td>Timing:<br>Total number of tests performed: _____<br>Details of tests performed:</td></tr>
<tr><td>21. X-ray services is available</td><td>☑ Yes/ ☐No<br>If Yes, type & nos. of functional X-ray machine is available in the hospital:<br>Is the X-ray machine AERB certified: ☑Yes/ ☐No</td></tr>
<tr><td>22. CT scan services available</td><td>☐ Yes/ ☑ No</td></tr>
</table>

| Indicator | Remarks/ Observation |
|---|---|
| | If yes: ☐In-house/ ☐PPP<br>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<br>☐Free for elderly<br>☐Free for JSSK beneficiaries<br>☑Free for all |
| 24. Availability of Testing kits/ Rapid Diagnostic Kits | ☑Sufficient Supply<br>☐Minimal Shortage<br>☐Acute shortage |
| 25. Implementation of PM-National Dialysis programme | ☐Yes/ ☐No |
| | ☐ In-house<br>☑Outsourced/ PPP – Provided by CSR fund<br>Total number of tests performed: _215_____ |
| • Whether the services are free for all | ☐Free for BPL<br>☐Free for elderly<br>☐Free for JSSK beneficiaries<br>☑Free for all |
| • Number of patients provided dialysis service | Previous year_493 (10 patients)_____<br>Current FY__215 (10 patients)_____<br>**Calculate the approximate no. of patients provided dialysis per day*<br>***On average 4 patients provided with dialysis / day - 2*** |
| 26. If there is any shortage of major instruments / equipment | No |
| 27. Average downtime of equipment. Details of equipment are non functional for more than 7 days | 3-4 days. |
| 28. Availability of delivery services | ☑Yes/ ☐No |
| • If the facility is designated as FRU, whether C-sections are performed | ☑Yes/ ☐No<br>Number of normal deliveries performed in last month: 142_____<br>No. of C-sections performed in last month: _0_____ |
| • Comment on the condition of: | Labour room: Well Maintained<br>OT: Well maintained<br>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<br>Average delay:<br>Payment done till:<br>Reasons for delay: Payment declined by bank |
| 30. Availability of JSSK entitlements | ☑Yes/ ☐No (all JSSK services are not available)<br>If yes, whether all entitlements being provided<br>☑Free delivery services (Normal delivery/ C-section)<br>☑Free diet<br>☑Free drugs and consumables<br>☑Free diagnostics<br>☑Free blood services<br>☑Free referral transport (home to facility) |

| Indicator | Remarks/ Observation |
|---|---|
| | ☑ Free referral transport (drop back from facility to home)<br>☑No user charges |
| 31. PMSMA services provided on 9th of every month | ☑Yes/ ☐No<br>If yes, how are high risks identified on 9th? HRPW are listed as per the high risk criteria and advised for follow-up visit.<br>If No, reasons thereof: |
| 32. Line listing of high-risk pregnancies | ☑Yes/ ☐No |
| 33. Practice of Respectful Maternity Care | Yes, Staff nurses are trained |
| 34. Whether facility have registers for entering births and deaths | ☑Yes/ ☐No (Online Birth and Death Registration) |
| 35. Number of Maternal Death reported in the facility | Previous year: 01<br>Current year: 00 |
| 36. Number of Child Death reported in the facility | Previous year: 0<br>Current year: 0 |
| 37. If Comprehensive Abortion Care (CAC) services available | ☑Yes/ ☐No |
| 38. Availability of vaccines and hub cutter | ☑Yes/ ☐No<br>Nurses/ ANM aware about open vial policy: ☑Yes/ ☐No |
| 39. Number of newborns immunized with birth dose at the facility in last 3 months | 367 |
| 40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled) | 367 |
| 41. Status of functionality of DEIC | ☐Fully functional with all staff in place<br>☐ Functional with few vacancies (approx. 20%-30%)<br>☐Functional with more than 50% vacancies<br>☐Not functional/ All posts vacant |
| 42. Number of sterilizations performed in last one month | 110 |
| 43. Availability of trained provider for IUCD/ PPIUCD | ☑Yes/ ☐No |
| 44. Who counsels on FP services? | Female counsellor |
| 45. Please comment on utilization of other FP services | FP services are provided as per the choice of acceptor. However, female methods have more acceptance than male methods. |
| 46. FPLMIS has been implemented | ☑Yes/ ☐No |
| 47. Availability of functional Adolescent Friendly Health Clinic | ☐ Yes/ ☑ No<br>If yes, who provides counselling to adolescents: _____<br>Separate male and female counselors available: ☐Yes/ ☑No |
| 48. Whether facility has fixed day NCD clinic | ☑Yes/ ☐No<br>If Yes, how many days in a week: All 6 days |
| 49. Are service providers trained in cancer services? | ☑Yes/ ☐No |
| 50. Number of individuals screened for the following in last 6 months: | |

| | Screened | Confirmed |
|---|---|---|
| a. Hypertension | | |
| b. Diabetes | | |
| c. Oral Cancer | | |
| d. Breast Cancer | | |
| e. Cervical Cancer | | |

| Indicator | Remarks/ Observation |
|---|---|
| 51. Whether reporting weekly data in P, S and L form under IDSP | ☑Yes/ ☐No |
| 1. 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<br>If yes, are there any patients currently taking anti-TB drugs from the facility: ☑Yes/ ☐No |
| | Availability of CBNAAT/ TruNat: ☑Yes/ ☐No<br>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ |
| | Are all TB patients tested for HIV? ☑Yes/ ☐No<br>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: |
| 52. Maintenance of records on | • TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☑Yes/ ☐No<br>• TB Notification Registers: ☑Yes/ ☐No<br>• Malaria cases: ☑ Yes/ ☐No<br>• Palliative cases: ☐Yes/ ☑No<br>• Cases related to Dengue and Chikungunya: ☑Yes/ ☐No<br>• Leprosy cases: ☐Yes/ ☑ No |
| 53. How much fund was received and utilized by the facility under NHM? | Fund Received last year<br>Fund utilized last year |
| | Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Mostly for maintenance and sundry purchases |
| | Reasons for underutilization of fund (if any) |
| 54. Status of data entry in (match with physical records) | HMIS: ☑Updated/ ☐Not updated<br>MCTS: ☐Updated/ ☑Not updated<br>IHIP: ☑Updated/ ☐Not updated<br>HWC Portal: ☐Updated/ ☑Not updated<br>Nikshay Portal: ☑Updated/ ☐Not updated |
| 55. Frequency of RKS meeting (check and obtain minutes of last meeting held) | 1 / Year |
| 2. Availability of ambulance services in the area | ☑Own ambulance available<br>☐DH/ SDH has contracted out ambulance services<br>☑Ambulances services with Centralized call centre<br>☐ Government ambulance services are not available |
| • How many cases from referred to in last month? | Number:<br>Types of cases referred in: |
| • How many cases were referred out last month? | Number: 44<br>Types of cases referred out: |
| 3. Key challenges observed in the facility and the root causes | |
| **Challenge** | **Root causes** |
| a) SDH services are severely effected | SDH building construction started after 3 years of sanctioning of budget. SDH building is dismantled now. |

| Indicator | Remarks/ Observation |
|---|---|
| b) Administration | Nagda-Khachrod are twin blocks of Ujjain district. Health facilities are from two tehsils and tehsils are administratively under Sun divisional magistrate who is ex-officio chairman of RKS |
| c) PPP services established through CSR funds will be discontinued | SDH has been shifted to BIMA hospital, it has no infrastructure for services for ICU, Dialysis, USG |
| d) | |
| e) | |