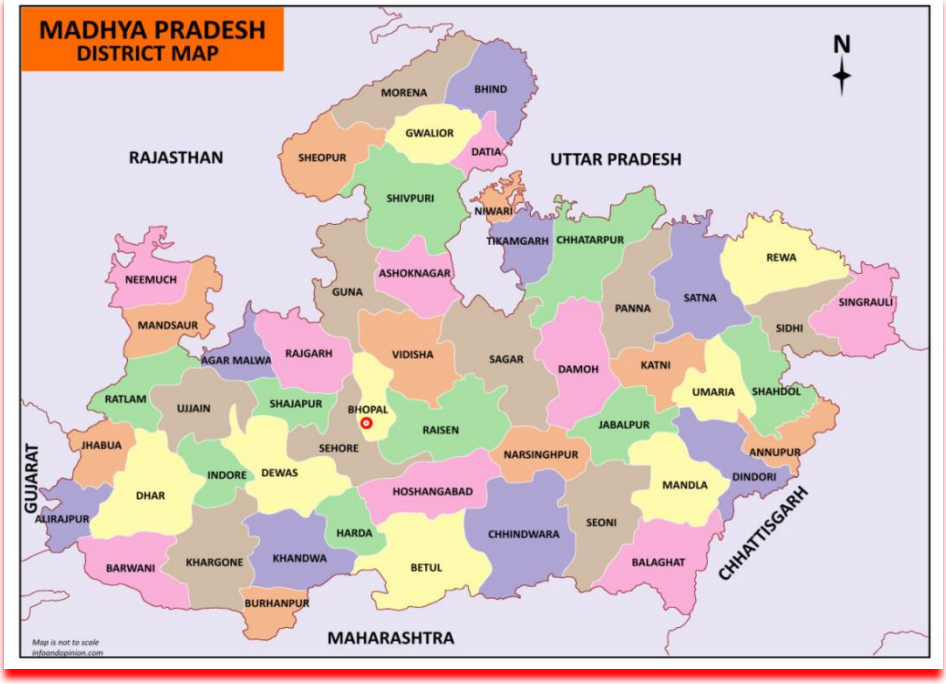
Report on Monitoring of Programme Implementation Plan Under National Health Mission 2021-22

District: Ashok Nagar

(Madhya Pradesh)



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Contents

	Executive Summary	1
A.	District Profile	4
B.	Overview DHAP	7
C.	Service Availability	7
D.	Implementation of CPHC	9
E.	Status of HRH	9
F.	State of Fund Utilization	10
G.	Status of Trainings	10
H.	Community Level	10
I.	Service Delivery :Sub Centre	11
J.	Service Delivery: Primary Health Centre	13
K.	Service Delivery :Community Health Centre (CHC)	15
L.	Service Delivery : District Hospital	19
	Action Point	22
	Annexure	23
	List of Acronyms	34
	Photographs of Health Facilities Visited	35

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

Executive Summary

For quality monitoring of Programme Implementation Plan (PIP) of NHM, the Ministry of Health and Family Welfare, Government of India, has assigned its 18 Population Research Centres (PRC) since 2012-13 in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2020-21, PRC Sagar is engaged in carrying out PIP monitoring in several districts of Madhya Pradesh. In this context a field visit was made to Ashok Nagar district in MP in second week of September, 2021 .The PRC team visited District Hospital (DH) Ashok Nagar, Community Health Centre (CHC) Ishagarh, 24*7 Primary Health Centre (PHC) Athaikheda and SHC Bamori Tal, which are functioning as delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socio economic, health and service delivery indicators of the state and Ashok Nagar District.

Monitoring included critical areas like maternal and child health, immunization, family Planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, MCTS and RCH portal data. The report provides insight based on observations and information collected from the service providers and programme managers during the visit to different health facilities in the district. The reference point for examination of issues and status was for the period April-August 2021-22 for all selected facilities. Checklists for different health facilities were used to ascertain the range of services available. During monitoring, exit interviews of recently delivered women were carried out at DH Ashok Nagar,CHC Ishagarh,PHC Athaikheda and SHC Bamhorital for delivery care ,ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received.

Some key observations:

In Ashok Nagar district DH, four CHC, ten PHC and ninety seven SHCs are functioning. An urban PHC had also been setup in January 2015 under urban health mission in Ashok Nagar town. Except 27 SHCs all health facilities are functioning from government building.

- It is observed that the distribution of health facilities in the the district is uneven.
- All the visited health facilities have adequate residential quarters, but the condition of residential quarters are not in good health. These have been constructed 3-4 kms. Away from the DH near CMHO office.
- DH premises have no boundary wall all around. A railway over bridge is being erected just in front of the main entrance of the DH. This has blocked the free movement of ambulance near hospital.
- There are 27 staff quarters for DH, and these situated three to four kms away from the DH premises.
- The maternity wing is established in the trauma center in the DH.
- DH Ashok Nagar has high patient load for both OPD and IPD. It is necessary to increase the bed capacity in DH.
- Overall 17 delivery points L3, eight L2 and seven L1 facilities each are functional in Ashok Nagar district. DH Ashok Nagar is functional as a 100 bedded hospital. CHC Isagarh has 30 bedded hospitals. The visited PHC Athaikheda is a six bedded PHC.
- There are 14 Ayurvedic dispensaries, 4 PHCs have AYUSH wing. Although AYUSH services are physically co-located with the health facilities. They report to the District AYUSH Officer (DAO). It is reported that their OPDs are fully integrated with the health facility.
- All the visited health facilities have power back up in the form of generator or inverter except SHC BamhoriTal.
- In DH Ashok Nagar most of the staff is working against their sanctioned post but CHC Ishagarh, PHC Athaikheda and SHC Bamhori Tal do not have the required staff as per sanctioned strength.
- In the DPMU, DPM M&E, DAM, and DCM, data entry Operator are in available.
- In DH Ashok Nagar surgery, medicine, emergency, ophthalmology, ENT services are available along with ancillary services of radiology, pathology etc. Facility of obstetrics and gynaecology, emergency and family planning services are also provided in separate wing in DH.
- EDL list has been displayed at the visited DH, CHC, and PHC. Majority of the essential drugs are available in all the visited health facilities.
- There is a computerized inventory management system in DH and CHC.
- Among the CEmOc visited facilities DH Ashok Nagar have the full range of services but the trauma centre is available only at the DH

- Pathological investigations are free for all the patients in government health care facilities. All the listed diagnostic tests are available at the DH.
- Line listing of severely anemic pregnant woman with HB 7 is being done and treatment of iron sucrose is being given them in all the visited health facilities.
- SNCU is fully functional in Ashok Nagar DH and NBSU in CHC Ishagarh. Three doctors and 17 SNs are working in Ashok Nagar. SNCU providing 24*7 services along with other supporting staff as per SNCU norms.
- There are 4 NRCs functional in Ashok Nagar district. DH and CHC are 20 bedded NRC. The number of SAM children admitted in the NRCs is fewer than the estimated number of AWWs and ASHAs for early identification of such children, especially among poor population with low nutritional status as essential.
- Immunization services are available in DH Ashok Nagar and CHC Ishagarh on daily basis and on fixed days in the periphery. VHND sessions are being held on regular basis for immunization of pregnant women and children.
- Ashok Nagar district is presently providing full range of family planning services at visited DH, CHC, PHC and all the other health facilities on the district.
- NCD clinic being held at the DH and NCD services are provided in all the CEmOc facilities through normal OPD with adequacy of medicines and essential drugs are available.

A. Assessment of District Profile

A.1 Introduction

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

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

A.2 The key socio-Demographic indicators

Key Socio-Demographic Indicators					
Sr.	**Indicator**	**MP**		**Ashok Nagar**	
		2001	**2011**	**2001**	**2011**
1	No. of Districts	45	50	-	-
2	No. of Blocks	333	342	4	4
3	No. of Villages	55393	54903	897	899
4	No. of Towns	394	476	4	4
5	Population (Million)	60.34	72.63	0.69	0.85
6	Decadal Growth Rate	24.3	20.3	23.2	22.7
7	Population Density (per ($Km^{2)}$	196	236	147	181
8	Literacy Rate (%)	63.7	70.6	62.3	66.4
9	Female Literacy Rate (%)	50.3	60.6		53.4
10	Sex Ratio	919	930	879	904
11	Sex Ratio (0-6 Age)	932	918	932	921
12	Urbanization (%)	26.5	27.6	--	18.2
13	Percentage of SC (%)	15.2	15.6	20.3	20.8
14	Percentage of ST (%)	20.3	21.1	8.8	9.7
Source: Census of India 2001, 2011 various publications, RGI.xx					

A.3 State and District Profile

Madhya Pradesh located in central India with 50 districts and 342 blocks has a total population of 72.52 millions (Census, 2011). The number of districts in Madhya Pradesh has since been increased to 51 after creation of Agar-Malwa district. Ashok Nagar district is located in the north-central part of Madhya Pradesh. The district came into being in 2003 after bifurcating Guna district. Ashok Nagar is bounded by Uttar Pradesh on the East, Guna on the West, Shivpuri in the North and Vidisha and Sagar in the South.

The district is a part of Gwalior division. It is approximately at a distance of 240kms from the state capital Bhopal and 235 kms from divisional head office, Gwalior.The district occupies 38th rank in the state in terms of area having 4674 sq.km. which is 1.51 percent of the total area of state. District is divided into 5 Tahsils (Ashok Nagar, Shadhora, Chanderi, Isagarh and Mungaoli), 4 CD Blocks, 4 Towns and 899 villages as per Census 2011. There are 335 Gram Panchayats under the revenue administration in the district. The district has a population of 0.85 millions of which 1.53 lakh (18.2 percent).comprise of urban population. It has a population density of 181 persons per sq. km as compared to 236 persons of M.P. The decal growth rate of population in the district has slightly decreased from 23.2 percent in 2001 to 22.7 percent in 2011 (Census, 2011).

Female literacy rate in the district is 53.4 percent according to census, 2011 which is lower than the average female literacy rate of the state (64 percent). The overall male-female ratio of Ashok Nagar is 904 females per thousand males in comparison to 930 per 1000 males for M.P. state, whereas child sex ratio (age 0-6 years) is 921 which is higher than the child sex ratio of the state (912/1000).

The latest round of Annual Health Survey (AHS) 2012-13, for M.P. reveals that MP has IMR of 62 per 1000 live births and neonatal mortality rate is 42 per 1000 live births. Maternal mortality ratio is 227 per one lakh live births which has reduced from 310 in 2010-11. There is an improvement in women receiving post natal care services within 48 hours of delivery and proportion of fully immunized children age 12-23 months in the state.

A.4 Mortality indicators:

	Indicator	**2010-11**	**2011-12**	**2012-13**
1	Infant Mortality Rate (per 1000 Live Births)	67	65	62
2	Neonatal Mortality Rate (Per 1000 Live Births)	44	43	42
3	Post Neonatal Mortality Rate (Per 1000 Live Births)	22	21	21
4	Maternal Mortality Ratio (Per 100,000 Live Births)	310	277	227
5	Sex Ratio at Birth	904	904	905
5	Postnatal Care received within 48 Hrs. after delivery	74.2	77.8	80.5
6	Fully Immunized Children age 12-23 months (%)	54.9	59.7	66.4
7	Unmet Need for Family Planning (%)	22.4	21.6	21.6
Source: Annual Health Survey Factsheet (M.P.), RGI				

Ashok Nagar district has one district hospital and two civil hospitals. Other health centers are functioning in the district are as follows.a.There are two community health centers operational in the district. b.There are 10 primary health centers functioning in the district.c.Sub centers 144 are working in the district.d.Urban Primary health center is one in the district. Other health units are shown in the table.

Health Infrastructure in Ashok Nagar District:

- Ashok Nagar district is providing health services in urban areas through DH Ashok Nagar and through 4 CHCs, 10 PHCs and 97 SHCs in rural areas and peripheries. Detailed health infrastructure in the district is given the table.

Existing Health Facilities and Health Facilities Visited		
Health facilities	**Number**	**Health facilities visited**
District Hospital	1	DH Ashok Nagar
Community Health Centres	1	CHC Ishagarh
Primary Health Centers	1	PHC Athaikheda
Sub Health Centres	1	SHC Bamhori Tal

B. Overview: DHAP

The district implementation plan for the current year is not made available to the PRC team and has also not submitted it to the state. It is told to the team that the district has not got any approved district health Action Plan from the state. The information date of release PIP 2021-22 is also not reported. The first installment of fund against DHAP is not reported to the team, Construction status during 2021-22 is also remained not reported.

C: Assessment of Service Availability

C.1 Assessment of service indicators

- Free medicine facility is available for all the patients in the district hospital.
- Diagnostic service is free facility for all patients in the district hospital.
- The list of all tests to be done in the pathology of the district hospital is attached list.
- Delivery facility is available is 22 sub center of the district.
- Only one sub center out of 22 has performed more than three deliveries per month.
- Eight PHC has more than 10 deliveries per month during 24*7.
- Four CHC has more than 20 deliveries per month.
- District hospital has more than 50 deliveries per month.
- There is no medical college in Ashok Nagar district.
- Ultra sound facility is available is at 8 places in public and private partnership within the district. All 8 ultra sound facilities are registered under PCPNDT act.
- PMSMS activities have performed every month on date 9th.
- RBSK- National child health program was assessed as follow-
- Total 9 RBSK team are working in the district.
- There are total 13 employees working in all 9 teams mentioned above.
- The above 9 teams have total 7 vehicle.
- On an average 2 teams works in each block.
- There is no block in which no team is working.
- Health checkup (screening) of more than 60 children is done by each team.
- No children born in delivery point's screen for defects of birth.

C.2 Assessment of Special New Born care Units (SNCU)

- SNCU: The assessment of SNCU is as follows—
- SNCU unit is working only in district hospital with 20 beds. It is also reported the SNCU unit is also having 3 kangaroo mother care unit.
- There are 10 radiant warmer out of 20 which are not working since one week.
- Even a single non functional phototherapy not found more than one week.
- It is reported 188 children born in SNCU unit and 317 children admitted from outside born.

- It is found 150 and 234 children discharged in born and outborn respectively.
- It is reported 16 and 19 children inborn and outborn referred to medical college.
- It is noted that 3 and LAMA was left SNCU from inborn and outborn respectively.
- It is reported 22 and 34 child death from inborn and outborn respectively.
- It is reported 234 infected children admitted by Nutrition Rehabilitation centre (NRC) during 2021-22(see details enclosed Table)
- It is reported that total 224 children referred by frontline workers, self VCDC/CTC,RBSK and pediatric ward, out of these 160 discharged and 13 referred to 10 medical college,8 children left hospital by LAMA.
- The information of ASHA about the service of maternal health and child health in give the table in view of holding no. of 870 kit, no. of ASHA having drug kit 972.

C.3 Vehicle Assessment for Referral Transport Facility

- Vehicle for Referral transport: It is reported 7 no. of basic life support (BLS) on the road and their distribution (Block wise number).
- There are also reported one advanced life support (on the road) is available in the district and their services are functional as per patient requirement.
- It is notated that operational agency is working under NGO.
- Different services of vehicle like average no. of call received per day, average no. of trips, per ambulance, average kms travelled per ambulance per day, not reported.
- State does notify a state mental health authority; hence the parameter related to this does not exist.

C.4 ASHA Assessment

- Payment Status: It is notated that ASHA is paid under the revised norms (A minimum of 300 Rs. Per visit) and also get patient incentives under NTEP programme Although ASHA do not get PF compensation and incentives.
- It is reported implemented National Vector Born Diseases Programme (micro and macro plan) is functional in the district in the following manor-
- Annual blood examination rate for last three years as 2019-113, 2020-99, and 2021-93 respectively.
- A large number 136850 is distributed LINN.
- It is reported that total 25 HC sites where RIS done, where as 4 BLOCK +1 DHQ of sites for anti-larval methods.
- The status of Implementation National Tuberculosis Programme is functional in the district and all the details with required parameter are sowing in the table.
- It is noted that implementation of National Leprosy Eradication Programme is functional in the district and all the details with required parameter are sowing in the table.

- Number of ASHA: It is noted that in the district required 921 ASHA as per population whereas selected 905 against ASHA.
- The district has reported social benefit scheme for ASHA and ASHA facilitators are fuctional with specified number in various scheme are given in table.
- 768 ASHA enrolled in PMJJBY,65 ASHA facilitators/Sahyogi enrolled in PMJJBY,786 ASHA enrolled in PMSBY, 64 ASHA facilitators enrolled in PMSBY,412 ASHA enrolled in PMSYMY, 55 ASHA facilitators enrolled in PMSYMY.
- It is noted that Mahila Arogya Samitis and Village Health Sanitation and Nutrition Committee are functional with good number.

D. Assessment of Implementation of CPHC status :

- It is reported that implementation of CPHC is functional and their number sowing in the table. Some important remarks about CPHC is given as—
- 545 patients screened and diagnosed of hypertension.
- Total number 279 reported diabetes patients.
- 3 patients reported by oral cancer while 2 and 13 reported by breast and cervical cancer.
- It is noted that 81 numbers reported of HWCs providing tele consultation services.
- It is also reported 81 HWCs organizing wellness activities.

E. Status of HRH (2021-22)

- Important highlight about HRH is given below:
- It is reported that 155 ANM working against 216 Sanctioned position.
- It is reported that 21 MPW (Male) are working against 96 sanctioned positions.
- It is noted that 144 staff nurse are working against 181 sanctioned positions.
- It is noted that 15 lab technician are working against 22 sanctioned positions.
- It is noted that 15 Pharmacist are working against 33 sanctioned positions.
- It is noted that 54 MO (MBBS) are working against 76 sanctioned positions.
- It is noted that no OBGY is working against 7 sanctioned positions.
- It is noted that 2 Pediatrician are working against 9 sanctioned positions. Not a single Anesthetist working against 6 sanctioned position.
- It is noted that one Surgeon is working against 8 sanctioned positions.
- It is noted that one Radiologist is working against one sanctioned position.
- It is noted that 6 Radiographer/ X ray technician are working against 9 sanctioned position.
- It is noted that 81 CHO/MLHP are working against 81 sanctioned positions.
- It is noted that one LSAS trained doctor is posted in FRU who perform c section.
- It is noted that one EmOc trained doctor is posted in FRU who perform c section.

F. Assessment of Fund

The total amount received and spent during financial year 2021-22 is as fallows----

- Rs. 11.56 crore was received under RCH and Health Systems Flexi pool like Maternal Health, HR, ASHA, Untied Fund etc. Out of which Rs.6.2 crore was utilized as on up to August 2021.
- Rs. 8.58 lacks were received under NUHM out of which Rs.1.0 lack was utilized as on up to August 2021.
- Rs. 49.18 lacks were received under Communicable Diseases pool like IDSP, NVBDCP, NLEP, and NTEP. Out of which Rs. 4.0 lacks were utilized as on up to August 2021.
- Rs. 17.21 lacks were received under Non-Communicable Diseases Pool like NPCB+VI, NMHP, NTCP, NOHP. No amount was spent from this amount as on up to August 2021.

G. Status of Training

It is noted that that the trainings of the following services has been conducted smoothly in the district -

1. NCD
2. SBA
3. COVID vaccination
4. ANMOL Training
5. CHO Training

H. Community Level Assessment

H.1 Service indicators:

- It is found that the people living in rural areas are preferred to be treated in the Govt. hospital. They do not give priority to the private hospital due to their weak economic condition. After discussing with the public, some important facts are noted. The quality and reliability in the services and management of government hospitals are bigger than before. The public seem to be satisfied with the services of government hospital.

- After discussions with the community and canter in-charge, it is found that the availability of staff is not sufficient. The villagers are found satisfied with the services and behaviour of the staff available in the centre.

- It was found that ASHA performs a constant door-to-door visit.
- Villagers have become aware of the seriousness of narcotics, tobacco and, alcohol.
- Most villagers use clean water and clean toilets.
- Medicine check-ups and referral transportation facilities are available at the centre.
- According to the villagers, no money is spent in the government hospital.
- ASHA workers are serving with knowledge and skills.
- It is seen that the ASHA maintains a good relation with the villagers.

- Screening for common NCD are referred to the district hospital Ashok Nagar and Sahdora for treatment.
- For other diseases the referral is made to the District hospital Ashok Nagar.

H.2 Assessment of Challenge and Root causes:

Challenge	Root Causes
A. The delivery points should be made functional in the sub centre, as per community demand.	A. The district hospital should take initiative for establishment of delivery centres.
B. Transportation facility is not enough. Frequency is very less.	B The frequency of the transport facility should be increased.
C. It is reported that sometimes, salary is not paid on time.	C.District health Administration should make arrangement to pay salary on time.
D. It is reported that sometimes the beneficiaries do not get money due to some technical reason.	D.District health administration should develop a mechanism so that the beneficiaries can get the money on time.
E. It was said by the community to increase the number of ASHA worker.	E. Community opinion should be considered.

I. Assessment of Service Delivery Sub Centre Bamhori Tal

- It is noted that as per the IPHS, and National Health Programme norms, the services like ANC, OPD, tale medicine, Family Planning, Immunization, and HWC services are functional effectively.
- Some other information regarding services at this sub centre are given below-

a. The condition of the building of the centre is found in a good position
b. 24*7 running water facility is available.
c. Facility is geriatric and disability friendly
d. Drinking water facility is available.
e. OPD waiting area has sufficient sitting arrangement.
f. It is reported that ASHA has no rest room.
g. Specified area for Yoga/welfare activities is available.

- The Centre has one ANM, one CHO, one MPW and one ASHA working.
- It is reported that the IT services like laptop with CHO and Electronic Tablets with ANM are required.
- No internet connectivity facility is available at the sub centre.
- Anti TB drugs are not available in the centre.
- There are five drugs that are not available there for the last 30 days are given below---

1.Amoxyclav
2.Cetrizine
3.Methyldopa
4.Cipro TZ 500 mg
5.Eye Drops

- Hypertension and Diabetes patients drugs are available in the centre as follows-

  1.Amlodipine 5mg

  2.Telmisartan 40mg

  3.Metformin 500 mg
- Medicines listed below are not available which are used for hypertension and diabetes, for last seven days-

  1.Amlodipine 300mg

  2.Telmisartan 40mg

  3.Metformin 300mg
- It is reported that the Medicine kits/Rapid Diagnostics are available and it is reported that the shorted is minimal.
- Sub center has BP instruments, Thermometer, Glucometer machine for diagnostic of respective patient.
- Identification of high risk women is done by ANM successfully.
- The MCP card is properly filled by ANM.
- Maternal death is not reported in current year and previous year.
- Child death is also not reported in the current year and previous year.
- It is reported that the vaccines and hub cutter is not available at the centre.
- Micro plan is available for immunization at the centre.
- It is reported that the discharged children from SNCU are not followed up by ANM and ASHA.
- ASHA makes list of all eligible target couples.
- It is found that the universal screening of NCD has started.
- The data reported for individual screen for hypertension, diabetes, oral cancer, breast cancer, and cervical cancer are given as follows--

	Screened	Confirmed
a. Hypertension	660	418
b. Diabetes	660	318
c. Oral Cancer	660	0
d. Breast Cancer	290	0
e. Cervical Cancer	290	0

- All medicines are distributed by ANM and CHO.
- The wellness activities like yoga, meditation are found functional in the sub center.
- IDSP form and S form are to be filled by the ANM.
- In total 4 TB patients have been identified in last year.
- The ASHA has both HBNC kit and Drug kit.

- It is reported that the incentives of ASHA are not proper functional due to some reason.
- Untied fund Rs. 20000 was received in the last year which has been fully utilized.
- Ambulance (108) facility is available inside the sub center.
- 19 covid patients were referred from sub center to PHC.

I.1 Assessment of Challenges and root causes:

Challenges	Root Causes
A. All medical equipments are not available as per centre requirement.	A. All necessary medical equipments should be provided as per the demand by the sub centre.
B. The additional space for yoga wellness facility is required.	B. Action should be taken for development of yoga location facility.
C. ANM's are not aware of all the features of ANMOL tab.	C. Full training of ANMOL tab should be given for ANM worker.
D. A delivery point at the centre is needed.	D. Delivery point should be created as per the demand by the community.
E. The sub centre has no wall; All feel the need for it from the security point of view.	E. Action should be taken to build boundary wall.

J. Service Delivery: Primary Health Centre Athaikheda

J.1 Assessment of Service indicator:

- Athaikheda PHC is running with building in a good condition with six beds. The OPD timing is between 9 am to 4 PM under PPP model.

  The basic infrastructure of PHC is observed as follows-

- Running water facility is available during 24*7.
- Geriatric and disability facility is available.
- OPD waiting area has a sufficient sitting arrangement.
- ASHA rest room is not available.
- Drug storeroom with racks is not available.
- Power backup is available.
- OPD, IPD, delivery services, immunization, emergency and referral services are found in the centre.
- Delivery services are functional during 27*7.
- Tele-medicine/consultation services are not available.

Details of HR available in the facility are showing in the following table-

J.2 Human Resources and other services indicator details:

HR	Sanctioned	Regular	Contractual
MO (MBBS)	-	1	1
MO(AYUSH)	-	-	-
SNs/GNMs	-	1	-
ANM	-	2	2
LTs	-	1	-
Pharmacist	-	-	-
Public health Manager (NUHM)	-	-	-
LHV/PHN	-	-	-
Others (MPW)	-	1	-

- Basic IT services like Desktops/Laptops are available.
- Smart phones have not been given to ASHA.
- Kayakalp and NQAS programme are not running in the PHC.
- Drugs for Hypertension and Diabetes are available with names as given-

1. Amlodipine 5 mg
2. Metoprol 25 mg
3. Labetalol
4. Metforain
5. Januvia 25 mg

- In the centre the ten types of diagnostic test like HB, HIV, Blood group, urine album, sugar etc. are available.
- X-ray services are not functional at PHC.
- Diagnostic services are free for all patients.
- Availability of testing kits/Rapid Diagnostics is found in sufficient number.
- The shortage of equipment like Nebulizer, Autoclave, Thermo scanner, and pulse ox meters is reported at the centre.
- Delivery services in the centre are functional.
- The payment of JSY beneficiary is usually done on time but sometimes the transaction is not done due to non availability of bank accounts.
- The scheme of JSSK is executed with all the specific parameters (all entitlements being provided like free delivery, free drug, free referral transport etc.)
- High risk pregnant women are identified.
- All types of trainings are done.
- No maternal death is reported in the current year and the previous year.
- There are 4 and 5 child deaths (still birth) reported in the previous and current year respectively.
- Vaccines and hub cutter are available in the center.
- Total no. of 113 newborn babies has been vaccinated in the last three month.
- The mother is counseled to feed the baby within the one hour of birth.
- It is reported that no sterilization was performed in last one month.
- The IUCD training is given to the relevant staff.
- Family planning counseling is done by ASHA, ANM, and MPW.
- Family planning training should be given for new staff too.
- Availability of functional adolescent friendly health clinic is working smoothly.
- Adolescents are counseled by ANM and MPW.
- NCD clinic are held on two fixed days.

- There is no trained doctor available for cancer disease.
- In the last six months 120 and 10 patients have been screened for hypertension and diabetes respectively in which 120 and 10 ware conformed for the same.
- No oral cancer, breast cancer, cervical cancer patients are found within last six month.
- It is found that the wellness activity is conducted for two days during a week.
- It is noted that the weekly entry of data is done in P and L format under IDSP.
- TB elimination programme is conducted at the centre, as per the standard norms.
- No record is updated except TB notification register.
- Rs. 87500 have been received during last year under NHM scheme and all of it has already been spent.
- Data entry is done in HIMS, MCTS, ANMOL and HWC portal.
- The information about the meeting of RKS is not provided.
- Services are running on the basis of self and centralized call centre in PHC.
- Data is not reported for referral cases to PHC in the last month.

J.3 Assessment of Challenges and Root Causes:

Challenge	Root Causes
A. Building capacity for patients is low.	A. Building extension required, Its action should be taken from the district health administration.
B. There is difficulty in communicating due to lack of approach road to the building.	B. The approach road to the building should be constructed immediately.
C. Daily basis employees are facing some problems with money in view of lack amount.	C. District health department should consider their demand.
D. Internet connectivity problem is reported.	D. Infrastructure should be increased in terms of internet connectivity.
E. Shortage of overall staff has been reported.	E. Staff should be filled as required by the centre.

K. CHC Ishagarh Assessment

K.1 Service indicator assessment:

- Isagarh CHC has an old building, which is not in a very good condition.
- Its OPD timing is 9AM to 4 PM.
- It is observed that the CHC is operating with the following facilities-

1. Running water facility is available during 24*7 hours.
2. Clean toilets are available for both male and females separately.
3. OPD waiting area has sufficient sitting arrangement.
4. ASHA rest room is available.
5. Drug storeroom with racks is available.
6. There is a power backup facility inside the entire hospital.

- CHC is functional with 30 beds under all basic services including OPD, IPD, emergency, MCC ,PM ,NRC, JSY, OT, Family Welfare, and eye OPD etc.
- Specialized doctors including medicine, OBG, Pediatric, General Surgery, Anesthesiology, Ophthalmology and dental are not available, all the post of the above specialized doctor are vacant. The above post should be filled soon for smooth running of the hospital.
- 24*7 hours emergency services are available in the hospital out of which Triage and stabilization services are provide.
- Tele medicine/consultation services are not available.
- Major operation theatre is available.
- Blood storage unit is not functional.
- Deep Burial pit is available as medical waste management practice.

Details of HR available in the facility is given below—

K.2 Human Resource Details:

HR	Sanctioned	Regular	Contractual
MO(MBBS)	2	0	1
Medicine	1	0	0
ObGy	1	0	0
Pediatrician	1	0	0
Anesthetist	1	0	0
Dentist	0	0	0
SNs/GNMs	6	5	0
LTs	2	1	1
Pharmacist	1	1	0
EmOc trained doctor	1	0	0
LSAs trained doctor	1	0	0

- Against all the 17 sanctioned HR, only 9 posts are filled including regular and contractual positions. It is reported that the most of these posts are vacant.
- It is recommended that these posts should be filled immediately, so that the medical service can run smoothly.

K.3 Infrastructure Assessment

- It is noted that the CHC is functioning with the basic IT services like Desktop, Laptop, internet connectivity,
- Kayakalp score is 72 percent so not eligible for award.
- LaQshya and NQAS programme do not run in CHC.
- 150 types of medicines were available in the hospital at the time of the visit.
- It is observed that the implementation of DVDMS or similar supply chain system is functional in the CHC,
- It is observed that the following five medicines are not available at CHC.

1.Syp. Zink sulfate

2. Syp. Atarax

3.Tab. Aspirin

4.Tab.Labetalol

5.Tab.Isosorbide

- X ray services are available with AERB certified.
- Lab, X ray, USG etc diagnostic services are free for all patients.
- All types of testing kits/Report diagnostic kits are available in sufficient quantity as per demand.
- The main equipment shortage are as follows CBC machine, Auto analyger, pulse oximeter.
- Labour room condition is good.
- Beneficiary under JSY get payment on time.
- JSSK scheme is dully running in CHC with all essential services like free delivery services, free diet, free drugs, free diagnostic free referral.
- It is observed that the PMSMA services are functional. It is provided on every date on 9th of every month.
- High rick pregnant women are identified for safely purposes.
- No maternal deaths are found in the current and previous year.
- Number of child deaths in the current year is reported as 18, previous year child death are not reported.
- It is noted that the comprehensive abortion care service is available in the CHC.
- It is noted that the 290 newborns children were immunized with birth doses at the facility in the last three months.
- It is noted that the beneficiaries are counseled to breast feed within one hour for the good health of the child.
- It is observed that the 21 sterilizations were performed within the last month.
- Trained provider for IUCD/PPIUCD is available.
- Family planning counseling services are provided by doctors, staff nurse, ANM, BEE, and ASHA etc.

K.4 Assessment of Challenges and Root Causes:

Challenge	Root Causes
A. There is ashortage of human resources.	A. Vacancies should be filled soon.
B. Work load is high due to the lack of HR	B. HR gap must be met.
C. There is a shortage of skill employees in the CHC.	C. Employees should be given skill development trainings.
D. ANMs are not aware of all version of ANMOL TAB.	D. There should be a regular training for ANM of ANMOL version.
E. Irregularity has been observed in the transaction of the JSY and PSY.	E. Arrangements for payment to beneficiary of JSY, PSY should be simplified

L. District Hospital

L.1 Assessment of facility and infrastructure indicators:

- The old building of the district hospital is now upgraded after being renovated.
- It is also observed that DH is operated with the following facilities.

1. Running water facility is available during 24*7 hours.
2. Facility is geriatric and disability friendly.
3. Clean functional toilets are available.
4 .OPD waiting area gets sufficient sitting arrangement.
5. ASHA rest room is not available.
6. Drug storeroom with racks is also available.
7. Power backup facility is inside the entire hospital.

- The district hospital has 300 beds with 20 ICU beds.
- All necessary facilities are functional and most of them are available in the district facilities like OPD, IPD, NCD, ANC, PNC, SNCU, Delivery, Eye OPD and FP etc.
- Important services are provided in the DH such as Medicines, Pediatric, ONG, General surgery, Anesthesiology, Ophthalmology, Dental, X-ray, USG, NRC, SNCU, ICU, and emergency units are also working.
- Three types of primary services like Triage, Resuscitation and stabilization are provided in the emergency of the DH.
- Tele medicine services are available in the DH.
- The operation theatre in the district hospital is operated with the following manner.

  Single general OT

  Elective OT-major (general)

  Elective OT-major (Ortho)

  Obstetrics & Gynecology OT

  Ophthalmology/ENT OT

  Emergency OT

- 40 units of blood bags are available in the DH. In which 226 people were given the blood facility in the last month. It is worth mentioning that blood facility is provided free of cost to all patients.

L.2 HR and Other relevant Details:

HR	Sanctioned	Regular	Contractual
Medicine	2	-	-
ObGy	3	-	-
Paediatrician	6	1	-
Anaesthetist	2	-	-
Surgeon	2	1	-
Ophthalmologist	1	-	-
Orthopaedic	1	-	-
Radiologist	1	1	-
Pathologist	2	1	-
Dentist	1	1	1
Staff Nurses/GNMs	75	68	7
Pharmacist	5	3	-
LTs	6	2	-
Dental Technician/Hygienist	1	-	-
Hospital/Facility Manager	1	1	-
EmOc trained doctor	1	1	-
LSAS trained doctor	1	1	-
Others	-	-	-

- The total sanctioned post of specialist in the DH is 22, out of which only 5 are filled including regular and contractual positions. One dental specialist post in the DH is also sanctioned but there are only two dental specialists working in the hospital under regular and contractual mod.
- There are 75 staff nurse posts sanctioned out of which all 75 are working in regular cum contractual mod.
- Other staff information like pharmacist, dental, facility manager etc. shown in the above table.
- All IT services like Desktop, Laptop, and internet connectivity are available in DH.
- LaQshya programme is functional with labor room and operation theatre facilities.
- All essential drugs are available in the DH.
- It is reported that the DVDMS supply chain management system is implemented. Essential diagnostic services are available in the hospital.
- X ray machines with the capacities of 300 MA X-ray machines (three) and 60MA X-ray machine (one) are available in DH.
- CT scan services are not available in the DH.
- The Diagnostic services are free for BPL, elderly and JSSK.
- Testing kits are available in sufficient quantity.
- Dialysis services are free for BPL, elderly and free for JSSK beneficiaries.
- There are 898 and 443 patient provided dialysis service in the previous and current years respectively.
- There is no shortage of major instruments/equipment.

- Operation is done for delivery in the hospital (C section) under designated as FRU.
- The number of normal deliveries, in DH is 462, and the number of deliveries under C section performed in last month is 48 respectfully.
- The condition of labour room and OT is good in district hospital, along with this it is reported that the new born care corner is also functional.
- Under the programme of JSSK, the beneficiaries get the following services free of cost.

  Free delivery services

  Free diet

  Free drugs and consumables

  Free diagnostics

  Free blood services

  Free referral transport
- The PMSMA services are provided on the 9th day of every month.
- High risk women identification is done.
- The birth and death registrations take place in the DH.
- Three maternal death are reported in the previous year and in the current year also the three maternal deaths are reported.
- The district hospital has reported 35 and 22 child deaths including still birth respectively in the previous and current year.
- The abortion care services are available in DH.
- The vaccine and hub cutter is available. The ANMs and Nurses are aware about the open Vial policy.
- Trained provider for IUCD/PPIUCD is available in DH.
- Functional adolescent friendly health clinic is available in DH.
- NCD clinic works all seven days in DH.
- There is no trained provider for cancer service.
- It is reported that Hypertension ,Diabetes, oral cancer, Breast cancer and Cervical patients was screened as 418, 435, 3, 15 and 7 have been screened in last 6 months, out of which 29, 33, cases of hypertension and diabetes have been confirmed.
- There is a weekly reporting of all IDSP, P, S, and L forms.
- TB elimination programme is running within the district under certain standard parameter, as per schedule. There are 2239 TB patients samples have been collected in the last six months (on an average). The CBNATT/Tru Not is not available in DH.
- All TB patients undergo HIV and diabetes tastes.
- The proper record is maintained for the following—

a. TB treatment card case
b. TB notification register
c. Malaria cases
d. Leprosy cases
e. Dengue and Chikungunya

- In last year Rs.2790315 fund has been received out of which Rs.2431804 (86.85%) have been utilized.
- It is verified that the up to date entry have already being uploaded in the HIMS, MCTS, and Nikshay portal.
- In the last month 76 cases were referred from the district hospital.

L.3 Assessment of Challenges and Root causes:

Challenge	Root Causes
A. District hospital building is very old with a broken boundary wall.	A. Major renovation is required
B. The district hospital is situated in a high density population area, It is observed that one side of which is Railway line and in other side encroachment is there, so no space of building extension.	B. District hospital officials are recommended that the DH should be outside the city in a new location.
C. Skilled manpower is lacking in the district hospital, so that the efficiency effected in work.	C. Proper training planning is highly desirable for DH ,HR at all levels.
D. CT scan is not available in the district hospital, while this is very important equipments in the current situation.	D. It should be installed on an urgent basis wherever needed.
E. According to the district population load, it is necessary to have a 400 bedded hospital.	E. Action plan should be made for a 400 bedded hospitals.

Action taken points /Recommendations:

1. The district hospital is situated in a high density area, one side of which is railway lines and another side encroachment is there. So, no space of extension is available. The CMHO has demanded to locate the DH in a new location, outside the city, so that the pollution free and eco-friendly environment and desired capacity for patients may become available.
2. The sufficient space is not available in DH. Also the existing building is very old so a major renovation is needed.
3. Skilled manpower also lacks in the DH, CHC, PHC and Sub centres. So the efficiency is affected. Proper training is highly desirable at all levels.
4. The IT infrastructure is also reported very poor so it should be upgraded.
5. The most of the sanction posts of doctors in the DH are vacant as per the details showing in HR Table. The vacant posts should be filled as early as possible so that the medical facility is performed as per standard health norms in the district. The other medical supporting staffs in the district are also showing in poor number, against the sanctioned posts. It should be filled immediately.
6. As per the demand the budget is not allotted. So it is recommended that the budget should be allotted as per demand.
7. It is recommended that the CT-Scan machine is not available, so it should be installed on an urgent basis wherever needed.
8. It is also recommended that the proper training should be given to ANM for operating ANMOL Tab.
9. As per community demand the delivery centres should be developed in all unites, like CHC, PHC, Sub canters of the district.
10. The quarters of doctors in campus are available, but these are very old and less in number. So it is recommended that these must be renovated.

A. District Profile for PIP Monitoring

Indicator	Remarks/ Observation
1. Total number of Districts*	01
2. Total number of Blocks*	4
3. Total number of Villages*	832
4. Total Population *	944862
• Rural population*	858072
• Urban population*	86390
5. Literacy rate*	67.9
6. Sex Ratio*	889/1000(NFHS-4)
7. Sex ratio at birth*	942/1000(NFHS-4)
8. Population Density*	
Data provide from Census 2011 of Respective district.	
9. Estimated number of deliveries (2021-22)	27000
10. Estimated number of C-section (2021-22)	810
11. Estimated numbers of live births (2021-22)	26312
12. Estimated number of eligible couples (2021-22)	160558
13. Estimated number of leprosy cases (2021-22)	
14. Target for public and private sector TB notification for the current year (2021-22)	2700
15. Estimated number of cataract surgeries to be conducted (2021-22)	6800

16. Mortality Indicators:	**Previous year**		**Current FY**	
	Estimated	**Reported**	**Estimated**	**Reported**
• Maternal Death		21		18
• Child Death		68		29
• Infant Death				
• Still birth				
• Deaths due to Malaria		0		0
• Deaths due to (Male + Female) sterilization procedure		0		0

17. Facility Details (2021-22)	**Sanctioned/ Planned**	**Operational**
1. District Hospitals	1	1
2. Sub District Hospital	2	2
3. Community Health Centers (CHC)	2	2
4. Primary Health Centers (PHC)	10	10
5. Sub Centers (SC)	144	144
6. Urban Primary Health Centers (U-PHC)	1	1
7. Urban Community Health Centers (U-CHC)	0	0
8. Special Newborn Care Units (SNCU)	1	1
9. Nutritional Rehabilitation Centers (NRC)	4	4
10. District Early intervention Centers (DEIC)	1	1
11. First Referral Units (FRU)	1	1
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	1	1
14. No. of PHC converted to HWC	10	10
15. No. of U-PHC converted to HWC	1	1
16. Number of Sub Centre converted to HWC	128	81
17. Designated Microscopy Center (DMC)	1	0

18. Tuberculosis Units (TUs)	5	5
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	2	2
22. Institutions providing Comprehensive Abortion Care (CAC) services • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services	 5 4 1	

A. 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 PIP 2021-22***
3. Date of release PIP (2021-22)	
4. Date of release first installment of fund against DHAP	
5. Infrastructure: Construction Status (2021-22)	
• Details of Construction pending for more than 2 years ***(Provide list)***	0
• Details of Construction completed but not handed over ***(Provide list)***	0

B. Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all) **Yes/No**	Yes
2. Implementation of diagnostic services (if it is free for all) **Yes/No** • Number of lab tests notified ***(List of Test)***	Yes
3. Status of delivery points in the District (2021-22)	22
• No. of SCs conducting >3 deliveries/month	1
• No. of 24X7 PHCs conducting > 10 deliveries /month	8
• No. of CHCs conducting > 20 deliveries /month	4
• 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	0
• No. of Medical colleges conducting C-section	0

Indicator	Remarks/ Observation	
4. Number of institutes with ultrasound facilities (Public+Private)	8	
• Of these, how many are registered under PCPNDT act (Pre-Conception and Pre-natal Diagnostic Technique Act-1994)	8	
5. Details of PMSMA activities performed (Pradhan Mantri Surakshit Matritva Abhiyan)	Organized on date 09 of every minth	
6. RBSK (Rashtriya Bal Swasthya Karyakram)		
• Total no. of RBSK teams sanctioned	9	
• No. of teams with all HR in-place (full-team)	13	
• No. of vehicles (on the road) for RBSK team	7	
• No. of Teams per Block	2	
• No. of block/s without dedicated teams		
• Average no of children screened per day per team	60	
• Number of children born in delivery points screened for defects at birth	0	
7. Special Newborn Care Units (SNCU) both DH & Medical College in the district (2021-22)	1	
• Total number of beds ▪ In radiant warmer ▪ Stepdown care ▪ Kangaroo Mother Care (KMC) unit	20 20 0 3	
• Number of non-functional radiant warmer for more than a week	10	
• Number of non-functional phototherapy unit for more than a week	0	
	Inborn	**Out born**
• Admission	188	317
• Defects at birth	21	
• Discharged	150	234
• Referral	16	19
• LAMA	3	8
• Died	22	34
8. Newborn Stabilization Unit (NBSU) in the district (2021-22)	1	
	Inborn	**Out born**
• Admission		
• Discharged		
• Referral		
• LAMA (Left Against Medical Advice)		
• Died		
9. Nutrition Rehabilitation Centers -NRC (2021-22) Total district data		
• Admission ▪ Bilateral pitting oedema ▪ MUAC<115 mm ▪ <'-3SD WFH ▪ with Diarrhea ▪ ARI/ Pneumonia ▪ TB	 14 70 3 22 0 0	

Indicator	Remarks/ Observation
▪ HIV ▪ Fever ▪ Nutrition related disorder ▪ Others	0 0 29 86
• Referred by ▪ Frontline worker ▪ Self ▪ Ref from VCDC/ CTC ▪ RBSK ▪ Pediatric ward/ emergency	 177 6 0 15 26
• Discharged	160
• Referral/ Medical transfer	13
• LAMA	8
• Died	0
10. Home Based Newborn Care (HBNC)	0
• No. of ASHA having HBNC kit	870
• No. of Newborns visited under HBNC	0
• No. of ASHA having drug kit	972
11. Number of Maternal Death Review conducted • Previous year (2020-21) • Current FY (2021-22)	 0 0
12. Number of Child Death Review conducted • Previous year (2020-21) • Current FY (2021-22)	 0 0
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	0
17. Weekly Iron Folic Acid Supplementation (WIFS) stock out **Yes/No**	
18. Mobile Medical Unit (MMU) and micro-plan	
• No. of Mobile Medical Unit (MMU) on the road	0
• No. of trips per MMU per month	0
• No. of camps per MMU per month	0
• No. of villages covered	0
• Average number of OPD per MMU per month	0
• Average no. of lab investigations per MMU per month	0
• Avg. no. of X-ray investigations per MMU per month	0
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month	0
• Avg. no. of sputum collected for TB detection per MMU per month	0
• Average Number of patients referred to higher facilities	0
• Payment pending (if any) • If yes, since when and reasons thereof	0
19. Vehicle for Referral Transport	
• No. of Basic Life Support (BLS) (on the road) and their distribution (Block wise number)	7

Indicator	Remarks/ Observation		
• No. of Advanced Life Support (ALS) (on the road) and their distribution	1		
▪ Operational agency (State/ NGO/ PPP)			
▪ If the ambulances are GPS fitted and handled through centralized call centre			
▪ Average number of calls received per day			
▪ Average number of trips per ambulance per day			
▪ Average km travelled per ambulance per day			
▪ Key reasons for low utilization (if any)			
• No. of transport vehicle/102 vehicle (on the road)			
▪ If the vehicles are GPS fitted and handled through centralized call centre			
▪ Average number of trips per ambulance per day			
▪ Average km travelled per ambulance per day			
▪ Key reasons for low utilization (if any)			
20. If State notified a State Mental Health Authority (SMHA)	**No**		
21. If grievance redressal mechanism in place			
• Whether call center and toll-free number available **Yes/No**			
• Percentage of complains resolved out of the total complains registered in current FY (2021-22)			
22. No. of health facilities linked with Mera-aaspatal			
23. Payment status:	**No. of beneficiaries**	**Backlog**	**DBT status**
• JSY beneficiaries			
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)			
• Patients incentive under NTEP programme			
• Provider's incentive under NTEP programme			
• FP compensation			
• FP incentive			
• **ASHA payment:**	**No. of ASHA**	**Backlog**	**DBT status**
▪ A- Routine and recurring at increased rate of Rs. 2000 pm			
▪ 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)	Yes 0		
• Proportion (% out of total) of private health facilities reporting weekly data of IDSP	0		
25. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
• Micro plan and macro plan available at district level-	Yes		

Indicator	Remarks/ Observation
Yes/No	
• Annual Blood Examination Rate (ABER) for last three years (2018-19),(2019-20) and (2020-21)	2019-113 2020-99 2021-93
• No. of distributed LLIN	139700
• No. of sites where IRS done	25HC
• No. of sites Anti-larval methods	4BLOCK+1DHQ
• 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)	
• Target TB notification achieved (2021-22)	
• Whether HIV Status of all TB patient is known	
• No. of Eligible TB patients with UDST testing	
• Whether drugs for both drug sensitive and drug resistance TB available **Yes/ No**	
• Patients notification from public sector	
• Patients notification from private sector	
• No. of Beneficiaries paid under Nikshay Poshan Yojana (NPY)	
• Active Case Finding conducted as per planned for the year	
27. Implementation of National Leprosy Eradication Programme (NLEP)	
• No. of new cases detected	5
• No. of G2D cases	0
• MDT available without interruption	YES
• Reconstructive surgery for G2D cases being conducted	NIL
• MCR footwear and self-care kit available **Yes/ No**	YES
28. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis available	4
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	 921 905
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)	 768 65 789 64

Indicator	Remarks/ Observation
• 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_____ _____	412 55
32. Mahila Arogya Samitis (MAS)- a. No. of MAS Formed b. No. of MAS Trained c. No. of MAS account opened	 18 18 18
33. Village Health Sanitation and Nutrition Committee (VHSNC) a. No. of VHSNC Formed b. No. of VHSNC Trained c. No. of VHSNC account opened	 785 750 731
34. Number of facilities NQAS certified in the district	-
35. No. of health facilities implemented Kayakalp	4
36. No. of health facilities implemented Swachh Swasth Sarvatra (SSS)	
37. Activities performed by District Level Quality Assurance Committee (DQAC)	Yes
38. Recruitment for any staff position/ cadre conducted at district level	

39. Details of recruitment	Previous year (2020-21)		Current FY (2021-22)	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				

40. If state has comprehensive ***(common for regular and contractual HR)*** Human Resource Information System (HRIS) in place	Yes

C. Implementation of CPHC (2021-22)

Indicator	Planned	Completed
Universal health screening for NCD		
1. If conducted, what is the target population	235288	
2. Number of individuals enumerated	0	
3. Number of CBAC forms filled	11305	
4. Number of HWCs started NCD screening: a. SHC- HWC b. PHC- HWC c. UPHC – HWC	 81 10 1	 81 10 1
5. No. of patients screened, diagnosed and treated a. Hypertension b. Diabetes c. Oral Cancer d. Breast Cancer e. Cervical Cancer	 545 279 3 2 13	 545 279 3 2 13
6. Number of HWCs providing Tele-consultation services	81	
7. Number of HWCs organizing wellness activities	81	

D. Status of HRH (2021-22)

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM	216	155	
• MPW (Male)	96	21	
• Staff Nurse	181	144	
• Lab technician	22	15	
• Pharmacist (Allopathic)	33	15	
• MO (MBBS)	76	54	
• OBGY	7	0	
• Pediatrician	9	2	
• Anesthetist	6	0	
• Surgeon	8	1	
• Radiologists	1	1	
• Other Specialists	16	1	
• Dentists/ Dental Surgeon/ Dental MO	5	2	
• Dental technician	0	0	
• Dental Hygienist	0	0	
• Radiographer/ X-ray technician	9	6	
• CSSD Technician			
• OT technician			
• CHO/ MLHP	81	81	
• AYUSH MO	2	2	
• AYUSH Pharmacist			

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

E. State of Fund Utilization

FMR Wise (as per ROP budget heads, if available)

Status of Expenditure as on: ***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			
2. **FMR 2:** Service Delivery: Community Based			
3. **FMR 3:** Community Intervention			
4. **FMR 4:** Untied grants			
5. **FMR 5:** Infrastructure			
6. **FMR 6:** Procurement			
7. **FMR 7:** Referral Transport			
8. **FMR 8:** Human Resource (Service Delivery)			
9. **FMR 9:** Training			
10. **FMR 10:** Review, Research and Surveillance			
11. **FMR 11:** IEC-BCC			
12. **FMR 12:** Printing			
13. **FMR 13:** Quality			
14. **FMR 14:** Drug Warehouse & Logistic			
15. **FMR 15:** PPP			
16. **FMR 16:** Programme Management			
• FMR 16.1: PM Activities Sub Annexure			
17. **FMR 17:** IT Initiatives for Service Delivery			
18. **FMR 18:** Innovations			

Programme Wise

Status of Expenditure as on: ***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	18224330	6590893	
• Child Health	2065428	442088	
• RBSK	4440000	899592	
• Family Planning	9160005	246400	
• RKSK/ Adolescent health	0	0	
• PC-PNDT	8000	0	
• Immunization	7743425	3130148	
• Untied Fund	73900000	0	
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure	7243134	487984	
• ASHAs	54835386	23430263	
• HR	60766677	25199462	
• Programme Management	3796000	1709839	
• MMU	0	0	

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• Referral Transport	0	0	
• Procurement	0	0	
• Quality Assurance	118000	0	
• PPP	0	0	
• NIDDCP	0	0	
2. NUHM	858000	102126	
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)	68200	37190	
• National Vector Borne Disease Control Programme (NVBDCP)	1029700	321455	
• National Leprosy Eradication Programme (NLEP)	542000	23251	
• National TB Elimination Programme (NTEP)	3278150	26980	
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	10000	0	
• National Mental Health Program (NMHP)	79645	0	
• National Programme for Health Care for the Elderly (NPHCE)	0	0	
• National Tobacco Control Programme (NTCP)	150000	0	
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	1308300	0	
• National Dialysis Programme	0	0	
• National Program for Climate Change and Human Health (NPCCHH)	0	0	
• National Oral health programme (NOHP)	174000	0	
• National Programme on palliative care (NPPC)	0	0	
• National Programme for Prevention and Control of Fluorosis (NPPCF)	0	0	
• National Rabies Control Programme (NRCP)	0	0	
• National Programme for Prevention and Control of Deafness (NPPCD)	0	0	
• National programme for Prevention and Management of	0	0	

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
Burn & Injuries			
• Programme for Prevention and Control of Leptospirosis (PPCL)	0	0	

F. Status of trainings

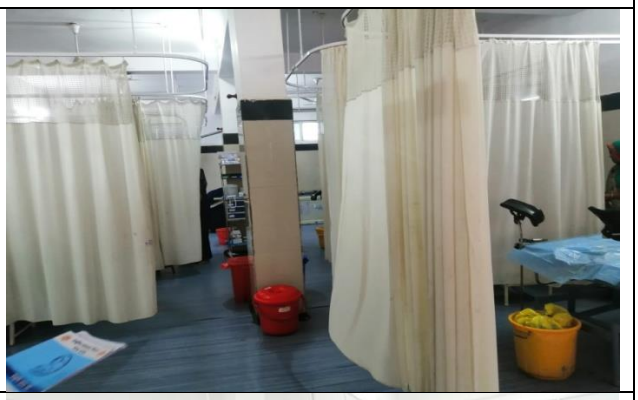
Status as on: **2021-22**

List of training (to be filled as per ROP approval)	Planned	Completed
1. Dakshta Training	Yes	Yes
2. Lakshya Training	Yes	Yes
3. CHO Training	Yes	Yes
4. ASHA Training	Yes	Yes
5. SBA	Yes	Yes
6. NCD	Yes	Yes
7.COVID Vaccination	Yes	Yes
8. ANMOL	Yes	Yes

List of Acronyms

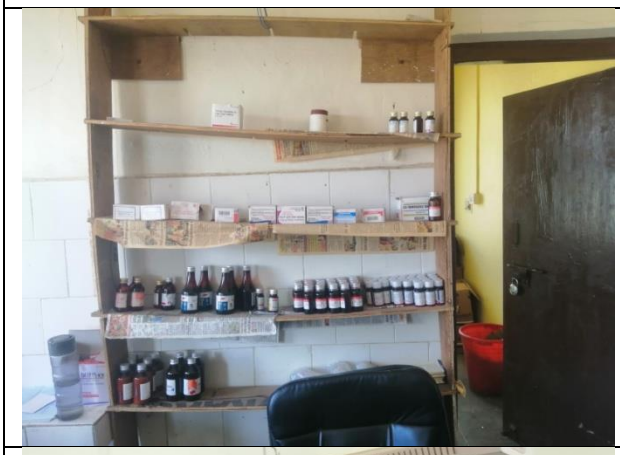
AFHS	Adolescent Friendly Health Clinic
AHS	Annual Health Survey
AMC	Annual Maintenance Contract
AMG	Annual Maintenance Grant
ANC	Anti Natal Care
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ART	Anti Retro-viral Therapy
ASHA	Accredited Social Health Activist
AWW	Aanganwadi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

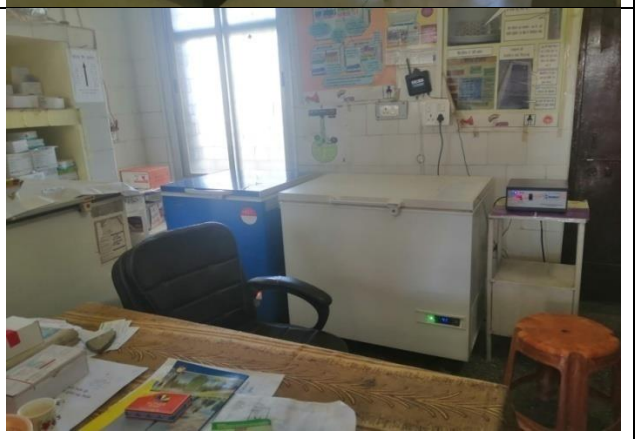
District Hospital (DH) District Ashok Nagar visited on 13th September , 2019



Community Health Centre (CHC) Ishagarh District Ashok Nagar visited on 14th Sep. , 2021

Primary Health Centre (PHC) Athaikheda District Ashok Nagar visited on 14th Sep. , 2021





Sub Health Centre (SHC) Bamhori Tal District Ashok Nagar visited on 14th Sep. , 2021