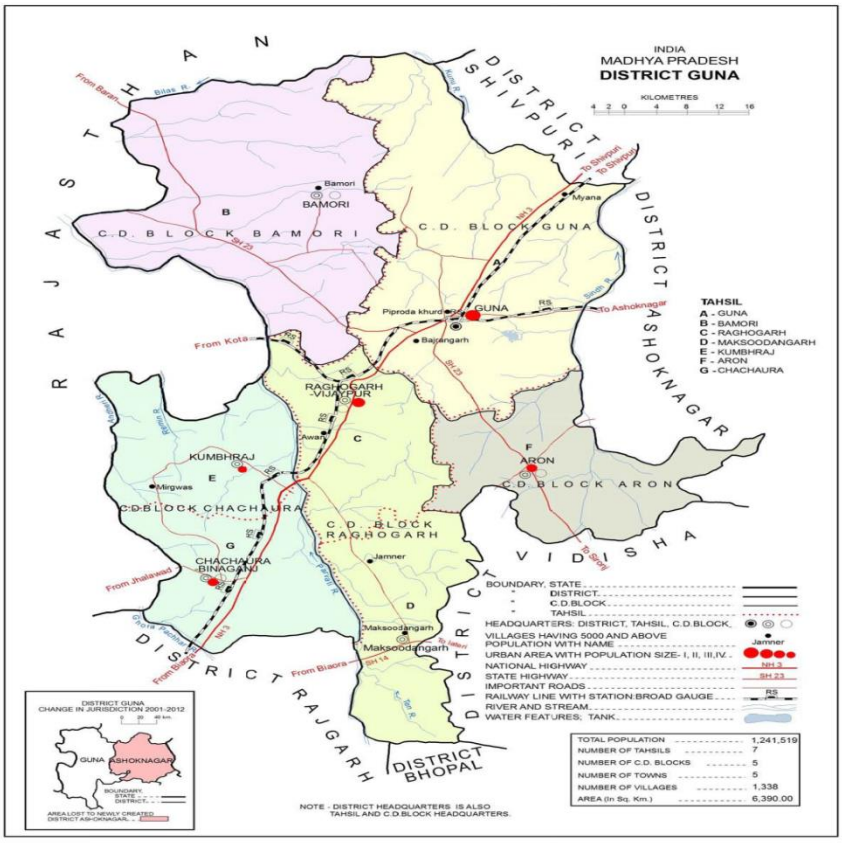
Report on Monitoring of Programme Implementation Plan (PIP) under National Health Mission 2021-22

District:Chachoda

(Madhya Pradesh)



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Contents

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

A. Overview of the district

The proposed district Chachora is situated in the state of Madhya Pradesh, along Rajasthan border. Chachoda is currently a part of Guna district. Chachoda has been announced as a fifty forth district of Madhya Pradesh by the Kamalnath cabinet, on 18 March 2020. During the PIP team visit it was found that no district level activities are being functional here. It is observed that on ground level, the Chachoda district has been demarcated, but no administrative units has still been established. No separate funds have been allocated for Chochada district during the assessment year. As per the population census 2011, the total population of Chachoda is 21860 out of which 11502 are males and 10358 are females, thus the average sex ratio of Chachoda is 901. Major casts found in this region are Meena, Gujjar, Bhil, Lodha more specifically the region has been dominated by Meenas of the region, who are said to migrate from the adjacent state of Rajasthan. The economy of the district is mainly dependent on agriculture.

A.1 The key socio-Demographic indicators

Key Socio-Demographic Indicators				
Sr.	**Indicator**	**MP**		**Chachoda**
		2001	**2011**	**2011**
1	No. of Districts	45	50	-
2	No. of Blocks	333	342	-
3	No. of Villages	55393	54903	150
4	No. of Towns	394	476	1
5	Population (Lakh)	60.34	72.63	21860*
6	Decadal Growth Rate	24.3	20.3	26.91
7	Population Density (per ($Km^{2)}$	196	236	209
8	Literacy Rate (%)	63.7	70.6	50.57
9	Female Literacy Rate (%)	50.3	60.6	51.4
10	Sex Ratio	919	930	901
11	Sex Ratio (0-6 Age)	932	918	871
12	Urbanization (%)	26.5	27.6	24.6
13	Percentage of SC (%)	15.2	15.6	15.2
14	Percentage of ST (%)	20.3	21.1	15.3

Source: Census of India 2001, 2011 various publications, RGI.xx
*21 thousand 8 hundred sixty

It is observed that the population density of the study area Chachoda is 209 which is less than that of the Madhya Pradesh. The literacy rate and the female literacy rate of Chachoda are both

significantly less as compared to that of the Madhya Pradesh. Poor sex ratio is observed in the Chachoda area. The percentage of SC population of Chachoda is almost same as of the Madhya Pradesah. The percentage of ST population is significantly lesser than that of the State. Urbanization is slightly differ from the State.

The following Health facilities were visited in the district-

Sr.	Health Facility	Date of visit	Distance from district Headquarters
1	Community Health Centre Binaganj	16.01.2021	40
2	PHC-HWC Chachoda	17.01.2021	62
3	SHC-HWC RaniKhejra	17.01.2021	64

B. Community Level Assessment

B.1 Service Indicators

- It is observed that the people living in rural areas generally prefer govt. Hospital. Community interaction at the SHC-HWC Rani Khejra has revealed that full range of services are presently not available at the village level. It is understood that SHC do not have resident facilities, and staff commute from nearby places .However efforts are being made to appoint CHOs at SHC-HWC from the native places to the extent possible.
- People have been satisfied with the services of govt. Hospital. People say that the condition of hospital is better than before. After interaction with community, it has been concluded that the people are aware of the bed effects of tobacco, alcohol use of solid pollution, ear pollution of drinking water.
- It is found that the ASHA has a constant door to door visit. The relationship of ASHA with the community has been found healthy. Medicine, checkups and referral transportation facilities are available for community. The services in the govt. Hospital are provided free of cost according to community members.
- Interaction with the anganwadi revealed that during Covid pandemic services at the SHC were severely affected and local healers have taken undue benefit of the situation by treating people and taking hefty money in the name of covid treatment. The situation improved since the joining of CHO who is native to the place. Villagers also informed that the presence of CHO in the villages has put a halt to the mal-practices of local healers and quacks.

C. Assessment of Services Delivery Sub Centre Rani Khejara

- The service indicators at Rani Khejara sub centre are functional as, observed that facility like that ANC, Malaria testing, NCD, OPD and screening type services are available in the sub canter.
- During inspection it was found that the building of the sub centre is in very good condition. Other important services are as follows—

  a.24*7 running water facility is available.

  b. The sub centre is running with the facility of geriatric and disability friendly.

  c. drinking water facility is available.

  d. There is reflection of the branding outside the sub centre.

  e. Specified area for Yoga is available in the sub centre.

  f. OPD waiting area has sufficient sitting space.

  g. There is no separate toilet facility for both men and women.

  h. ASHA rest room is not available.

  i. Drug store room with rack is not available.

  j. No power backup facility is available.

  K. There is no pit at the sub centre under bio medical waste.
- The centre is functional with one ANM, One CHO, One MPW and 9 ASHA workers.
- IT services like laptop, electronic smart phones, internet connectivity are available. The tablets are also available in the sub centre,
- A list of 40 types of essential medicines is available in the sub centre, all the above 40 types of medicines were found during the visit. The anti TB drugs are not available in the centre.
- In the last 30 days instead of 5 shortage drugs they have reported only one shortage drug namely Eye drops. Medicines are available in the centre for hypertension and diabetes disease. It is reported that the medicines for hypertension and diabetes patients are distributed by CHO.
- Adequate availability of tasting kits and rapid diagnostics is reported. The sub centre has BP instrument, thermometer, and glucometer machine for diagnostic of patients. Identification of high risk women is done by ANM successfully.

- No maternal death reported in the sub centre in the previous year and current year. Child death in the sub centre is reported 0 in current year and one death reported in previous year. Vaccines and hub cutter is available at the centre.
- Micro plan is available for immunisation at the centre. It is reported that all the baby who are discharged from the SNCU unit are followed up by the ASHA worker. ASHA makes list of all eligible target couple.
- No trained provider is available for IUCD/PPIUCD.ASHA workers gives services and information about family planning programme to the concerned.
- The number of person above 30 year of age in the HWC segment of population is 2170. A CBSC form has filled in last 6 months. Number of individuals screened and confirmed during last 6 months

	Screened	**Confirmed**
a. Hypertension	248	79
b. Diabetes	201	65
c. Oral Cancer	71	Nil
d. Breast Cancer	20	Nil
d. Cervical Cancer	65	Nil

- The sub centre has screened 248 and 201 hypertension and diabetes patients respectively, out of which 79 and 65 confirmed cases were found.
- The sub centre screened 71, 20, and 65 oral cancer, breast cancer and cervical cancer respectively, none of which has been confirmed.

- Individual who have suffered with lifestyle management, hypertension, diabetes and other common disease. The medicines were distributed to them as 300, 79, 65 and 203 respectively during last 6 months.
- The source of getting above drugs is procured by HWC. The wellness activities are found functional on the sub centre. IDSP form and S form are to be filled by the ANM.
- Status of tuberculosis in the area-

Indicators	**Last Year**	**Current Year**
1.Number of presumptive TB patients identified	30	9
2.Number of presumptive TB Patients referred for testing	30	9
3.Number of TB patients diagnosed out of the presumptive patients referred	3	1
4. Number of TB patients talking treatment under the sub canter area	3	1

Some important remarks for TB patients are mention as follows

- (i) Number of presumptive TB patients are identified as 30 and 9 in last year and current year respectively. All were referred cases to DH.
- (ii) Number of TB patient diagnosed out of the presumptive patients referred was 3 and 1 in last and current year respectively.
- (iii) Number of TB patients taking treatment under the sub center area are three and one in last and current year respectively.
- The ASHA has availed HBNC kit and drug kit both. Incentives were given on time to ASHA. 54 villages celebrated as health and sanitization day in the last 6 months
- Performance incentives are distributed to the CHO and his team on a monthly basis. It is reported that the CHO and HWC staffs are involved in VHSNC/MAS meetings.
- Records of TB cases and malaria patients are maintained, while other diseases such as palliative cases, Dengue and Chinkugunya and Leprosy cases are not maintained.
- Last year an amount of Rs. 20,000 was received, which was fully spent. There is a service of 108 ambulances available in the sub center area.

C.1 Assessment of Challenges and Root Causes

Challenges	Root Cause
a. There is no ANC investigation inside the centre, due to which the problem is faced by the beneficiaries.	a. The facility of ANC test should provided at the centre.
b There is no boundary wall in the sub centre, so there was a problem of the kettles in the campus.	b. Boundary wall should be built.
c. During the days of rainy session, water gets filled around the sub centre, which create problems.	c. Necessary Action should be taken from the district level administration to drain the water.
d. The problem of drinking water arises in the summer days.	d. Necessary Action should be taken for Bore in sub centre.
e. ANM is not fully aware of all feasters of ANMOL software.	e.ANM should be provided continuous detailed training of ANMOL

D. Assessment of Service indicators of PHC Chachoda

- Chachoda PHC is with a good building condition run with OPD time during 9 AM to 4 PM. It is not under PPP model.
- The basic infrastructure of PHC is observed as follows:-
- Running water facility is available during 24x7. Geriatric and disability friendly services are available. Clean functional toilets are available, Drinking water facility is also available. The OPD waiting area has sufficient sitting arrangement. ASHA rest room is not available. Drug storeroom with rack is available. The power backup is available.
- Chachoda PHC is functional as a 12 bedded hospital. The OPD, IPD, delivery services, pathology lab and Immunization are found in the centre. Delivery services are functional daring 24x7, and Tele-medicine/consultation services are not available here.
- In chachoda PHC, the staff nurse, ANM, LTs, and pharmacist are working. Each one is working on one post on contractual and regular mode.
- Basic IT services like Desktop/Laptop, smart phones are provided to all ASHA. Internet connectivity is available. Kayakalp programme is functional in the chachoda PHC, but the authorities did not inform about the facility score. NQAS Programme is not running in the PHC.
- A list of 112 types of drugs is provide by the Chachoda PHC, but availability of drugs is not reported at the time of PIP visit.
- In the last 30 days, it is informed that the two drugs are available short as 1. Anti D injection 2. Antibiotic. Availability of hypertension and diabetes drugs is reported, but their names were not given. The availability of essential consumption with sufficient supply.
- No X-ray service is available at the PHC. Diagnostic services like pathological tests are free for all type of patients. Availability of testing kit/Rapid diagnostic is found in sufficient number. Delivery services in the centre are functional. The shortage of equipments like delivery table is reported at the centre.
- Payment under JSY is reported up to date. The facilities given under the JSSK beneficial are as given (i) free delivery services (ii) free drugs services including

consumable items (iii) free diagnostic (iv) free referral transport (v) no user charges.

- Facilities which are not given to the JSSK beneficiating are as- (i) free diet (ii) free blood services.
- Dakshta training was given for staff nurses. It was completed from Gwalior.
- No maternal death is reported in the previous year and also no death is reported in the current year, while one child death each has been reported in the previous and current year.
- Vaccines and hub cutter are available in the centre.
- The mother is counselled to feed the baby within the one hour of birth. The IUCD/PPICD training is given to the relevant staff. It is noted that FPLMIS has been implemented.
- Availability of functional adolescent friendly health clinic is working smoothly.
- NCD clinic works on fixed days (Two).
- It is reported that the patients of hypertension, diabetes, Oral Cancer, Breast Cancer and Cervical Cancer ware not screened within the chachoda PHC during last 6 months.
- It is found that the wellness activity is conducted. It is noted that weekly entry of data is done in P and L format under IDSP.
- The main points of the TB elimination programme are as given (a) facility is a designated microscopy centre (b) during last six month 66 samples were collected for TB patients (C) Anti TB drugs are available in the PHC (d) There is no sample transport mechanism in the PHC
- Data entry is done in Malaria cases.
- The amount Rs. 1,75,000 received under NHM in last year and all is utilized.
- Data entry is done in HIMS, MCTS, ANMOL, IHIP, HWC portal and Nikshay portal. Ambulance Services are running on the basis of centralized call centre in PHC.
- A total number of 22 cases referred from sub centre to PHC in last month

D.1 Assessment of Challenges and Root Causes

Challenges	Root Cause
a. Health services are not running properly due to shortage of medical staff in the PHC	a. Medical staff should be filled as per the requirement.
b The temporary workers who are working in the hospital are not satisfied about the honorarium.	b. Worker's honorarium related things should be resolved.
c. ANM worker is not familiar with all the features of ANMOL software. It is causing problems in data entry.	c. ANM worker should be given training of ANMOL software on a continuous basis.
d Lack of necessary medical equipment like digital warmer, medical Refrigerator, NBSU warmer has been reported.	e. The concerned medical equipment should be provided at PHC.
e. Lack of IT infrastructure has been reported such as low internet speed etc.	e. IT infrastructure should be upgraded

E . Assessment of Services indicator of CHC Binaganj

- CHC Binaganj OPD operates between 9 AM to PM with a 20 years old building. The condition of the labour room is very poor inside it.

  The facilities available in CHC Binaganj are as-

  a. 24*7 running water facility b. clean functional toilet available c. Drinking water facility available d. OPD waiting area has sufficient sitting arrangement e. drug store room with rack in available.

- Other facilities which are not there are

  a. Facility is geriatric and disability friendly b. ASHA rest room is not available.

- CHC Binaganj is operated with a 18 bedded hospital.
- Other facilities which are available in Binaganj CHC are as given as –

  OPD/IPD, 24 hour emergency, minor trauma, post mortem, Blood transfusion unit, FP services.
- Specialized doctors including O&G, Paediatric, General Surgery, Anaesthesiology, Dental, USG are not available, while there are specialist doctors in medicine and Ophthalmology are available.

- In CHC Binaganj X - ray and new born stabilizer units are functional, 24*7 hours. Most of the Doctors' specialists' service is not available in the hospital. General emergency services are available in the hospital. Minor operation theatre is also available in the CHC
- The hospital has a blood storage unit, but at the time of visit , no blood begs were available. It is reported that the Blood service is given free for JSSK beneficiary.
- Sharp pit is available as medical waste management practice.

E.1 Human Resource details-

HR	Sanctioned	Regular	Contractual
MO (MBBS)	0	2	0
Medicine	0	0	0
ObGy	0	0	0
SNs/GNMs	-	5	1
LTs	-	1	2
Pharmacist	-	2	1
Dental Assistant	0	0	0
Hospital/Facility Manager	0	0	0
EmOc trained doctor	0	0	0
LSAS trained doctor	0	0	0

- The posts of specialized doctors including Medicine, ObGy, Paediatrician, and Anaesthetist are not available. The other HR information is shown in the above table.
- It is noted that the CHC is functioning with the basic IT service like Desktop, Laptop and internet connectivity is available here.
- Kayakalp programme runs in Binaganj CHC, This CHC has got facility score 86%, so the award has been received. It is observed that NQAS is not available.
- It is reported that the LaQshya programme is running in the CHC, in which labour room and Operation Theatre are providing good services under the scheme.
- List of essential medicines is provided by CHC.
- It is noted that implementation of DVDMS supply chain management system is functional in the CHC.
- Information about the shortage of five medicines is not provided. Availability of essential consumables item is in sufficient supply. Availability of essential

diagnostic services is available in house. There are 27 number of tests performed in the CHC pathology.

- It is reported that X - ray services operates inside the hospital and is also certified with AERB. Lab and X - ray diagnostic services are free for all patients. All types of testing kits are available in sufficiently.
- JSSK scheme is dully running in CHC with all essential service parameters like free delivery, free diet, free drugs, free diagnostics, free blood service, free referral transport, and no user charges.
- High risk pregnant women are identified. It is observed that the PMSMA services are functional. It is provided on every month date on 9th.
- CHC have a register for entering birth and death. No maternal and child death reported in the previous year and current year. There are comprehensive abortion care services available in the CHC.
- There are 508 newborns who are immunized with basic birth doses at the facility in the last three months. There are 518 newborns breastfed within an hour of birth.
- There are 4 sterilizations performed in last one month in CHC. Trained provider for IUCD/PPIUCD is available. Staff Nurse and ANM counsels the family planning services.
- Adolescent Friendly health clinic is functional at the CHC. Its counselling is given by the staff nurse.NCD clinic operates in the CHC 6 days a week.
- There is trained provider in Cancer services in the CHC.
- Patients of various diseases were screened and found confirmed as fallows in the last six months-

	Screened	Confirmed
f. Hypertension	1800	150
g. Diabetes	1300	84
h. Oral Cancer	0	0
d. Breast Cancer	0	0
i. Cervical Cancer	0	0

- In CHC Binaganj 1800 and 1300 cases of hypertension and diabetes were screened, out of which 150 and 84 cases were found to be confirmed, while there was no screening for oral cancer, breast cancer and cervical cancer.
- It is noted that the weekly entry of data is done in the P and L format under IDSP.

- The main points of the TB elimination programme are as given-
    a. The facility is a designated microscopy centre.
    b. Anti TB drugs are available in the CHC.
    c. All TB patients have an mandatory HIV testing.
    d. All TB patients tested for diabetes mellitus.
- Maintenance of records on CHC is given below

  TB treatment card cases, TB notification registers, Malaria cases, Leprosy cases Palliative cases, Dengue and Chikungunya cases.

- It is verified that the data entry is updated on HIMS, MCTS, IHIP, and Nikshay Portal. Ambulance Services are running on centralized call centres in CHC.
- 126 cases are referred from sub centre / PHC to CHC, while 80 cases have been referred to the district hospital from CHC.

E.1 Assessment of Challenges and Root Causes

Challenges	Root Cause
a. Due to lack of MO in Binagang CHC, services are not running properly.	a. MO should be appointed immediately
b. There is a shortage of Doctor Specialists.	b The specialist Doctor postsw should be filled up soon.
c.CHC building is very old.	c.CHC building should be extensively renovated.
d. Basic medical equipments like sonography is not available.	d. Basic medical equipment should be made available.
e. Operation theatre is required.	e. Operation theatre should be established.

F. Action taken points /Recommendations:

- Chachoda was announced on 18 March 2020 as a 54th proposed district, by the Kamalnath cabinet, but during the visit it was found that no district level activities are being conducted here. Clarity among people should be maintained by government here, so that all district level facility can be generated.
- It is observed that the ground level status is that Chachoda district has been demarcated, and but no administrative units has been established, hence govt should show its will towards doing this.
- No separate funds have also been allocated for Chachoda district. It is working along with Guna district as before. So it is necessary to issue new secure the guideline.
- During the visit the lack of infrastructure has been noticed in the sub centre, PHC and CHC, so necessary action is needed for expansion and renovation.
- There is also not enough availability of IT infrastructure like internet connectivity, computer, tabs etc, so there is a need to make the above in a sufficient manner.
- Lack of HR has been noticed in many hospital units (CHC, PHC, SHC) of the district. So vacant positions must be filled immediately.
- There in a need to run a continuous training programme of ANMOL to ANM workers.
- After contacting the people, it has come to the notice that the announcement of Chachoda district has been done in a hurry, also discussion with Chachoda (Guna) officers it come to the knowledge that this district was announced in political situation, before that no formalities of district were completed.
- The public is demanding that the sub centre should be upgraded to HWC level, so that the facilities of the people be increased.
- ANC testing is being demanded in the Sub centre therefore, according to the demand of the people the facility of ANC testing should be provided inside the centre itself.

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

Schedule for PIP Monitoring

A. Service Delivery: Sub Centre (HWC) Ranikhejara

Name of facility visited	Ranikhejara
Whether the facility has been converted to HWC	☑Yes /☐No
Standalone/Co-located	Standalone/ Co-located Co-located with (if applicable):
Accessible from nearest road head	☑ Yes/☐No
Date of Visit	
Next Referral Point	Facility: CHC Distance: 14 KM

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

Indicator	Remarks/Observation
1. List of Services available	Yes ANC, Malaria, NCD, Screening
2. Condition of infrastructure /building Please comment on the condition and tick the appropriate box	Comments: Good
	☑24x7 running water facility ☒ Facility is geriatric and disability friendly ☒Clean functional toilets available (separate for Male and Female) ☒Drinking water facility available ☑OPD waiting area has sufficient sitting arrangement ☒ASHA rest room is available ☒Drug storeroom with rack is available ☒Branding ☑ Specified area for Yoga/welfare activities ☒Power backup: On process
3. Biomedical waste management practices	No
4. Details of HR available in the facility (Sanctioned and In-place)	

HR	San.	Reg.	Cont.
ANM/MPW Female	1	1	0
MPW Male	1	1	1
MLHP/CHO	1	1	1
ASHA	9	0	0
Others			

<table>
<tr><th>Indicator</th><th>Remarks/Observation</th></tr>
<tr><td>5. IT Services</td><td>Functional Tablet/laptop with CHO: ☑Yes/☐No
Electronic Tablets with MPWs (ANM):☑ Yes/☐No
Smart phone given to all ASHAs: ☑Yes/☐No
Internet connectivity: ☑Yes/☐No
Quality/strength of internet connection:</td></tr>
<tr><td rowspan="2">6. 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 40

EDL displayed in OPD Area:☑Yes/☐No

No. of drugs available on the day of visit (out of the EDL) 40</td></tr>
<tr><td>7. Are anti-TB drugs available at the SHC?</td><td>☐Yes/ ☑ No

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 ED in last 30 days, if any</td><td><table><tr><td>1</td><td>Eye drops</td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table></td></tr>
<tr><td>9. Drugs Available for-Hypertension & Diabetic patients:</td><td><table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>Yes</td></tr><tr><td>3</td><td>Yes</td></tr></table></td></tr>
<tr><td>10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days</td><td><table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>Yes</td></tr><tr><td>3</td><td>Yes</td></tr></table></td></tr>
<tr><td>11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC</td><td>☑Yes/☐No</td></tr>
<tr><td>12. Availability of Testing kits/Rapid Diagnostic Kits</td><td>Sufficient Supply
Minimal Shortage
Acute shortage</td></tr>
<tr><td>13. Availability of</td><td>• BP instrument: ☑Yes/ ☐No If yes Type------
• Thermometer: ☑Yes/☐No
• Contraceptives: ☑Yes/ ☐No If yes, Type------
• Glucometer: ☑Yes/☐No</td></tr>
<tr><td>14. Line listing of all Pregnant women in the area</td><td>☑Yes/☐No

• High risk women identified: Yes/ No
• MCP cards duly filled:☐Yes/☐No</td></tr>
<tr><td>15. Number of Maternal Death Review conducted</td><td>Previous year: 0
Current year: 0</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/Observation</th></tr>
<tr><td>16. Number of Child Death Review Conducted</td><td>Previous year: 1
Current year: 0</td></tr>
<tr><td>17. Availability of vaccines and hub cutter</td><td>☑Yes/☐No

• Awareness of ANM on vaccine schedule: ☑ Yes/☐No
• Awareness about open vial policy: ☐Yes/☐No</td></tr>
<tr><td>18. Availability of micro-plan for immunization</td><td>☑Yes/☐No</td></tr>
<tr><td>19. Follow up of:</td><td>SNCU discharge babies: ☑Yes/☐No
LBW babies: ☑Yes/☐No</td></tr>
<tr><td>20. Line listing of all eligible couple in the area</td><td>☑Yes/☐No</td></tr>
<tr><td>21. Availability of trained provider for IUCD/PPIUC</td><td>☐Yes/☑ No</td></tr>
<tr><td>22. Please comment on utilization of other FP services</td><td>CHHAYA, NIRODH, EC ,PILL etc are given</td></tr>
<tr><td>23. Number of individuals above 30 Years of age in the HWC population</td><td>2170</td></tr>
<tr><td>24. Number of CBAC form filled in last 6 months</td><td>Yes</td></tr>
<tr><td>25. Report for number of individuals for whom CBAC from has been filled in last six months.</td><td>Score with below 4: NA
4 and above score: NA</td></tr>
<tr><td>26. Whether universal screening of NCD has started</td><td>☑Yes/☐No</td></tr>
<tr><td>27. Number of individuals screened for the following in last 6 months:</td><td>
<table>
<tr><th></th><th>Screened</th><th>Confirmed</th></tr>
<tr><td>a. Hypertension</td><td>248</td><td>79</td></tr>
<tr><td>b. Diabetes</td><td>201</td><td>65</td></tr>
<tr><td>c. Oral Cancer</td><td>71</td><td>Nil</td></tr>
<tr><td>d. Breast Cancer</td><td>20</td><td>Nil</td></tr>
<tr><td>e. Cervical Cancer</td><td>65</td><td>Nil</td></tr>
</table>
</td></tr>
<tr><td>28. Number of individuals who had initiated treatment for HTN, DM and others during last six months</td><td>Advised for Lifestyle management: 300
Medicines for Hypertension: 79
Medicines for Diabetes: 65
Medicines for Others: 2031</td></tr>
<tr><td>29. Source of getting drugs/ medications for individual

Number of individuals taking medication for HTN and DM during last six months</td><td>From SC-HWC :
From Linked PHC: Binaganj
From other govt. facilities: (Specify)
From Pvt. Chemist, shop: NA

(Average OOP/month)</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/Observation</th></tr>
<tr><td>30. Status of use of:</td><td>• Tele-consultation services ……..yes
• HWC App……..yes
Details: Daily OPD</td></tr>
<tr><td>31. Whether wellness activities are performed</td><td>☑Yes/☐No
Frequency:</td></tr>
<tr><td>32. Whether reporting weekly data in S from under IDSP</td><td>☑Yes/☐ No</td></tr>
<tr><td>33. Status of Tuberculosis in the area:</td><td>
<table>
<tr><th>Indicator</th><th>Last year</th><th>Current year</th></tr>
<tr><td>Number of presumptive TB patient identified:</td><td>30</td><td>9</td></tr>
<tr><td>Number of presumptive TB patients referred for testing</td><td>30</td><td>9</td></tr>
<tr><td>number of patients diagnosed out of the presumptive patients referred</td><td>3</td><td>1</td></tr>
<tr><td>Number of TB patients taking treatment under the Sub centre area</td><td>3</td><td>1</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>Yes</td></tr>
<tr><td>• Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/Zinc/IFA Syrup/ Cotrimoxazole)</td><td>Yes</td></tr>
<tr><td>• ASHA Incentives: Any Time lag/Delay in Payment after submission of voucher
0 Average delay</td><td>No</td></tr>
<tr><td>• ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojna (500 per month incentive to the TB patient for the duration of treatment)</td><td>Yes</td></tr>
<tr><td>35. Number of Village Health & Sanitation days conducted in last 6 month</td><td>54</td></tr>
</table>

Indicator	Remarks/Observation
36. Incentives:	• Performance Incentives is disbursed to CHOs on monthly basis: ☑Yes/☐ No • Team-based incentive being disbursed for all HWC staffs: ☑Yes/☐No
37. Frequency of VHSNC/MAS meeting (check and obtain minutes of last meeting held)	
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	☑Yes/☐No
39. Maintenance of records on	• TB cases: ☑drug sensitive/drug resistant cases/both • Malaria cases: ☐Yes☐No • Palliative cases: ☐Yes/☑No • Cases related to Dengue and Chikungunya: ☐Yes/☑No • Leprosy cases: ☐Yes/☑ No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 20,000 Fund utilized last year: 20,000
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any) NA
41. Availability of ambulance services in the area	Yes (108)
42. How many cases from the sub Center were referred to PHC in last month?	Number: - 8 Types of cases referred out:

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

Challenge	Root causes
a. Problem of ANC checkup.	a. ANC test should be provided at the centre.
b. Boundary wall problem.	b. Built boundary wall.
c. Water gets filled around the sub centre.	c. Necessarry action should be taken accordingly.
d. Drinking water problem in the summer.	d. Action should be taken for bore.
e. ANMOL software understanding by ANM.	e. Training of ANMOL should be given in regular mode to the ANM.

Schedule for PIP Monitoring

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

Name of facility visited	Chachoda
Facility Type	☑PHC HWC/☐&U-PHC
Whether the facility has been converted to HWC	☑Yes/☐No
Standalone/Co-located	Standalone/ Co-located Co-located with (if applicable):
Accessible from nearest road head	☑Yes/☐No
Date of Visit	16/09/2021
Next Referral Point	Facility: Binaganj Distance: 3 KM

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

Indicator	Remarks/Observation
1.OPD Timing	9 AM to 4 PM
• For U-PHC, check if evening/morning OPD/Clinics being conducted	☑Yes/☐No
2.Whether the facility is functioning in PPP mode	☐Yes☑ No
3.Condition of infrastructure building Please comment on the condition and tick the appropriate box	Comments: ☑24x7 running water facility ☑ Facility is geriatric and disability friendly (ramps etc.) ☑ Clean functional toilets available (separate for Male and Female) ☑Drinking water facility available ☑OPD waiting area has sufficient sitting arrangement ☒ ASHA rest room is available ☑ Drug storeroom with rack is available ☑Power backup ☑ Branding
4. Number of functional in-patient beds	12 beds

5. List of Services available	(1) OPD (2) IPD (3) Path Lab

<table>
<tr><th>Indicator</th><th>Remarks/Observation</th></tr>
<tr><td>6. If 24x7 delivery services available</td><td>☑Yes/☐No</td></tr>
<tr><td>7. Tele-medicine/Consultation services available</td><td>☐Yes/☑No

If yes, average case per day----------</td></tr>
<tr><td>8. Biomedical waste management practices</td><td>Sharp pit:
Deep Burial pit:
Other System, if any:</td></tr>
<tr><td>9. 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>MO (MBBS)</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>MO (AYUSH)</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>SNs/GNMs</td><td>0</td><td>1</td><td>0</td></tr>
<tr><td>ANM</td><td>0</td><td>1</td><td>0</td></tr>
<tr><td>LTs</td><td>0</td><td>1</td><td>0</td></tr>
<tr><td>Pharmacist</td><td>0</td><td>0</td><td>1</td></tr>
<tr><td>Public Health Manager (NUHM)</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>LHV/PHN</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Others</td><td>0</td><td>0</td><td>0</td></tr>
</table>
</td></tr>
<tr><td>10. IT Services</td><td>• Desktop/Laptop available: ☑Yes/☐No
• All ANMs have functional Tablets:☑Yes/☐No
• Smart phones given to all ASHAs: ☑Yes/☐No
• Internet connectivity: ☑Yes/☐No
Quality/strength of internet connection: Good</td></tr>
<tr><td>11. Kayakalp</td><td>Initiated: Yes
Facility score:
Award received:</td></tr>
<tr><td>12. NQAS</td><td>Assessment done: Internal/State
Facility score:
Certification Status:</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 112

EDL displayed in OPD Area: ☑Yes/☐No

No. of drugs available on the day of visit (out of the EDL)-------</td></tr>
<tr><td>14. Implementation of DVDMS or similar supply chain management system</td><td>☐Yes/☐ No

If other, which one</td></tr>
</table>

Indicator	Remarks/Observation
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 Anti D Injection 2 Antibiotic 3 4 5
16. Drugs Available for Hypertension & Diabetic patients:	1 Yes 2 Yes 3 Yes
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1 2 3
18. Availability of Essential Consumables:	☑Sufficient Supply ☒ Minimal Shortage ☒ Acute shortage In last 6 months how many times there was shortage----------
19. Availability of essential diagnostics	☑In-house ☒ Outsourced/PPP ☒ Both/ Mixed
• In-house tests	Timing: Yes 9 AM to PM Total number of tests performed: Details of tests performed:
• Outsourced/PPP	Timing : Total number of tests performed: Details of tests performed:
20. X-ray services is available	☐Yes/ ☑ No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: Yes/ No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	☐Free for BPL ☐ Free for elderly ☐Free for JSSK beneficiaries ☑Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	☑Sufficient Supply ☒ Minimal Shortage ☒ Acute shortage
23. If there is any shortage of major	Delivery Table

instruments/equipment	

Indicator	Remarks/Observation
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	☑Yes/ ☐No
• If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐Yes/☐No
26. Status of JSY payments	Payment is up to date: ☑Yes/☐No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	☑Yes/☐No If Yes, whether all entitlements being provided ☑Free delivery services (Normal delivery/C-section) ☒ free diet ☑Free drugs and consumables ☑Free diagnostics ☒ Free blood services ☑Free referral transport (home to facility) ☑Free referral transport (drop back from facility to home) ☑No user charges
28. Line listing of high-risk pregnancies	☑Yes/☐No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/Dakshta trained/SBA trained MO/SA/ ANM in Labour Room	☑Yes No Skill lab Gwalior,
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year: 0 Current FY: 0
33. Number of child Death reported in the facility	Previous year: 1 Current FY: 1
34. Availability of vaccines and hub cutter	☑Yes/ ☐No Nurses/ANM aware about open vial policy: Yes/ No

<table>
<tr><th>Indicator</th><th>Remarks/Observation</th></tr>
<tr><td>35. Number of newborns immunized with birth dose at the facility in last 3 months</td><td></td></tr>
<tr><td>36. Newborns breastfed within one hour of birth (observe if practiced and women are being counseled)</td><td>Yes</td></tr>
<tr><td>37. Number of sterilizations performed in last one month</td><td>0</td></tr>
<tr><td>38. Availability of trained provider for IUCD/PPIUCD</td><td>☑Yes/☐No</td></tr>
<tr><td>39. Who counsels on FP services</td><td>SN</td></tr>
<tr><td>40. Please comment on utilization of other FP services?</td><td></td></tr>
<tr><td>41. FPLMIS has been implemented</td><td>☑Yes/☐No</td></tr>
<tr><td>42. Availability of functional Adolescent Friendly Health Clinic</td><td>☑Yes/☐No

If yes, who provides counseling to adolescents: Staff Nurse
Separate male and female counselors available: Yes/No</td></tr>
<tr><td>43. Whether facility has fixed day NCD clinic</td><td>☑Yes/☐No

If Yes, how many days in a week: 2 days</td></tr>
<tr><td>44. Are service providers trained in cancer services?</td><td>☐Yes/☑No</td></tr>
<tr><td>45. Number of individuals screened for the following in last 6 months:</td><td>
<table>
<tr><th></th><th>Screened</th><th>Confirmed</th></tr>
<tr><td>a. Hypertension</td><td>0</td><td>0</td></tr>
<tr><td>b. Diabetes</td><td>0</td><td>0</td></tr>
<tr><td>c. Oral Cancer</td><td>0</td><td>0</td></tr>
<tr><td>d. Breast Cancer</td><td>0</td><td>0</td></tr>
<tr><td>e. Cervical Cancer</td><td>0</td><td>0</td></tr>
</table>
</td></tr>
<tr><td>46. Whether wellness activities are performed</td><td>☑Yes/☐No
Frequency:</td></tr>
<tr><td>47. Whether reporting weekly data in P and L from under IDSP</td><td>☑Yes/☐No</td></tr>
<tr><td>48. Distribution of LLIN in high-risk areas</td><td>No. of LLIN distributed per household: 1 per family/ Others (Specify):……..</td></tr>
</table>

Indicator	Remarks/Observation
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) 66
	If anti-TB drugs available at the facility: ☑Yes/☐No If yes, are there any patients currently taking anti-TB drugs from the facility: ☐Yes/☐No
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months ----------
	Is there a sample transport mechanism in place for: • Investigation within public sector for TB testing? ☐Yes/☑No • Investigation within public sector for other testing? ☐Yes/☑No • Outsourced testing? ☐Yes/☑No
	Are all TB patients tested for HIV? ☐**Yes**/☐No Are all TB patients tested for Diabetes Mellitus: ☐Yes/☐No
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:
51. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐Yes/☑No • TB Notification Registers: ☐Yes/☑No • Malaria cases: ☑Yes/☐No • Palliative cases ☐Yes/☑No • Cases related to Dengue and Chikungunya: ☐Yes/☑No • Leprosy cases: ☐Yes/☑No If found positive record
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 1,75,000=00 Fund utilized last year: 1,75,000=00
	Items/Activities whose expenditure is met out of the RKS/Untied Fund regularly:
	Reasons for underutilization of fund (if any)

Indicator	Remarks/Observation
53. Status of data entry in (match with physical records)	HMIS: ☑Updated/☐ Not updated MCTS: ☑Updated/☐Not updated ANMOL: ☑ Updated/☐Not updated IHIP: ☑Updated/☐ Not updated HWC Portal: ☑Updated/☐Not updated Nikshay Portal: ☑Updated/☐Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	PHC own ambulance available PHC has contracted out ambulance services Ambulances services with Centralized call centre Government ambulance services are not available
	Comment (if any): 108 ambulance
• How many cases from sub centre were referred to this PHC last month?	Number: 22 Types of cases referred in:
• How many cases from the PHC were referred to the CHC last month?	Number: 03 Types of cases referred out:
57. Key challenges observed in the facility and the root causes	
Challenge	**Root causes**
a. Lack of medical staff in PHC.	a. Medical staff should be filled.
b. Lack of honorarium issue for temporary worker.	b. Things should be considered.
c. ANMOL software causing problem.	c. Training of ANMOL should be given.
d. Lack of medical equipment.	d. Necessary actions should be taken.
e. Not satisfied in IT infrastructure.	e. IT infrastructure should be upgraded.

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

Schedule for PIP Monitoring

C. Service Delivery: Community Health Centre (CHC) Binaganj

Name of facility visited	Binaganj
Facility Type	☑CHC/☐U-CHC
FRU	☑Yes/☐No
Standalone/Co-located	☑Standalone/☐Co-located Co-located with (if applicable):
Accessible from nearest road head	☑Yes/☐No
Date of Visit	16/09/2021
Next Referral Point	Facility: GUNA Distance: 65 KM

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

<table>
<tr><th>Indicator</th><th>Remarks/Observation</th></tr>
<tr><td>1.OPD Timing</td><td>9 AM to 4 PM</td></tr>
<tr><td>2.Whether the facility is functioning in PPP mode</td><td>☐Yes/☑No</td></tr>
<tr><td>3.Condition of infrastructure building

Please comment on the condition and tick the appropriate box</td><td>Comments: Old Building
20 year old, Labour room candam

☑ 24x7 running water facility
☒ Facility is geriatric and disability friendly (ramps etc.)
☑ Clean functional toilets available (separate for Male and Female)
☑ Drinking water facility available
☑ OPD waiting area has sufficient sitting arrangement
☒ASHA rest room is available
☑ Drug storeroom with rack is available

Power backup:☑ Complete Hospital ☐ Part of the hospital</td></tr>
<tr><td>4.Number of functional in-patient beds</td><td>18</td></tr>
<tr><td>5.List of Services available</td><td>OPD/IPD/24 hours Emergence/minor Troma/ medical ENNC/ Postmortem/ normal labour/ Blood Transfusion unit, FP</td></tr>
<tr><td>• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</td><td>
<table>
<tr><th>Sl.</th><th>Service</th><th>Y/N</th></tr>
<tr><td>1</td><td>Medicine</td><td>Y</td></tr>
<tr><td>2</td><td>O & G</td><td>N</td></tr>
<tr><td>3</td><td>Pediatric</td><td>N</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/Observation</th></tr>
<tr><td></td><td>
<table>
<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>Y</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>N</td></tr>
<tr><td>10</td><td>Newborn Stabilization Unit</td><td>Y</td></tr>
</table>
</td></tr>
<tr><td>• If any of the specialists are available 24x7</td><td>☐Yes available
☐Yes, available only on-call
☑Not available</td></tr>
<tr><td>• Emergency</td><td>General emergency:
or
facilities available for:
1. Triage
2. Resuscitation
3. Stabilization</td></tr>
<tr><td>6.Tele-medicine/Consultation services available</td><td>☐Yes/☑No

If yes, average case per day----------</td></tr>
<tr><td>7.Operation Theatre available</td><td>☑Yes/☐No
If yes,
Major:
☑Minor:</td></tr>
<tr><td>8.Availability of functional Blood Storage Unit</td><td>☑Yes/☐No
If yes, number of units of blood currently available: No
No. of blood transfusion done in last month: 2</td></tr>
<tr><td>9.Whether blood is issued free, or user-fee is being charged</td><td>☒ Free for BPL
☒ Free for elderly
☑ Free for JSSK beneficiaries
☒ Free for all</td></tr>
<tr><td>10.Biomedical waste management practices</td><td>☑Sharp pit:
☐Deep Burial pit:
☐Other System, if any:</td></tr>
<tr><td>11.</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>0</td><td>02</td><td>0</td></tr>
<tr><td rowspan="4">Specialists</td><td>Medicine</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>ObGy</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Pediatrician</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Anesthetist</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td colspan="2">Dentist</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td colspan="2">SNs/GNMs</td><td>0</td><td>5</td><td>1</td></tr>
<tr><td colspan="2">LTs</td><td>0</td><td>1</td><td>2</td></tr>
<tr><td colspan="2">Pharmacist</td><td>0</td><td>2</td><td>1</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/Observation</th></tr>
<tr><td></td><td>
<table>
<tr><td>Dental Assistant/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
• Internet connectivity: ☑Yes/☐No
Quality/strength of internet connection:</td></tr>
<tr><td>13.Kayakalp</td><td>Initiated: Yes
Facility score: 86%
Award received: No</td></tr>
<tr><td>14.NQAS</td><td>Assessment done: Internal/State
Facility score:
Certification Status:</td></tr>
<tr><td>15.LaQshya</td><td>Labour Room: 70%
Operation Theatre:</td></tr>
<tr><td rowspan="2">16.Availability of list of essential medicines (EML)/drugs (EDL)</td><td>☑Yes/☐No</td></tr>
<tr><td>If yes, total number of drugs in EDL 29

EDL displayed in OPD Area: ☐Yes/☐No

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

If other, which one</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></td></tr>
<tr><td>2</td><td></td></tr>
<tr><td>3</td><td></td></tr>
<tr><td>4</td><td></td></tr>
<tr><td>5</td><td></td></tr>
</table>
</td></tr>
<tr><td>19.Availability of Essential Consumables:</td><td>☑ Sufficient Supply
☒ Minimal Shortage
☒ Acute shortage

In last 6 months how many times there was shortage</td></tr>
<tr><td>20.Availability of essential diagnostics</td><td>☑In-house
☒Outsourced/PPP
☒Both/Mixed</td></tr>
<tr><td>• In-house tests</td><td>Timing: 9 AM to 4 PM
Total number of tests performed: 27
Details of tests performed:</td></tr>
</table>

Indicator	Remarks/Observation
• Outsourced/PPP	Timing: Total number of tests performed:---------- Details of tests performed:
21. X-ray services is available	☑Yes/☐No If yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☑Yes/☐No
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☑ Free for all
23. Availability of Testing kits/Rapid Diagnostic Kits	☑Sufficient Supply ☒Minimal Shortage ☒ Acute shortage
24. If there is any shortage of major instruments/equipment	
25. Average downtime of equipment Details of equipment are nonfunctional for more than 7 days	
26. Availability of delivery services	☑Yes/☐No
• If the facility is designated as FRU, whether C-section are performed	☐Yes/☑No Number of normal deliveries performed in last month:…….. No. of C-sections performed in last month: ……..
• Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☑Yes/☐No
27. Status of JSY payments	Payment is up to date: ☑Yes/☐No Average delay: Payment done till: Reasons for delay:
28. Availability of JSSK entitlements	☑Yes/ ☐No If yes, whether all entitlements being provided ☑Free delivery services (Normal delivery/C-section) ☑Free diet ☑Free drugs and consumables ☑Free diagnostics

Indicator	Remarks/Observation
	☑Free blood services ☑Free referral transport (home to facility) ☑Free referral transport (drop back from facility to home) ☑No user charges
29. PMSMA services provided on 9th of every month	☑Yes/☐No If yes, how are high risks identified on 9th? If no, reasons thereof:
30. Line listing of high-risk pregnancies	☑Yes/☐No
31. Practice related to Respectful Maternity Care	Yes
32. Whether facility have registers for entering births and deaths	☑Yes/☐No
33. Number of Maternal Death reported in the facility	Previous year: 0 Current year: 0
34. Number of Child Death reported in the facility	Previous year: 0 Current year: 0
35. If Comprehensive Abortion Care (CAC) services available	☑Yes/☐No
36. Availability of vaccines and hub cutter	☑Yes/☐No Nurses/ ANM aware about open vial policy: ☐Yes/☐No
37. Number of newborns immunized with birth dose at the facility in last 3 months	508
38. Newborns breastfed within one hour of birth (observe if practiced and women are being counseled)	518
39. Number of sterilizations performed in last one month	04
40. Availability of trained provider for IUCD/PPIUCD	☑Yes/☐ No
41. Who counsels on FP services	SN and ANM
42. Please comment on utilization of other FP services?	
43. FPLMIS has been implemented	☑Yes/☐ No
44. Availability of functional	☑Yes/ ☐ No

<table>
<tr><th>Indicator</th><th>Remarks/Observation</th></tr>
<tr><td>45. Whether facility has fixed day NCD clinic</td><td>☑Yes/☐No

If Yes, how many days in a week: 6 days</td></tr>
<tr><td>46. Are service providers trained in cancer services?</td><td>☑Yes/☐ No</td></tr>
<tr><td>47. Number of individuals screened for the following in last 6 months:</td><td>
<table>
<tr><th></th><th>Screened</th><th>Confirmed</th></tr>
<tr><td>f. Hypertension</td><td>1800</td><td>150</td></tr>
<tr><td>g. Diabetes</td><td>1300</td><td>84</td></tr>
<tr><td>h. Oral Cancer</td><td>0</td><td>0</td></tr>
<tr><td>i. Breast Cancer</td><td>0</td><td>0</td></tr>
<tr><td>j. Cervical Cancer</td><td>0</td><td>0</td></tr>
</table>
</td></tr>
<tr><td>48. Are service providers trained in cancer services?</td><td>☑Yes/☐No</td></tr>
<tr><td>49. Whether reporting weekly data in P, S and L from under IDSP</td><td>☑Yes/☐ No</td></tr>
<tr><td rowspan="6">50. Status of TB elimination programme</td><td>Facility is designated as Designated Microscopy Centre (DMC): ☑
☑Yes/☐No</td></tr>
<tr><td>If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) ----------</td></tr>
<tr><td>If anti-TB drugs available at the facility: ☑Yes/☐ No

If yes, are there any patients currently taking anti-TB drugs from the facility: ☑Yes/☐No</td></tr>
<tr><td>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months ----------</td></tr>
<tr><td>Is there a sample transport mechanism in place for:
• Investigation within public sector for TB testing? ☐Yes/☐No
• Investigation within public sector for other testing? ☐Yes/☐No
• Outsourced testing? ☐Yes/☐No</td></tr>
<tr><td>Are all TB patients tested for HIV? ☑Yes/☐ No
Are all TB patients tested for Diabetes Mellitus: ☑Yes/☐No</td></tr>
<tr><td>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:</td></tr>
<tr><td>51. Status on Leprosy eradication programme</td><td>Nos. of new case detected by Field Worker in last 12 months:
Out of those, how many are having Gr. II deformity:
Frequency of Community Surveillance:</td></tr>
<tr><td>52. Maintenance of records on</td><td>• TB Treatment Card cases (both for drug sensitive and drug Resistant cases): ☑Yes/☐No
• TB Notification Registers: ☑Yes/☐No
• Malaria cases: ☑Yes/☐No
• Palliative cases : ☑Yes/☐No
• Cases related to Dengue and Chikungunya: ☑Yes/☐No
• Leprosy cases: ☑Yes/☐No If found positive record</td></tr>
</table>

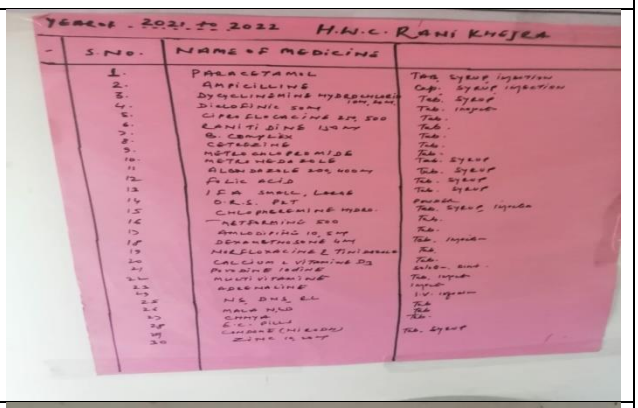
Indicator	Remarks/Observation
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Reasons for under utilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: ☑Updated/☐Not updated MCTS: ☑Updated/☐Not updated IHIP: ☑ Updated/☐Not updated HWC Portal: ☐Updated/☒Not updated Nikshay Portal: ☑ Updated/☐Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
56. Availability of ambulance services in the area	☒CHC own ambulance available ☒CHC has contracted out ambulance services ☑Ambulances services with Centralized call centre ☒Government ambulance services are not available
	Comment (if any): 108 ambulance
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 126 Types of cases referred in:
• How many cases from the CHC were referred to the DH last month?	Number: 80 Types of cases referred out:
57. Key challenges observed in the facility and the root causes	
Challenge	**Root causes**
a. No MO working in CHC.	a. MO should be appointed
b. Shortage of specialized doctor.	b. Vacant post of doctor should be filled
c. Building condition is not good.	c. Building should be renovated
d. OT not available	d. OT should be stabilized
e. Lack of Medical equipment	e. Action should be taken for availability of medical equipment

List of Acronyms

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

Community Health Centre (CHC) Binaganj District Chachoda visited on 16 Sep. , 2021

Sub Health Centre (SHC)Rani Khejra District Chachoda visited on 17th Sep , 2021



Primary Health Centre (PHC) Chachoda District Chachoda visited on 17 Sep. , 2021