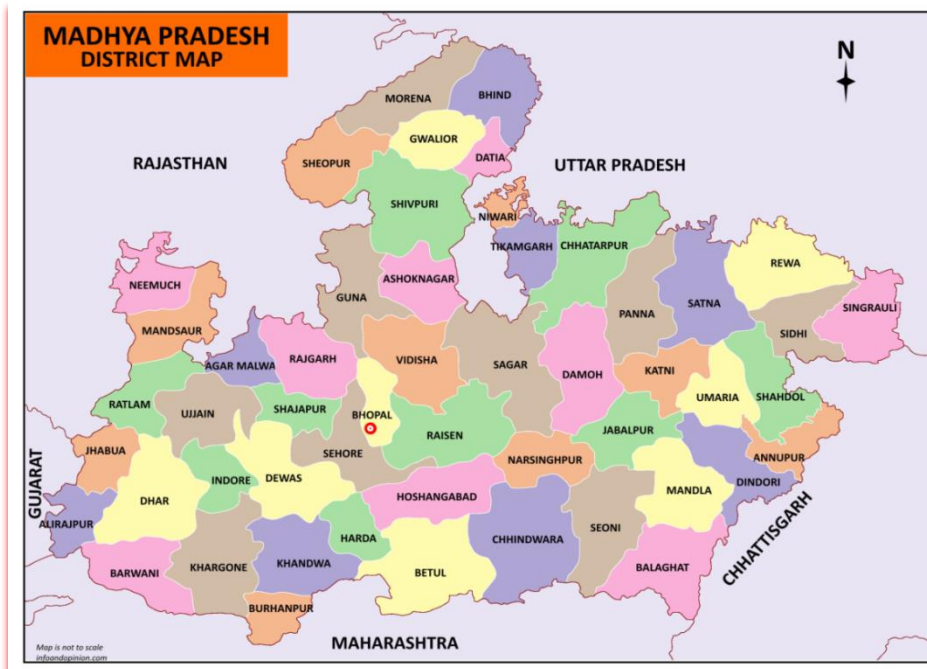


Report on Monitoring of Programme Implementation Plan (PIP) Under National Health Mission 2021-22



District: Damoh (Madhya Pradesh)



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Executive Summary Damoh

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 Centre (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 Damoh district in MP in second week of September, 2021. The PRC team visited District Hospital (DH) Damoh, Community Health Centre (CHC) Hindoria, 24*7 Primary Health Centre (PHC) Bandakpur and SHC Annu, which are functioning as delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socioeconomic, health and service delivery indicators of the state and Damoh 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 & RCH portal data. 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 was for the period April-August 2021 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 Damoh, CHC Hindoria, 24*7 PHC Bandakpur and SHC Annu for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received.

Some key observations are as follows.

- There are few specialists in the Damoh district, it needs some more specialists. There are 33 posts sanctioned out of which only three are working.
- There is a shortage of space in the district hospital. It is planned to make a multi storied hospital building in place of present hospital.
- The Planning to get yoga activity is under process in the district hospital. There is also a plan to start a canteen.
- There is no CT- scan in the district hospital, it should be immediately arranged.
- Supporting staff is not in proper number, the ward boys are keeping Rogi Kalyan Samiti in the lab. There are no separate staffs in the OT and ICU.
- There is connectivity issue in the network.

- In view of the shortage of doctors, if they keep outsourced doctors then they pay only 15000 / month to them, which is not sufficient, so doctors do not come. It must be increased.
- Only 4 people are working in DEIC, but the staffs of 12 people are required. If vaccination drive starts in DEIC, then 9 months follow up of children will be functional, so it needs more staff.
- There is a huge shortage of staff; there is a farming agriculture area away from main village, so no one wants to come here to serve.
- The staff here is being transferred and other people not coming in their place Fewer Budgets is allotted to the district hospital and facilities. Repeated requests for more budget allocation are needs to be done.
- Paracetamol tablet is not available as per the people demand. Vehicle payment is not received
- Electricity is having a problem that only Rs. 20000 fund is available at health & wellness centre. Meter installation is available at all the centres, and more bills are generated. The allocation of funds for electricity should be increased.
- By tale consultation the services of Doctors are available in rural areas. It has benefitted a lot by providing services through tale consultation. The referral of the patients is done for either Jabalpur or Sagar Medical College.
- There are fourteen, 108 - ambulances in overall district out of which 2 district hospital lives on. These ambulances also provide services to private people.
- Earlier there were 3 counters in the district hospital, 2 separate counters have been made for pregnant women.
- The process of computerizing the hospital is going on.
- The E hospital is working continuously for 4 years, all kind of medicines are available.
- Anaemia has been reduced by applying iron sucrose
- Funds for some activities are not utilized.
- AC connection should be centralized in the district hospital.
- The district hospital has good drinking water facilities
- It is reported that the administrations is making a dormitory for patient attendant in district hospital.
- Kayakalp in the district hospital was stated in 2015. Fund of Kayakalp programme is not received on time. Consolation award is being received continuously for 2 years in this programme.

- Dialysis has started in the district hospital from 2016 .
- A 10000KW solar plant is installed in the district hospital.
- Work has been done with NITI Aayoge to make smart school. Rs. 400 Lacks have been sanctioned in 2019-20 for health education.
- Donation has received due to good coordination of society in the district hospital. In April this year, a donation of 50 lakhs was also received from which the goods were ordered.
- With the help of My Self Cement, a new OPD complex of 300 Lacks in being built is under construction.
- The sewage system is being repaired. Damage toilets are also being repaired.
- Rs. 8.50 lacks have been provided by the rotary club to the DH. By donation taken from the society the welfare money is generated, that is 50 lacks for the assessment period.
- Roshini clinic, NCD clinic, Elderly care, mental health counselling, and tale consultations are running regularly.

Monitoring of PIP 2021-22

District Damoh (M.P.)

A. Assessment of the District profile

A. 1 Introduction

For action based PIP monitoring of districts proposed by MoHFW (GOI) a field visit was made to Damoh district in Madhya Pradesh in September, 2021. District Hospital (DH) Damoh, CHC, Hindoria, , 24X7 Primary Health Centre (PHC) Bandakpur, and Sub-Centre (SC) Annu were visited by PRC. PIP monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, human resources and programme management, and qualitative interaction with beneficiaries to ascertain quality of services. Secondary data was collected for the structured format from the state and district HMIS data format that was already available at the respective Programme Management Unit. Primary data was collected for the qualitative responses interactions with the health staff and checklists were used to assess the availability of services during visits to health facilities.

A.2 State and District Profile

Madhya Pradesh located in central India has 52 districts and 342 blocks with a total population of 7.2 crores (Census, 2011). At present 55 districts in Madhya Pradesh. Damoh district is located at a distance of 258 kms from the state capital Bhopal and caters to a population of 12.5 lakhs. Damoh is one of the districts in Sagar health division comprises of 5 districts of Bundelkhand region in M.P. The district is divided into 8 blocks namely, Patera, Hatta, Batiagarh, Jabera, Tendukhera, Damoh, Patera and Patharia.

A.3 The key Socio-Demographic Indicators

Sr.	Indicator	MP		Damoh	
		2001	2011	2001	2011
1	No. of Districts	45	52	-	-
2	No. of Blocks	333	342	7	7
3	No. of Villages	55393	54903	1213	
4	No. of towns	394	476	6	9
5	Population (Million)	60.34	72.52	1.08	1.26
6	Decadal Growth Rate (%)	24.3	20.3	20.7	16.6
7	Population Density (per km)	196	236	148	173
8	Literacy Rate(%)	63.7	70.6	61.8	69.7
9	Female Literacy Rate(%)	50.3	60.0	47.3	59.2
10	Sex Ratio(Male/1000 female)	919	912	901	910
11	Sex Ratio(0-6 age)	918	912	935	928
12	Urbanization (%)	26.5	27.6	18.9	19.8
Source: Census of India 2001,2011 and various publication RGI					

The population density of Damoh district is 173 persons per sq. km as compared to 236 of M.P. The decadal growth rate of Damoh has decreased from 21 to 17 percent during 2001-2011. Female literacy rate has increased by 16 points from 47 percent in 2001 to 69 in 2011 in Damoh district. The male-female sex ratio of Damoh is 910 females per thousand males in comparison to 912 of M.P. The sex ratio for 0-6 years of age group in Damoh district has decreased from 935 in 2001 to 928 in 2011 but is higher than the average child sex ratio of M.P. The population density of Damoh District (173) is much less than the population density of MP (236). The information provided by the district is as follows ---

<i>*Data provide from Census 2011 of Respective district.</i>	
• Estimated number of deliveries (2021-22)	46699
• Estimated number of C-section (2021-22)	-
• Estimated numbers of live births (2021-22)	42453
• Estimated number of eligible couples (2021-22)	250593
• Estimated number of leprosy cases (2021-22)	143
Target for public and private sector TB notification for the current year (2021-22)	3508
Estimated number of cataract surgeries to be conducted (2021-22)	6087

A .4 Mortality Indicators:

In Damoh district the maternal death rate for current year is reported as 23, which is significantly lesser than the previous year maternal death that was reported 41. Similarly for the current year no deaths are reported for Malaria & sterilization section.

A.5 Facility Details:

Damoh district has a district hospital and a civil hospital. It is reported that the sanctioned community health centre in Damoh district & all six are operational. The district consists 16 sanctioned primaries Health Centre and reported all 16 centers are functional. There are 177 sub centers operating in the district and the same number is approved. Other details of facility information can see in Table.

Table

Facility Details (2021-22)	Sanctioned/ Planned	Operational
• District Hospitals	01	01
• Sub District Hospital	01	01
• Community Health Centers (CHC)	06	06
• Primary Health Centers (PHC)	16	16
• Sub Centers (SC)	177	177
• Urban Primary Health Centers (U-PHC)	01	01
• Urban Community Health Centers (U-CHC)	00	00
• Special Newborn Care Units (SNCU)	01	01
• Nutritional Rehabilitation Centers (NRC)	07	07
• District Early intervention Centers (DEIC)	01	01
• First Referral Units (FRU)	02	02
• Blood Bank	02	02
• Blood Storage Unit (BSU)	02	02
• No. of PHC converted to HWC	16	16
• No. of U-PHC converted to HWC	01	01
• Number of Sub Centre converted to HWC	177	177
• Designated Microscopy Center (DMC)	01	01
• Tuberculosis Units (TUs)	03	03
• Number of sites with CBNAAT/TruNat test facility	01	01
• Drug Resistant TB Centers	01	01
• Functional Non-Communicable Diseases (NCD) clinic		
• At DH	01	01
• At SDH	01	01
• At CHC	06	06
• Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	08	06
• Providing 1st trimester services	08	06
• Providing both 1st & 2nd trimester services	01	01

B. Overview: DHAP

- It is reported that the Damoh district has not prepared any district implementation plan for current year, and it has not still submitted to the state, so the ministry will not be able to allocate budget on this basis. It is also reported that the district has not received the approved District Health Action Plan from the state. The information date of release PIP2021-22 is also not reported. The receiving of the first installment of funds against DHAP is not reported. Construction status during 2021-22 also remains un reported.

C. Assessment of Service Availability:**C.1 Assessment of Service indicators:**

- It is reported that the DH provides free drug services for all patients. The Pathology tests are performed for a large number of patients. It is reported that the thirty-six-delivery point are available in the district during the year 2021-22.

- It is also reported that the eighteen sub centre are such where the number of delivery is more than three deliveries in a month. It is also reported that the sixteen PHC's are working for 24*7 and they are conducting more than ten deliveries per month.
- Among all six CHC's only one CHC in the district is there which is conducting more than 20 deliveries in a month.
- It is also reported that the DH is conducting more than fifty deliveries per month. It is observed that the ten-ultrasound facility including (public+ Private mode) are functional. It is reported that the sixteen RBSK teams are working in the district. It is reported that only one RBSK team is working with full capacity of HR in whole district. It is reported that the eleven RBSK teams has vehicles facilities out of total sixteen teams. It is noted that average sixty children are screened by RBSK team per day.

C.2 Assessment of Special New born care units (SNCU):

- It is reported that the 435 children are born in SNCU unit and 413 children are admitted to the SNCU which are born outside. Defects birth is not reported in the SNCU during April to August 2021.
- It is found that 362 and 306 children are discharged inborn and out born respectively. It is reported that the 14 and 27 children are inborn and out born referred to medical college respectively. It is noted that the 10 and 20 percent (LAMA) were left SNCU from inborn and out born respectively. It is also noted that 43 and 42 children are death reported from inborn and out born respectively.
- It is reported that 389 infected children admitted by Nutrition Rehabilitation centre (NRC) during the assessment time period.
- It is noted that the total 381 children are referred here by frontline workers, self, VCDC/CTC, RBSK and pediatric ward. Out of these, 359 were discharged after treatment, and 12 were referred to medical college, and ten children were left the hospital as LAMA during the specified assessment period.
- The information of ASHA about the services of maternal health and child health is given in the table. The holding of ASHA is 1343 kits, and the 4943 newborns visited under HBNC. The drug kits in possession to ASHA are 1209 kits.
- In previous year 23 maternal deaths were reported and in the current year no data is provided for the same.
- It is reported that the six blocks and 535 villages are covered under peer education programme out of 1204 villages.

C.4 Vehicle Assessment for referral transport facility

- It is reported that 10 numbers of Basic life support (BLS) on the road and their distribution (block wise number) is available. It is also reported one advanced life support (on the road) is available in the district and its services are functional as per patient requirement.
- It is noted that the operational agency is working under Public Private Partnership (PPP) model.
- It is reported that ambulances are functional with fitted and handled centralized call centre. It is observed that on an average, per day 5 ambulances are demanded for ALS, and 50 are demanded from BLS respectively. The ambulance trip mobility is mentioned in the table
- District hospital administration has not reported the existence of state mental Authority (SMHA) services/committees.
- Payment status of JSY beneficiary including ASHA payment is not reported for the assessment period.
- It is reported that the implemented National Vector Born Diseases Programme (micro and macro plan) is functional in the district in the following manner.
- Annual blood examination rate for last three years is reported as 12.0, 12.1 and 10.6 respectively.
- A large number 136850 is distributed to LINN
- No sites in the district are found where IRS is done. It is noted that on the 543 no. of sites with anti-larval methods are functional in the district.
- It is noted that in the district, not a single MDR is observed.
- It is remarkable to inform as an achievement of the district that there is reported status for Lymphatic Filarial is less than 1%.The status of Implementation of National Tuberculosis Programme is functional in the district, and all the details with required parameters are shown in the table. It is noted that the implementation of National Leprosy Eradication Programme (NLEP) is functional in the district, and all the details with required parameters are shown in the table.

C.5 ASHA Assessment:

- It is noted that in the Damoh district requires 1500 ASHA as per the population whereas selected are 1413 ASHA's against a strength of 1500 ASHA. The district consists of 1286 villages and 18 slum area where no ASHA services are reported. The district has reported that the social benefit scheme for ASHA and ASHA facilitators are functional with specified numbers in various scheme given in table.

- It is reported that total 732 ASHAs are enrolled in (PMJJBY), the 502 ASHAs are enrolled in (PMSBY). The 54 ASHA Facilitators /Sahyogi are enrolled for (PMJJBY), and the 31 ASHA Facilitators are enrolled for (PMSBY).
- It is noted that the Mahila Arogya Samitis and village health Sanitation and Nutrition Committee are functional in good numbers, and the details of the committee structure can be seen in the table.
- The district has a District level Quality committee for assessment of various activities.
- The details of vacant posts in 2021, and at the beginning of 2021-22 are reported as 316 and 271 respectively.

D. Assessment of Implementation of CPHC Status:

- It is reported that currently the implementation of CPHC is functional in the district, and some important features about CPHC are given below.
- The 6569 patient are screened and diagnosed of hypertension, which is significantly a large number. Total reported diabetes patients are 3167 under CPHC. It is reported that the 18 patients are suffering from oral cancer, while 3 and 18 patients are reported suffering from breast and cervical cancer respectively.
- It is noted that the 97 number of HWCs are reported to be providing tele consultation services in the district .It is also reported that the 97 HWCs are organizing wellness activities.

E. Assessment of Status of HRH Status (2021-22):

Some of the important highlights about HRH in Damoh district are given as below:

- It is reported that there are only 256 ANMs working against the sanctioned strength of 350 ANMs during the assessment period. It is reported that the 51 MPW (male) are working against 164 sanctioned positions. It is also observed that the MPW (male) are working in poor number against the sanctioned position.
- It is noted that the 100 staff nurses are working against 135 sanctioned positions. It is noted that the 20 lab technicians are working against 20 sanctioned positions. It is remarkable. It is reported that the 18 Pharmacists are working against 27 sanctioned positions. Only one gynecologist is working against 8 sanctioned positions of the same.
- It is noted that the 2 Pediatricians are working against the 4 sanctioned positions. No Anesthetists is working against 2 sanctioned positions. Which is disappointing, may be immediately appointed.
- It is very negative remark regarding working status of Surgeons that no one is working against 7 sanctioned positions.
- It is also reported that no Radiologists is working against 2 sanctioned positions of radiologists. It is noted that the 7 Radiographers/X ray technicians are working against 8 sanctioned positions.

- Not a single CSSD technician is working in the district. It is found one OT technician is working against one sanctioned position.
- It is noted that 97 CHO/KLHPs are working against 110 sanctioned positions. It is noted that all the 14 AYUSH MOs are working against 14 sanctioned positions. It is also mentioned that all the AYUSH Pharmacists are working against 15 sanctioned positions.

F. Status of fund utilization:

The ministry needed a budget schedule in terms of FMR, Program-wise, and various component analysis of the budget in assessment period. But the DH did not report this information with despaired parameters, so it is recommended that the DH must prepare the allocation of budget as per standard format, for the next cycle of assessment.

G. Status of Training

- It is noted that the trainings of the following are conducted smoothly in the district —
 - 1 Dakshta Training
 2. CHO Training
 3. ASHA 6-7 module
 4. SBA proposed
 5. PPIUCD
 6. MPW/ANM
 7. NCD Training
 8. HBNC/HBYC Training

H.Community Level Assessment :

H.1 Service indicators:

- It was found that the people living in the rural areas are preferred to be treated in the Govt. hospitals. They do not give priority to private hospital due to their weak economic conditions. After discussing with the public, some important facts such as the quality and reliability in the services and management of government hospitals are bigger than before. The people seem to be satisfied with the services of government hospitals.
- After discussion with the community and centre in - charge, it was found that the availability of staff is not sufficient. The villagers were found satisfied with the services and behavior of the staff available in the centre.

- It was found that ASHA has a constant door-to-door visit. The ASHA workers are knowledgeable and skilful in their expertise. Good relations have been found between the ASHA and villagers.
- Villagers have become aware of the seriousness negativity of narcotics, tobacco and, alcohol. Most villagers use clean water and toilets. Medicines check-up and referral transportation facilities are available at the centre.
- According to the villagers, the services in the government hospitals are provided free of cost, wherever possible.
- For screening of common NCD, Villagers are referred to the district hospital Damoh, and CHC Bandakpur for treatment. They are referred to District hospital Damoh for some serious other diseases.

H.2 Challenges and root causes:

Challenges	Root Causes
a. As per the public demand, the delivery points should be made functional in sub centre level.	a. For this issue the district hospital should be initiative for establishment of delivery centre, and the budget should be demanded from the government to generate resources.
b. Transportation facility is not up - to - date due to population load.	b .The number of referral transport facility should be increased.
c. Sanitation facility is available, but it is not found satisfactory, due to limitations in manpower and lack of resources.	c. There should be a permanent arrangement of sweepers, so that daily sanitation may be possible.
d. Due to the absence of boundary wall, there is continuous movement of cattle around the center.	d. There should be a provision of boundary wall in the centre. The district hospital authorities take immediate action for the same.
e. Iron Sucrose Injection facility is not available at the center; the need for iron sucrose is felt.	e. The above injection should be made available to the district hospital.

I. Assessment of Service Delivery Sub Centre Aanu:

- It is noted that as per the IPHS, and National Health Programme norms, the services like ANC services malaria test, Delivery care services etc. are functional effectively.
- It is reported that all the services like Diagnostic and drug distribution, in the centre are provided to the patient in an optimal manner. Some other information regarding services at this sub centre are given below

- a. The condition of building of the centre was found in a good position.
- b. The 24 hours water facility is available.
- c. Clean toilet is available inside the centre.
- d. ASHA has no rest room inside the centre.
- e. The names of the staff are shown properly on board.
- f. There is no place found for Yoga and Welfare activities.
- g. The process of dumping the garbage in the pit is followed.
- The centre is functional with one ANM, one MPW, one CHO and two ASHA.
- The enquired IT services like internet connectivity is available. The tablets are also available in the sub centre.
- A List of all medicines are available in the centre. From this list there are 24 types of medicines available during the visit. It is observed that the Anti TB drugs are available in the centre. The five medicines at the sub centre, which are lacking are as follows—

1 Folic Acid Plain

2. Hemowin Capsule

3. Ibuprofen tablets

4. Aciloc 150 Tablet

- There is no shortage of medicines for Hypertension and Diabetes for last seven days. Medicine for hypertension and diabetes are distributed by CHO. Adequate availability of testing kits and rapid Diagnostic is reported.
- The sub centre has BP instrument, thermometer, and 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 not seen in this year and previous year. It is reported that zero Child death occurred in the current year, and four children were reported dead in the previous year.
- It is reported that the vaccines and hub cutter is available at the center. Micro plan is available for immunization at the centre. ASHA makes list of all eligible target couple.
- It is found that the universal screening of NCD has started since 2015-16.No data is reported for individuals screen for hypertension, diabetes, oral Cancer, breast cancer and cervical cancer in the last six month.

- Medicines for hypertension and diabetes have been distributed in last six months, but the number of patient is not reported. All medicine is distributed by ANM and CHO.
- The Wellness activities are found functional in the sub centre. IDSP form, and S form are to be filled by the ANM.
- In total forty one TB patients have been identified in the sub center area. The ASHA has HBNC kit, and Drug kit, both. Sometimes the incentives of ASHA are not paid in time due to some technical issues.
- The sub centre has got twenty thousand in the last year the assessment year no fund is reported.

I.1 Assessment of Challenges and Root causes:

Challenge	Root Causes
a There is insufficient facility according to the population load in the sub centre area.	a Services like medicine and transport facility should be increased according to the population load.
b. A Delivery point at the centre is needed.	b .Delivery point should be created at the sub centre so that the villagers are served better.
c Public needs that the NCD services should be provided on daily basis.	c DH hospital should arrange NCD services in regular manner as per the demand by the community.
d. Fourth class employees are not satisfied with their pay.	d. District hospital administration should resolve the issue.
e. The sub centre has no wall, so cattle roam around the centre.	e. There should be made a boundary wall around the centre.

J . Service Delivery : Primary Health Centre Bandakpur

J.1 Assessment of service indicator:

- Bandakpur PHC is running with building in a good condition with 6 beds. The OPD timing is between 9AM 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.
- Clean toilets are available.
- Drinking water facility is available.
- There are enough chairs to sit in the waiting room.
- ASHA rest room is also available.

- Drug store room with rack is available.

- Power backup is available.
- Basic pathology, medicine and delivery care services were found in the centre.
- Delivery services are functional during 24*7
- Tele-medicine/consultation services are available on an average 5 per day. The details HR available in the facility are showing in the following Table-

J2 Human Resources and other Services indicator details:

HR	Sanctioned	Regular	Contractual
MO(MBBS)	1	1	0
MO(AYUSH)	1	1	0
SNs/GNMs	2	1	1
ANM	1	0	1
LTs	1	1	0
Pharmacist	1	0	1
Public health Manager	0	0	0
LHV/PHN	2	2	0
Others	1	1	0

- It is noted that no public health manager is working in the PHC Bandakpur. Basic IT services like

Desktop/Laptop are available. Smart phones have not been given to ASHA.

- Kayakalp programme is conducted in the centers and It gets facility score of 80.4%. This centre has also been honored with consolation award. NAQS is not functional in the PHC.
- The list of essential 175 medicines is available. At the time of visit, the total 128 drugs are found available.
- Drugs for Hypertension and Diabetes are available with names as given-

1.Teb Amlodipine 5mg

2.Teb. Metformin 500mg

3.Tab Glimy 1gm

- The availability of essential consumption with sufficient supply and minimum shortage was found.
- There is house test timing during 9 am to 4 pm. No X-ray services are available at the PHC.PPP status is not reported.
- Diagnostic services like x-ray etc 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.

- Payment under JSY is up to date (no delay), payment has been made till August. The scheme of JSSK is executed with all the specify parameters (all entitlements being provided like free delivery, free drug, free referral transport etc.) High risk pregnant women are identified. All types of training are done under Dakshta.
- No maternal death is reported in the current year and previous year. No child death is reported in current and previous year. The mother is counseled to feed the baby within one hour of birth.
- The IUCD training is given to a relevant staff. Family planning counseling service is provided. Apart from the above no comments have been made regarding family planning. It is noted that FPLMIS has been implemented.
- Availability of functional adolescent friendly health clinic is working smoothly. NCD clinic works on fixed days. (one)
- No oral cancer, breast cancer, cervical cancer patients are found within 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. It is noted that distribution of LLIN in high risk area not done.
- It is noted that T B elimination programmes under DMC and others, as per parameters mentioned in the schedule has not performed. Leprosy programme is running as per state direction in the district.
- T B treatment is given, but case record is not up to date.
- Rs. 1, 75,000 have been received last year under NHM scheme. Out of which an amount of Rs. 75,000 has been spent.
- Data entry is done in HIMS and IHIP portals. No meeting of RKS is recorded. Services are running on the basis of self and centralized call centre in PHC. No data is reported for referral cases to PHC in last month

J 4 Assessment of Challenges and Root causes:

Challenges	Root Causes
a. Staff Shortage has been reported at PHC.	a. Staff should be filled as needed by PHC.
b. There is no fridge in the pathology.	b. There is a small lab in the PHC, so it is necessary to have a fridge it should be immediately bout.
c. PHC is not getting enough funds.	c. Fund demanded by PHC should be provided.
d. There is no camera for security.	d. Camera is required for surveillance.
e. Laptop is required for telecommunication.	e. Laptop must be supplied.

K Service Delivery: Community Health Centre Hindoria

K1 Service indicator assessment:

- The CHC Hindoria is functioning with a building in good condition. Its OPD timing is 9 AM To 4 PM It is also observed that the CHC is operated with following facilities.
- Running water facility is available during 24x7 hours. Ramp facility is also available for geriatric and disability person.
- Clean toilets are available for both male and females separately. Drinking water facility is available. There is enough space in the OPD area for the patient to wait. ASHA rest room is not available. Drug store room with rack is available.
- The CHC is functional with 30 beds under all basic services including delivery service cough, cold fever, etc.
- There is no medicine gynaecologist available. Some doctors, like paediatric, general surgery, Astrology, ophthalmology are not appointed, despite their sanction posts.
- The dental, x-ray, USG, new born stabilizer unit are also not available in this CHC. The minor operation theatre is available. The blood storage unit is also functional. The blood service is free for all patients.

K2. Human Resource Details:

- HR details of CHC are given as follows

HR	Sanctioned	Regular	Contractual
MO	4	1	1
Specialists	1	0	0
Medicine	1	0	0
ObGy	1	0	0
Pediatrician	1	0	0
Anesthetist	1	0	0
Dentist	0	0	0
SNs/GNMs	6	5	
LTs	1	1	0
Pharmacist	1	0	1
Dental Assistant	0	0	0
Hospital/Facility Manager	1	0	1

- Against all the sanction 18 post (all category) ten posts are filled, which showing poor working strength. The most of the posts are vacant. It is recommended that these posts should be filled immediately, so that the medical services can run smoothly.

K3. Infrastructure Assessment:

- It is noted that the CHC is functioning with the basic IT services like Desktop, Laptop, and internet connectivity.
- Kayakalp programme is going on inside CHC and this facility has scored with 84%, therefore the CHC has received award as per norms (above 75% receive the award). It is observed that 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.

Zeal Lozenges

Lamotrigine 50 mg

Cosart 50 mg Tablet

Isophane insulin injection

I win Capsule 100mg

- Adequate quantity of other medicines is available. Some basic diagnostic facilities like malaria, HIV, Hemoglobin etc. are available within CHC premises .Total 3245 tests have been performed during the period April to August 2021.X-ray services are available but it is not 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. There is no shortage of major/essential equipments in the CHC. It is noted that the instruments are functional for more than last seven days.
- Delivery services are available for pregnant women. It is also noted that the delivery services are designated from FRU.
- Labor room condition is good.
- Beneficiary under JSY get payment on time, and all the payment till August 2021 have been done.JSSK scheme is dully running in CHC with all essential services like free delivery service, free date, free drugs, free diagnostic, free referral. All Transport services are provided free of cost. It is observed that the PMSMA services are functional. It is provided on every date on 9th of every month. High Risk pregnant women are identified for safety purpose.
- No maternal deaths found in the current and previous year.
- In the past period and current year twelve and five infant deaths are reported respectively
- It is noted that the comprehensive abortion care service is available in the CHC.
- It is noted that the 138 now born children were immunized with birth doses at the facility in last three months.
- It is noted that the beneficiaries are counselled to breast feed within one hour for the good health of the child.

- It is observed that sixty sterilizations were performed within the last month.
- Training provider for IUCD/PPIUCD is available.
- Family planning counselling service is available and it is running smoothly.
- It is found that the FPLMIS has been implemented.
- Functional adolescent friendly health clinic is also available. Further it is noted that there is no separate counsellor for that male and female (it runs one day in a week)
- In the last six month 221 and 5 cases of hypertension and diabetes were screened respectively. Out of which 113 and one case were found to be confirmed. The oral cancer and breast cancer patient were not found.
- TB elimination program is running in the CHC. Some important points as follows
- The CHC for TB elimination program has been designed. Microscopy centre is functional. The three average samples are performed per day for last six months and it is noted that the anti TB drugs are available at the facility. It is also noted that the patients are given anti TB drugs.
- All TB patients undergo the diabetes test.
- Two Leprosy patients have been found by a field worker in the last 12 months.
- It is noted the record is maintained as followings.
TB treatment card case
TB notification Registers
Malaria cases,
Leprosy cases
Remark-Maintenance of the record of palliative cases and causes related to Dengue is not found
- Total fund Rs. 2565637=00 received and this entire fund has been utilized.
- It is verified that data entry is updated on HMIS, MCTS, IHIP, HWC, Nichya portal.
- The last RKS meeting was held on 29/06/2019.
- It is noted that centralized ambulance services are running. CHC does not have any ambulance services of its own.
- Sixteen cases are referred from sub centre to CHC, while 13 have been referred to the district hospital from CHC. The above cases are of delivery case.

K 4. Assessment of Challenges and Root causes:

Challenge	Root Causes
a. ICU unit is not operating ideally; as there is no trend manpower (MD Doctor Trained Technical Staff is available.	a. One MD doctor and trained man power should be appointed in ICU unit immediately.
b. Could not give expected result in CHC due to non receipt of full fund of the previous year.	b. the full sanctioned fund should be paid to the hospital.
c. There is short supply of medicine in the hospital.	c. Medicine needed for the hospital should be supplied as per requirement.
d. Irregularity has been observed in the transaction of the JSY and PSY.	d. Arrangement for payment to beneficiary of JSY, PSY should be simplified.
e. ANMOL software remains with ANM should be in working in simplified mode.	e. Proper training should be given to ANM of ANMOL software, so that all the data can be stored in the ANMOL software and transmitted further.

L Service Delivery :District HospitalDistrict Hospital

L.1 Assessment of facility and infrastructure indicator:

- District hospital Damoh is functioning with a good building condition during OPD timing 9 AM to 4 PM. It is also observed that DH is operated with the following facilities.
 1. Running water facility is available during 24x7 hours.
 2. Facility is geriatric and disability friendly.
 3. Clean functional toilets are available (separate for male and female)
 4. Drinking water facility is available.
 5. OPD waiting area has sufficient sitting arrangement.
 6. ASHA rest room is available.
 7. Drug storeroom with rack is also available.
- The district hospital has 300 beds with 4 ICU beds. All necessary facilities are functional and most of them are available in the district facilities like TB, fever, Ortho etc. The treatment and all basic diagnostic (Pathology list attached) are also available.
- Important services are provided in the DH such as, medicines, pediatric, general surgery, Anesthesiology, ophthalmology, ophthalmology, Dental. District early intervention, Nutritional Rehabilitation Centre (NRC),and SNCU etc are also working.
- Three types of primary services like Triage, Resuscitation, and stabilization are provided in the emergency in the DH. Tele medicine services are available in DH. The operation theatre in the district hospital is operated with the following manners

Effective OT major (General)

Elective OT major (Ortho)

Obstetrics and Gynaecology OT

Ophthalmology / ENT OT

Emergency OT

- Blood Bank in DH is available with sufficient blood units. It is reported that Blood is issued free of cost under the category for BPL, for Elderly, for JSSK beneficiary.
- Bio medical waste management practices are working under using common Bio treatment plant.

L.2 H R and Other relevant Details:

The number of specialized doctors against the sanctioned post is as follows:

HR	Sanctioned	Regular	Contractual
Medicine	3	1	-
ObGy	4	0	-
Paediatrician	7	0	-
Anaesthetist	3	0	-
Surgeon	1	1	-
Ophthalmologist	2	0	-
Orthopaedic	2	0	-
Radiologist	2	0	-
Pathologist	2	1	-
Dentist	2	1	-
Staff Nurses/GNMs	163	134	-
Pharmacist	8	3	-
LTs	8	4	-

- The total sanctioned post of specialist in the DH is 33 out of which four are filled. There are 2 dentists sanctioned post out of which only one is working. There is 163 staff Nurse Posts sanctioned out of which 134 are working.
- Out of 8 sanctioned lab technicians only four LT are employed. Only three are working against 8 pharmacist post sanctioned. All IT services like Desktop, Laptop, and internet connectivity are available in DH.
- The DH are getting consolation award continuously for three years under the kayakalp program.

- NQAS certification status is not reported. LAQSHYA programme is functional with labor room and operation theatre facilities. All essential drugs are available in the DH.
- It is reported DVDMS supply chain management system is implemented. The name of shortage of five essential medicines was not reported. All necessary medicines are supplied as per demand.
- Essential diagnostic services are available in the hospital.
- All necessary pathology tests are performed between 9 AM To 4 PM inside the hospital.
- X- ray machines with capacities of 500 MA x-ray machine (one) , 300 MA x-ray machine (one), 100 MA x-ray machine (three) are available in DH.
- It is reported that Diagnostic services are free for BPL, elderly and JSSK.
- Testing kits are available in sufficient quantity.
- It is reported that PM National Dialysis programme operates inside the hospital. It is reported 1445 and 845 dialysis services provided previous and current years respectively.
- It is reported that Dialysis services are free for BPL, elderly and for JSSK beneficiaries.
- Lack of important and essential equipment was not mentioned.
- Delivery service operates in the DH efficiently.
- Operation is done for delivery in the hospital (C section) under designated as FRU.
- Labor room and OT have been given good certification by laQshya.
- Timely payment to beneficiary is up to date under JSY.
- It is reported that 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, no user charges are applied for the above.
- It is reported that PMSMA services are provided on the 9th day of every month.
- High risk women identification is done. The life and death registration takes place in the DH. The maternal and child death figures are not provided. The abortion care service is available in DH.
- It is reported that the vaccine and hub cutter is available, and also ANM's and Nurses are aware about the open-vial policy. DEIC is fully functional with a range of 20 to 30 percent vacancies.
- IUCD and PPIUCD training is given to the staff for family planning.
- The counseling of adolescent boys and girls is done on regular basis.
- There is a weekly reporting of all IDSP P,S and L forms.
- Some important remarks as per the schedule of TB elimination programme are as follows
The DH for TB elimination programme has been designated as District

- A.** Microscopy Centre (DMC).
- B.** It is noted that anti TB drugs are available at the facility.
- C.** All TB patients under go HIV and Diabetes tests.
- D.** It is reported that the CBNAAT | *Tru Not* is available.

It is noted the proper record is maintained for the followings.

- (a) TB treatment card case
 - (b) TB notification Registers
 - (c) Malaria cases,
 - (d) (d) Leprosy cases
- It is verified that the up-to-date data entry have already been uploaded on HIMS, MCTS, IHIP, HWC, and Nikshay Portal

L.3 Assessment of Challenges and Root causes:

Challenges	Root Causes
a. There are four gynecologist posts all are vacant. It is an important section.	a. These should be filled immediately, so that women welfare division may be run successfully.
b. All sanctioned pediatrician posts are vacant	b. These posts need to fill immediately.
c. Staff nurses are very less in number.	c. Only 163 are staff nurses posts are sanctioned. After filling all these posts, new fifty posts must be generated as per population load.
d. Internet services are less functional	d. It should be improved removing all technical hurdles.
e. CT Scan is not available in DH	e. CT Scan is needed. It should be installed immediately.

Action taken points /Recommendations:

1. The total sanction post of all doctors in the DH is thirty three, out of which only four are filled. 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.
2. It is also observed that the other supporting HR like pharmacists and ASHA is also to be appointed for proper functioning. Supporting staff is also lacking in OT as well as in ICU.
3. IT infrastructure should be improved like network connectivity, and availability of devices should be increased.
4. The CT-Scan machine is not available. It is recommended that it should be installed on an urgent basis on the demand of the people.
5. The building of DH needs extension for proper serving of the people in the district, so that bed capacity may be increased as per the population load.
6. The functioning of budget allocation should be made smooth from the side of government because it is reported that sometimes budget is not reaching in the DH on time.
7. It is reported that the Damoh district has not prepared any district implementation plan for current year, and it has not still submitted to the state, so the ministry will not be able to allocate budget on this basis. It is also reported that the district has not received the approved District Health Action Plan from the state. Therefore, before next cycle of PIP, it is recommended that district should prepare budget as per schedule of the Ministry.
8. All facilities and sub centres where boundary wall and basic infrastructure is not available, it is recommended that this infrastructure needs to be improved.
9. Proper training should be given to ANM for operating ANMOL Tab, because it is updated on regular basis and ANM lacks capability for data feeding.
10. Verification identity non matching, results in non-payment of beneficiaries, so some mechanism should be developed for fast payment system to beneficiaries.
11. At the level of PHC delivery infrastructure should be developed.

District Profile for PIP Monitoring

Indicator	Remarks/ Observation			
1. Total number of Districts*	01			
2. Total number of Blocks*	07			
3. Total number of Villages*	1220			
4. Total Population *	1264219			
• Rural population*	1013668			
• Urban population*	250551			
5. Literacy rate*	70.92			
6. Sex Ratio*	910			
7. Sex ratio at birth*	928			
8. Population Density*	173			
*Data provide from Census 2011 of Respective district.				
9. Estimated number of deliveries (2021-22)	46699			
10. Estimated number of C-section (2021-22)				
11. Estimated numbers of live births (2021-22)	42453			
12. Estimated number of eligible couples (2021-22)	250593			
13. Estimated number of leprosy cases (2021-22)	143			
14. Target for public and private sector TB notification for the current year (2021-22)	3508			
15. Estimated number of cataract surgeries to be conducted (2021-22)	6087			
16. Mortality Indicators:	Previous year		Current FY	
	Estimated	Reported	Estimated	Reported
• Maternal Death		41		23
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to (Male + Female) sterilization procedure				
17. Facility Details (2021-22)	Sanctioned/ Planned		Operational	
1. District Hospitals	01		01	
2. Sub District Hospital	01		01	
3. Community Health Centers (CHC)	06		06	
4. Primary Health Centers (PHC)	16		16	
5. Sub Centers (SC)	177		177	
6. Urban Primary Health Centers (U-PHC)	01		01	
7. Urban Community Health Centers (U-CHC)	00		00	
8. Special Newborn Care Units (SNCU)	01		01	
9. Nutritional Rehabilitation Centers (NRC)	07		07	
10. District Early intervention Centers (DEIC)	01		01	
11. First Referral Units (FRU)	02		02	
12. Blood Bank	02		02	
13. Blood Storage Unit (BSU)	02		02	

14. No. of PHC converted to HWC	16	16
15. No. of U-PHC converted to HWC	01	01
16. Number of Sub Centre converted to HWC	177	177
17. Designated Microscopy Center (DMC)	01	01
18. Tuberculosis Units (TUs)	03	03
19. Number of sites with CBNAAT/TruNat test facility	01	01
20. Drug Resistant TB Centers	01	01
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	01	01
• At SDH	01	01
• At CHC	06	06
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	08	06
• Providing 1st trimester services	08	06
• Providing both 1st & 2nd trimester services	01	01

B. Overview: DHAP

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	<i>Send a copy of district PIP 2021-22</i>
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	<i>Send a copy of Approved PIP 2021-22</i>
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 <i>(Provide list)</i>	
• Details of Construction completed but not handed over <i>(Provide list)</i>	

C. Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all) Yes/No	Yes
2. Implementation of diagnostic services (if it is free for all) Yes/No	Yes
• Number of lab tests notified <i>(List of Test)</i>	
3. Status of delivery points in the District (2021-22)	36

• No. of SCs conducting >3 deliveries/month	18	
• No. of 24X7 PHCs conducting > 10 deliveries /month	16	
• No. of CHCs conducting > 20 deliveries /month	01	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	01	
• No. of DH/ District Women and child hospital conducting C-section	00	
• No. of Medical colleges conducting > 50 deliveries per month	00	
• No. of Medical colleges conducting C-section	10	
4. Number of institutes with ultrasound facilities (Public+Private)	10	
• Of these, how many are registered under PCPNDT act (Pre-Conception and Pre-natal Diagnostic Technique Act-1994)	-	
5. Details of PMSMA activities performed (Pradhan Mantri Surakshit Matritva Abhiyan)	-	
6. RBSK (Rashtriya Bal Swasthya Karyakram)		
• Total no. of RBSK teams sanctioned	16	
• No. of teams with all HR in-place (full-team)	01	
• No. of vehicles (on the road) for RBSK team	11	
• No. of Teams per Block	11	
• No. of block/s without dedicated teams	1	
• Average no of children screened per day per team	60	
• Number of children born in delivery points screened for defects at birth	39	
7. Special Newborn Care Units (SNCU) both DH & Medical College in the district (2021-22)		
• Total number of beds ▪ In radiant warmer ▪ Stepdown care ▪ Kangaroo Mother Care (KMC) unit		
• Number of non-functional radiant warmer for more than a week		
• Number of non-functional phototherapy unit for more than a week		
	Inborn	Out born
• Admission	435	413
• Defects at birth		

• Discharged	362	306
• Referral	14	27
• LAMA	10	23
• Died	43	42
8. Newborn Stabilization Unit (NBSU) in the district (2021-22)		
	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	10	
▪ MUAC<115 mm	188	
▪ <' -3SD WFH	132	
▪ with Diarrhea	13	
▪ ARI/ Pneumonia	15	
▪ TB	0	
▪ HIV	0	
▪ Fever	6	
▪ Nutrition related disorder	8	
▪ Others	17	
• Referred by		
▪ Frontline worker	27	
▪ Self	42	
▪ Ref from VCDC/ CTC	217	
▪ RBSK	39	
▪ Pediatric ward/ emergency	56	
• Discharged	359	
• Referral/ Medical transfer	12	
• LAMA	10	
• Died	0	
10. Home Based Newborn Care (HBNC)		
• No. of ASHA having HBNC kit	1342	
• No. of Newborns visited under HBNC	4947(April to June)	
• No. of ASHA having drug kit	1209	

11. Number of Maternal Death Review conducted	23	
• Previous year (2020-21) • Current FY (2021-22)		
12. Number of Child Death Review conducted		
• Previous year (2020-21) • Current FY (2021-22)	05(2020-21) 02(2021-22)	
13. Number of blocks covered under Peer Education (PE) programme (RKSK)	06	
14. No. of villages covered under PE programme	535	
15. No. of PE selected	1204	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	-	
17. Weekly Iron Folic Acid Supplementation (WIFS) stock out Yes/No	Yes	
18. Mobile Medical Unit (MMU) and micro-plan	-	
• No. of Mobile Medical Unit (MMU) on the road • No. of trips per MMU per month • No. of camps per MMU per month • No. of villages covered • Average number of OPD per MMU per month • Average no. of lab investigations per MMU per month • Avg. no. of X-ray investigations per MMU per mo 21 • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month • Avg. no. of sputum collected for TB detection per MMU per month • Average Number of patients referred to higher facilities • Payment pending (if any) • If yes, since when and reasons thereof		
19. Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution (Block wise number)	10	
• No. of Advanced Life Support (ALS) (on the road) and their distribution	1	
	ALS	BLS
▪ Operational agency (State/ NGO/ PPP)	PPP	PPP
▪ If the ambulances are GPS fitted and handled through centralized call centre	Yes	Yes
▪ Average number of calls received per day	6	60
▪ Average number of trips per ambulance per day	5	50
▪ Average km travelled per ambulance per day	300	3000
▪ Key reasons for low utilization (if any)	No	No
• 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	07	

▪ Average km travelled per ambulance per day	400		
▪ Key reasons for low utilization (if any)	No		
20. If State notified a State Mental Health Authority (SMHA)	Yes/No		
21. If grievance redressal mechanism in place			
• Whether call center and toll-free number available Yes/No			
• 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	Yes		
• No. of outbreaks investigated in previous year(2020-21) and in current FY (2021-22)	0		
• Proportion (% out of total) of private health facilities reporting weekly data of IDSP			
25. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
• Micro plan and macro plan available at district level- Yes/No	Yes		
• Annual Blood Examination Rate (ABER) for last three years (2018-19),(2019-20) and (2020-21)	12.0 12.1 10.6		
• No. of distributed LLIN	136850		
• No. of sites where IRS done	0		
• No. of sites Anti-larval methods	543		

• No. of MDR rounds observed	-
• District achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% Yes/No	Yes
26. Implementation of National Tuberculosis Elimination Programme (NTEP)	1 April to 31 August
• Target TB notification achieved (2021-22)	4200/1139-27%
• Whether HIV Status of all TB patient is known	☐ Yes/ ☐ No If No, no. of TB patients with known HIV status _____
• No. of Eligible TB patients with UDST testing	924/184-19%
• Whether drugs for both drug sensitive and drug resistance TB available Yes/ No	Yes
• Patients notification from public sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
• Patients notification from private sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
• No. of Beneficiaries paid under Nikshay Poshan Yojana (NPY)	951
• Active Case Finding conducted as per planned for the year	☐ Yes/ ☐ No
27. Implementation of National Leprosy Eradication Programme (NLEP)	-
• No. of new cases detected	27
• No. of G2D cases	0
• MDT available without interruption	Yes
• Reconstructive surgery for G2D cases being conducted	04
• MCR footwear and self-care kit available Yes/ No	Yes
28. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis available	
29. Percent of health workers immunized against Hep B ²³	90%
30. Number of ASHAs	
• Required as per population	1500
• Selected	1413
• No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	-
• No. of villages/ slum areas with no ASHA	1286/18

31. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) - No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) - No. of ASHA Facilitator/Sahyogi enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) - No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) - No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) - No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) - No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) - Any other state specific scheme_____	732				
32. Mahila Arogya Samitis (MAS)- a. No. of MAS Formed b. No. of MAS Trained c. No. of MAS account opened	1096				
	1039				
	1089				
33. Village Health Sanitation and Nutrition Committee (VHSNC) a. No. of VHSNC Formed b. No. of VHSNC Trained c. No. of VHSNC account opened	1135				
	1039				
	1135				
34. Number of facilities NQAS certified in the district					
35. No. of health facilities implemented Kayakalp					
36. No. of health facilities implemented Swachh Swasth Sarvatra (SSS)					
37. Activities performed by District Level Quality Assurance Committee (DQAC)	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	316		271		
Among these, no. of posts filled by state	-	-	-	-	
Among these, no. of posts filled at district level	-	-	-	-	
40. If state has comprehensive (<i>common for regular and contractual HR</i>) Human Resource Information System (HRIS) in place					

D. Implementation of CPHC (2021-22)

Indicator	Planned	Completed
Universal health screening for NCD		
1. If conducted, what is the target population	217159	
2. Number of individuals enumerated		187095
3. Number of CBAC forms filled	434359	187095
4. Number of HWCs started NCD screening:		
a. SHC- HWC	141	97
b. PHC- HWC	15	15
c. UPHC – HWC	1	1
5. No. of patients screened, diagnosed and treated		
a. Hypertension		6569
b. Diabetes		3167
c. Oral Cancer		18
d. Breast Cancer		3
e. Cervical Cancer		18
6. Number of HWCs providing Tele-consultation services		97
7. Number of HWCs organizing wellness activities	9	97

E. Status of HRH (2021-22)

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM	350	256	94
• MPW (Male)	164	51	113
• Staff Nurse	135	100	35
• Lab technician	20	20	-
• Pharmacist (Allopathic)	27	18	09
• MO (MBBS)	54	31	23
• OBGY	8	1	7
• Pediatrician	4	2	2
• Anesthetist	2	0	2
• Surgeon	7	0	7
• Radiologists	2	0	2
• Other Specialists	6	0	6
• Dentists/ Dental Surgeon/ Dental MO	2	1	1
• Dental technician	-	-	-
• Dental Hygienist	-	-	-
• Radiographer/ X-ray technician	8	7	1
• CSSD Technician	-	-	-
• OT technician	1	1	1
• CHO/ MLHP	110	97	13
• AYUSH MO	14	14	0

• AYUSH Pharmacist	15	15	0
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
• LSAS trained doctors			
• EmOC trained doctors			

F. State of Fund Utilization

FMR Wise (as per ROP budget heads, 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			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
2. NUHM			
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			
• National programme for Prevention and Management of Burn & Injuries			
• Programme for Prevention and Control of Leptospirosis (PPCL)			

G. Status of trainings

Status as on: **2021-22**

List of training (to be filled as per ROP approval)	Planned	Completed
1. Dakshta Training		Yes
2. Lakshya Training		Yes
3. CHO Training		Yes
4. ASHA Training	Yes	
5. SBA proposed	Yes	
6. PPIUCD		Yes
7. ANM,MPW		Yes
8. NCD		Yes
9. HBNC Training		Yes
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Test conducted At Annu Sub Center

No.	Name of the Diagnostic Test
1.	HB (Color Scale)
2.	Urine Albumin/Sugar
3.	Urine for Pregency (H.C.G.)
4.	Malarial Antigen
5.	Slide Collection for P.vivax
6.	HB (Sahils Methods)
7.	Urine Microscopy Acetone Bile Saltan
8.	Blood Sugar
9.	Serum Urea
10.	Serum Cholestrol
11.	Serum Bilirubin
12.	Typhoid Card Test
13.	BT. CT.
14.	Stool Exam
15.	E.S.R.
16.	Complete Blood picture
17.	HIV

Pathology Test conducted At PHC Bandakpur

No.	Name of the Diagnostic Test
1.	Hemoglobin (HB)
2.	Total Leukocyte Count(TLC)
3.	Differential Leukocyte Count (DLC)
4.	Platelet count
5.	ESR
6.	Blood Grouping and typing
7.	Peripheral blood film
8.	Urine Pregnancy Rapid Test
9.	Stool for OVA and cyst
10.	Sickling test for sickle Cell Anaemia
11.	Malaria (slide method and Rapid test)
12.	RPR/VDRL test for Syphilis
13.	HIV Serology (Rapid Test)
14.	Hepatitis B surface antigen test
15.	Sputum for AFB
16.	Typhoid Test
17.	Blood sugar
18.	Stool for Occult blood
19.	Bleeding and Clotting Time(CT)
20.	Urine Microscopy
21.	Reduction test for screening of G6PD
22.	HCV antibody test
23.	Reticulocyte count and eosinophil
24.	Smear for leprosy
25.	Gram staining for specimen
26.	TB Montoux
27.	RA factor
28.	CRP

Pathology Test conducted At DH Damoh

No.	Test Name
1.	Hemoglobin
2.	Packed Cell Volume Haematocrit (Hct)
3.	Absolute Eosinophil Count
4.	Platelet Count
5.	CBC
6.	Glucose
7.	Urea
8.	Creatinine
9.	Uric Acid
10.	Bilirubin (T) Bilirubin (D)
11.	Sgot (AST)
12.	Sgpt (ALT)
13.	Alkaline Phosphate (ALP)
14.	Total Protein (Total Protein ALB GLO Ratio)
15.	Albumin
16.	Total Iron Binding Capacity (TIBC)
17.	Serum Cholesterol
18.	Serum Triglycerides
19.	Serum LDL
20.	Serum Amylase
21.	Serum Lactate
22.	LDH
23.	CPK-Total
24.	CPK-MB
25.	Sodium
26.	Serum Potassium
27.	Serum Calcium-Total
28.	Serum Calcium-Ionic
29.	CRP-Quantitative
30.	Troponin-I
31.	Hb A1C
32.	Serum Chloride
33.	S Ferritin
34.	Kidney Function Test
35.	Liver Function Test
36.	Lipid Profile
37.	Thyroglobulin
38.	Body Fluid Sugar Protein
39.	Urine Albumin Protein
40.	Urine Routine
41.	Urine Urobilinogen
42.	Prothrombin Time (P.T.)
43.	APTT
44.	D-Dimer
45.	T3 T4 TSH

46.	TSH
47.	Prolactin
48.	Vitamin B 12
49.	Vitamin D
50.	S. Cortisol
51.	Immature Cells Band Cells
52.	Serum HDL
53.	RBS
54.	FBS
55.	Lipase

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 Protection Card
ANM	Auxiliary Nurse Midwife	MCTS	Maternal and Child Tracking System
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	Mahila Swasthya Shivir
BEmOC	Basic Emergency Obstetric Care	MO	Medical Officer
BMO	Block Medical Officer	MoHFW	Ministry of Health and Family 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 Eradication Programme
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	Navjaat Shishu Suraksha karyakram
CTT	Conventional Tubectomy	NSV	No Scalpel Vasectomy
DAO	District AYUSH Officer	Ob&G	Obstetrics and Gynaecology
DAM	District Account Manager	OC	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	PIUCD	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 Swasthya Karyakram
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	Rashtriya Kishore Swasthya Karyakram
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 Control Program
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 Shishu Surksha Karyakram	USG	Ultra Sonography
JSY	Janani Surksha Yojana	WIFS	Weekly Iron Folic-acid Supplementation
LBW	Low Birth Weight	VHND	Village Health & Nutrition Day
LHV	Lead Health Visitor	VHSC	Village Health Sanitation Committee
LSAS	Life Saving Anaesthesia Skill	WCD	Women & Child Development

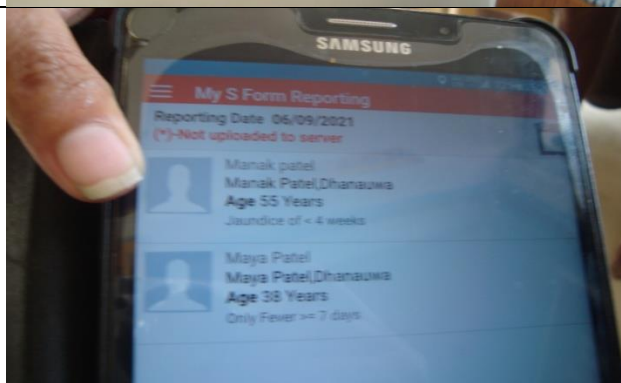
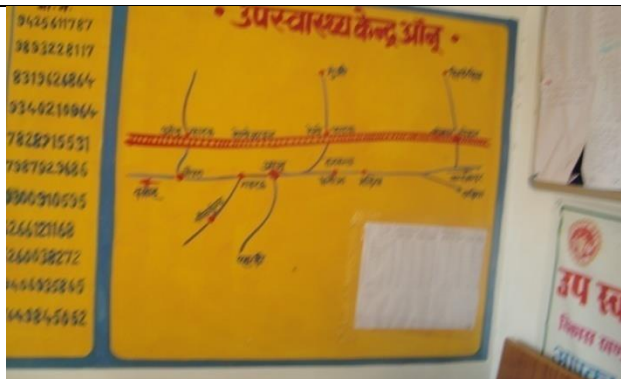
District Hospital (DH) Damoh District visited on 6th Sep tember , 2021



Primary Health Center (PHC) Bandkpur, Damoh District visited on 7th September , 2021



Sub Center (SC)Annu, Damoh District visited on 7th Sep tember , 2021



Community Health Center (CHC) Hindoria, Damoh District visited on 8th Sep tember , 2021

