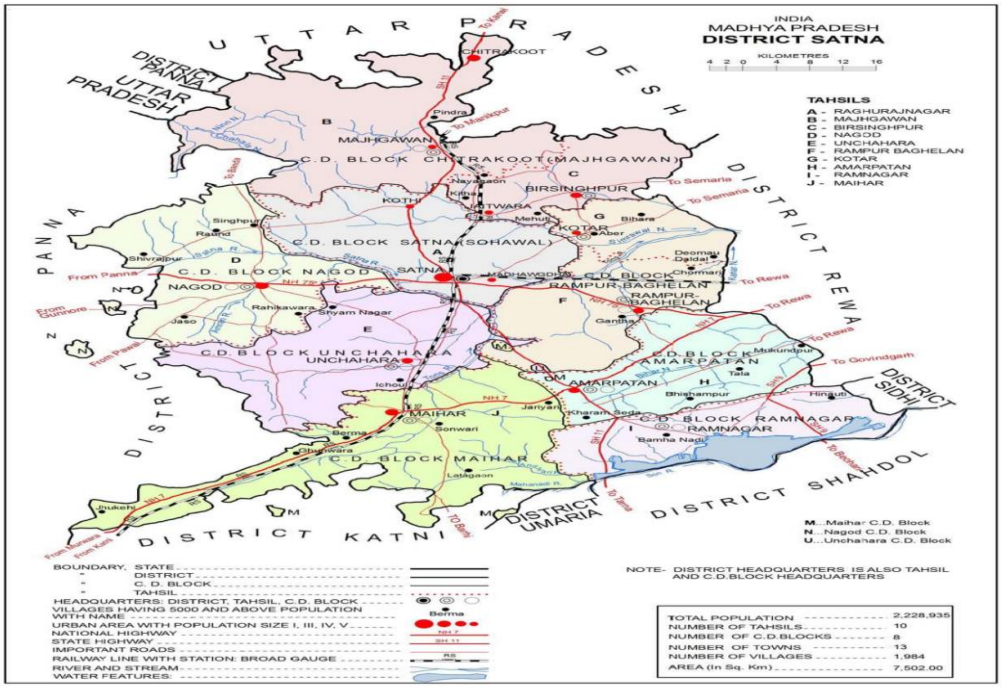
Report on Monitoring of Programme Implementation (PIP)
Under National Health Mission
2021-22

District: Maihar
(Madhya Pradesh)



Study Completed by

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Contents

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

A. Overview of the district

As per discussion with the community members we came to know that, after a long shout demand of people, the proposed district Maihar is announced by the Kamalnath cabinet, on 18 March 2020. It is situated in the state of Madhya Pradesh, along Uttar Pradesh border. It's boundary is attached with the Banda district of U.P. It is situated on the Mumbai Calcutta railway corridor, along with national highway 39. Maihar is currently a part of Satna district. Maihar has been announced as a fifty five district of Madhya Pradesh 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 Maihar district has been demarcated, but no administrative units has still been established. No separate funds have been allocated for Maihar district during the assessment year. As per the population census 2011, the total population of Maihar is 358,725 out of which 184,885 are males and 173,840 are females, thus the average sex ratio of Maihar is 940 Major casts found in this region are The economy of the district is mainly dependent on agriculture and cement industry.

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	253
4	No. of Towns	394	476	1
5	Population (Lacks)	60.34	72.63	0.35
6	Decadal Growth Rate	24.3	20.3	27.52
7	Population Density (per ($Km^{2)}$	196	236	316
8	Literacy Rate (%)	63.7	70.6	70.42
9	Female Literacy Rate (%)	50.3	60.6	59.7
10	Sex Ratio	919	930	940
11	Sex Ratio (0-6 Age)	932	918	917
12	Urbanization (%)	26.5	27.6	11.2
13	Percentage of SC (%)	15.2	15.6	16.26
14	Percentage of ST (%)	20.3	21.1	14.23
Source: Census of India 2001, 2011 various publications, RGI.xx				

Currently proposed Maihar district is a part of Satna district. It is observed that the literacy rate and Female literacy rates both are good. These are almost same as that of the Madhya Pradseh.In view of the good literacy rate, we can see that the death and birth rates of Maihar is lesser than some other areas. The sex ratio of Maihar is slightly higher than that of the Madhya Pradesh, which is a good sign of male female ratio, which directly correlates with literacy parameter. The proposed Maihar (Satna) district is a more dense area than Madhya Pradesh. Urbanization is very less compared to the State. SC population is almost same but ST population is lesser than the Madhya Pradesh.

Sr.	Health Facility	Date of visit	Distance from district Headquarters
1	Civil Hospital Maihar	16.11.2021	40.
2	PHC-HWC Ghunwara	17.11.2021	7
3	SHC-HWC Tigrakala	17.11.2021	10

B. Community Level Assessment:

- After discussion with the community, it is found that the people living in the rural areas are preferred to be treated in the Govt. hospital. People seem to be satisfied with the services of government hospital.
- The 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 service and behaviour of the staff available in the centre
- As per the opinion of the community the ASHA workers are devoted to their work. It was found that ASHA has a constant door-to door visit. Good relations have been found between the ASHA and villagers.
- Community people are saying that Medicines check-up and referral transportation facilities are available at the centre. The services in the government hospitals are provided free of cost, wherever possible.

- With the discussion to the community is came to know that CHO is of very helping nature. He is resident of nearby Satna.
- The delivery point is needed in the sub centre and PHC level.

C Assessment of service Delivery sub centre Tighrakala

- The services of ANC, PNC, HBNC, Immunization and NCD are functional at the Sub centre.
- The Sub centre Tighrakala building was found to be in a good condition with facilities such as running water facility, geriatric and disability friendly facility , clean functional toilets, and drinking water facility available. The OPD waiting area has sufficient sitting arrangement.
- The drug storeroom with rack is also available.
- Biomedical waste management practices are available in sub centre.
- The facility HR Table is given as follows-

C.1 Human Resources details

HR	Sanction	Regular	Contractual
ANM/MPW	1	1	-
MPW female	1	1	-
CHO	1	-	1
ASHA	5	-	5

- The ANM, MPW, CHO and ASHA are working against all sanctioned post, all the ASHAs are working on contractual basis.
- IT services like tablet, laptop and internet connectivity are available.
- There is a list of 24 types of medicines available in the store, out of which 16 medicines are found available during the visit. Anti TB drugs is not available in the facility.
- The five medicines which are not available at the sub centre are as follows-
    1. Clotrimazole
    2. Metronidazole
    3. Amoxicillin syrup
    4. Medformin-500 mg
    5. Eye drop/ Ear drop

- The Telma-40, Metformin - 500 mg, and Amlodipine are available for hypertension and diabetes patients .
- These Medicines for hypertension and diabetes are distributed by the CHO.
- The sub center has BP instrument, thermometer, contraceptive and Glucometer available.
- Identification of high risk women is done by the ANM successfully
- X-ray service is also available in PHC. Diagnostic services are free for all patients.
- The availability of essential consumption with sufficient supply and minimum shortage is found. The shortage of microscope is reported at the centre.
- The refrigerator, RO, water cooler, and inverter has been non functional on an average down time in the last 7 days.
- The payment of JSY beneficiary is usually done on time, but sometimes the transaction is not done due to the bank mismatching of identity.
- The scheme of JSSK is executed with all the specific parameters (all entitlements being provided like free delivery services, free diet, free drugs and consumables, free diagnostics, free referral transport, and no user charges etc.)
- High risk women are identified at the centre.
- There are 68 normal deliveries in last three month in the PHC.
- No maternal death have been reported in the previous and current month, while one child death has been reported in the previous and current year respectively.
- Vaccines and hub cutter are available in the centre.
- In last 3 month 8 newborns have been vaccinated for BCG, 67, OPV and Hep. B.
- The IUCD training is given to a relevant staff. Family planning counseling is provided to ANM.
- There is no functional adolescent friendly health clinic available.
- NCD clinic works on fixed day.
- Patients of various diseases were screened and found confirmed as follows

	Screened	**Confirmed**
a. Hypertension	222	58
b. Diabetes	222	42
c. Oral Cancer	222	-
d. Breast Cancer	82	-
e. Cervical Cancer	-	-

- It is observed that hypertension, diabetes, and cervical cancer patients were screened each 222, out of which 58, and 42 cases of hypertension, and diabetes were confirmed.
- The wellness activities are found functional on the sub centre. IDSP form and S form are to be filled by ANM.

Indicators	**Last Year**	**Current Year**
1.Number of presumptive TB patients identified	1	1
2.Number of presumptive TB Patients referred for testing	12	8
3.Number of TB patients diagnosed out of the presumptive patients referred	1	1
4. Number of TB patients talking treatment under the sub canter area	1	1

- In the last and the current year respectively 12 and 8 no. of presumptive TB patients are referred for testing.
- The ASHA has HBNC kits and drug kits both are available. It is reported that the incentive of ASHA workers in the sub centre is received on time.
- It is reported that the CHO and HWC staffs are involved in VHSNC/MAS meetings.
- Last year an amount Rs.20000 was received, which was fully spent.

Challenges	**Root Causes**
a. Medicines are not being supply as per the demand.	a. Medicines should be supplied by the district hospital as per the demand.
b. Tele consultation is not proper due to the poor internet speed.	b. Internet connectivity must be upgraded for smooth Tele consultation.
c. Electricity bill is not being deposited, due to the limitations of the funds.	c. Necessary action should be taken to pay electricity bill.
d. Security problems due to the lack of boundary wall are there.	d. Necessary boundary wall should be erected immediately.
e. Medicines are supplied from CHC. It will be convenient to be supplied from civil hospital, which is nearby.	e. If possible medicine can be supplied from civil-hospital.

D. Assessment of service indicator at PHC Ghunwara

- The Ghunwara PHC is running with a building in a good condition with 6 beds. The OPD timing is between 9 AM to 4 PM. It is reported that the Ghunwara PHC is not functioning in PPP model.
- The basic infrastructures of PHC are observed as follows-(a) Running water facility is available during 24x7 (b) Geriatric and disability facility is available (c) clean functional toilets are available (d) OPD waiting area has sufficient sitting arrangement (e) power backup is available (f) Drinking water facility is not available (g) ASHA rest room is not available (h) Drug storeroom with rack is not available.
- The General OPD, ANC checkup, PNC, delivery point 24x7, immunization, family planning, and pathology lab services are found functional in the center.
- Delivery services are functional during 24x7. Tele medicine/consultation services are also available.

The details of HR Table

HR	Sanction	Regular	Contractual
MO (MBBS)	0	0	1
MO (AYUSH)	0	0	0
SNs/GNMs	0	1	0
ANM	0	0	1
Others	0	0	2

- Total 5 HRs are working under regular cum contractual mod in PHC Ghunwara, including one MO in contractual mode.
- Ghunwara PHC has tele-medicine facility and internet connectivity with the IT infrastructure, while it is noted that all ANMs do not have tablets. It is also reported that the internet connectivity is slow.
- Kayakalp and NQAS Programmes are not functional in the Ghunwara PHC.
- The list of 191 essential medicines is available. But only 50 medicines are be available at the time of visit.
- It is observed that EDL has not displayed in OPD area.
- Five priority drugs from EDL in last 30 days are not available as given below-
    1. Tab metformin 500 mg
    2. Tab Arnoxyclave 6 mg

3. Tab Amledupin 5 mg
4. Hydrochlorthingole 12.5 mg
5. Ayrneprid- 2 mg

- Drugs for hypertension and diabetes are available with names given below-
    1. Tab Telmistor 40 mg
    2. Tab labetalo 1- 100 mg
- The availability of essential consumption is found with sufficient supply.
- Maternal and child deaths are not reported in both the previous and current year.
- Micro plan is available for immunization at the centre.
- ASHAs are reported to make the list of all eligible target couple.
- It is reported that the training provider for IUCD / PPIUCD is available
- The 2046 number of individuals above 30 years of the age comprise in the HWC Population.
- The 350 CBAC forms are filled in the last 6 months at the sub centre.
- It is reported that the universal screening of NCD has been started.

Screening and confirmation of various diseases are as given-

	Screened	**Confirmed**
a. Hypertension	200	34
b. Diabetes	120	08
c. Oral Cancer	00	00
d. Breast Cancer	00	00
e. Cervical Cancer	24	00

- The wellness activities are found function in the sub centre.
- The IDSP form, and form 5, are filled by ANM.

Status of Tuberculosis in the area is given in the following Table.

- There are five villages where the health and sanitation days are celebrated in the last 6 months.
- It is noted that the record for TB cases, and malaria cases are maintained.
- There ia a total fund Rs. 20,000 received and this entire fund has been utilized.
- It is noted that the weekly entry of data is done in the P and L formats under IDSP.
- The main points of the TB elimination programmes are as given below-

a. Facility of a designated microscopy centre is not available
b. Anti TB drugs are not available at the facility.
c. There is no Leprosy case detected by the field workers in the last 12 months

- No record is updated at the centre.
- No information regarding budget is provide for the current and last year.
- Services are running on the basis of centralized call centre in PHC.
- There are two cases from sub centers which were referred to the PHC in the last month
- There are three cases from the PHC which were referred to the CHC in the last month.

D.1 Challenges and Root Causes of Civil Hospital

Challenges	Root Causes
a) Medical officers feel difficulty in the monitoring due to the lack of vehicle.	a) If possible, the vehicle should be provided at the PHC.
b) There is a problem because staff quartes are not available.	b) Staff Quarter should be provided by the govt.
c) Without a pharmacist not all medicines can be supplied properly.	c) The pharmacist post should be filled in the PHC
d) The supporting medical staff salaries are said to be little.	d) The supporting medical staff salary should be increased.
e) The fourth class employ salary is very less	e) The fourth class employ salary should be increased.

E. Assessment of service indicator civil Hospital Maihar

- Civil hospital Maihar is functioning with a good condition building during OPD timing 9 AM to 4 PM, major renovations of the civil hospital building was done in the last 2019-20.
- Civil hospital Maihar is operated with the following facilities
  (i) 24x7 water facility is available
  (ii) Facility of geriatric and disability friendly functional. .
  (iii) Clean toilet is available
  (iv) Drinking water facility is available
  (v) OPD waiting area has sufficient sitting arrangement
  (vi) ASHA rest room is available

(vii) Drug store room with rack is available. It is concluded from the above that the civil hospital Maihar is working with all service indicator as per scheduled

- All necessary facilities like USG, ANC, PNC, Delivery PNC, OPD, pathology, NRC, and blood storage unit etc are functional in the civil hospital.
- The specialist doctors in the civil hospital, like medicine, O&G, Pediatric, Anesthesiology are available. The specialist who are not available are general surgery, ophthalmology and dental specialists.
- X-ray, USG, and NRC services are functional in the civil hospital .
- It is reported that services such as DEIC, MNCU, LMU, PICU, IUU, dialysis, burn unit, teaching block and skill lab are not available.
- Three types of primary services like triage, Resuscitation, stabilization are provided in the emergency in the civil hospital.
- Tele-medicine / consultation services are not available.
- The operation theatre in the civil hospital is operated with the following manners-

  Elective OT-major (General)

  Elective OT- major (Ortho)

  Obstetrics and Gynecology OT
- The blood Bank in civil hospital is not available, but 7 units blood storage is available, It is also reported that the 51 no. of blood transfusions done in the last month
- Blood services are free for JSSK beneficiaries.
- There is available sharp pit in the facility.
- Essential diagnostic services are available in the hospital. All necessary pathology tests are performed between 9 AM to 4 PM inside the hospital.
- The important services of civil hospital like centre lab, pathology, bio medical and cleaning is all running on outsource basis.
- It is reported that X-ray machine in civil hospital is old and not certified under AERB.
- There is no CT scan machine available in the civil hospital.
- It is noted that X-ray and USG are, free for BPL, free for elderly and free for JSSK beneficiaries.
- It is reported that adequate availability of testing kits are there in the civil hospital.

- PM National dialysis programme is not operating in the civil hospital. Dialysis service is not utilized for any patient in last year as well as current year.
- The shortage of major medical equipment is reported. Digital X-ray machine, CT scan is not available. It is also noted that the repairing of equipment's is done through AMC.
- Delivery services, labour room and OT services are going on. The number of deliveries performed in the last month is 317, where as the number of C-sections performed in the last month is 13.
- Under JSY the timely payment to beneficiary is up to date.
- It is reported that under the programme of JSSK, the beneficiaries get the following services free of cast .free delivery services, free diet, free drugs and consumables, free diagnostics, free blood services, free referral transport, no user charges.
- The PMSMA services are provided on the 9th day of every month.
- High risk women identification take place in the civil hospital.
- The birth and death registration take place in the civil hospital.
- Zero maternal death reported in the previous year and one maternal death is reported in the current year.
- The civil hospital has reported 17 and 11 child deaths (including still birth) respectively in the previous and current year.
- The abortion care services are available in the civil hospital.
- The vaccine and hub cutter is also available.
- It is reported that number of vaccinated children are for BCG 925, for OPV 925 and for Heb.-B O 898respectively . These newborns were immunized with birth doses at the facility in the last three months. It is also mentioned that the newborns are breastfeed with one hour of birth.
- DEIC is not functional in the civil hospital. It is noted that the 18 number of sterilization were performed in last one month.
- In the last 6 months, no information was provided regarding the screening and confirmation the patients.
- 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 Civil hospital.
    c. All TB patients have a mandatory HIV testing.

d. All TB patients tested for diabetes mellitus.
e. The 671 samples were tested for TB (microscopy) in the last 6 month.
f. The CBNAAT/ Tru Nat is available in the facility.

- TB treatment card cases, TB notification registers, Malaria cases, and Leprosy cases records are maintained in the CHC. It is verified that the data entry is updated on HIMS,MCTS, IHIP, HWC portal and Nikshay portal.
- Ambulance services with centralized call centre are available in the facility.
- 13 cases are referred from PHC to sub centre, while 202 cases have been referred to the district hospital from civil hospital.

E.1 Challenges and Root Causes of Civil Hospital

Challenges	Root Causes
a. The designated untied fund is 5 lacks only which is very small as 5 lacks is not sufficient to run the hospital smoothly.	a. Demand has been made to increase these untied fund 5 lack to 20 lacks.
b There is shortage of class three and fourth staffs in civil hospital.	b. Vacancy to be recruited as per requirement.
c. There is a shortage of ward boys in the hospital.	c. Ward boys should be recruited as per the requirement.
d. The number of security personnel and sanitation workers is very less.	d. The number of security personnel and sanitation workers should be increased.
e. In case of emergency the staffs needs a vehicle to call the hospital suddenly.	e. Every time there should be vehicle in the hospital for emergency night services

F. Action taken points /Recommendations:

- On 18 March 2020 the government has announced that a 55th proposed district, Maihar will be initiated at the cabinet meeting, During the visit it was found that no district level activities are being conducted here.
- After the interactions, it came to know that the community feels that the district should be made functional with all formalities of the district, so that the district level advantages may be received. It is recommended that the government should take action on this front as soon as possible.
- It is observed that no district hospital is available in the proposed district Maihar, so the establishment of the district hospital is recommended.
- No district fund is allocated to Maihar. The proper fund allocation is needed.
- It is noted that the infrastructure is not upto level in PHC / sub centre. The necessary action is needed for expansion and renovation of infrastructure.
- The up gradation of IT infrastructure is also needed.
- Lack of HR has been noticed everywhere at the level of third and fourth level in the Maihar.
- There in a need to run a continuous training programme of ANMOL to ANM workers.
- Mostly posts of specialised doctors are vacant in the civil hospital Maihar. For running smooth health services all vacant posts must be filled immediately.
- 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)

Name of facility visited	**Tighrakala**
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	16.11.2021
Next Referral Point	Facility:Maihar Distance: 10 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	ANC, PNC, HBNC, Immunization, NCD, General OPD
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments:Good
	☑24*7 running water facility ☑Facility is geriatric and disability friendly

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>☑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</td></tr>
<tr><td>3. Biomedical waste management practices</td><td>Available</td></tr>
<tr><td>4. Details of HR available in the facility (Sanctioned and In-place)</td><td>
<table>
<tr><th>HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td>ANM/ MPW Female</td><td>1</td><td>1</td><td>-</td></tr>
<tr><td>MPW Male</td><td>1</td><td>1</td><td>-</td></tr>
<tr><td>MLHP/ CHO</td><td>1</td><td>-</td><td>1</td></tr>
<tr><td>ASHA</td><td>5</td><td>-</td><td>5</td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>5. IT Services</td><td>• Functional Tablet/ laptop with CHO:☑Yes/☐No
• Electronic Tablets with MPWs (ANM): ☐Yes/☐No
• Smart phones given to all ASHAs: ☐Yes/☑No
• Internet connectivity: ☑Yes/☐No
Quality/strength of internet connection:
____Dongle_____</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: 24

EDL displayed in OPD Area: ☐Yes/☐No</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>No. of drugs available on the day of visit (out of the EDL): 16</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 EDL in last 30 days, if any</td><td><table><tr><td>1</td><td>Clotrimazole</td></tr><tr><td>2</td><td>Metronidazole</td></tr><tr><td>3</td><td>amoxicillin syrup</td></tr><tr><td>4</td><td>Metformin 500 mg</td></tr><tr><td>5</td><td>Eye drop / Ear drop</td></tr></table></td></tr>
<tr><td>9. Drugs Available for Hypertension & Diabetic patients:</td><td><table><tr><td>1</td><td>telma 40</td></tr><tr><td>2</td><td>metformin 500 mg</td></tr><tr><td>3</td><td>amlodipine</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></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></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: Digital
• Thermometer: ☑Yes/☐No
• Contraceptives: ☑Yes/☐No. If yes, Type:Nirodh, MALA N
• 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</td></tr>
</table>

Indicator	Remarks/ Observation		
	Current year:0		
16. Number of Child Death Review conducted	Previous year:0 Current year:0		
17. Availability of vaccines and hub cutter	☑Yes/☐No • Awareness of ANM on vaccine schedule: Yes/ ☐No • Awareness about open vial policy: Yes/ ☐No		
18. Availability of micro-plan for immunization	☑Yes/☐No		
19. Follow up of:	SNCU discharge babies: ☑Yes/☐No LBW babies: ☑Yes/☐No		
20. Line listing of all eligible couple in the area	☑Yes/☐No		
21. Availability of trained provider for IUCD/ PPIUCD	☑Yes/☐No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population	2046		
24. Number of CBAC forms filled in last 6 months	350		
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	☑Yes/☐No		
27. Number of individuals screened for the following in last 6 months:		**Screened**	**Confirmed**
	a. Hypertension	222	58
	b. Diabetes	222	42
	c. Oral Cancer	222	-
	d. Breast Cancer	82	-
	e. Cervical Cancer	-	-
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension:58 Medicines for Diabetes:42		

<table>
<tr><th>Indicator</th><th colspan="3">Remarks/ Observation</th></tr>
<tr><td></td><td colspan="3">Medicines for Others: -</td></tr>
<tr><td>29. Source of getting drugs/ medications for individual.

Number of individuals taking medication for HTN and DM during last six months from which source

Taking medication for HTN/DM</td><td colspan="3">From SC-HWC:
From Linked PHC:
From other govt. facilities: (Specify)
From pvt. Chemist shop:

(Average OOP/month): 275</td></tr>
<tr><td>30. Status of use of:</td><td colspan="3">• Tele-consultation services --Yes
• HWC App --Yes
Details:</td></tr>
<tr><td>31. Whether wellness activities are performed</td><td colspan="3">☑Yes/☐No

Frequency:</td></tr>
<tr><td>32. Whether reporting weekly data in S form under IDSP</td><td colspan="3">☑Yes/☐No</td></tr>
<tr><td rowspan="5">33. Status of Tuberculosis in the area:</td><td>Indicators</td><td>Last year</td><td>Current year</td></tr>
<tr><td>Number of presumptive TB patients identified:</td><td>1</td><td>1</td></tr>
<tr><td>Number of presumptive TB patients referred for testing</td><td>12</td><td>8</td></tr>
<tr><td>Number of TB patients diagnosed out of the presumptive patients referred</td><td>1</td><td>1</td></tr>
<tr><td>Number of TB patients taking treatment under the Sub centre area</td><td>1</td><td>1</td></tr>
<tr><td>34. ASHA Interaction</td><td colspan="3"></td></tr>
<tr><td>• Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</td><td colspan="3">Yes</td></tr>
<tr><td>• Status of availability of Drug Kits (Check for</td><td colspan="3">Yes</td></tr>
</table>

Indicator	Remarks/ Observation
PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	
• ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. o Average delay	No Delay
• ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and NikshayPoshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment)	Yes
35. Number of Village Health & Sanitation days conducted in last 6 months	05
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)	Monthly
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/☐N • Leprosy cases: ☐Yes/☐No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year:20000/- Rs. Fund utilized last year: 20000/Rs.
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	No

Indicator	Remarks/ Observation
42. How many cases from the Sub Centre were referred to PHC in last month?	Number: 4 Types of cases referred out:
43. Key challenges observed in the facility and the root causes	
Challenge	**Root causes**
a. Insufficient medicines supply.	a.Medicine supply should be as per demand.
b. Poor internet speed	b . Internet connectivity must be upgraded.
c. Limitation of fund for electricity	c. Necessary action should be taken
d. Security problem	d. Boundary wall should be made.
e. Medicine are not supply from civil hospital.	e. Medicines should be supplied from Civil Hospital

Population Research Centre

Ministry of Health and Family Welfare, GoI, New Delhi

Schedule for PIP Monitoring

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

Name of facility visited	**Ghunwara**
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	16.11.2021
Next Referral Point	Facility: CHC Amdara Distance: 07 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 • For U-PHC, check if evening/morning OPD/Clinics being conducted	9 AM to 4 PM
	☐ 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	Comments: Good

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>appropriate box</td><td>☑24*7 running water facility
☒Facility is geriatric and disability friendly (Ramps etc.)
☑Clean functional toilets available (separate for Male and female)
☒Drinking water facility available
☑OPD waiting area has sufficient sitting arrangement
☒ASHA rest room is available
☒Drug storeroom with rack is available
☑Power backup
☑Branding</td></tr>
<tr><td>4. Number of functional in-patient beds</td><td>6 beds</td></tr>
<tr><td>5. List of Services available</td><td>General OPD, ANC, PNC, Delivery Point 24*7, Immunization, Family planning and Lab investigation</td></tr>
<tr><td>6. If 24*7 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></table></td></tr>
</table>

Indicator	Remarks/ Observation
	MO (MBBS) 0 0 1 MO (AYUSH) 0 0 0 SNs/ GNMs 0 1 0 ANM 0 0 1 LTs 0 0 0 Pharmacist 0 0 0 Public Health Manager (NUHM) 0 0 0 LHV/PHN 0 0 0 Others 0 0 2
10. IT Services	• 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: Slow
11. Kayakalp	Initiated: Facility score: Award received:
12. NQAS	Assessment done: Internal/State Facility score: Certification Status:
13. Availability of list of essential medicines (EML)/ drugs (EDL)	☐Yes/ ☐No
	If yes, total number of drugs in EDL: 191 EDL displayed in OPD Area: ☐Yes/ ☑No No. of drugs available on the day of visit (out of the EDL): 50
14. Implementation of DVDMS or similar supply chain management system	☑Yes/ ☐No

Indicator	Remarks/ Observation
	If other, which one_____
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 metformin 500 mg 2 glimepiride 2mg 3 Amoxyclav 625 mg 4 Amlodipine 5 mg 5 Hydrochlorothiazide 12.5 mg
16. Drugs Available for Hypertension & Diabetic patients:	1 Metformin 40 mg 2 labetalol 100 mg 3
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: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP	Timing:

Indicator	Remarks/ Observation
	Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	☐Yes/ ☑No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐Yes/ ☐No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	☑Free for BPL ☑Free for elderly ☑Free for JSSK beneficiaries ☑Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	☑Sufficient Supply ☒Minimal Shortage ☒Acute Shortage
23. If there is any shortage of major instruments/ equipment	
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	Refrigerator, RO, Water cooler, Inverter etc.
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

Indicator	Remarks/ Observation
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	68
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	☐Yes ☐No
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year: No Current FY: No

Indicator	Remarks/ Observation		
33. Number of Child Death reported in the facility	Previous year: 1 Current year: 1		
34. Availability of vaccines and hub cutter	☑Yes/ ☐No Nurses/ ANM aware about open vial policy: ☐Yes/ ☐No		
35. Number of newborns immunized with birth dose at the facility in last 3 months	BCG-8 HEP B-67 OBP-67		
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	Yes		
37. Number of sterilizations performed in last one month			
38. Availability of trained provider for IUCD/ PPIUCD	☐Yes/☑No		
39. Who counsels on FP services?	ANM		
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	☐Yes/ ☐No		
42. Availability of functional Adolescent Friendly Health Clinic	☐Yes/ ☑No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐Yes/ ☐No		
43. Whether facility has fixed day NCD clinic	☐Yes/ ☑No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	☐Yes/ ☑No		
45. Number of individuals screened for the following in last 6 months:		**Screened**	**Confirmed**
	a. Hypertension	200	34

Indicator	Remarks/ Observation		
	b. Diabetes	121	8
	c. Oral Cancer	0	0
	d. Breast Cancer	0	0
	e. Cervical Cancer	24	0
46. Whether wellness activities are performed	☐Yes/ ☐No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	☑Yes/ ☐No		
48. Distribution of LLIN in high-risk areas	No. of LLIN distributed per household: ☐1 per family/ ☐Others (Specify): No		
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) _____		
	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: • investigations within public sector for TB testing?☐Yes /☑No • investigations within public sector for other tests?☐Yes/☑No • outsourced testing?☐Yes/ ☐No		
	Are all TB patients tested for HIV?☐Yes/ ☐No Are all TB patients tested for Diabetes Mellitus: ☐Yes/ ☐No		
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan 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:		

Indicator	Remarks/ Observation
	Frequency of Community Surveillance:
51. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐Yes/ ☑No • TB Notification Registers: ☐Yes/ ☑No • Malaria cases: ☐Yes/ ☐No • Palliative cases: ☐Yes/ ☐No • Cases related to Dengue and Chikungunya: ☐Yes/ ☐No • Leprosy cases: ☐Yes/ ☐No
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Not reported Fund utilized last year: Not reported
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
53. Status of data entry in *(match with physical records)*	HMIS:☐Updated/ ☐Notupdated 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

Indicator	Remarks/ Observation
	Comment (if any):
• How many cases from sub centre were referred to this PHC last month?	Number: 02 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: delivery
56. Key challenges observed in the facility and the root causes	
Challenge	**Root causes**
a.Lack of vehicle for medical officers.	a. The Vehicle should be provided.
b. Shortage of staff quarters.	b. Staff quarters should be made more.
c. Pharmacist post is not available	c. Pharmacist post should be filled.
d. The problem of supporting staff salaries.	d. Salary should be increased
e. Fourth class employ salary is very less	e. Salary should be increase.

Schedule for PIP Monitoring

C. Service Delivery: District Hospital/ Sub District Hospital

Name of facility visited	Maihar Civil Hospital
Facility Type	☐ DH/☑SDH
FRU	☑Yes/ ☐No
Standalone/ Co-located	☑Standalone/ ☐Co-located Co-located with (if applicable):
Accessible from nearest road head	☑Yes/ ☐No
Date of Visit	17/11/2021
Next Referral Point	Facility: DH Satna Distance: 40 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	9:00 am to 4:00 pm
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Good Condition
	☑24*7 running water facility ☑Facility is geriatric and disability friendly (ramps etc.) ☑Clean functional toilets available (separate for Male and female) ☑Drinking water facility available

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>☑OPD waiting area has sufficient sitting arrangement

☒ASHA rest room is available

☑Drug storeroom with rack is available

Power backup: ☐ Complete Hospital/☑Part of the hospital

Last major renovation done in (Year): 2019-20</td></tr>
<tr><td>3. Number of functional in-patient beds</td><td>160 (10 Beds under construction)

No of ICU Beds available:</td></tr>
<tr><td>4. List of Services available</td><td>USG, ANC, PNC, Delivery, PNC, OPD, Pathology, NRC, Blood storage unit.</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>Yes</td></tr>
<tr><td>2</td><td>O&G</td><td>Yes</td></tr>
<tr><td>3</td><td>Pediatric</td><td>Yes</td></tr>
<tr><td>4</td><td>General Surgery</td><td>No</td></tr>
<tr><td>5</td><td>Anesthesiology</td><td>Yes</td></tr>
<tr><td>6</td><td>Ophthalmology</td><td>No</td></tr>
<tr><td>7</td><td>Dental</td><td>No</td></tr>
<tr><td>8</td><td>Imaging Services (X – ray)</td><td>Yes</td></tr>
<tr><td>9</td><td>Imaging Services (USG)</td><td>Yes</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>
<table>
<tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td>No</td></tr>
<tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td>Yes</td></tr>
<tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td>No</td></tr>
<tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td>No</td></tr>
<tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td>__</td></tr>
<tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td>No</td></tr>
<tr><td>16</td><td>Labour Room Complex</td><td>__</td></tr>
<tr><td>17</td><td>ICU</td><td>No</td></tr>
<tr><td>18</td><td>Dialysis Unit</td><td>No</td></tr>
<tr><td>19</td><td>Emergency Care</td><td>__</td></tr>
<tr><td>20</td><td>Burn Unit</td><td>No</td></tr>
<tr><td>21</td><td>Teaching block (medical, nursing, paramedical)</td><td>No</td></tr>
<tr><td>22</td><td>Skill Lab</td><td>No</td></tr>
</table>
</td></tr>
<tr><td>5. Emergency</td><td>General emergency:
or
facilities available for:

☒Triage
☑Resuscitation
☑ 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,

Single general OT:

☑Elective OT-Major (General): (Not Functional)</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>☑Elective OT-Major (Ortho): (Not Functional)
☑Obstetrics & Gynecology OT:
☒Ophthalmology/ENT OT:
☒Emergency OT:</td></tr>
<tr><td>8. Availability of functional Blood Bank</td><td>☐ Yes/ ☑No
If yes, number of units of blood currently available: 07
No. of blood transfusions done in last month: 51</td></tr>
<tr><td>9. Whether blood is issued free, or user-fee is being charged</td><td>☒Free for BPL
☒Free for elderly
☑Free for JSSK beneficiaries
☒Free for all</td></tr>
<tr><td>10. Biomedical waste management practices</td><td>1. Sharp pit
2. Deep Burial pit
3. Incinerator
4. Using Common Bio Medical Treatment plant
5.</td></tr>
<tr><td>11. Details of HR available in the facility (Sanctioned and In-place)</td><td>
<table>
<tr><th colspan="2">HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td colspan="2">MO (MBBS)</td><td>11</td><td>0</td><td>0</td></tr>
<tr><td rowspan="8">Specialists</td><td>Medicine</td><td>2</td><td>1</td><td>0</td></tr>
<tr><td>ObGy</td><td>2</td><td>1</td><td>0</td></tr>
<tr><td>Pediatrician</td><td>2</td><td>1</td><td>1</td></tr>
<tr><td>Anesthetist</td><td>1</td><td>1</td><td>0</td></tr>
<tr><td>Surgeon</td><td>2</td><td>0</td><td>0</td></tr>
<tr><td>Ophthalmologist</td><td>1</td><td>0</td><td>0</td></tr>
<tr><td>Orthopedic</td><td>1</td><td>1</td><td>0</td></tr>
<tr><td>Radiologist</td><td>--</td><td>0</td><td>0</td></tr>
<tr><td></td><td>Pathologist</td><td>1</td><td>1</td><td>0</td></tr>
</table>
</td></tr>
</table>

Indicator	Remarks/ Observation
	Others: 0 Dentist: 1 / 0 Staff Nurses/ GNMs: 51 / 36 / 6 LTs: 5 / 4 / 2 Pharmacist: 5 / 3 / 1 Dental Technician/ Hygienist: 1 / 0 / 0 Hospital/ Facility Manager: 1 / 0 / 0 EmOC trained doctor: -- / 0 / 0 LSAS trained doctor: -- / 0 / 0 Others: -- / 0
12. IT Services	• Desktop/ Laptop available: ☑Yes/ ☐No • Internet connectivity: ☑Yes/ ☐No Quality/strength of internet connection: Good
13. Kayakalp	Initiated: Yes Facility score: Nil Award received:
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:
15. LaQshya	Labour Room: Operation Theatre:
16. Availability of list of essential medicines (EML)/ drugs (EDL)	☑Yes/ ☐No
	If yes, total number of drugs in EDL: 270 EDL displayed in OPD Area: ☐Yes/ ☑No No. of drugs available on the day of visit (out of the EDL):237
17. Implementation of DVDMS or similar supply chain management system	☑Yes/ ☐No

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>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>Dex 25%</td></tr>
<tr><td>2</td><td>cinnarizine 25mg</td></tr>
<tr><td>3</td><td>Methyldopa 250mg</td></tr>
<tr><td>4</td><td>Lorazepam 2mg</td></tr>
<tr><td>5</td><td>chlorpromazine 100 mg</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: _____

Details of tests performed:

Centre Lab Pathology, Bio Medical, Cleaning (outsourced)</td></tr>
<tr><td>• Outsourced/ PPP</td><td>Timing:

Total number of tests performed: _____

Details of tests performed:</td></tr>
</table>

Indicator	Remarks/ Observation
21. X-ray services is available	☑Yes/ ☐No If Yes, type & nos. of functional X-ray machine is available in the hospital: Poor Condition Is the X-ray machine AERB certified: ☐Yes/ ☑No
22. CT scan services available	☐Yes/ ☑No If yes: ☐In-house/ ☐PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☑Free for BPL ☑Free for elderly ☑Free for JSSK beneficiaries ☑Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	☑Sufficient Supply ☒Minimal Shortage ☒Acute shortage
25. Implementation of PM-National Dialysis programme	☐Yes/ ☑No
	☐In-house ☐Outsourced/ PPP Total number of tests performed: _____
• Whether the services are free for all	☐Free for BPL ☐Free for elderly

Indicator	Remarks/ Observation
	☐Free for JSSK beneficiaries ☐Free for all
• Number of patients provided dialysis service	○ Previous year: No ○ Current FY_____ **Calculate the approximate no. of patients provided dialysis per day*
26. If there is any shortage of major instruments/ equipment	Digital X-ray machine, CT scan
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	Nil
28. Availability of delivery services	☑Yes/ ☐No
• If the facility is designated as FRU, whether C-sections are performed	☑Yes/ ☐No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on the condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☑Yes/ ☐ No
29. Status of JSY payments	Payment is up to date: ☐Yes/ ☐No ☑Average delay: ☒Payment done till: ☒Reasons for delay:
30. Availability of JSSK entitlements	☑Yes/ ☐No

Indicator	Remarks/ Observation
	If yes, whether all entitlements being provided ☑Free delivery services (Normal delivery/ C-section) ☑Free diet ☑Free drugs and consumables ☑Free diagnostics ☑Free blood services ☑Free referral transport (home to facility) ☑Free referral transport (drop back from facility to home) ☑No user charges
31. PMSMA services provided on 9th of every month	☑Yes/ ☐No If yes, how are high risks identified on 9th? If No, reasons thereof:
32. Line listing of high-risk pregnancies	☑Yes/ ☐No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	☑Yes/ ☐No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: 17 Current year: 11

Indicator	Remarks/ Observation		
37. If Comprehensive Abortion Care (CAC) services available	☑Yes/ ☐No		
38. Availability of vaccines and hub cutter	☑Yes/ ☐No Nurses/ ANM aware about open vial policy: ☐Yes/ ☐No		
39. Number of newborns immunized with birth dose at the facility in last 3 months	BCG- 925 HEB 0 dose- 898 OPV- 925		
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	Yes		
41. Status of functionality of DEIC	☒Fully functional with all staff in place ☒Functional with few vacancies (approx. 20%-30%) ☒Functional with more than 50% vacancies ☑Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month	18		
43. Availability of trained provider for IUCD/ PPIUCD	☑Yes/ ☐No		
44. Who counsels on FP services?	No		
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	☑Yes/ ☐No		
47. Availability of functional Adolescent Friendly Health Clinic	☑Yes/ ☐No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐Yes/ ☐No		
48. Whether facility has fixed day NCD clinic	☐Yes/ ☑No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	☑Yes/ ☐No		
50. Number of individuals screened for the		**Screened**	**Confirmed**

Indicator	Remarks/ Observation		
following in last 6 months:	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	☑Yes/ ☐No		
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☑Yes/ ☐No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: ☑Yes/ ☐No If yes, are there any patients currently taking anti-TB drugs from the facility: ☑Yes/ ☐No		
	Availability of CBNAAT/ TruNat: ☑Yes/ ☐No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV?☑Yes/ ☐No Are all TB patients tested for Diabetes Mellitus: ☑Yes/ ☐No		
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months:		
53. 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		
54. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied		

Indicator	Remarks/ Observation
	Fund regularly:
	Reasons for underutilization of fund (if any)
55. 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
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
57. Availability of ambulance services in the area	☑Own ambulance available DH/ SDH has contracted out ambulance services ☑Ambulances services with Centralized call centre Government ambulance services are not available
	Comment (if any):
• How many cases from referred to in last month?	Number: 13 Types of cases referred in: Gyanic Patients

Indicator	Remarks/ Observation
• How many cases were referred out last month?	Number: 202 Types of cases referred out: Gyanic Patient + Accidental Patient

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

Challenge	Root causes
a. Insufficient fund.	a. Increase this untied fund.
b. Shortage of class three and fourth staff.	b. Vacancy should be filled.
c. Shortage of ward boy.	c. Ward boy should be recruited.
d. Security and Sanitation workers is very less	d. Those are should be increase.
e. Needs a vehicle for emergency.	e. Vehicle provided for emergency.

List of Acronyms

AFHS	Adolescent Friendly Health Clinic
AHS	Annual Health Survey
AMC	Annual Maintenance Contract
AMG	Annual Maintenance Grant
ANC	Anti Natal Care
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ART	Anti Retro-viral Therapy
ASHA	Accredited Social Health Activist
AWW	Aanganwadi Worker
AYUSH	Ayurvedic, Yoga, Unani, Siddha, Homeopathy
BAM	Block Account Manager
BCM	Block Community Mobilizer
BEmOC	Basic Emergency Obstetric Care
BMO	Block Medical Officer
BMW	Bio-Medical Waste
BPM	Block Programmer Manager
BB	Blood Bank
BSU	Blood Storage Unit
CBC	Complete Blood Count
CD	Civil Dispensary
CEA	Clinical Establishment Act
CEmOC	Comprehensive Emergency Obstetric Care
CH	Civil Hospital
CHC	Community Health Centre
CMHO	Chief Medical and Health Officer
CS	Civil Surgeon
CTT	Conventional Tubectomy
DAO	District AYUSH Officer
DAM	District Account Manager
DCM	District Community Mobilizer
DEIC	District Early Intervention Centre
DEO	Data Entry Operator
DH	District Hospital
DIO	District Immunization Officer
DM	District Magistrate
DMC	Designated Microscopic Centre
DMO	District Malaria Officer
DOT	Direct Observation of Treatment
DPM	District Programmer Manager
DTO	District Tuberculosis Officer
EAG	Empowered Action Group
EC Pills	Emergency Contraceptive Pills
EDL	Essential Drugs List
EmOC	Emergency Obstetric Care
ENT	Ear, Nose, Throat
FP	Family Planning
FRU	First Referral Unit
GOI	Government of India
HFW	Health & Family Welfare
HIV	Human Immuno Deficiency Virus
HMIS	Health Management Information System
HPD	High Priority District
ICTC	Integrated Counselling and Testing Centre
IDR	Infant Death Review
IEC	Information, Education, Communication
IFA	Iron Folic Acid
IMEP	Infection Management Environmental Plan
IMNCI	Integrated Management of Neonatal and Childhood illness
IMR	Infant Mortality Rate
IPD	Indoor Patient Department
IPHS	Indian Public Health Standard
IUCD	Copper (T) -Intrauterine Contraceptive Device
JE	Janani Express (vehicle)
JSSK	Janani ShishuSurkshaKaryakram
JSY	Janani Surksha Yojana
LBW	Low Birth Weight
LHV	Leady Health Visitor
LSAS	Life Saving Anaesthesia Skill

MCH	Maternal and Child Health
LT	Lab Technician
LTT	Laparoscopy Tubectomy
MCH	Maternal and Child Health
MCP Card	Mother Child Protection Card
MCTS	Maternal and Child Tracking System
MDR	Maternal death Review
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Ratio
MMU	Medical Mobile Unit
MP	Madhya Pradesh
MPW	Multi Purpose Worker
MSS	MahilaSwasthyaShivir
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NBCC	New Born Care Corner
NBSU	New Born Stabilisation Unit
NCD	Non Communicable Diseases
NFHS-4	National Family Health Survey-4
NHM	National Health Mission
NLEP	National Leprosy Eradication Programme
NMA	Non Medical Assistant
NMR	Neonatal Mortality Rate
NRC	Nutrition Rehabilitation Centre
NRHM	National Rural Health Mission
NSCB	Netaji Subhash Chandra Bose
NSSK	NavjaatShishu Suraksha karyakram
NSV	No Scalpel Vasectomy
Ob&G	Obstetrics and Gynaecology
OCP	Oral Contraceptives Pills
OPD	Outdoor Patient Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
OT	Operation Theatre
PFMS	Public Financial Management System
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PMU	Programme Management Unit
PMDT	Programmatic management of Drug Resistant TB
PPIUCD	Post-Partum Intra Uterine Contraceptive Device
PRC	Population Research Centre
PRI	Panchayati Raj Institution
PV	Plasmodium Vivex
RBSK	Rashtriya Bal SwasthyaKaryakram
RCH	Reproductive Child Health
RGI	Registrar General of India
RKS	Rogi Kalyan Samiti
RKSK	RashtriyaKishoreSwasthyaKaryakram
RMNCH+A	Reproductive, Maternal, Newborn, Child Health & Adolescents
RNTCP	Revised National Tuberculosis Control Program
RPR	Rapid Plasma Reagen
RTI	Reproductive Tract Infection
SAM	Severe Acute Malnourishment
SBA	Skilled Birth Attendant
SDM	Sub-Divisional Magistrate
SHC	Sub Health Centre
SN	Staff Nurse
SNCU	Special Newborn Care Unit
STI	Sexually Transmitted Infection
T.B.	Tuberculosis
TBHV	Tuberculosis Health Visitor
TT	Tetanus Toxoide
UPHC	Urban Primary Health Centre
USG	Ultra Sonography
WIFS	Weekly Iron Folic-acid Supplementation
VHND	Village Health & Nutrition Day
VHSC	Village Health Sanitation Committee
WCD	Women & Child Development

Civil Hospital (CH) Maihar District Maihar visited on 16th Nov. , 2021

Sub Centre (SHC) Tighrakala District Maiharvisited on 17th Nov. , 2021

Primary Health Centre (PHC) Ghunwara Maihar District on17th Nov. , 2021