



Ministry of Health & Family Welfare
Government of India



A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN BARWANI DISTRICT MADHYA PRADESH

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OCTOBER 2021

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ACKNOWLEDGEMENT

The Monitoring and Evaluation of NHM PIP in Barwani district of Madhya Pradesh was successfully completed due to the help and cooperation received from district NHM staff and support extended by officials from state medical, health and family welfare department. We wish to extend, first, our immense gratitude to, Shri D.K. Ojha, Deputy Director (Stat), Ministry of Health and Family Welfare, Government of India for trusting Population Research Centre, Institute of Economic Growth, Delhi with the work of monitoring of the important components of NHM Programme Implementation Plan. We are also thankful to Mrs. Anjali Rawat, Director (Stat) Ministry of Health and Family Welfare, for her unstinting support.

I also express my sincere thanks to Prof. Suresh Sharma, Head, Population Research Centre, Institute of Economic Growth (IEG), Delhi, for reviewing the report, providing constructive feedback and contribution at every stage till the completion of the report.

We are grateful to the Dr. Anita Sigare, Chief Medical Officer and DPMU without whose support and cooperation the evaluation would not be possible. We would further like to thank Ms. Jyoti, District Programme Manager of Barwani, for investing his full efforts in facilitating the visits to health facilities.

The Monitoring & Evaluation of National Health Mission Programme Implementation Plans would not have been possible without the active participation and insightful inputs by each and every Medical, Paramedical and Administrative staff, who form the public health system of Barwani. Last but not the least, I would like to thank the PRC-IEG staff for extending support for the completion of this report.

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ACRONYMS AND ABBREVIATION

AFHS	Adolescent Friendly Health Clinic
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
BB	Blood Bank
BCC	Behaviour change communication
BCG	Bacillus Calmette Guerin
BEmOC	Basic Emergency Obstetric Care
BPL	Below Poverty Line
BSU	Blood Storage Unit
CHC	Community Health Centre
CMO	Chief Medical Officer
DEIC	District Early Intervention Centre
DH	District Hospital
DHQ	District Health Quarter
DOTS	Directly Treatment Strategy
DPMU	District Programme Management Unit
DPT	Diphtheria Pertussis Tetanus
DWH	District Women Hospital
EmOC	Emergency Obstetric Care
F-IMNCI	Facility based Integrated Management of Neonatal and Childhood Illness
FRU	First Referral Unit
HBNC	Home Based New Born Care
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HWC	Health & Wellness Centre
ICDS	Integrated Child Development Services
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IMEP	Infection Management and Environment Plan
IPD	Indoor-Patients Department
IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSSK	Janani Shishu Suraksha Karyakaram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care

LaQshya	Labour room Quality improvement initiative
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthesia Skill
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MOIC	Medical Officer In-Charge
MTP	Medical Termination of Pregnancy
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NGO	Non-Government Organization
NHM	National Health Mission
NLEP	National Leprosy Eradication Programme
NPCB	National Programme for Control of Blindness
NPCC	National Programme Coordination Committee
NRC	National Rehabilitation Centre
NRHM	National Rural Health Mission
NSSK	Navjat Shishu Surksha Karyakram
NSV	Non Scalpel Vasectomy
NUHM	National Urban Health Mission
NVBDCP	National Vector Borne Disease Control Programme
NVHCP	National Viral Hepatitis Control Programme
OBG	Obstetrics Gynaecologist
OCp	Oral Contraceptive Pill
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PFMS	Public Financial Management System
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PPIUCD	Post-Partum Intrauterine Contraceptive Device
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SNCU	Special Newborn Care Unit
SPUHC	Seed Primary Urban Health Centre
STI	Sexually Transmitted Infection
U5MR	Under 5 Mortality Rate
VHND	Village Health and Nutrition Day

Executive Summary

The National Health Mission is a flagship initiative of the Government of India in the public health sector. It enhances people's access to quality health care services in a colossal manner via umpteen initiatives. Since its inception, NHM has tailored itself to the needs of the society by identifying the existing lacunae and eliminating them. One of the salient features that measure the progress of NHM remains the Monitoring and Evaluation activities undertaken by the Ministry of Health and Family Welfare on a continuous basis. The ministry has established the network so that the services are being utilized in monitoring the State Programme Implementation Plans.

Hence, the report focuses on monitoring all the essential components of NHM in the Barwani district for the year 2020-21. The monitoring was carried out in October to encapsulate and analyze the status of NHM activities in the district. The report puts forward the key observations made during the PRC, Delhi team visit to various health facilities of the district, i.e., District Hospital in Barwani, two Community Health Centre's (CHC) in Silawad and Rajpur, two Primary Health Centres (PHC) in Bhavti and Julwania, and a Sub-Centres/HWC Danod. A meeting was conducted with CHMO, DPM, DAM and other district health officials to understand the efforts, achievements and challenges in implementing the NHM programmes. A focus group discussion was also done in Danod Village to understand their perspectives of public health services, lifestyle, out-of-pocket expenditure, etc.

STRENGTHS AND PERFORMANCE OF HEALTH SYSTEM

- During last financial year, the 300 bedded DH was upgraded to 400 beds. Six-bedded PHC Ajand has been upgraded to 50 bedded Civil Hospital.
- District Early Intervention Center was built in District Hospital Barwani.
- The steady increase in the proportion of institutional deliveries in the district reflects the impact of JSY, JSSK, and the higher number of delivery points.
- Forty-six delivery points are working in the district, where arrangements have been made for electricity, water, human resources, essential equipment, medicines and tests. Due to which the quality of health facilities of pregnant women in the district has improved, and institutional deliveries and child vaccination have increased.

- The level of malnutrition remains high in the District despite various programmes. Tribal women and children are most affected by malnutrition. Poor literacy, lack of nutritious food, lifestyle, and lack of job opportunities are reported to be the leading cause behind it.
- The free meal is not being provided in PHCs under JSSK in the district. There is a need to make proper arrangements of funds at PHCs to provide food.
- Consumption of alcohol, tobacco and gutka is prevalent in the local community, and people get addicted to it early. People in the area suffer from many serious diseases caused by alcohol and tobacco use.
- Paucity of human resources affects the NHM in the district. Most of the facilities lack HR, affecting the quality of work and putting more burdens on the existing staff, and more cases are being referred to higher facilities.
- Toilet facilities and drinking water supply are one of the major problems in the DH Barwani and CHC Rajpur. It should be ensured that the toilets are cleaned and maintained regularly. At present, there is a shortage of sanitation workers in DH and CHC.
- There is a huge wait time for ambulances, due to which many times the delivery is done at home or on the way. Poor network in remote and forested areas of the district makes it difficult to call an ambulance on time.
- Madhya Pradesh has the highest burden of sickle cell disease, and Barwani is one of the most affected districts. There is a risk of anemia and thalassemia, which puts pregnant women and newborns at risk of other diseases. Prevalence is high in specific tribal communities due to genetic reasons. There is a need to spread awareness among the people about it, and at the same time, more research is also needed on this subject.

KEY RECOMMENDATION

- The lack of HR affecting the performance of NHM programmes in the district. Therefore, it is advocated that guidelines need to be issued regarding filling the vacancies, and the positions must be filled.
- Ambulances are not available everywhere due to scattered locations and the non-availability of roads. Personal transport available in the villages like a motorcycle, cycle or other can be used as an ambulance. Provision can be made to provide incentives to these people to take pregnant women to delivery points.

- RKS meetings should be organized periodically for the smooth functioning of health services, future activities, challenges, and utilization of funds at DH, CHCs and PHCs.
- CHC Rajpur and PHC Julwania need maintenance and refurbishment. There is a shortage of staff quarters at DH Barwani, CHC Silwad and Rajpur and PHC Julwania for the medical staff at the health facilities, which must be resolved immediately.
- Madhya Pradesh has the highest burden of sickle cell disease, and Barwani is one of the most affected districts. Prevalence is high in specific tribal communities due to genetic reasons. There is a need to spread awareness among the people about it, and at the same time, more research is also needed on this subject.
- Tribal-dominated areas like Barwani, where villages are remote and inaccessible, and settlements are also divided into large areas. ASHA workers face many difficulties in carrying out their work. At the same time, their incentive amount is also reduced. In such a situation, there is a need to give additional incentives or salaries to the ASHAs working in these fields to work with more enthusiasm.

Chapter 1

BACKGROUND AND OBJECTIVES

BACKGROUND AND OBJECTIVES

1.1 INTRODUCTION

National Health Mission (NHM) is the flagship scheme of the Government of India which aims to achieve universal public health coverage and extending service delivery to all the parts. Launched in 2005 as the National Rural Health Mission (NRHM), it was extended to urban areas in 2013, bringing both urban and rural areas under its coverage. The mission intends to guide states towards increasing the access to affordable and essential health services to those on the margins by strengthening the infrastructure, logistics, institutional set-up and service delivery.

In order to monitor the important components of NHM State Programme Implementation Plan (PIP) 2020-21, the Ministry of Health and Family Welfare (MoHFW) had commissioned Population Research Centres (PRCs) to evaluate the performance of the plans in various districts. The following report is based on the PIP Monitoring visit to Barwani district in October 2021. The PRC Delhi team visited the Chief Health Medical Officer's (CHMO) Office for a brief interaction with the CHMO, District Programme Manager (DPM), and Nodal officers; thereafter six facilities were visited, these were the District Hospital in Barwani, two Community Health Centre's (CHC) in Silawad and Rajpur, two Primary Health Centres (PHC) in Bhavti and Julwania, and a Sub-Centres which was too Health and Wellness Centres in Danod. A community interaction was also done in the respective Danod village. This report provides a review of key population, socio-economic, health and service delivery indicators of Barwani District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, bio-medical waste management, referral transport, communicable, and non-communicable diseases.

1.2 OBJECTIVES

The major objectives of this monitoring and evaluation of PIP study are:

- To monitor the status of physical infrastructure of health facilities under NHM Programme.
- To understand the availability and efficiency of human resource required for better service facilities.
- To understand the gap between Demand and supply of health service delivery under NHM programme.

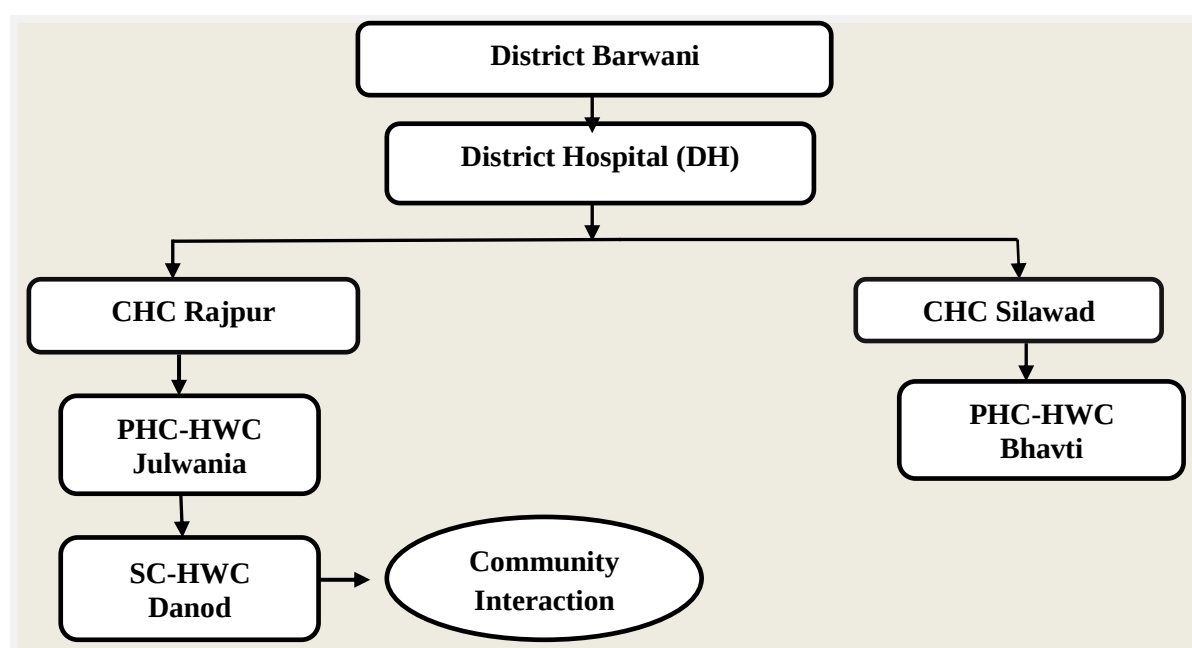
- To assesses functionality of equipment, supply and essential drugs, essential consumables etc.
- To analyze and ascertain the implementation and performance of different scheme under NHM.
- To analyze other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- To assess the availability of finance for the NHM activities in the district.

1.3 METHODOLOGY

MoHFW has assigned the task of monitoring the health status of Barwani, Madhya Pradesh to PRC Delhi. The report is based on the data collected from the CHMO office and other health facilities visited. PRC, Delhi visited the district office to interact with CHMO, DPM and other officers of the district. Health profile of the district was discussed intensively and higher authorities were questioned on broad areas under NHM such as maternal health, child health, family planning, human resource, infrastructure etc.

The report is based on both qualitative and quantitative survey. Before visiting the field, a structured questionnaire (Appendix) prepared on various important aspects of NHM activities, were sent to the respective facilities and nodal officers. Further on the visit the questionnaire is cross checked and discussed in detail. After a valuable discussion with the ACMO and DPM few selected facilities were visited for monitoring purpose. The healthcare facilities visited are depicted as below:

Figure 1.1: List of Facilities Visited during PIP Visit



Chapter 2

An Overview of Key Demographic and Health Indicators of Barwani

AN OVERVIEW OF KEY DEMOGRAPHIC AND HEALTH INDICATORS OF BARWANI

2.1 POPULATION AND HOUSEHOLD PROFILE

Madhya Pradesh is a State in the central part of India and its capital is Bhopal. State shares borders with Rajasthan and Gujarat in the west, Chhattisgarh in the east, Maharashtra in the south, and Uttar Pradesh in the north. As per Census 2011, Madhya Pradesh has a population of 7.26 crores, and the decadal population growth was 20.4 percent. The literacy rate in Madhya Pradesh is 69.3 percent as per the 2011 population census. Of that, male literacy stands at 78.7 percent, while female literacy is at 59.2 percent.

Table 2.1: Key demographic indicators of Barwani, Madhya Pradesh and all India

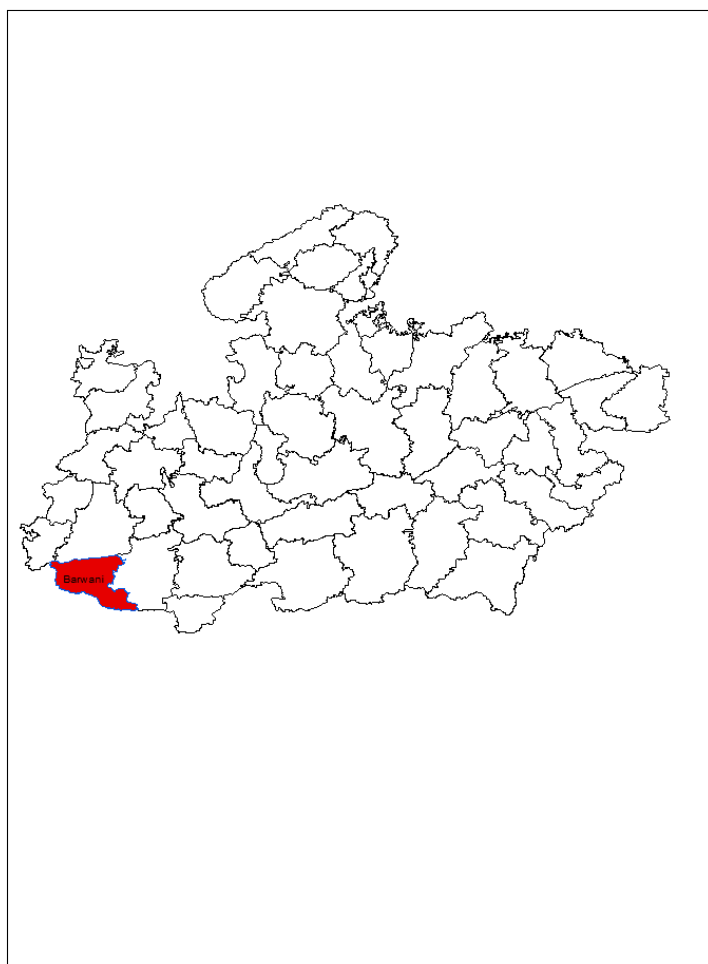
Indicators	India	Madhya Pradesh	Barwani
Population	1,210,193,442	726,26,809	13,85,881
Male	623,724,248	3,76,12,306	6,99,340
Female	586,469,174	3,50,14,503	6,86,541
Urban population (%)	31.6	27.6	14.7
Rural population (%)	16.6	72.4	85.3
Decadal Population Growth Rate (%)	17.6	20.4	27.6
Density/km2	382	236	255
Child Population (0-6 Years)	158,789,287	1,08,09,395	2,65,299
Sex Ratio (per/1000)	940	931	982
Child Sex Ratio (0-6 Year)	914	918	948
Area (sq. km)	3,287,240	3,08,252	5,427
Literates (%)	74.0	69.3	49.1
Male Literates (%)	82.1	78.7	55.7
Female Literates (%)	65.5	59.2	42.4
Schedule Caste (%)	16.6	15.6	6.4
Schedule Tribe (%)	8.6	21.1	69.4

SOURCE: REGISTRAR GENERAL OF INDIA, PRIMARY CENSUS ABSTRACT, CENSUS OF INDIA 2011

Barwani has three sub-divisions, nine Tahsils, seven developmental blocks and 716 villages. As of the 2011 census, Barwani has a population of 1,385,881. Of this, the male population is 699,340, and the female population is 686,541 in the district. Out of the total population, 14.7 percent live in urban areas and 85.3 percent people in rural areas. The percentage decadal growth rate of the population was observed 27.6 percent in 2011 over the 2001 census, which was higher than the state average of 20.4 percent. The district's total literacy rate is 49.1 percent, which is lower than the state (69.3%) and the national average (74.0%). In addition, male and female literacy is below the state average; female literacy is 13 percentage points less than males in the district. The percentage of the urban population is 14.7 percent in the district, and a large proportion of the population residing in rural areas shows about 85

percent. The percentage of scheduled caste population to total population is only 6.4 percent, whereas that of scheduled tribe population is 69.4 percent. The district has a sex ratio of 982 females per 1000 males and a child sex ratio of 948 females per 1000 males. Barwani district administers an area of 5,427 sq km, and in 2011 the population density of the district was 255 persons per sq km.

Figure 2.1: Outline Map of Barwani District, Madhya Pradesh



Note: Map not to scale

2.2 OPERATIONAL OF HEALTH FACILITY

Table 2.2 presents the distribution of health facilities in Barwani. There are one District Hospital, two Sub District Hospital, nine Community Health Centre, 30 Primary Health Centre and 365 Sub-centre in the district. The district has no medical college. Overall, the district has a total of 856 beds across these public health. Out of total facilities, 27 facilities are classified as to be falling under difficult area for services.

Table 2.2: Number of Health Facilities in Barwani, 2020-21

	Facilities	Bed Count	Population Covered	Difficult
DH	1	300	1385881	-
SDH	2	110	60530	-
CHC	9	240	372602	-
PHC	30	188	453909	-
SC	365	18	1253723	27

SOURCE:HMIS STANDARD REPORT APRIL 2020 – MARCH 2021

2.3 HMIS SERVICE DELIVERY INDICATORS

Table 2.3 highlights the performance of major service delivery indicators and the subsequent health outcomes regarding the quantifiable goals related to Maternal Health, Child Health, Delivery care, Family Planning, Adult Health, etc., under NHM in the Barwani district during 2020-21. In the Barwani district, 57,099 pregnant women registered for ANC, in which about 72 percent of the ANC registrations occur in the first trimester. However, about 68 percent of pregnant women receive four or more ANC check-ups. The coverage of 180 IFA tablets among pregnant women is about 90 percent and is lower than the state level coverage of 97 percent.

Total 39,622 deliveries were conducted in Barwani, of which 5,415 were conducted at home. In the district, 86 percent of births are institutional deliveries, with C-section deliveries accounting for 6 percent of the total institutional births. Nearly 60 percent of women went for institutional delivery who registered for ANC. About 14 percent of women are discharged within 48 hours of the delivery, which is higher than the state average and below the national level. Regarding Post Natal Care, only 11 percent of women received the 1st post-partum check-up within 48 hours and 14 days of delivery which was lesser than the state average. In addition, 98 percent of the newborns were breastfed within 1 hour of delivery, while 99 percent of newborns were weighed at birth.

In terms of Child Health and immunization services, 42,621 children of 9-11 months were fully immunized in the district. Further, 84 percent of infants received BCG, and 99 percent received Measles among all fully immunized infants. Diarrhoea and Pneumonia were the most prevalent childhood disease in the district; 3,246 suffered from diarrhoea, and 441 children had Pneumonia during the year.

In the last year, 10,408 sterilizations were performed, of which 99.8 percent were female sterilization. Also, 2,701 women received the benefit of the IUCD, and 908 women were given the fourth or more doses of injectable Antara. In addition, 5,18,527 condom pieces and 91,360 oral pills were distributed in the last financial year.

The mortality indicators are also presented in Table 1.3. The district reported a total of 50 maternal deaths during 2020-21. The number of infant deaths reported is 877, whereas the number of stillbirths reported is 609. The volume of OPD services was 11,07,089 for the past year, whereas the district provides care for 1,38,971 IPD cases in a year.

Table 2.3: Status of key maternal and child health indicators, Barwani, HMIS 2020-21

Health Care Service Delivery Indicators	Madhya Pradesh	Barwani
Maternal Health		
Total number of pregnant women registered for ANC	19,07,779	57,099
% 1st Trimester registration to Total ANC Registrations	71.67%	71.68%
% Pregnant Women received 4 or more ANC checkups to Total Registration	80.58%	67.83%
% Pregnant women given 180 IFA to total ANC Registrations	96.72%	89.63%
a) Home Deliveries		
Number of Home Deliveries	59,360	5,415
Number of Home Deliveries attended by Skill Birth Attendant(SBA) (Doctor/Nurse/ANM/ Midwife)	8,702	143
Number of Home Deliveries attended by Non SBA (Trained Birth Attendant (TBA) /Relatives/etc.)	50,658	5,272
b) Institutional Deliveries including C-Section Deliveries		
Total Number of Reported Deliveries	13,73,371	39,622
% of Institutional Deliveries to Total Reported Deliveries	95.68%	86.33%
% of C-Section Deliveries to Total institutional Deliveries	11.40%	5.92%
% Institutional Deliveries to total ANC Registrations	68.88%	59.91%
% Women discharge in less than 48 hours of delivery to Total Institutional Deliveries at Public Institutions	11.97%	14.39%
d) Post Natal Care		
% Women getting 1 st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	13.75%	11.20%
% Newborn breast fed within 1 hour of birth to Total Live Birth	91.79%	97.68%
% Newborn weighed at Birth to Live Birth	96.41%	98.52%
Child Immunization & Diseases		
Total live birth	13,68,558	39,135
Number of Fully Immunized children (9-11 months)	17,37,729	42,621
Number of cases of Childhood Diseases Pneumonia	16,016	441
Number of cases of Childhood Diseases Diarrhea	1,45,810	3,246
Number of cases of Childhood Diseases Malaria	3,021	71
Infants received BCG to full immunization	76.98%	83.48%
Infants received Measles to full immunization	99.16%	99.39%
Family Planning		
Total Sterilization conducted	3,17,272	10,408
% Male Sterilization (Vasectomies) to Total sterilization	0.87%	0.20%
% Female Sterilization (Tubectomies) to Total sterilization	99.13%	99.80%
Number of Interval IUCD Insertions (excluding PPIUCD and PAIUCD)	1,46,850	2,701
Number of beneficiaries given 4th or more than 4 doses of Injectable (Antara Program)	3,67,792	908
Condom Pieces distributed	31,27,79,307	5,18,527
Oral Pills distributed	4,41,83,722	91,360
Other Services		
IPD	37,47,157	1,38,971
OPD (Ayush + Allopathic)	5,27,10,661	11,07,089
% IPD to OPD	7.11%	12.55%
Mortality Indicators		
Maternal Death	2,722	50
Child Death	4,109	198
Infant Death	27,669	877
Still Birth	24,453	609
Death due to Sterilization	3	0

SOURCE :HMIS STANDARD REPORT APRIL 2020 – MARCH 2021

Chapter 3

Public Health Planning, Service Delivery and Budget Utilization

PUBLIC HEALTH PLANNING, SERVICE DELIVERY AND BUDGET UTILIZATION

3.1 DISTRICT HEALTH ACTION PLAN

CHMO informed that districts do not prepare PIPs in Madhya Pradesh. For the last two years, it is being received by the State Health Society. According to E-Vitt software, the district received the approved District Health Action Plan (DHAP) from the State on April 1st, 2021. Fund against the DHAP was also released on April 1st, 2021. Further, table 3.1 indicates that there was no construction pending for more than two years.

Table 3.1: Information about District Health Action Plan (DHAP) of Barwani, 2020-21

Indicator	Remarks/ Observation
Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states	District does not prepare PIPs. For the last two years, it is being received by the State Health Society.
Whether the District has received the approved District Health Action Plan (DHAP) from the state	1 st April, 2021
Date of first release of fund against DHAP	1 st April, 2021
Infrastructure: Construction Status	
Details of Construction pending for more than 2 years	NIL
Details of Construction completed but not handed over	NIL

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

3.2 HEALTH INFRASTRUCTURE

Public health infrastructure provides the capacity to prevent disease, promote health, and prepare for and respond to both acute and chronic health needs. Infrastructure is the foundation for planning, delivering, evaluating, and improving public health. The performance of any public health programme depends on the presence of basic infrastructure. The Public Health Care Infrastructure includes Sub Health Centres at the most peripheral level, Primary Health Centres envisaged providing an integrated curative and preventive health care, and Community Health Centres which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

Table 3.2 presents the details of planned and operational Health Infrastructure in the Barwani district. Barwani has one district hospital, two Sub District hospitals, eight Community Health Centres (CHCs), 28 Primary Health Centres (PHCs), two Urban Primary Health Centers (U-PHC) and 359 sub-centers (SCs). One Special Newborn Care Unit (SNCU) and six Nutritional Rehabilitation Centres (NRC) are functioning in the district.

During the last financial year, 28 PHCs, two U-PHCs and 359 sub-centres were converted into health & wellness centre in the district (HWCs). Barwani has one District Early

Intervention Center (DEIC), two first referral units (FRUs), one blood bank and two blood storage units. Additionally, 21 designated microscopy centre (DMC) and eight Tuberculosis Units (TUs) are functional. Apart from that district have three CBNAAT/TruNat sites. One NCD clinic at the DH, two at SDH and eight NCD clinics are functioning at the CHC level.

Table 3.2: Detail of health facility available in Barwani

Facility Details	Sanctioned/ Planned	Operational
District Hospitals	1	1
Sub District Hospital	2	2
Community Health Centres (CHC)	8	8
Primary Health Centre s (PHC)	28	28
Sub Centre s (SC)	359	359
Urban Primary Health Centre s (U-PHC)	2	2
Urban Community Health Centre s (U-CHC)	-	-
Special Newborn Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)	6	6
District Early intervention Centre (DEIC)	1	1
First Referral Units (FRU)	2	2
Blood Bank	1	1
Blood Storage Unit (BSU)	2	2
No. of PHC converted to HWC	28	28
No. of U-PHC converted to HWC	2	2
Number of Sub Centre converted to HWC	359	359
Designated Microscopy Centre (DMC)	21	21
Tuberculosis Units (TUs)	8	8
CBNAAT/TruNat Sites	3	3
Drug Resistant TB Centres	-	-
Functional Non-Communicable Diseases (NCD) clinic		
• At DH	1	1
• At SDH	2	2
• At CHC	8	8
Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	20	20
• Providing 1st trimester services	20	20
• Providing both 1st & 2nd trimester services	-	-

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

3.3 AVAILABILITY OF SERVICES

Table 3.3 presents the availability of health services in the Barwani district. The district provides free facility of medicines and diagnostic services for all. More than 50 institutional deliveries took place in the district hospital per month in the last financial year, and the facility of C-section delivery is also available here. Additionally, eight CHCs performed more than 20; 28 PHCs performed more than ten and seven SCs performed more than three institutional deliveries per month. The district has ultrasound facilities at 14 public and private health centers, and all are registered under the PCPNDT act. PMSMA is organized on the 9th of every month in DH and CHCs, where public and private medical officers render their voluntary services in the camp. Based on 16 high-risk indicators, pregnant women are being treated and referred to higher centers if needed.

Table 3.3: Availability of delivery care services in the district, 2020-21

Indicator	Observation
Implementation of Free drugs services (if it is free for all)	Yes
Implementation of diagnostic services (if it is free for all)	Yes
Status of delivery points	
• No. of SCs conducting >3 deliveries/month	7
• No. of 24X7 PHCs conducting > 10 deliveries /month	28
• No. of CHCs conducting > 20 deliveries /month	8
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	1
• No. of DH/ District Women and child hospital conducting C-section	1
Number of institutes with ultrasound facilities (Public+Private)	
• Of these, how many are registered under PCPNDT act	14
Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	9 Facilities

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

3.4 TRANSPORT SERVICE AND MOBILE MEDICAL UNIT (MMU)

The availability of reliable transport facilities is an essential social determinant of health that influences access to appropriate healthcare. There are 11 Basic Life Support (BLS) and one Advanced Life Support (ALS) vehicle in the District, all the ambulances are GPS fitted and handled through a centralized call centre, and Zigitsha Health Care Bhopal runs both.

ALS receives two to three calls, and BLS receives 50-55 calls per day. Moreover, ALS makes three, and BLS makes four trips and covers a distance of about 250-300 kilometers per day. Transport facilities in the District consist of 15 vehicles of 102, and all are equipped with GPS and are controlled through a centralized call centre. In total, each ambulance makes 3 to 4 trips and covers a distance of about 250-300 kilometers per day.

Table 3.4: Availability of Transport Service and Mobile Medical Unit in the district, 2020-21

Vehicle for Referral Transport	Observations	
No. of Basic Life Support (BLS) (on the road) and their distribution		11
No. of Advanced Life Support (ALS) (on the road) and their distribution		1
	ALS	BLS
• Operational agency (State/ NGO/ PPP)	Zigitsha Health Care Bhopal	
• If the ambulances are GPS fitted and handled through centralized call centre	2-3	50-55
• Average number of calls received per day	3	2
• Average number of trips per ambulance per day	250-300	250-300
No. of transport vehicle/102 vehicle (on the road)		15
• If the vehicles are GPS fitted and handled through centralized call centre		Yes
• Average number of trips per ambulance per day		Per day 3 to 4
• Average km travelled per ambulance per day		250-300
No. of Mobile Medical Unit (MMU) (on the road) and micro-plan		No

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

The provision of a Mobile Medical Unit (MMU) in each District is one of the strategies to improve access and reach underserved areas by taking healthcare to the people's doorstep. However, No MMUs are functional in the District.

3.5 HUMAN RESOURCE

The quality and accessibility of health services depend primarily on the performance of those who deliver them. Human resource density is directly related to achievements in health outcomes. National Health Mission (NHM) provides financial assistance for strengthening human resources. According to the meeting with CHMO, DPM and other nodal officers in the CMO office, workforce crisis is the major restraining factor affecting the service delivery under NHM.

Table 3.5 depicts the status of human resource availability in Barwani district under regular positions, NHM and other sources. Overall, a significant shortage of skilled human resources was observed across the district. For instance, 80 percent of the posts of surgeons were vacant, and only four were working, and no Doctor has been trained for LSAS and EmOC in Barwani. Overall, five MOs, 82 percent of Gynaecologists, 85 percent of Paediatricians, 75 percent of Anaesthetists and 94 percent post of other Specialists are vacant against the sanctioned regular post in the district. Moreover, 50 percent pos of Dentists/ Dental Surgeon/ Dental MOs and eight percent posts of AYUSH MOs are vacant. Post for Radiologists and Radiographer/ X-ray technicians are equal to against sanctioned in the district. Not a single radiologist was posted in the district, while two posts were sanctioned. Similarly, six percent post of ANMs, 54 percent post of MPWs (Male), 26 percent post of Staff Nurse, seven percent post of Lab technicians and 33 percent post of Pharmacist are vacant.

Table 3.5: Availability of Human Resource in Barwani

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM	515	483	94
MPW (Male)	145	66	46
Staff Nurse	385	286	74
Lab technician	57	53	93
Pharmacist (Allopathic)	88	59	67
MO (MBBS)	115	110	96
OBGY	17	3	18
Pediatrician	13	2	15
Anesthetist	12	3	25
Surgeon	15	3	20
Radiologists	2	0	0
Other Specialists	33	2	6
Dentists/ Dental Surgeon/ Dental MO	6	3	50
Radiographer/ X-ray technician	21	21	100
OT technician	4	0	0
CHO/ MLHP	155	155	100
AYUSH MO	32	23	72
AYUSH Pharmacist	1	1	100

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

There are 1283 ASHAs in the district, whereas 1234 are required according to the population. However, 199 ASHAs cover more than 1500 (Rural) / 3000 (Urban) population. Also, there were 54 villages/slum areas where there was no ASHA. ASHAs and ASHA facilitators are also enrolled in the social benefits scheme. In the previous financial year, 428 ASHAs were enrolled in Pradhan Mantri Jeevan Jyoti BimaYojana (PMJJBY), 53 in Pradhan Mantri Jeevan Jyoti BimaYojana (PMJJBY), 879 in Pradhan Mantri Suraksha BimaYojana (PMSBY), and 62 were enrolled in Pradhan Mantri Suraksha BimaYojana (PMSBY).

In 2019-20, 667 posts in the regular cadre were vacant in the district; and the State filled 70 positions in the regular cadre and 125 posts under NHM. Similarly, in 2020-21, the State filled 12 regular and 158 positions under NHM. No positions have been filled at the district level since the last two financial years. The State has a comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS).

3.9 STATUS OF TRAININGS

Regular training is essential for health workers to deliver better services. Table 3.6 provides the training status in the current financial year; a total of three training has been completed on various programmes, i.e., Training / Capacity Building for Malaria, Training / Workshop for Dengue and Chikungunya, Training in District NCD Cell. According to RoP, 12 more training for staff nurses/ANM/LHV and frontline workers will be conducted in 2021-22.

Table 3.6: Status of health trainings in Barwani

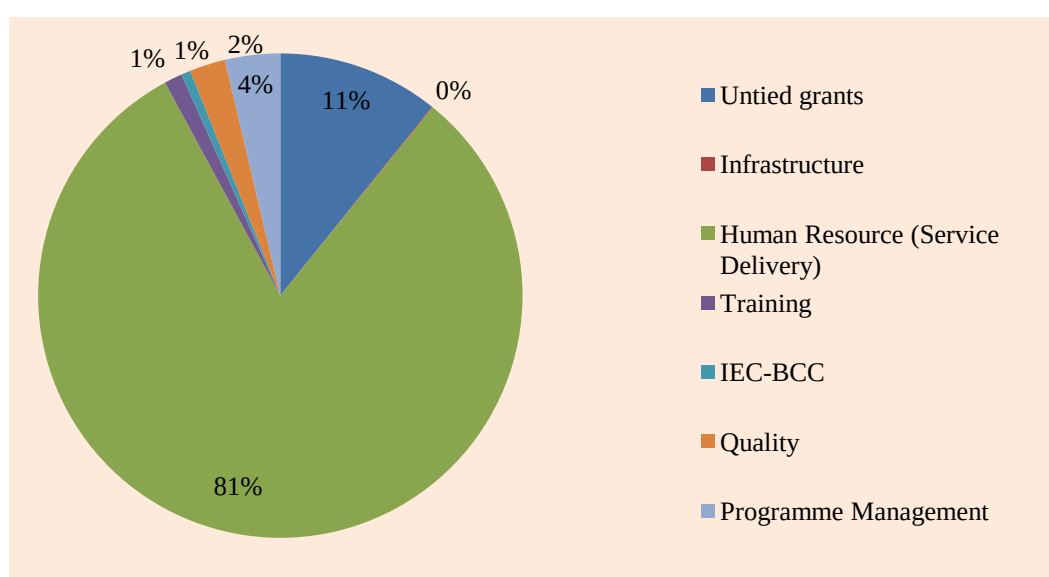
List of training (to be filled as per ROP approval)	Planned	Completed
DAKSHTA training	YES Month Oct TO Dec 2021	
GDM Training	YES Month Oct TO Dec 2021	
Child Death Review Trainings	YES Month Oct TO Dec 2021	
4 days Trainings on IYCF for MOs, SNs, ANMs of all DPs and SCs (ToT, 4 days IYCF Trainings & 1 day Sensitisation on MAA Program)	YES Month Oct TO Dec 2021	
Other Adolescent Health trainings (please specify)	YES Month Oct TO Dec 2021	
FP-LMIS training	YES Month Oct TO Dec 2021	
Training of master trainers at State, district and block level	YES Month Oct TO Dec 2021	
Training under Immunisation	YES Month Oct TO Dec 2021	
Training / Capacity Building (Malaria)	YES Month Oct TO Dec 2021	Completed
Training / Workshop (Dengue and Chikungunya)	YES Month Oct TO Dec 2021	Completed
District NCD Cell (Training in District NCD Cell)	Done	Completed
Training cum review meeting for HMIS & MCTS at District level	YES Month Oct TO Dec 2021	
Training of Medical Officers and Health Workers under NRCP	YES Month Oct TO Dec 2021	
Induction training	YES Month Oct TO Dec 2021	
Supplementary training for ASHAs	YES Month Oct TO Dec 2021	

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

3.10 STATE OF FUND UTILIZATION

The NHM Financial Management Report (FMR) provides item-specific budget heads and details of funds allocation and expenditure to assess the financial progress of the District. The details of the budget utilization are presented in table 3.7. In 2020-21, a total of 1454.75 lakhs rupees were allocated to the Barwani district. However, the expenditure was more than the total allocated budget (137.7%), which was 2005.75 lakh rupees. Figure 2.1 show that 81 percent (1182.16 lakh rupees) of the NHM budget in the District was given for Human resources. The highest utilization, 1056.18 lakh rupees, in terms of the amount was also observed Human Resource (89.34% of allocated budget). The District received 156.77 lakh rupees as an untied grant, which was 11 percent of the NHM budget; however, the utilization was 547 percent higher than the allotted budget (857.74 lakh rupees). About 53.6 lakh rupees (4% of the NHM budget) were allotted for programme management. In addition, 34.7 lakh rupees were granted for quality management (2% of NHM budget), 17.5 lakh was given for training, and 9.13 lakh rupees were allotted for IEC-BCC.

Figure 3.1: FMR wise share of NHM budget allotted to Barwani, 2020-21



SOURCE: AUTHOR ESTIMATES BASED ON DISTRICT FMR / SOE

Table 3.7: Allotment and utilization of budget as per ROP, Barwani, FY 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	% utilization	Reason for low utilization (if less than 60%)
FMR 1: Service Delivery: Facility Based	-	-	-	
FMR 2: Service Delivery: Community Based	-	-	-	
FMR 3: Community Intervention	-	-	-	
FMR 4: Untied grants	156.77	857.74	547.13%	
FMR 5: Infrastructure	0.9	0	0.00%	
FMR 6: Procurement	-	-	-	
FMR 7: Referral Transport	-	-	-	
FMR 8: Human Resource (Service Delivery)	1182.16	1056.18	89.34%	
FMR 9: Training	17.5	14.81	84.68%	
FMR 10: Review, Research and Surveillance	-	-	-	
FMR 11: IEC-BCC	9.13	4.76	52.16%	COVID-19
FMR 12: Printing	-	-	-	
FMR 13: Quality	34.73	22.56	64.95%	
FMR 14: Drug Warehouse & Logistic	-	-	-	
FMR 15: PPP	-	-	-	
FMR 16: Programme Management	53.56	49.7	92.79%	
FMR 17: IT Initiatives for Service Delivery	-	-	-	
FMR 18: Innovations	-	-	-	
Total	1454.75	2005.75	137.88	

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

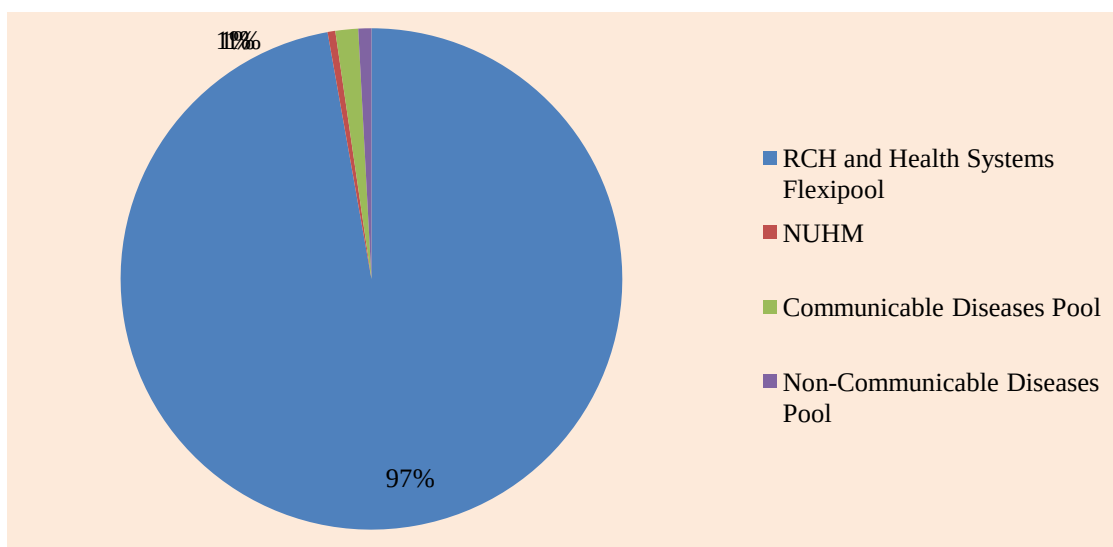
The highest utilization as per the FMR was noted in untied grant (547.13%), followed by programme management (92.79%), human resources (89.34%) and in training (84.68%). The lowest utilization as per FMR was observed in Infrastructure (0%), IEC-BCC (52.16%), and in quality management (64.95%).

The district received 3997 lakh rupees under RCH and Health Systems Flexi pool, which accounts for 97 percent share of the NHM budget of the district. Out of the released budget under RCH and Health Systems Flexi Pool, 3237 lakh rupees (81.0%) have been utilized. Under the Communicable Diseases Pool, the district received 60.4 lakh rupees and used 49.3 lakh rupees (81.73% of the released budget). Likewise, 34.6 lakh rupees were released under the Non-Communicable Diseases Pool, and 27.3lakh were utilized (78.92% of the released budget). In addition, 20.34 lakh were granted for NUHM, and 12.9 lakh were used (63.48% of the released budget).

Programme wise highest utilization of funds was done for the National Program for Control of Blindness and Vision Impairment (100%). Additionally, more than 90 percent of the released budget Child Health, Integrated Disease Surveillance Programme (IDSP), National

Leprosy Eradication Programme (NLEP), National Mental Health Program (NMHP), and National Oral health programme (NOHP) were utilized by the district in the last financial year. The allotted budget for Infrastructure and the National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) was not used.

Figure 3.2: Programme wise share of NHM budget allotted to Barwani, 2020-21



SOURCE: AUTHOR ESTIMATES BASED ON DISTRICT FMR / SOE

Table 3.3: Programme-wise fund utilization in Barwani, 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
RCH and Health Systems Flexipool	3996.53	3237.20	81.00%
Maternal Health	545.94	424.6	77.77%
Child Health	54.97	53.25	96.87%
RBSK	78.08	61.92	79.31%
Family Planning	364.29	262.71	72.21%
RKSK/ Adolescent health	169.64	33.78	19.91%
PC-PNDT	0.8532	0.2415	28.31%
Immunization	227.39	186.38	81.97%
Untied Fund	156.77	85.77	54.71%
Comprehensive Primary Healthcare (CPHC)	-	-	-
Blood Services and Disorders	21.28	15	70.53%
Infrastructure	0.9	0	0.00%
ASHAs	1105.97	985.11	89.07%
HR	1182.16	1056.18	89.34%
Programme Management	53.56	49.7	92.97%
MMU	-	-	-
Referral Transport	-	-	-
Procurement	-	-	-
Quality Assurance	34.73	22.56	64.95%
PPP	-	-	-
NIDDCP	-	-	-
NUHM	20.34	12.91	63.48%
Communicable Diseases Pool	60.36	49.33	81.73%
Integrated Disease Surveillance Programme (IDSP)	4.78	4.66	97.66%
National Vector Borne Disease Control Programme (NVBDCP)	7.83	5.82	74.40%
National Leprosy Eradication Programme (NLEP)	19.84	19.49	98.24%
National TB Elimination Programme (NTEP)	27.91	19.36	69.36%
Non-Communicable Diseases Pool	34.59	27.3	78.92%
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	1	1	100%
National Mental Health Program (NMHP)	0.9	0.86	95.98%
National Programme for Health Care for the Elderly (NPHCE)	3.62	2.91	80.25%
National Tobacco Control Programme (NTCP)	2.15	0	0.00%
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	26.62	22.24	83.57%
National Dialysis Programme	-	-	-
National Program for Climate Change and Human Health (NPCCHH)	-	-	-
National Oral health programme (NOHP)	0.3	0.29	98.83%
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)	-	-	-

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING, 2021

Chapter 4

Implementation of National Programmes

IMPLEMENTATION OF NATIONAL PROGRAMMES

4.1 MATERNAL HEALTH

Maternal health is an essential criterion for evaluating the quality of health services in a country. Ending preventable maternal death is one of the important agendas of SDG. The Government of India started a range of programmes under NHM to ensure women and their children reach their full potential for health and well-being. The country has made remarkable progress in institutional deliveries, reducing maternal deaths in the last two decades, reflecting the success of programmes launched by the Government.

4.1.1 JANANI SURAKSHA YOJANA (JSY)

Janani Suraksha Yojana (JSY) aims to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. Poor performing states of the country have made significant progress in institutional delivery after implementing the JSY, which provides cash assistance for giving birth in a health facility, irrespective of the mother's age and the number of children.

In Barwani, 24098 women were benefitted from JSY and opted for institutional facilities for delivery in the last financial year. However, the DBT of 5151 women has not yet been done, mainly due to non-deposit of documents, irregularities in identity and not having a bank account.

Figure 4.1: Interaction with Mothers who have recently Delivered, DH Barwani



All these women and ASHA have received JSY incentives. ASHAs are also working tirelessly in educating pregnant women of remote areas about the advantages of institutional delivery and getting them to health centres. However, home delivery is also very much in practice in the tribal and forest areas of the district. In the last financial year, 57099 pregnant women were registered for ANC, out of which 34176 (86.0%) were institutional deliveries.

4.1.2 JANANI SHISHU SURAKSHA KARYAKARAM (JSSK)

JSSK is a flagship initiative of the Government to ensure free services to all pregnant women and sick newborns. It has been launched to reduce out-of-pocket expenditure (OOPE) during childbirth (normal and cesarean deliveries) for mothers and neonates accessing public health institutions. Under JSSK, women and sick newborns are entitled to free transport, drugs, diagnostics, blood and c-section delivery, and diet.

In the Barwani, food is being provided to the beneficiaries thrice a day. DH and CHCs have kitchens, and self-help groups prepare the meals. Beneficiaries at DH and CHCs said they had availed the free ambulance facility from their homes to the facility and got free drugs and diagnostics.

4.1.3 PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN (PMSMA)

PMSMA aims to improve the quality and coverage of antenatal care (ANC) services to reduce MMR and infant deaths, especially for rural and hard to reach places and women of unprivileged and vulnerable populations. The essential feature of this programme is providing ANC services by OBGYN specialists with help from private sector doctors on the 9th of every month. PMSMA activities are being performed at DH and CHCs of the district. In the last financial year, 17065 pregnant women were listed as high risk and anaemic.

4.1.4 MATERNAL DEATH REVIEW (MDR)

MDR is a process of identifying gaps and potential causes in the care of a pregnant woman. MDR provides detailed information on medical, socio-economic and cultural factors that must be addressed to reduce maternal deaths. Total 57 maternal deaths reviews were conducted in the last financial year and 34 maternal deaths reviews have been done in the current financial year in the district. All maternal deaths are being reviewed by CMHO & DHS. According to MDR, hypertensive disorders of pregnancy, hemorrhage, and anemia were the reason behind these deaths.

4.2 CHILD HEALTH

4.2.1 SPECIAL Newborn Care Units and Newborn Stabilization Units

Special Newborn Care Unit (SNCU) and Newborn Stabilization Units (NBSUs) provide Facility-based newborn care at CHCs and the District Hospital. Newborn Care Corners (NBCCs) situated in labor rooms also provide newborn care. SNCUs and NBSUs provide the services for babies born within facilities and sick and small babies delivered at other health facilities.

The district has one SNCU, which has been functional since 2011. SNCU has 30 beds with a radiant warmer, four step-down care, and Kangaroo Mother Care (KMC) unit. Ten radiant warmer and six phototherapy units were non-functional for more than weeks. Table 4.1 shows that 2054 newborns were admitted to the SNCU in the last financial year; 1530 were discharged, 101 were referred, 306 died, and 100 neonates were reported as leaving against Medical advice (LAMA). Moreover, 432 newborns were admitted to the NBSU in the last financial year, and 432 were discharged, 81 were referred, two died, and 11 neonates were reported as LAMA.

Figure 4.2: Special Newborn Care Unit (SNCU), DH Barwani



Table 4.1: Status of SNCU and NBSU in Barwani

	Special Newborn Care Units (SNCU)			Newborn Stabilization Unit (NBSU)		
	Inborn	Out born	Total	Inborn	Out born	Total
Admission	694	1360	2054	318	114	432
Defects at birth	36	86	122	-	-	-
Discharged	520	1010	1530	318	114	432
Referral	41	60	101	-	-	81
LAMA	26	74	100	6	6	11
Died	96	210	306	0	0	2

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

Figure 4.3: Kangaroo Mother Care, DH Barwani

4.2.2 NUTRITIONAL REHABILITATION CENTRES (NRCs)

Under NHM, Nutritional Rehabilitation Centres (NRCs) have been established to administer facility-based care for children with severe acute malnutrition (SAM) and medical complications. SAM children are referred by frontline workers and admitted to NRCs.

Table 4.2 show that, last year, 614 children were admitted to NRCs of the district, and out of them, 447 were discharged, 26 were referred, and 57 were reported as LAMA. Among all cases, only three were related to Nutrition-related disorders, 365 were severely stunted ($< -3SD$ WFH), and 207 were suffering severe acute malnutrition ($MUAC < 115$ mm). In addition, 34 cases were related to diarrhea, 13 cases related to ARI/ Pneumonia and 16 cases of tuberculosis. Also, 108 cases were of children who were suffering from other diseases. In all

cases, 560 were referred by frontline workers, 41 came on their own, and 58 were referred from the pediatric ward/emergency.

Table 4.2: Status of Nutritional Rehabilitation Centres (NRCs) in Barwani

Admission	614
Discharged	447
Referral/ Medical transfer	26
LAMA	57
Bilateral pitting oedema	-
MUAC<115 mm	207
<'3SD WFH	365
with Diarrhea	34
ARI/ Pneumonia	13
TB	16
Fever	160
Nutrition related disorder	3
Others	108
Referred by	
Frontline worker	560
Self	41
Ref from VCDC/ CTC	1
Pediatric ward/ emergency	59

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

4.2.3 RASHTRIYA BAL SWASTHYA KARYAKARAM (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK), an ambitious and free of cost initiative of NHM, involves screening children from birth to 18 years of age for 4 Ds- Defects at birth, Diseases, Deficiencies and Development delays. Children diagnosed with 32 common health conditions are provided early intervention services and follow-up care.

Total 16 RBSK teams are sanctioned in the district, however no teams (2 teams per block) are working with full HR. Fifteen vehicles are also designated for the RBSK team. On average, 120 children were screened per day per team. Additionally, 91 children born in delivery points screened for defects at birth under RBSK in the last six months (Table 4.3).

Table 4.3: Rashtriya Bal Swasthya Karyakram (RBSK), Barwani

Total no. of RBSK teams sanctioned	16
No. of teams with all HR in-place (full-team)	Nil
No. of vehicles (on the road) for RBSK team	15
No. of Teams per Block	2
No. of blocks without dedicated teams	No
Average no of children screened per day per team	120
Number of children born in delivery points screened for defects at birth	91

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

4.2.4 CHILD DEATH REVIEW (CDR)

Child Death Review (CDR) is a procedure to understand the causes of child deaths that give information about the medical causes of death. It also helps in identifying the gaps in health service delivery and social determinants contributing to child deaths. Total 160 CDR were done during the previous financial year, and 70 CDR has been conducted in the current financial year. All Child Deaths are being reviewed by DHS & CMHO.

4.3 FAMILY PLANNING SERVICES

Family planning is necessary for universal access to sexual and reproductive health components of SDGs and is a vital indicator for tracing progress on improving maternal health. Prevention of unintended pregnancies helps to reduce maternal and child deaths. India still has a substantial proportion of couples with unmet needs. It is necessary to provide contraceptive information and a basket of choice to attain their desired number of children through their preferred contraceptive methods. ASHA and health workers are reaching out to women about planning methods and encouraging them to adopt suitable family planning methods. A total of 1324 ASHAs were provided the incentive to promote family planning methods and to encourage women to use various methods. Condom, Chaya, IUCD, Female sterilization, and Antara have preferred methods by women in the district.

4.4 DISEASE CONTROL PROGRAMME

The National Disease Control Programmes are being implemented under NHM to prevent the spread of major diseases, reduce mortality and morbidity, and increase life expectancy and quality of life. The NDCP includes various programmes related to communicable and non-communicable diseases, such as Vector-Borne Disease, Tuberculosis, Leprosy, Mental Health, Blindness, Deafness, Iodine Deficiency Disorder, Tobacco control etc.

4.4.1 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDP)

Vector-borne diseases (VBDs) are one of the most critical global health problems, including in India. India is endemic for malaria, dengue, chikungunya, filariasis, Japanese encephalitis and visceral leishmaniasis. The National Vector Borne Disease Control Programme (NVBDP) is the prevention and control of vector-borne diseases, including the National Anti - Malaria programme, Kala - Azar Control Programme, National Filaria Control Programme, Japanese Encephalitis Control Programme and Dengue Hemorrhagic fever.

4.4.1.1 MALARIA CONTROL PROGRAMME

Vector-borne diseases, mainly malaria, are very much prevalent in Barwani. There is a micro and macro plan available at the district level to control vector-borne disease. The annual blood examination rate was 9.35 percent in 2020, lower than previous years; it was 10.05 percent in 2019 and 11.30 percent in 2018. Total 1,95,100 LLIN were distributed during the last financial year. However, IRS activities are not allowed in the State since three years.

Additionally, under the anti-larval method, four gambusia fish hatcheries were established at many places in the district. Essential insecticide and spray tools are available under a contingency plan for epidemic preparedness. Epidemiological situations are monitored weekly. Entomological situations are not monitored because no entomological unit is established in the district.

Table 4.4: Implementation of National Vector Borne Disease Control Programme, Barwani

Micro plan and macro plan available at district level	Yes
Annual Blood Examination Rate	9.35% in 2020 10.05% in 2019 11.30% in 2018
LLIN distribution status	195100
IRS	Not Allowed since last 3 years
Anti-larval methods	Larval Surve& Anti Larval Spray.
Contingency plan for epidemic preparedness	Essential Insecticide and spray Tools available.
Weekly epidemiological and entomological situations are monitored	Epidemiological situations are monitored No Entomological Unit established

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

4.4.2 NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)

The government started the Revised National Tuberculosis Control Programme with the objective of universal access to early quality diagnosis and quality TB care for all TB patients. The purpose of RNTCP is to achieve a rapid reduction in TB cases and mortality.

Treatment is being done by identifying and treating patients regularly in the district and under the TB control programme. Under NTEP, the district achieved 66 percent target of TB notification in 2020-21. HIV status of 1470 TB patients was known, and 1204 TB patients were eligible for UDST testing. Moreover, 808 patients were notified from the public sector, including 51 MDR TB cases. Treatment of these MDR cases has been initiated. TB treatment success rate was 35 percent in the public sector.

Similarly, 926 patients were notified from the private sector; however, no MDR TB cases were identified. TB treatment success rate was 27 percent in the private sector. Drugs for

sensitive and drug-resistant TB have been reported to be available in the district. In the last financial year, 1480 beneficiaries have been paid 500 rupees per month under Nikshay Poshan Yojana. Also, 336 ASHAs received incentives under NTEP and incentives of 57 ASHAs were in process.

4.4.3 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

NLEP has been initiated to reduce the disease burden, prevent disability, and increase awareness about Leprosy. The purpose of NLEP is to bring the prevalence rate below one patient per ten thousand populations. Last year, 119 new cases were detected, including eight G2D cases. MDT and MCR footwear and self-care kit available is available in the district. Three reconstructive surgeries for G2D cases are being conducted. Additionally, 325 ASHAs received incentives under NLEP.

4.5 INTEGRATED DISEASE SURVEILLANCE PROGRAMME (ISDP)

Integrated Disease Surveillance Programme (ISDP) aimed to strengthen surveillance for infectious diseases to quickly recognize and respond to outbreaks. IDSP implementation has been fruitful in the district since it is the conception (Jan. 2007) which has covered Flood situations, Field visits in Diseases Outbreaks- identification & diagnosis (identification) with differentials, Sanitation & Hygiene, COVID-19 cases, Vaccination, Sample collection. IHIP portal launched in Apr. 2021 & used to collect data about disease Surveillance, i.e., 42 diseases (involving active and passive surveillance).

Every year a new Rapid Response Team is constituted. Currently, nine members are there in RRT names are as follows- Dr. JosepSuliya (Physician MD Medicine), Dr. AmichandChohan (MD Paediatrics), Dr. (Microbiologist), Dr. Pramod Gupta (DSO), Dr. ManojKhanna (DIO), Dr. LaxmiMahour (Dist. Epidemiologist), Dr. MahendraBaghel (Veterinarian), Mr. H.L. Avasya (Food Safety Officer), Mr. Fateh Singh Dudve Lab. Tech.), Mr. (Forest Officer).

The details on various outbreaks in year wise-

- 2018- There are 15 outbreaks in this year of DVD (4), Pertussis (3), Diphtheria (1), Neonatal Tetanus (1), Measles (3), Food Poisoning (3).
- 2019- There are two outbreaks in this year of DVD (1), Food Poisoning (1)
- 2020- There is one pandemic in this year of COVID-19
- 2021- There are two outbreaks in this year of COVID-19, DVD, Suspected Measles and one pandemic of COVID-19.

The data is utilized to analyze, interpret, and disseminate health data to help & guide public health decision-making and action accordingly to ensure control measures. It also helps to investigate & make a plan to reduce the mortality rate. Private health facilities are reporting 100 percent data to IDSP every week.

4.6 COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

The existing SCs and PHCs are being converted into Health and Wellness Centres (HWCs) under Ayushman Bharat to ensure comprehensive Primary Health Care (CPHC) services. HWCs are envisaged to deliver a range of services, bringing healthcare closer to the homes of people.

Table 4.7 shows that 161 SCs, 28 PHC and 2 U-PHCs converted to HWCs started NCD screening. During the last financial year, 617805 individuals were planned to be enumerated; however only 258970 CBAC forms were filled. Moreover, 50969 individuals screened for Hypertension, 37068 for Diabetes, 130 for Oral Cancer, Breast Cancer, and Cervical Cancer. Out of screened individuals, 17480 were diagnosed with Hypertension, 10137 for Diabetes, 39 for Oral cancer, 49 for Breast Cancer and 11 for Cervical Cancer. Apart from screening, 146 HWCs were providing teleconsultation services, and organizing wellness activities.

Table 4.5: Status of NCD Screening and CBAC forms, Barwani

Indicator	Planned	Completed
Number of individuals enumerated	617805	258970
Number of CBAC forms filled	617805	258970
Number of HWCs started NCD screening:	191	191
a. SHC- HWC	161	161
b. PHC- HWC	28	28
c. UPHC – HWC	2	2
Number of individuals screened for:		
a. Hypertension	50969	17480
b. Diabetes	37068	10137
c. Oral Cancer	130	39
d. Breast Cancer	130	49
e. Cervical Cancer	130	11
Number of HWCs providing Tele consultation services	161	146
Number of HWCs organizing wellness activities	161	161

SOURCE: DISTRICT CHECKLIST, NHM PIP MONITORING 2021

4.7 RASHTRIYA KISHOR SWASTHYA KARYAKRAM (RKSK)

The Government launched this health programme for adolescents in the age group of 10-19 years, which would target their nutrition, reproductive health and substance abuse, among

other issues. The RKSK comprehensively addresses the health needs of adolescents. RKSK Program implementation started in the district in April 2015. Under community-based intervention, the peer educator (PE) programme covers seven blocks and 718 villages of the district. Moreover, 1449 PEs were trained out of 2400 selected PEs. Under this programme, four AFC meetings were held in the district during 2021-22.

Chapter 5

STATUS OF SERVICE DELIVERY AT THE SELECTED HEALTH FACILITIES

STATUS OF SERVICE DELIVERY AT THE SELECTED HEALTH FACILITIES

The observations made by the monitoring team during the visit to different health facilities in Barwani are listed below. This section of the report summarises the health facilities' broad status regarding infrastructure, service delivery, human resources, availability of drugs and equipment, etc. The team visited six facilities in the district, which comprise one District Hospital, two Community Health Centres, two Primary Health Centres, and one sub-centre.

Additionally, a focussed group discussion was carried to understand the perception and behaviour of the community on the accessibility of public health services, lifestyle, living conditions, health-seeking behaviour, the behaviour of public health service providers and out-of-pocket expenditure.

5.1 DISTRICT HOSPITAL, BARWANI

District Hospital is a 400 bedded hospital with round-the-clock services along with 19 ICU beds. The hospital building is very old and needs immediate repair. Some services of mother & child care and family planning are being provided in the building of emergency services. Medical College Indore is the next referral point of DH Barwani, which is 160 kilometers from the district headquarter.

Figure 5.1: District Hospital, Barwani



5.1.1 CONDITION OF HEALTH INFRASTRUCTURE

District hospital had 24*7 running water facilities, geriatric and disability friendly and clean functional separate toilet facilities for male and female, facility of drinking water. However, there is no proper seating arrangement in the OPD waiting room, which is very crowded. Due to the lack of adequate parking arrangements in the hospital, people have to face problems in commuting. In addition, there was an adequate seating arrangement for ASHA in the drugstore room with a restroom and rack. Electricity backup was available throughout the hospital.

5.1.2 AVAILABILITY OF SPECIALIZED SERVICES

Services like medicine, O&G, Pediatric, General Surgery, Anesthesiology, Ophthalmology, Dental Clinic, Pathology lab, Imaging Services (X-ray), Imaging Services (USG), pediatric OPD, Nutritional Rehabilitation Centre (NRC), SNCU, Labour Room Complex, ICU, Emergency Care, Burn Unit, Dialysis Unit, Blood Bank (free for all) and TB ward, Radiology services, Family Planning services etc. were functioning in the DH. In addition, telemedicine/consultation services were available, which were being availed by 250 people per day. Sharp pit, deep burial pit and incinerator were available for biomedical waste management.

5.1.3 HUMAN RESOURCES

All the proposed posts for Medical Officer (MO) posts are filled in the DH. All the 27 posts of Medical Officer (MO) in DH Barwani were found to be filled. However, apart from MOs, there are many vacancies in DH. Three posts of ObGy, six posts of Pediatrician, four posts of Anesthetist were vacant in the DH. Apart from that, 23 posts of Staff Nurses/ GNMs and five LTs were vacant in the DH. All the posts of Surgeon, Ophthalmologist, Orthopedic, Radiologist, Pathologist and LSAS trained doctor were vacant in the district hospital. The CS reported a shortage of specialist and paramedical staff, support staff, sonography doctors and anesthesia specialists in the DH.

5.1.4 AVAILABILITY OF DRUGS AND DIAGNOSTIC

A total of 158 essential medicines (EML)/ Drugs (EDL) were available in the DH, and drug information was listed on the wall. The procurement, inventory management and distribution of medicines, sutures and surgical items in the hospital were operated through the Drugs and Vaccines Distribution System (DVDMS). DH reported a sufficient supply of essential

consumables.

Moreover, all essential diagnostic services, including X-rays, were freely available for all in the facility. The Prime Minister's National Dialysis Program is working and free for BPL, which is being done in the hospital and available through Outsourced / PPP mode; Dialysis service has been provided to 1254 patients in the last financial year and 774 patients in the current financial year. About six patients are provided dialysis daily. However, CT scan services are not available in the DH.

DH reported a sufficient supply of testing kits/ rapid diagnostic kits, and there is no shortage of major instruments/ equipment. However, DH reported that AC rotary machine and air purifier are nonfunctional for more than seven days.

5.1.5 INSTITUTIONAL DELIVERY

Overall, 616 deliveries were performed per month in District Hospital, including 66 C-section deliveries. In the last financial year, 5276 institutional deliveries took place in the DH, out of which 511 were cesarean, 5059 were live birth, and 220 were stillbirths. Labour Room was LaQshy certified and found to be neat and tidy during the DH visit. The DH practices respectful maternity care. However, the delivery load is very high in the hospital, and many women are discharged before 48 hours.

Figure 5.2: Labour Room, District Hospital, Barwani



5.1.6 JSY PAYMENTS (DBT) AND JSSK

Most of the JSY payments were delivered in the DH. There were 5248 institutional deliveries in 2020-21 in the DH, out of which 3721 beneficiaries were paid for JSY, and payment of 1527 beneficiaries is pending. In the current financial year (till September), 2704 institutional deliveries have taken place in DH, out of which 2025 DBT have done, and 679 are pending. About 27 lakh rupees have been paid under JSY in this financial year. These payments could not be made due to issues related to account numbers and incomplete records. All the services under JSSK were provided to mothers and children in the DH. All the beneficiaries were provided free delivery services, free diet, no cost for drugs, diagnosis and blood, free referral transport. They were directed to stay for more than 48 hours post-delivery.

5.1.7 SNCU AND NRC

It was reported that the SNCU has 30 beds, and the bed occupancy rate was 200 percent in 2020-21. Most of the newborns in SNCU come from the Dhar and Alirajpur districts, which is one of the main reasons for the high load. SNCU's generator is very old, and it cannot even handle AC load. A 10-bed NRC is also working in DH, in which 128 children were admitted in the last financial year. A total of 58 percent of children were cured, and about two percent were medically transferred. The average survival of children in the NRC was ten days.

Figure 5.3: Special Newborn Care Unit (SNCU), District Hospital, Barwani



Trained providers for IUCD/PPIUCD are available in the DH. Female sterilization is the most preferred method. Adolescent Friendly Clinic is functional in the DH, and sexual and reproductive health care services are provided. DH has comprehensive abortion care (CAC) services, and PMSMA services are provided to pregnant women on the 9th of every month; additionally, the line listing of high-risk pregnancies is in practice.

The hospital was clean and well-organized. Proper colour coded bins were available. Washing machines were installed to wash the bedsheets of the hospital. Kayakalp was initiated in the DH, and the internal score was 77 percent.

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5.1.10 IT SERVICES, DATA REPORTING AND MAINTENANCE OF RECORDS

DH was equipped with IT services like desktop/laptop and internet connection. Data entry portals HMIS FPLMIS were updated. However, the MCTS, IHIP, HWC and Nikshya portals were not updated. Record maintenance at the facility was efficient, and all registers about birth and death, OPD, IPD, TB treatment card cases and TB notification registers were well maintained and updated. However, records of Malaria, Palliative, Dengue and Chikungunya and Leprosy were not maintained in the hospital. DH has the facility of registers for entering births and deaths; 11 maternal deaths have been reported in the current financial year.

5.1.11 TB ELIMINATION PROGRAMME

DH is designated as Designated Microscopy Centre DMC, and 2-3 percent of OPD samples were tested for TB (microscopy) in the last six months. Anti-TB drugs were available, and patients were currently taking anti TB drugs from the facility. CBNAAT / TrueNat were available in DH; however, DH does not have enough CBNAAT cartridges, due to which 35-40 percent of CBNAAT tests are being done. All the TB patients tested for HIV and Diabetes Mellitus. Overall, 80 percent of TB patients have benefited from DBT under Nikshay Poshan Yojana in the last six months.

5.1.12 OTHER OBSERVATIONS OF DISTRICT HOSPITAL

- Vaccines and hub cutters were available in the DH, and Nurses and ANMs were aware of the open vial policy.
- DH runs the NCD clinic six days a week, and service providers are trained in cancer. In the last six months, 390 cases of Hypertension and 275 Diabetes people were screened. Of which 266 people were detected with Hypertension and 196 with Diabetes.
- In the last month, 299 cases have been referred from CHC, and 51 cases have been referred from PHC to DH. Apart from this, 32 cases have been referred since a single month from DH.
- CS reported that the labour room and eye department do not have physiotherapy catry machines.
- Only one ambulance was available in the DH. The hospital needs a life support ambulance, modern kitchen, lift, and laundry facilities. The main OT needs to be renovated, and there is a shortage of government quarters for the employees.

- The last RKS meeting was held on January, 18th 2021. DH received 54,592,595 rupees, and 43,4224,435 rupees have been utilized during the previous financial year.
- A large number of cases of sickle cell and anemia are found in the district. Due to cultural norms, the tribal performs consanguineous marriages, which lead to a genetic disorder. A high incidence of sickling is taking place in Barela, Bhilala and Ratwa tribal communities.

5.2 COMMUNITY HEALTH CENTRE, SILAWAD

CHC Silawad is 25 kilometers from the DH Barwani. This is a standalone facility, and DH works as the next referral point for CHC. CHC Silwad is easily accessible from the nearest road, and it was performing efficiently with sufficient infrastructure and big premises. It is a 30-bedded facility; the average OPD load is 150-200, and the IPD load is 38-40 per day. The condition of the labour room was found good during the visit of CHC.

Following points have been noted during the field visit to CHC Silwad;

- The building was clean; MO informed that the wards and toilets are regularly cleaned. The wards were well lit and well painted. The facility had 24*7 drinking and running water facilities. The OPD waiting area had adequate sitting arrangements, Drug storerooms were available, and it was geriatric and disability friendly. Electricity power backup was available in the complete Hospital.

Figure 5.5: Community Health Centre Silawad



- The services available at the CHC were General OPD, ANC, PNC, Immunization, FP, NBSU, theatre for minor operation, Labour Room Complex, and Emergency health care. In addition.
- Sharp pit and deep burial pit were available for biomedical waste management. An agency is also designated for the biomedical waste management, which collect the waste from the hospital.
- Condition of labour room was good and 55 deliveries were performed in CHC during last month.

Figure 5.6: Labour Room, CHC Silawad



- PMSMA services are provided to pregnant women on the 9th of every month, and CHC also does a line listing of high-risk pregnancies.
- There has been no regular MO at CHC since last year while three posts are proposed. For the last month, two MOs have been attached to this CHC for three days. Apart from this, the posts of OBGY, Pediatrician and Anesthetist were vacant.
- Data entry portals, HMIS, FPLMIS, IHIP and HWC portal were updated. Records of TB, Malaria, Palliative, and Leprosy were maintained in the CHC. Total 25 new cases of leprosy have been detected in the last one year.

Figure 5.7: Interaction with Mothers who have recently Delivered, CHC Silawad



- TB records for drug-sensitive and drug-resistant cases were available in the TB treatment card and TB notification register. Under IDSP, reporting of data in P, S, and L forms is done weekly.
- CHC had register for entering births and deaths; no maternal and child death observed in the current and previous years.
- Kayakalp was initiated in the CHC, and the internal assessment score is 74 percent; however, it was not awarded facility. The assessment was not done for NQAS and LaQshya.
- Total 161 essential medicines (EML)/ Drugs (EDL) were available in the CHC, but drug information was not listed in the OPD area. Drugs and Vaccines Distribution System (DVDMS) were implemented in the CHC to procure and distribute medicines. CHC reported a sufficient supply of essential consumables; however, MO reported that CHC faced a shortage of Metrogyl syrup, Syndicyclomine, Tabdicyclomine, Sodium hydroperoxide solution and Cefixime tablet in the last 30 days.
- Essential diagnostic services were available in-house. Moreover, 18 essential diagnostic services were in-house and freely available for all. CHC reported a sufficient supply of testing kits/ rapid diagnostic kits. However, the X-ray service is not available in the CHC.

- Regarding JSY, 538 payments out of 730 have been made till date. Sometimes few payments cannot be made due to issues related to the account number, different name and address in ANMOL, nonavailability of ADHAR card, and incomplete records. The average delay for JSY payment was seven days.
- Services under JSSK were provided to mothers and children in the CHC. All the beneficiaries were provided free delivery services, free diet, free drugs, diagnosis, and free referral transport.
- Trained providers for IUCD/PPIUCD were available in the CHC and OCP Condom, and Antara was also provided. Adolescent Friendly Clinic was functional in the CHC; AFHC counsellor provides services regarding sexual and reproductive health. CHC had comprehensive abortion care (CAC) services and, the line listing of high-risk pregnancies was in practice.
- Vaccines and hub cutters were available in the CHC, and in the past three months, 110 newborns were immunized with the birth dose. Also, 143 newborns were breastfed within one hour of birth.
- The NCD clinic was not functioning in the CHC, nor was screening for non-communicable diseases is done.
- CHC was designated as DMC; 14 samples were tested for TB (microscopy) in the last six months. Anti-TB drugs were available, and patients were currently taking anti TB drugs from the CHC. All the TB patients tested for HIV and Diabetes Mellitus.
- In the last month, five cases have been referred from SCs and five from PHCs to CHC Silawad. Apart from this, 15 cases have been referred in last month from this CHC.
- Only one ambulance was available in the CHC, which was donated by the local representative (MP).
- Last year CHC Silver got Rs 2.5 lakh under NHM, and it was fully utilized. The RKS meeting is held every three months, and the last meeting was held two months back. RKS fund was used for water, biomedical room, water harvesting pits, furniture, cleanliness and laundry services.

5.3 PRIMARY HEALTH CENTRE /HWC, BHAVTI

PHC Bhavti is located almost 16 kilometers from the DH Barwani and covers a population of 21000. PHC has been updated as a Health and Wellness Centre (HWC). PHC is easily accessible from the main road and standalone. It was in walled and well-maintained Government buildings.

Following points have been noted during the field visit to CHC Bhavti;

- The hospital was clean; wards were well lit and well painted. The facility had 24*7 drinking and running water facilities. The OPD waiting area had adequate sitting arrangements, Drug storerooms were available, and it was geriatric and disability friendly. Electricity power backup was available in PHC. Branding was appropriately done as per the guidelines, and a list of services was available.

Figure 5.8: Primary Health Centre/ HWC-Health Bhavti



- PHC was a 6-bedded facility; the average OPD load was 35-40, and the IPD load was 1-2 per day. Additionally, 24*7 Delivery services are available, and in the last three months, 80 normal deliveries were performed in PHC. Daksh/Dakshta trained/SBA trained M/SN/ANM were available for delivery in the PHC.
- Newborn care corner (NBCC) was available in the delivery room with a functional radiant warmer with a neo-natal Ambu bag.
- Vaccines and hub cutters are available in the PHC, and Nurses and ANMs were aware of the open vial policy. In the last three months, all 77 newborns have been immunized with birth dose at the facility and breastfed within one hour of birth.
- High-risk pregnancies were also being listed.
- Tele-medicine/consultation services are functional, and 1-2 patients are availing of it daily.
- Sharp pit and deep burial pit were available for biomedical waste management.
- One post of MO (AYUSH) was vacant in the PHC.
- PHC was equipped with IT services like desktop/laptop and internet connection. However, PHC did not have functional internet connectivity during the visit. Data

entry portals, HMIS, FPLMIS, IHIP, IDSP and HWC portal were updated. Record maintenance at the facility was efficient and all registers about Malaria, OPD, IPD etc., were well maintained and updated.

- PHC Bhavti has been Kayakalp awarded facility since the last two years, and the last year Kayakalp's score of the facility was more than 80 percent. However, the assessment was done for NQAS.
- Total 165 essential medicines (EML)/ Drugs (EDL) were available in the PHC, and drug information was listed in the OPD area. DVDMS was implemented in the PHC for the procurement and distribution of medicines. PHC reported a sufficient supply of essential consumables.
- Shortage of Tb. Amlodipine+AT, Syp. Bromex+Terbutaline, Syp Diphenylolrin, TB Cetixime 200mg, TB Paracetamol were reported in the last 30 days.
- Amlodipine and Atenolol were available at PHC for Hypertension and diabetes patients. However, PHC reported a shortage of Amlodipine +Atenolol, Telmisartan and Vilgriptin+Metbormin.
- Essential diagnostic services (12) were available in-house and freely available for all. The supply of testing kits/ rapid diagnostic kits was sufficient.
- PHC reported shortage of Hemoglobinometer, OPD Kit, Thyropaid kits and HBNC Kits
- Under JSY, 97 DBT has been done in the previous financial year. About 80 percent of JSY has been paid, and the remaining 20 percent has not been done due to document issues. The average delay for JSY payment was one week.
- Under JSSK, free delivery services, no cost of medicines, consumables, and diagnostics were provided to the beneficiaries. However, pregnant women are not being given free food. The MO in charge said that first, they have to pay for JSSK out of their pocket and payment is not recovered on submission of the bill.
- Trained providers for IUCD/PPIUCD were available in PHC, and OCP and condoms were also being provided. FP counsellor (Staff Nurse, ANM and MO) counsels on FP services.
- NCD clinic was in function for six days a week and service providers trained in cancer services. In the last six months, 1172 individuals screened for hypertension, 1138 for Diabetes and 1168 for Oral cancer. Furthermore, 622 women were screened for breast cancer and 607 women for Cervical Cancer. Of which, 634 were diagnosed with Hypertension and 145 for Diabetes.
- PHC is a Health and Wellness Centre; therefore, wellness activities are performed here frequently. Yoga activities are also being conducted.

- One Long Lasting Insecticide Nets (LLIN) has been distributed to every family.
- PHC is designated as Designated Microscopy Centre (DMC) and any patients currently taking anti-TB drugs from the facility.
- In the last month, three cases have been referred from PHC to DH.

5.4 COMMUNITY HEALTH CENTRE, RAJPUR

CHC Rajpur is located about 30 kilometers from the district headquarter. DH Barwani is the next referral point for the facility. CHC is easily accessible from the nearest road. It is a 30-bedded facility; the average OPD load is 150-200, and the IPD load is 40-50 per day.

Figure 5.9: Community Health Centre Rajpur



Following points have been noted during the field visit to CHC Rajpur;

- The CHC is running with all the essential amenities, such as having a 24-hour water supply backed with an electricity connection. There was a large waiting area and sitting arrangement.
- CHC Rajpur is a 30-bedded facility, in which ten are reserved for delivery and 20 are for general services. The services available at the CHC were General and AYUSH OPD, ANC, PNC, Immunization, FP, Dental Clinic, Imaging services (X-ray),

General emergency, Labour Room, Operation Theatre and NRC. However, the Blood storage unit is not available in the facility.

- Facilities were available for Triage, resuscitation, and Stabilization. In addition, a deep burial pit was available for biomedical waste management. Additionally, a contracted agency sends their vehicle in two days to collect the biomedical waste from the CHC.
- Tele-medicine/consultation services are functional in the CHC, and 10-15 patients are availing of consultation services daily.
- CHC was equipped with IT services like desktop/laptop and internet connection. Data entry portals, HMIS, IDSP, FPLMIS, HWC portal and Nikshay, were updated. Records of TB, Malaria, Palliative and Leprosy cases were maintained in the CHC.
- CHC registers the births and deaths records; five maternal deaths were reported in 2019-20, and 59 maternal and 32 child deaths have been reported at the facility in 2020-21.
- Kayakalp was initiated in the CHC; however, it was not awarded facility. The assessment was not done for NQAS and LaQshya. During the visit, the cleanliness of the hospital was found to be very poor.

Figure 5.10: Labour Room, Community Health Centre Rajpur



Table 5.11: Nutritional Rehabilitation Centre (NRC), CHC Rajpur



Figure 5.12: Interaction with patient, Community Health Centre Rajpur



Figure 5.13: General ward, Community Health Centre Rajpur



- Total 234 drug information was listed on the wall inside the CHC, and 179 drugs were available on the day of the visit. CHC reported a minimal shortage of essential consumables.
- Insufficiencies of NS – 100ml J.V and Inj. Paracetamol was observed in the CHC in the last 30 days. Essential diagnostic services, including 100 MA X-rays, Digitizer and dental X-ray, are available in-house and freely for BPL, elderly and JSSK beneficiaries. CHC reported a sufficient supply of testing kits/ rapid diagnostic kits. Dental equipment is available in the Hospital but not installed.
- Regarding JSY, 1210 payments were made in 2020-21, and the average delay in payment was 2-3 days. Free delivery services, free diet, no cost for drugs, diagnosis, and free referral transport are provided under JSSK in CHC.
- IUCD/PPIUCD and sterilizations facility were available in the CHC. Total 108 female sterilizations were performed in the last month. Additionally, OCP Condom and Antara were also provided. Adolescent Friendly Clinic was functional in the CHC. CHC had comprehensive abortion care (CAC) services.
- The PMSMA activities are provided on the 9th of every month to identify and listing of high-risk anemic patients and provide them with IFA tablets.

- Vaccines and hub cutters were available in the CHC, and in the past three months, 1166 newborns were immunized with the birth dose, and 1407 were breastfed within one hour of birth.
- NCD clinic is in function, and service providers are trained in Cancer service; a total of 3849 individuals have been screened for various NCDs. Of these, 2348 were confirmed with hypertension, 1552 with diabetes, three oral cancers, two breast cancer and one case of cervical cancer.
- CHC is designated as DMC, anti-TB drugs are available, and patients are currently taking anti TB drugs from the CHC. All the TB patients tested for HIV and Diabetes Mellitus. Overall, 95 percent of TB patients of this CHC have been started DBT in installments under Nikshay Poshan Yojana in the last six months.
- Sample transport mechanisms for investigations within the public sector for TB testing and other tests are available at CHC.
- CHC Rajpur received Rs 250000 lakh under NHM, and it was fully utilized. This fund has been mainly spent on infrastructure, oxygen supply, repairing and stationary. The last RKS meeting of CHC was held on 16 December 2020.
- In the last month, three cases have been referred from PHCs to CHC Rajpur, and 60 cases of ANC and others have been referred in last month from this CHC. Additionally, CHC owns one ambulance for the facility.
- The CHC covers more than 2.5 lakh populations, and most people depend on this CHC for health services. MO in charge informed that there is a shortage of space and staff in the hospital, an additional ward and a meeting hall required for better functioning of services.
- The bed occupancy rate in the CHC is more than 150 percent. As per caseload, CHC should be converted to 50 bedded civil hospital.

5.5 PRIMARY HEALTH CENTRE (PHC) JULWANIA

PHC Julwania is located 45 kilometers from the DH, Barwani. This six bedded PHC functions in an old government building and is easily accessible from the main road. Following observations made during the visit:

- Hospital building and infrastructure is old and needs repairing. The facility had 24*7 drinking water facilities. The OPD waiting area has adequate sitting arrangements, and drug storerooms are available.

- The services available at the facility are ANC, PNC, Family planning, 24*7 deliveries services, Adolescent Friendly Health Clinic, NCD and General OPD. The average OPD load of SC was 10 per day

Figure 5.14: Primary Health Centre Julwania



- The services available at the facility are ANC, PNC, Family planning, 24*7 deliveries services, Adolescent Friendly Health Clinic, NCD and General OPD. The average OPD load of SC was 10 per day.
- Sufficient HR was available at this facility; however, one post of SNs/ GNMs and LHV/PHN was vacant.
- Condition of labour room good with a functional newborn care corner having a radiant warmer. Daksh trained/SBA trained ANM were available, and the facility is following practices related to respectful maternity care. In the last three months, 180 normal deliveries were performed. Additionally, vaccines and hub cutters were also available in the PHC.
- The MO in charge said that DBT under JSY is done within a week; however, 12 payments could not be made due to a mismatch between the composite ID and the documents submitted. Some of the beneficiaries are from Maharashtra, and they have moved to their State after the delivery. Under JSSK, free delivery services, free diet,

no cost of medicines, consumables, and diagnostics were provided to all beneficiaries. High-risk pregnancies were also being listed at the PHC.

- Total 171 EML/ EDL were available in the PHC on the day of the visit, and EDL was listed. Amlodipine 5 mg and Metformin 50 mg were available for high blood pressure and Diabetes. PHC reported a sufficient supply of priority drugs and essential consumables.
- A total of 15 types of tests are performed in the PHC. The supply of testing kits was sufficient, and there was no shortage of major equipment.
- Trained providers for IUCD/PPIUCD were available in PHC and OCP, and condoms were also being provided. FP counselor (SN and ANM) counsels on FP services. Condom and Chhaya are the most preferred Family planning method in the area; however, the dropout rate of Antra was high.
- PHC has fixed days for the NCD clinic; in the last six months, 1141 individuals screened for hypertension and 1122 for Diabetes. Of which, 824 were diagnosed with Hypertension and 702 for Diabetes.
- PHC is designated as DMC. Total 42 patients are currently taking anti-TB drugs from the facility. DBT installments of all TB patients have been started under Nikshay Poshan Yojana in the last six months. The sample transport mechanism for TB and other testing was in place.
- IT services like desktop/laptop and internet connection were available at PHC. Data entry portals, FPLMIS, IHIP, IDSP and HWC portal were updated. Registers of TB treatment card cases, TB notification, Malaria, Palliative and Leprosy cases, OPD, IPD etc., were maintained. However, HMIS, MCTS and Nikshay Portal were not updated at the facility.
- Kayakalp was initiated in the PHC, and the internal score of the facility was 70 percent; however, it was not awarded facility. NQAS assessment was not done in the PHC.
- One Long Lasting Insecticide Nets (LLIN) has been distributed to every family.
- The meeting of Rogi Kalyan Samiti (RKS) was not found regular, and the record of the previous meeting was not available. During the last financial year, PHC got Rs.87000 under NHM, and it has been fully utilized. This fund was used for bed sheets, curtains, coolers and maintenance.
- In the last month, six cases of cesarean delivery, low weight birth and BP were referred to this PHC to DH.
- The MO in charge said that road accidents happen frequently in his coverage area. Being close to the highway, all accident cases come to this PHC. There is a lot of

pressure on the facility because of these accident cases. PHC needs more doctors and human resources to deal with this. Apart from this, there is also a shortage of fourth-grade staff in the hospital.

5.6 SUB-CENTRE /HWC, DANOD

Danod is located in Rajpur of Barwani, and it is six kilometers away from CHC and seven kilometers from PHC Julwania. Sub-center is situated 55 kilometers from the district headquarter and located on the highway, and easily accessible from the main road. Following are the observations made during the visit:

Figure 5.15: Sub-Centre Health and Wellness Danod



- The SC was operating in a newly constructed building. It was clean and well maintained. The services available at the SC-HWC were ANC, general OPD, NCD screening, Yoga and Health education, etc.
- The SC has 24*7 running water facilities. The OPD waiting area had adequate sitting arrangements, and drug storerooms were available. Electricity power backup was available in SC. CS has a specific area for yoga and wellness activities. However, the medicine rack was not available in the facility.
- The branding was as per the guidelines, and there was a designated area for yoga and wellness activities.

- One posts each for ANM and MPHW male and MLHP, Asha and Helper were vacant.
- The CHO and ANM had a functional tablet for data feeding, but the hospital did not have internet. Only a few ASHAs belonging to the SC had a smartphone.
- The list of EDLs was not displayed in the OPD area. A total of 15 EDL were available on the day of the visit. Additionally, anti TB drugs were available at SC, and four patients were taking medicine. CHO informed that SC faced a shortage of Paracetamol 100 mg in the last 30 days.
- CHO in charge of SHC-HWC is dispensing medicines for Hypertension and Diabetes. Amlodipine 5 mg and Metformin 100 mg were available for high blood pressure and diabetes. The CHO reported a delay in the supply of drugs, essential consumables and testing kits.
- BP instrument, Thermometer, Glucometer and Contraceptives (condoms, EC pills) were available at SC.
- Line listing of High-risk pregnancies and the eligible couple were also being done in the area of SC.
- No maternal and Child deaths have been observed in the current and previous years.
- Vaccines and hub cutters were available in the SC, and they had a micro-plan for immunization.
- ASHAs and other SC staff continuously do Follow-up of LBW children and newborns discharged from SNCU.
- Antara, Chaya, Mala D and condom are being provided by SC. CHO informed that Mala D is the most preferred method in the area.
- There were 1961 people above 30 years of age in the HWC area, but no CBAC forms have been filled in the last six months. ASHAs are not aware of filling the CBAC form, and they need training about it.
- Universal screening for NCD was in progress in the coverage area of SC; 114 individual has been screened for hypertension, diabetes and oral cancer in the last six months. Of which, 54 confirmed cases of hypertension and 56 cases of diabetes have been found. No one has been screened for breast and cervical cancer.
- In the past six months, 110 individual has been advised for lifestyle management; 25 people started medication for hypertension and 20 for diabetes from SC. SC receives medicine from the linked PHC Julwaniya.
- Tele-consultation services are running smoothly (30 calls per month), and the HWC app is also in use. Yoga and wellness activities are also performed.

- Twelve presumptive TB patients were identified and referred for testing by SC in 2019-20. Ten patients were positive for TB, and all are taking treatment under the SC area. In 2020-21, 10 cases were identified and referred for testing, and currently, seven patients are taking treatment from the SC area.
- ASHAs had functional HBNC and medicine kits with all equipment and essential medicines. All were informed of the incentives being given under NTEP and Nikshay Poshan Yojana, and they also get their incentives regularly without any delay.
- Performance incentives are disbursed to CHOs monthly, and Team-based incentives are paid for all HWC staff.
- SC conducted a total of 45 Village Health & Sanitation days from April to September 2021. SC organizes one VHSNC/MAS meeting every month. Also, CHOs and HWC staff participate in VHSNC/ MAS meetings.
- Registers and records of TB, malaria and palliative cases were not maintained in the SC; however, data reporting in S form was done weekly under the IDSP.
- During the last financial year, SC received 52 thousand rupees under NHM, and it has been fully utilized. This united fund was spent on stationery, maintenance, infrastructure, cleaning and furniture.

5.7 SERVICE AVAILABILITY AS PERCEIVED BY THE COMMUNITY

During the PIP visit, the team interacted with local community members and conducted focus group discussions (FGD) at SC-HWC Danod to understand their perspectives of public health services, lifestyle, out-of-pocket expenditure, etc. The primary purpose of FGD was to get valuable insights from the community and capture the challenges they face while availing the public health facilities.

The findings of the FGD with the community are highlighted below:

- Barwani is one of the tribal dominated districts of Madhya Pradesh. The settlement in the district is very scattered, and some areas of the district are still inaccessible due to lack of roads. Health workers have to go through many challenges in reaching people living in remote and jungles. Non-availability of roads and illiteracy are major hurdles in motivating people to access the nearest facility.
- The tribal community has profound faith in its cultural practices. They believe in Exorcist, Baba or quack for any disease or cure. Such practice results in the severe illness of the patients, and some of them even lose their lives.

Figure 5.16: Community interaction at SC-GWC Danod



Figure 5.17: Interaction with ANMs and ASHAs



- Most of the ASHAs are illiterate; only a few have attended elementary education. Due to which it is difficult for them to fill the community based Assessment checklist form under the universal health screening programme.
- Consumption of alcohol and tobacco (bidi and gutaka) is prevalent in the district, particularly in the tribal areas, and people get addicted to it early. People in the area suffer from many serious diseases caused by alcohol and tobacco.

- Barwani is one of the drought-prone districts of the state and faces acute water shortage mainly in summer (April-May). People in rural areas do not get basic facilities like clean drinking water. Water is high in fluoride in some areas, and villagers suffer from skin and kidney-related ailments due to contaminated drinking water.
- Both LPG and biofuel are used for cooking in the district, but biofuel is used more due to a high LPG cost. In forest areas and remote rural areas where there is no availability of LPG, biofuel is the primary means of cooking. However, most of the households were using iodized salt.
- Gram Panchayat and self built toilets are being used. Some people said that they are not using the toilet due to a paucity of water. Most of the older adults in the area go out to the toilet.
- Barwani district hospital is approached for specialized treatment and complicated cases. Both public and private facilities are used depending on service requirements and availability.
- Cases of leprosy and sickle cell are very prevalent, especially in tribal blocks. There is very little awareness among people about these, which needs more attention.
- Roads are not accessible in most of the areas or are in terrible condition. 108 services are often delayed due to the rugged terrain. People expressed that the drivers often refuse to reach there because they fear getting disrupted by their vehicles.
- One woman said that elderly members of the community refuse to take hospital services, especially for deliveries. Other members of the family respect the elders and are not able to deny their point of view. The woman often wants to go to the hospital for health facilities, but the husband refuses to take her.
- Sometimes death occurs because of late arrival in the hospital or coming after a deteriorating condition, which leads to widespread dissemination of misinformation in the society. This is also the main reason why families are afraid of going institutional deliveries, especially C-Section.

Chapter 6

Conclusion and Recommendations

CONCLUSION AND RECOMMENDATIONS

The Population Research Centre, Delhi, commenced monitoring the NHM Programme Implementation Plan (PIP) in various states. The team was expected to carry out the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Barwani District of Madhya Pradesh. The PRC-IEG Team visited the following public health care facilities: DH Barwani, CHC Silawad and Rajpur, PHC Bhavti and Julwani, and SC/HWC Danod. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control and other programmes under the umbrella of NHM.

The District has one DH, two Civil Hospital, eight CHCs, 28 PHCs, two U-PHCs and 359 SCs. All the health care facilities are running in government buildings. IECs were displayed in most facilities for timings, drug list, immunization, JSY, JSSK and many others. The District is equipped with 15 ambulances, 11 Basic Life Support (BLS) and one Advanced Life Support (ALS) vehicle. There is a vacancy for ANMs, MPW (Male), Staff Nurses, Lab technicians, Pharmacist (Allopathic and AYUSH), Medical Officers (Allopathic and AYUSH), OBGY, Paediatrician, Anesthetist, Surgeons, Radiologists, and Other Specialists.

In 2020-21, a total of 1454.75 lakhs rupees were allocated to the District under NHM. However, the expenditure was more than the total allocated budget (137.7%). Around 81 percent of the budget in the District was given for Human resources, followed by untied grant, which was 11 percent of the budget. The highest utilization was observed in human resources (89.34%) and untied grants the utilization (547.0%). Additionally, flexi pool wise, 97 percent of the budget was allocated to RCH and Health Systems Flexi pool, and 81 percent of the allocated budget have been utilized. Under the Communicable Diseases Pool, the District received 60.4 lakh rupees and used 82 percent of the released budget.

During last financial year, the 300 bedded district hospital was upgraded to 400 beds. Six-bedded PHC Ajand has been upgraded to 50 bedded Civil Hospital. District Early Intervention Center was constructed in District Hospital Barwani.

The level of malnutrition remains high in the District despite various programmes like ICDS, Anemia Mukh Bharat, NRC, etc. Tribal women and children are most affected by malnutrition. Poor literacy, lack of nutritious food, lifestyle, and lack of job opportunities are reported to be the leading cause behind it.

Consumption of alcohol, tobacco and gutka is prevalent in the local community, and people get addicted to it early. People in the area suffer from many serious diseases caused by alcohol and tobacco use. The tribal community has profound faith in its cultural practices. They still believe in Exorcist, Baba or quack for any disease or cure.

The steady increase in the proportion of institutional deliveries in the District reflects the impact of Janani Suraksha Yojna (JSY), Janani Shishu Suraksha Karyakram (JSSK) and a higher number of delivery points. Forty-six delivery points are working in the district, where arrangements have been made for electricity, water, human resources, essential equipment, medicines and tests. Due to which the quality of health facilities of pregnant women in the district has improved, and institutional deliveries and child vaccination have increased.

Health services have improved in the District after the implementation of NHM. The impact of NHM is most visible on the maternal and child health services, with a considerable increase in institutional deliveries. In addition, the spread of facilities related to nutrition, family planning programmes, non-communicable and vector-borne diseases has gained momentum.

During the visit, the team had interacted with the beneficiaries and conducted an FGD at SC/HWC Danod to understand their perspectives of public health services, lifestyle, out-of-pocket expenditure, etc. A meeting was conducted with CHMO, DPM and other district health officials to understand the efforts, achievements and challenges in implementing the NHM programmes. Based on the monitoring, discussions with health officials and community members, several relevant insights were gained which could help improve service delivery in the District.

Recruitment of Staff: During the meeting with CHMO and conversation with DPM and BPMs, it was revealed that the paucity of human resources affects the NHM in the district. Most of the facilities lack HR, affecting the quality of work and putting more burdens on the existing staff, and more cases are being referred to higher facilities. Therefore, it is advocated that guidelines need to be issued regarding filling the vacancies, and the positions must be filled.

Maintenance of the facilities: CHC Rajpur and PHC Julwania need maintenance and refurbishment. There is a shortage of staff quarters at DH Barwani, CHC Silwad and Rajpur and PHC Julwania for the medical staff at the health facilities, which must be resolved immediately.

Sanitation Measures: Toilet facilities and drinking water supply are one of the major problems in the DH Barwani and CHC Rajpur. It should be ensured that the toilets are cleaned and maintained regularly. At present, there is a shortage of sanitation workers in DH and CHC.

Training of frontline workers: Due to COVID-19, no training was conducted in the last financial year in the district. Regular training is necessary to provide better services to ASHAs, ANMs and other frontline workers. Keeping in view the situation of COVID-19, training of all health workers should be started through digital means as soon as possible.

Sickle cell disease: Madhya Pradesh has the highest burden of sickle cell disease, and Barwani is one of the most affected districts. There is a risk of anemia and thalassemia, which puts pregnant women and newborns at risk of other diseases. Prevalence is high in specific tribal communities due to genetic reasons. There is a need to spread awareness among the people about it, and at the same time, more research is also needed on this subject.

Stress on malnutrition: The nutritional status of children and pregnant women in the district is very poor, due to which they also remain at risk of contracting other diseases. Appropriate action and preventive measures should be given priority.

Provision of meal under JSSK at PHC level: The free meal is not being provided in PHCs under JSSK in the district. There is a need to make proper arrangements of funds at PHCs to provide food.

Rogi Kalyan Samiti Meeting: RKS meetings should be organized periodically for the smooth functioning of health services, future activities, challenges, and utilization of funds at DH, CHCs and PHCs.

Additional incentives for ASHAs: Barwani district is included in the aspirational districts of NITI Aayog, so there is a need to pay more attention to health indicators here. There is the direct and indirect contribution of ASHA workers in the implementation of all national programs. Tribal-dominated areas like Barwani, where villages are remote and inaccessible, many villages with forestry and various settlements are also divided into large areas. ASHA workers face many difficulties in carrying out their work. At the same time, their incentive amount is also reduced. In such a situation, there is a need to give additional incentives or salaries to the ASHAs working in these fields to work with more enthusiasm.

Annexure



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

A. District Profile

Indicator	Remarks/ Observation			
1. Name of District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year				
15. Estimated number of cataract surgeries to be conducted				
16. Mortality Indicators:	Previous year (2019-20)		Current FY (2020-21)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centre s (CHC)				
4. Primary Health Centre s (PHC)				
5. Sub Centre s (SC)				
6. Urban Primary Health Centre s (U-PHC)				
7. Urban Community Health Centre s (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Centre (DEIC)				

11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Centre (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic • At DH • At SDH • At CHC		
22. Institutions providing Comprehensive Abortion Care (CAC) services • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services		

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)	
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release_____
3. Date of first release of fund against DHAP	
4. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	
• Details of Construction completed but not handed over	

C. Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) • Number of lab tests notified	
3. Status of delivery points	
• No. of SCs conducting >3 deliveries/month	
• No. of 24X7 PHCs conducting > 10 deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
• No. of DH/ District Women and child hospital	

Indicator	Remarks/ Observation	
conducting C-section		
• No. of Medical colleges conducting > 50 deliveries per month		
• No. of Medical colleges conducting C-section		
4. Number of institutes with ultrasound facilities (Public+Private)		
• Of these, how many are registered under PCPNDT act		
5. Details of Pradhan Mantri SurakshitMatritva Abhiyan PMSMA activities performed		
6. RBSK		
• Total no. of RBSK teams sanctioned		
• No. of teams with all HR in-place (full-team)		
• No. of vehicles (on the road) for RBSK team		
• No. of Teams per Block		
• No. of block/s without dedicated teams		
• Average no of children screened per day per team		
• Number of children born in delivery points screened for defects at birth		
7. Special Newborn Care Units (SNCU)		
• 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		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
• Admission		
• Discharged		
• Referral		
• LAMA		
• Died		
9. Nutrition Rehabilitation Centre s (NRC)		
• Admission		
• Bilateral pitting oedema		
• MUAC<115 mm		
• <'3SD WFH		
• with Diarrhea		
• ARI/ Pneumonia		
• TB		
• HIV		

Indicator	Remarks/ Observation
- Fever - Nutrition related disorder - Others	
- Referred by - Frontline worker - Self - Ref from VCDC/ CTC - RBSK - Pediatric ward/ emergency	
Discharged	
Referral/ Medical transfer	
LAMA	
Died	
10. Home Based Newborn Care (HBNC)	
Status of availability of HBNC kit with ASHAs	
Newborns visited under HBNC	
Status of availability of drug kit with ASHAs	
11. Number of Maternal Death Review conducted	
- Previous year - Current FY	
12. Number of Child Death Review conducted	
- Previous year - Current FY	
13. Number of blocks covered under Peer Education (PE) programme	
14. No. of villages covered under PE programme	
15. No. of PE selected	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout	
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	
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 month	
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	
No. of Advanced Life Support (ALS) (on the road) and their distribution	

Indicator	Remarks/ Observation		
	ALS	BLS	
Operational agency (State/ NGO/ PPP)			
If the ambulances are GPS fitted and handled through centralized call centre			
Average number of calls received per day			
Average number of trips per ambulance per day			
Average km travelled per ambulance per day			
Key reasons for low utilization (if any)			
No. of transport vehicle/102 vehicle (on the road)			
If the vehicles are GPS fitted and handled through centralized call centre			
Average number of trips per ambulance per day			
Average km travelled per ambulance per day			
Key reasons for low utilization (if any)			
20. Universal health screening			
If conducted, what is the target population			
Number of Community Based Assessment Checklist (CBAC) forms filled till date			
- No. of patients screened, diagnosed, and treated for: - Hypertension - Diabetes - Oral cancer - Breast Cancer - Cervical cancer			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
Whether call centre and toll-free number available			
Percentage of complains resolved out of the total complains registered in current FY			
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
JSY beneficiaries			
ASHA payment:			
- A- Routine and recurring at increased rate of Rs. 2000 pm			
- B- Incentive under NTEP			
- C- Incentives under NLEP			
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/ incentive			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
- If Rapid Response Team constituted, what is the composition of the team - No. of outbreaks investigated in previous year			

Indicator	Remarks/ Observation
and in current FY	
How is IDSP data utilized	
Proportion (out of total) of Pvt health facilities reporting weekly data of IDSP	
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	
Micro plan and macro plan available at district level	
Annual Blood Examination Rate	
Reason for increase/ decrease (trend of last 3 years to be seen)	
LLIN distribution status	
IRS	
Anti-larval methods	
Contingency plan for epidemic preparedness	
Weekly epidemiological and entomological situations are monitored	
No. of MDR rounds observed	
No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1	
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
Target TB notification achieved	
Whether HIV Status of all TB patient is known	☐ Yes/ ☐ No If No, no. of TB patients with known HIV status_____
Eligible TB patients with UDST testing	
Whether drugs for both drug sensitive and drug resistance TB available	
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:
Beneficiaries paid under NikshayPoshan Yojana	
Active Case Finding conducted as per planned for the year	☐ Yes/ ☐ No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
No. of new cases detected	
No. of G2D cases	
MDT available without interruption	
Reconstructive surgery for G2D cases being conducted	
MCR footwear and self-care kit available	
29. Number of treatment sites and Model Treatment Centre (MTC) for viral hepatitis	
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	

Indicator	Remarks/ Observation			
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme				
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme				
34. Number of ASHAs - Required as per population - Selected - No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population - No. of villages/ slum areas with no ASHA				
35. 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 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_____				
36. Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened				
38. Number of facilities quality certified				
39. Status of Kayakalp and Swachh SwasthSarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	Previous year (2019-20)		Current FY (2020-21)	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

D. Implementation of CPHC

Status as on: _____

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: a. SHC- HWC b. PHC- HWC c. UPHC – HWC		
4. Number of individuals screened for: a. Hypertension b. Diabetes c. Oral Cancer d. Breast Cancer e. Cervical Cancer		
5. Number of HWCs providing Teleconsultation services		
6. Number of HWCs organizing wellness activities		

E. Status of HRH

Status as on: _____

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy ()
• ANM			
• MPW (Male)			
• Staff Nurse			
• Lab technician			
• Pharmacist (Allopathic)			
• MO (MBBS)			
• OBGY			
• Pediatrician			
• Anesthetist			
• Surgeon			
• Radiologists			
• Other Specialists			
• Dentists/ Dental Surgeon/ Dental MO			
• Dental technician			
• Dental Hygienist			
• Radiographer/ X-ray technician			
• CSSD Technician			
• OT technician			
• CHO/ MLHP			
• AYUSH MO			
• AYUSH Pharmacist			
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: _____ to _____

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: _____ to _____

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			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60)
• 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: _____

List of training (to be filled as per ROP approval)	Planned	Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

District Hospital (DH)/ Sub-District Hospital (SDH) Level Checklist

Name of facility visited	
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	
Next Referral Point	Facility: Distance:

Indicator	Remarks/ Observation						
1. OPD Timing							
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: ☐ 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: ☐ Complete Hospital/ ☐ Part of the hospital Last major renovation done in (Year): _____						
3. Number of functional in-patient beds	_____ No of ICU Beds available:						
4. List of Services available							
• Specialized services available in addition to General OPD, ANC,	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine	
Sl.	Service	Y/N					
1	Medicine						

Indicator	Remarks/ Observation		
Delivery, PNC, Immunization, FP, Laboratory services	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	21	Teaching block (medical, nursing, paramedical)	
	22	Skill Lab	
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
6. Tele-medicine/Consultation services available	☐ Yes/ ☐ No If yes, average case per day _____		
7. Operation Theatre available	☐ Yes/ ☐ No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:		
8. Availability of functional Blood Bank	☐ Yes/ ☐ No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____		
9. Whether blood is issued free, or user-fee is being charged	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all		
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit		

Indicator	Remarks/ Observation																																																																																																	
	3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																																																																																																	
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Indicator	Remarks/ Observation
	In last 6 months how many times there was shortage_____
20. Availability of essential diagnostics	☐ In-house ☐ Outsourced/ PPP ☐ Both/ Mixed
In-house tests (For 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
Outsourced/ PPP (For 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	☐ Yes/ ☐ No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐ Yes/ ☐ No
22. 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 ☐ Free for JSSK beneficiaries ☐ Free for all
Number of patients provided dialysis service (for 2020-21)	○ Previous year_____ ○ Current FY_____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional	

Indicator	Remarks/ Observation
for more than 7 days	
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 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 9 th of every month	☐ Yes/ ☐ No If yes, how are high risks identified on 9 th ? 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: Current year:
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	

Indicator	Remarks/ Observation
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
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	
43. Availability of trained provider for IUCD/ PPIUCD	☐ Yes/ ☐ No
44. Who counsels on FP services?	
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 Total No of Adolescents counseled in last 6 months _____
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 following in last 6 months:	
51. Whether reporting weekly data in P, S and L form under IDSP	☐ Yes/ ☐ No
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐ Yes/ ☐ No
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____
	If anti-TB drugs available at the facility: ☐ Yes/ ☐ No
	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: _____

Indicator	Remarks/ Observation
52. 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
53. 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 Fund regularly: Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: ☐ Updated/ ☐ Not updated MCTS: ☐ Updated/ ☐ Not updated IHIP: ☐ Updated/ ☐ Not updated HWC Portal: ☐ Updated/ ☐ Not updated Nikshay Portal: ☐ Updated/ ☐ Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	☐ Own ambulance available (Number)_____ ☐ DH/ SDH has contracted out ambulance services (Number)_____ ☐ Ambulances services with Centralized call centre ☐ Government ambulance services are not available Comment (if any):
How many cases from CHC, PHC, SC, referred to in last month?	Number: CHC PHC SC Types of cases referred in:
How many cases were referred out last month?	Number: Types of cases referred out:
3. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
Government of India



Community Health Centre (CHC)/ U-CHC Level Checklist

Service Delivery:

Name of facility visited			
Facility Type		☐ CHC/ ☐ U-CHC	
FRU		☐ Yes/ ☐ No	
Standalone/ Co-located		☐ Standalone/ ☐ Co-located Co-located with (if applicable):	
Accessible from nearest road head		☐ Yes/ ☐ No	
Date of Visit			
Next Referral Point		Facility: Distance:	
Indicator	Remarks/ Observation		
4. OPD Timing			
5. Whether the facility is functioning in PPP mode	☐ Yes/ ☐ No		
6. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: ☐ 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: ☐ Complete Hospital/ ☐ Part of the hospital		
7. Number of functional in-patient beds			
8. List of Services available			
Specialized services available in addition to General OPD, ANC, Delivery, PNC,	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	

Immunization, FP, Laboratory services	3	Pediatric																																																																										
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	10	Newborn Stabilization Unit																																																																										
• If any of the specialists are available 24*7	☐ Yes available ☐ Yes, available only on-call ☐ Not available																																																																											
• Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																																																											
9. Tele-medicine/Consultation services available	☐ Yes/ ☐ No If yes, average case per day _____																																																																											
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16. Kayakalp	Initiated:																																																																											

	Facility Award received:	score:										
17. NQAS	Assessment Facility Certification Status:	done: Internal/State score:										
18. LaQshya	Labour Room: Operation Theatre:											
19. Availability of list of essential medicines (EML)/ drugs (EDL)	☐ Yes/ ☐ No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: ☐ Yes/ ☐ No No. of drugs available on the day of visit (out of the EDL) _____											
20. Implementation of DVDMS or similar supply chain management system	☐ Yes/ ☐ No If other, which one _____											
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23. Availability of essential diagnostics	☐ In-house ☐ Outsourced/ ☐ Both/ Mixed PPP											
• In-house tests (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:											
• Outsourced/ PPP (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:											
24. 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											
25. 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											

26. Availability of Testing kits/ Rapid Diagnostic Kits	☐ Sufficient ☐ Minimal ☐ Acute shortage (List the name of kits for which there is shortage)	Supply Shortage
27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)		
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days		
29. 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 condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No	
30. Status of JSY payments	Payment is up to date: ☐ Yes/ ☐ No Average delay: Payment done till: Reasons for delay:	
31. 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	
32. PMSMA services provided on 9 th of every month	☐ Yes/ ☐ No If yes, how are high risks identified on 9 th ? If No, reasons thereof:	
33. Line listing of high-risk pregnancies	☐ Yes/ ☐ No	
34. Practice related to Respectful Maternity Care		

35. Whether facility have registers for entering births and deaths	☐ Yes/ ☐ No		
36. Number of Maternal Death reported in the facility	Previous year: 2019-20 ____ Current year: 2020-21 __		
37. Number of Child Death reported in the facility	Previous year: ____ Current year: ____		
38. If Comprehensive Abortion Care (CAC) services available	☐ Yes/ ☐ No		
39. Availability of vaccines and hub cutter	☐ Yes/ ☐ No Nurses/ ANM aware about open vial policy: ☐ Yes/ ☐ No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month	Male____ Female_____		
43. Availability of trained provider for IUCD/ PPIUCD	☐ Yes/ ☐ No		
44. Who counsels on FP services?			
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 Number of Adolescents counseled in last 6 months_____		
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 following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
51. Are service providers trained in cancer services?	e. Cervical Cancer		
	☐ Yes/ ☐ No		
52. Whether reporting weekly data in P, S and L form under IDSP	☐ Yes/ ☐ No		
53. 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: _____
54. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance: _____
55. 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
56. 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 Fund regularly: _____
	Reasons for underutilization of fund (if any) _____
57. 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
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	☐ CHC own ambulance available Number_____
	☐ CHC has contracted out ambulance services Number_____
	☐ Ambulances services with Centralized call centre ☐ Government ambulance services are not available Comment (if any): _____

How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Sub centre PHC Types of cases referred in:
How many cases from the CHC were referred to the DH last month?	Number: Types of cases referred out:
60. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

Primary Health Centre (PHC/U-PHC) Level Checklist

Service Delivery:

Name of facility visited		
Facility Type		☐ PHC/ ☐ 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		
Next Referral Point		Facility: Distance:
Indicator	Remarks/ Observation	
1. OPD Timing		
For U-PHC, check if evening/morning OPD/Clinics being conducted	☐ Yes/ ☐ No	
2. Whether the facility is functioning in PPP mode	☐ Yes/ ☐ No	
3. Condition of infrastructure/ building	Comments:	
Please comment on the condition and tick the appropriate box	☐ 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	
4. Number of functional in-patient beds		
5. List of Services available		
6. If 24*7 delivery services available	☐ Yes/ ☐ No	
7. Tele-medicine/Consultation services available	☐ Yes/ ☐ No If yes, average case per day _____	
8. Biomedical waste management practices	Sharp pit: Deep Burial pit:	

	Other System, if any:				
9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.	
	MO (MBBS)				
	MO (AYUSH)				
	SNs/ GNM				
	ANM				
	LTs				
	Pharmacist				
	Public Health Manager (NUHM)				
	LHV/PHN				
	Others				
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: _____				
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 _____				
	EDL displayed in OPD Area: ☐ Yes/ ☐ No				
	No. of drugs available on the day of visit (out of the EDL) _____				
14. Implementation of DVDMS or similar supply chain management system	☐ Yes/ ☐ No If other, which one _____				
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
16. Drugs Available for Hypertension & Diabetic patients:	1				
	2				
	3				
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1				
	2				
	3				
18. Availability of Essential Consumables:	☐ Sufficient ☐ Minimal ☐ Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)				

19. Availability of essential diagnostics	☐ In-house ☐ Outsourced/ ☐ Both/ Mixed	PPP
In-house tests For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:	
Outsourced/ PPP For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:	
20. X-ray services is available	☐ Yes/ ☐ No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐ Yes/ ☐ No	
21. Whether diagnostic services (lab, X-ray etc.) are free for all	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all	
22. Availability of Testing kits/ Rapid Diagnostic Kits	☐ Sufficient ☐ Minimal ☐ Acute shortage	Supply Shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment	
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days		
25. Availability of delivery services	☐ Yes/ ☐ No	
If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No	
26. Status of JSY payments	Payment is up to date: ☐ Yes/ ☐ No Average delay: Payment done till: Reasons for delay:	
27. Availability of JSSK entitlements	☐ Yes/ ☐ No If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables	

	☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges		
28. Line listing of high-risk pregnancies	☐ Yes/ ☐ No		
29. Number of normal deliveries in last three month			
30. Availability of Daksh/ Dakshta trained/SBA trained MO/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:2019-2020 Current FY:2020-2021		
33. Number of Child Death reported in the facility	Previous year: Current year:		
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			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	☐ Yes/ ☐ No		
39. Who counsels on FP services?			
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		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		

	e. Cervical Cancer		
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 Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: ☐ 1 per family/ ☐ Others (Specify): _____		
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: 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: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		
53. Status of data entry in (match with physical records)	HMIS: ☐ Updated/ ☐ Not updated MCTS: ☐ 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 Number_____ ☐ PHC has contracted out ambulance services Number_____ ☐ Ambulances services with Centralized call centre ☐ Government ambulance services are not available Comment (if any):
How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:
How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
57. Population enumeration initiated for slum population	☐ Not yet initiated ☐ Initiated ☐ Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	☐ Yes/ ☐ No If yes, specialist services are provided through: ☐ Teleconsultation/ ☐ Clinic Schedule: ☐ Fixed/ ☐ Rotational Type of specialist services available: ☐ OBGY, ☐ Pediatrics, ☐ Medicine, ☐ Dermatology, ☐ Ophthalmology, Others_____
60. UHNDs Conducted:	☐ Yes/ ☐ No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	☐ Yes/ ☐ No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps:



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

Indicator	Remarks/ Observation			
1. List of Services available				
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: ☐ 24*7 running water facility ☐ Facility is geriatric and disability friendly ☐ Clean functional toilets available (separate for Male and female) ☐ Drinking water facility available ☐ OPD waiting area has sufficient sitting arrangement ☐ ASHA rest room is available ☐ Drug storeroom with rack is available ☐ Branding ☐ Specified area for Yoga / welfare activities ☐ Power backup			
3. Biomedical waste management practices				
4. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	ANM/ MPW Female			
	MPW Male			
	MLHP/ CHO			

Indicator	Remarks/ Observation										
	<table border="1"> <tr> <td>ASHA</td><td></td><td></td><td></td><td></td></tr> <tr> <td>Others</td><td></td><td></td><td></td><td></td></tr> </table>	ASHA					Others				
ASHA											
Others											
5. IT Services	- 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: _____										
6. Availability of list of essential medicines (EML)/ drugs (EDL)	☐ Yes/ ☐ No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: ☐ Yes/ ☐ No No. of drugs available on the day of visit (out of the EDL) _____										
7. Are anti-TB drugs available at the SHC?	☐ Yes/ ☐ No If yes, are there any patients currently taking anti-TB drugs from the SHC? ☐ Yes/ ☐ No										
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
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9. Drugs Available for Hypertension & Diabetic patients:	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	☐ Yes/ ☐ No										
12. Availability of Testing kits/ Rapid Diagnostic Kits	☐ Sufficient ☐ Minimal ☐ Acute shortage List of Kits (Shortage) _____ Supply Shortage										
13. Availability of:	- BP instrument: ☐Yes/ ☐No. If yes, Type: _____ - Thermometer: ☐Yes/ ☐No - Contraceptives: ☐Yes/ ☐No. If yes, Type: _____ - Glucometer: ☐Yes/ ☐No										
14. Line listing of all Pregnant women in the area	☐ Yes/ ☐ No High risk women identified: ☐Yes/ ☐No										

Indicator	Remarks/ Observation		
	MCP cards duly filled: ☐Yes/ ☐No		
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21		
16. Number of Child Death Review conducted	Previous year: Current year:		
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			
24. Number of CBAC forms filled in last 6 months			
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		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	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: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual.	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop:		
Number of individuals taking medication for HTN and DM during last six months from which source	(Average OOP/month)		
Taking medication for HTN/DM			
30. Status of use of:	- Tele-consultation services - HWC App Details:		

Indicator	Remarks/ Observation		
31. Whether wellness activities are performed	☐ Yes/ ☐ No Frequency:		
32. Whether reporting weekly data in S form under IDSP	☐ Yes/ ☐ No		
33. Status of Tuberculosis in the area:	Indicators	2019-20	2020-21
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)			
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)			
- ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. - Average 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)			
35. Number of Village Health & Sanitation days conducted in last 6 months			
36. Incentives:	- Performance Incentives is disbursed to CHOs on monthly basis: ☐Yes/ ☐No - Team-based incentive being disbursed for all HWC staffs: ☐Yes/ ☐No		
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)			
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	☐ Yes/ ☐ No		
39. Maintenance of records on	- TB cases: ☐drug sensitive/ ☐drug resistant cases/ ☐both - Malaria cases: ☐Yes/ ☐No - Palliative cases: ☐Yes/ ☐No - Cases related to Dengue and Chikungunya: ☐Yes/		

Indicator	Remarks/ Observation
	☐ No • Leprosy cases: ☐ Yes/ ☐ No
40. 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 Fund regularly: Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
• How many cases from the Sub Centre were referred to PHC in last month?	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

Community Level Checklist

Community Level

Name of Village/ slum visited	
Whether the sub centre/ U-PHC is in the same village/ slum area	☐ Yes/ ☐ No
Details of nearest public health facility	Facility name: Facility type: Distance:
Accessible from nearest road head	☐ Yes/ ☐ No
Date of Visit	

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

Indicator	Please comment
43. Health seeking behavior Preferred health facility for primary, secondary and tertiary healthcare services - Public or Private? - If private, reason for not preferring public facilities	
44. Lifestyles (tobacco, alcohol, substance abuse and physical activity level) and living conditions (Indoor air pollution, use of solid fuel, use of iodized salt, drinking water, hygiene and sanitation, ODF Status)	
45. Access to health: drugs, diagnostics, referral transport	
46. Behaviour of health service providers	
47. Out of Pocket expenditure in public health	

Indicator	Please comment
facilities	
48. Coverage, Knowledge and skills of ASHA as perceived by the community	
49. Support, supervision, training and payment of incentives of ASHA (as per discussion with ASHAs)	
50. Availability of services for Immunization, ANC, PNC, AH counselling, Contraceptive services, Nutrition counselling and preferred facilities for each	
51. Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment	
52. Screening for Leprosy, TB and preferred facilities for seeking treatment	
53. Availability of services for treatment of Malaria, Dengue, Kala-azar, Chikungunya, JE, Filaria, Fluorosis, rabies etc.	
54. Preferred facilities for emergency services (Burn, Accidents etc.)	
55. Preferred facilities for: • Eye ailments (eg. Cataract) • Dental ailments (e.g. for toothache, denture, RCT etc.)	
56. Screening for 4Ds (by RBSK Team) at schools and Anganwadicentre	
57. Key challenges observed in the community and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	