Ministry of Health & Family Welfare
Government of India

A REPORT ON

Monitoring of Important Components of NHM Programme Implementation in Bhopal District Madhya Pradesh

POPULATION RESEARCH CENTRE

INSTITUTE OF ECONOMIC GROWTH

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ACRONYMS AND ABBREVIATIONS

ANC	Ante Natal Care	MDR	Maternal Death Review
ANM	Auxiliary Nurse Midwife	MMU	Mobile Medical Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	MoHFW	Ministry of Health and Family Welfare
BEMOC	Basic Emergency Obstetric Care	MOIC	Medical Officer In- Charge
BMW	Biomedical waste	NBCC	New Born Care Corner
BSU	Blood Storage Unit	NBSU	New Born Stabilization Unit
CMO	Chief District Medical Officer	NSSK	Navjat Shishu Suraksha Karyakram
CHC	Community Health Centre	NSV	No Scalpel Vasectomy
DH	District Hospital	OCP	Oral Contraceptive Pill
DMPA	Depot Medroxyprogesterone Acetate	OPD	Out Patient Department
DPM	District Programme Manager	OPV	Oral Polio Vaccines
ECG	Electrocardiography	PIP	Programme Implementation Plan
EMOC	Emergency Obstetric Care	PNC	Post Natal Care
FRU	First Referral Unit	PPP	Public Private Partnership
HMIS	Health Management Information System	PRC	Population Research Centre
HWC	Health & Wellness Centre	RBSK	Rashtriya Bal Suraksha Karyakram
IMEP	Infection Management and Environment Plan	RCH	Reproductive Child Health
IPD	In Patient Department	RKS	Rogi Kalyan Samiti
IUCD	Intra Uterine Contraceptive Device	RPR	Rapid Plasma Reagin
IYCF	Infant and Young Child Feeding	SBA	Skilled Birth Attendant
JSSK	Janani Shishu Suraksha Karyakram	SKS	Swasthya Kalyan Samiti
JSY	Janani Suraksha Yojana	SN	Staff Nurse
LHV	Lady Health Visitor	SNCU	Special New Born Care Unit
LSAS	Life Saving Anaesthetic Skill	TFR	Total Fertility Rate
LT	Laboratory Technician	TT	Tetanus Toxoid
M&E	Monitoring and Evaluation	VHND	Village Health and Nutrition Day
MCTS	Mother and Child Tracking System		

EXECUTIVE SUMMARY

The NHM envisages achievement of universal access to equitable, affordable & quality healthcare services that are accountable and responsive to people's needs. One of the salient factors 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. It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocation for any areas. In this regard, the Ministry of Health and Family Welfare has assigned Population Research Centres (PRC) the task of quality monitoring of essential components of State Programme Implementation Plan. The Ministry of Health and Family Welfare has established a network of 18 Population Research Centres (PRCs) scattered in 17 major States. Services of PRCs are thus utilized in monitoring of State Programme Implementation Plans.

This report hence focuses on the monitoring of essential components of NHM in Bhopal district for the year 2020-21. The evaluation was carried out in the month of September, 2021 and thus captures the status of NHM activities in the said district of Madhya Pradesh. The report highlights key observations made during the team's visit to various health facilities of the district and also brings forth essential inputs provided by the key personnel of NHM.

The following public health care facilities were visited by the PRC-IEG Team: J.P. Hospital, CHC Gandhinagar, CHC Kolar, UPHC Gulabinagar, PHC Ratibarh, and HWC Mendora Mendori. 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 programmes and other programmes under the umbrella of NHM.

Interactions with district and block level health administrators including the Chief Medical Officer (CMO) and the nodal programme officers, the Block Medical Officer-in-Charge (MOIC), facility (Mos, ANMs, etc) and community level health care providers (ASHAs, Anganwadi workers etc) and other supporting staff were conducted to understand the strengths and weakness of the facilities in service provisioning. Further beneficiary interactions were held at each visited facility to understand the challenges being faced by them in accessing the public health facilities. Interaction with community was also carried out in the village of Mendora Mendori during visit to the Health and wellness centre located there.

The report therefore summarises the status of Public Health Care Provision in Bhopal, Madhya Pradesh during the financial year 2020-21 with regards to NHM and its components namely Maternal Health, Child Health, Family Planning, Communicable and Non-Communicable diseases etc. Listed below are the key challenge being faced by the district with respect to health service delivery.

Key challenges

- With multiple healthcare providers providing the healthcare services, including the Bhopal Government, Kamla Nehru Gas Rahaat Hospital, Railways, Army, ESI etc in the district, there is problem of lack of cooperation and reporting. Since all these institutions providing healthcare are autonomous in their functioning, they do not feel obliged to share information with the office of chief health medical officer. These multiple agencies are not willing to provide data and required information timely to the district office.
- Lack of trainings was identified as an important concern in the district. Trainings of health personnel like medical officers, staff nurses, ANMs, ASHAs and others act as an essential ground for providing quality healthcare services. Health care providers as well as those in administration felt that continued trainings are required to update their skills.
- There is no defined structure for health facilities in urban areas. The healthcare structure in rural areas is rather structured where the subcentres report to PHCs, PHCs report to CHCs and they in turn report to District Hospital. But no such structure is present in urban areas and this hampers the functioning of UPHCs and civil dispensaries.
- Majority of the employment in NHM is on contractual basis. This resulting in lack of motivation among the employees to work as such employment fails to provide job security. Also those working as salaried employees do not consider themselves accountable to provide information to those on contractual jobs. This hampers the running of programmes.
- ASHA supervisors are not appointed in urban areas; however, it is felt that they have an important role to play at grass root level. Since Bhopal is majorly urban, this is affecting the work being done by ASHAs given the lack of supervision.
- ASHA workers feel that the incentive that they are getting is very low with respect to the amount of work being done by them. The fixed part of their salary is also quite low. Also they have been indulged in multiple programmes including the surveys being done for COVID but their salary does not truly reflect the amount of hard work being done by them.

- ANMs have been assigned the task of entering data in the ANMOL portal using the tablets issued to them. However, several of them are not technically sound enough to do so while others feel that they already have a lot of medical work to tend to and do not find time to upload data. Owing to this, the ANMs in the district have raised a protest and have returned the tablets issued to them.

Recommendations

- NHM related coordination between State health department and other agencies should be regularly reviewed by higher authorities. There should be some authority to coordinate among all departments. The agencies must be clearly communicated that they have to report to the concerned district office.
- Trainings for all cadres must be conducted regularly. Clear guidelines for annual conduction of trainings must be laid and communicated at the earliest to the districts so that they can be planned and executed in time.
- The contractual nature of job and major salary differentials between NHM employees and other medical employees should be looked into and a rational solution must be obtained.
- Provision for ASHA Supervisors in Urban areas should be facilitated. Supervision and monitoring of ASHA workers raises the efficiency of work being done by them.
- Since the ASHA workers have contributed enormously to strengthening of primary health care delivery services, their incentive should be reflective of the amount of work being done by them. An increase in the fixed salary component of ASHA workers could be considered.
- The ANMs must be counselled and motivated to take up the additional work of entering data in the ANMOL portal. Some additional incentives can be provided for the same.

CHAPTER 1

Background And Objectives

BACKGROUND AND OBJECTIVES

1.1 Introduction

National Health Mission (NHM) was launched to make health care more accessible and affordable to all, especially who are vulnerable and underserved, and now it has become one of the integral parts of the health service delivery in the country. The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential componentsof National Health Mission (NHM) State Programme Implementation Plan (PIP 2020-21). PRC, Delhi has time and again provided a continuous flow of good quality information on inputs, outputs and outcome indicators which are deemed essential for monitoring the progress of NHM at closer intervals.

A state PIP is a comprehensive document comprising of situation analysis, Goals and strategies and corresponding costs. States prepare Program Implementation Plans (PIPs) on an annual basis which goes through a formal process of appraisal each year by MoHFW and with subsequent approval, the states commence implementation. A holistic reporting of commitments made in the State PIP, forms an essential component of Monitoring and Evaluation of NHM progress.

This PIP monitoring report concerns the district of Bhopal in Madhya Pradesh. The report is prepared on the basis of field-based observations during visits to selected public health facilities in Bhopal and the interviews of CMO, District Health Officials, ANM and beneficiaries. The report provides a review of key population, socio-economic, health and service delivery indicators of the 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, ARSH, bio-medical waste management, referral transport, ASHA scheme and communicable, non-communicable diseases.

1.2 Major objectives of monitoring & evaluation visit

i. To understand the gap between Demand and supply of health service delivery under NHM programme.
ii. To assess the current condition of physical infrastructure and health service provision in selected CHCs, PHCs and SCs of the district.
iii. To examine the status and availability of human resources for health including staffing position, vacancies and staff trainings at the selected health facilities.
iv. To assesses functionality of equipment, supply and essential drugs, essential consumables etc at the selected facilities.
v. To review the status of implementation of key components of the NHM programme including maternal health care, delivery care, child health care services, Rashtriya Bal Swasthya Karyakram (RBSK), adolescent health, family planning measures, Disease Control Programmes (DCPs) and Information, Education and Communication (IEC) activities etc.
vi. To assess availability of finance for the NHM activities in the district. This includes assessing the utilization of NHM programme budgetary allocations on various components including utilization of untied funds at selected health facilities through Rogi Kalyan Samitis (RKS).

1.3 Methodology

The report is based on Primary data collected from health facility visits as well secondary data collected from DPMU and CMO office as well as information collected from HMIS Web Portal for Bhopal District. Structured interview schedules were used for nodal officers and health facilities.

The assessment is based on observations made and information collected during:
a) Round table meeting with CMO, DPMU and other Nodal officers and NHM staff
b) Visits to health facilities
c) Beneficiary interactions

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Bhopal was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The DPMU further elaborated the plan of visit to the health facilities.

Table 1 reports the list of institutions and facilities visited in the Bhopal district. The Team interacted with key programme officials at the Office of the CMO, the DPMU and discussed the status of the key activities. Apart from detailed interactions with the District NodalOfficers and DPMU staff, the Team visited selected health facilities in the district.

Table 1: List of institutions and facilities visited by the PRC-IEG Team, Bhopal 2020-21

Institutions and Facilities	Key Contact Person
Office of the Chief Medical Officer	CMO: Dr. Prabhakar Tiwari
District Programme Management Unit	DPM: Mrs. Anita Dugaya
Community Health Centre, Kolar	MOIC: Dr. Rashmi Verma
Community Health Centre, Gandhinagar	MOIC: Dr. Arun Kumar
Urban Primary Health Centre, Gulabinagar	MOIC: Dr. Ashwin Bhambal
Primary Health Centre, Ratibarh	MO: Dr. Archana Jiwane
Health and Wellness Centre, Mendora Mendori	CHO: Ms. Meena Shukla

Health facilities from all the three levels (at district, block and village level) were selected for supportive supervision after consultations with the CMO and the DPM. Further, to understand the health service providers' perspectives about the services delivery, in-depth discussions were done with the Chief Medical Officer, Block Medical Officer-in-Charge,Medical Officers, ANMs and ASHAs.

1.4 Report outline

The report is organized in six chapters. Chapter 1 provides the background and objectives of the evaluation along with the methodology adopted for the evaluation. Chapter 2 describes the demographic and socioeconomic background for the Bhopal District. Chapter 3 entitled Public Health Planning includes the status of Health Infrastructure and Human Resource under NHM in the district. It also includes information on status of Budget Utilisation FMR wise and Programme wise for the year 2020-21.

Chapter 4 documents the implementation of National Programmes under NHM that are functional in the Bhopal district. These include JSY, JSSK, RBSK, Communicable and Non communicable diseases etc. Chapter 5 reports the service availability and highlights some of the best practices at the public health facilities visited during the M&E visit. It also documents the perception of the community members

regarding functioning and quality of the health facilities in their area of residence and includes the details of interaction with ASHA workers. Chapter 6 concludes with a set of recommendations for improving various aspects of health provision in Bhopal.

CHAPTER 2

Bhopal, Madhya Pradesh

District Profile

DISTRICT PROFILE OF BHOPAL

2.1 Demographic profile

Bhopal is a district of Madhya Pradesh state in central India. The city of Bhopal serves as its administrative headquarters. Bhopal district was carved out of the Sehore District of Bhopal division. The district has an area of 2,772 km2. Bhopal District is bounded by the districts of Guna to the north, Vidisha to the northeast, Raisen to the east and southeast, Sehore to the southwest and west, and Rajgarh to the northwest.

The district is divided into two town, namely Berasia and Huzur. Surrounded by lakes and hills, the district is famous for its natural beauty. The city has uneven elevation and has small hills within its boundaries. The prominent hills in Bhopal are Idgah hills and Shyamala hills in the northern region, Katara hills in southern region. City's geography has in it two lakes namely upper lake and lower lake.

Figure 1: Outline map of Bhopal district in Madhya Pradesh, India

Note: Map not fit to scale

Table 2: Key Demographic Indicators: India, Madhya Pradesh & Bhopal District

Indicators	India	Madhya Pradesh	Bhopal
Total number of Blocks	6612	333	2
Total number of Villages	649481	54903	614
Actual Population	1,21,08,54,977	72,627,809	2371061
Urban Population %	31.16	27.63	80.85
Rural Population %	68.84	72.37	19.15
Male	623,270,58	37,612,306	1236130
Female	58,75,84,719	35,014,503	1134931
Decadal Growth Rate	21	20.35	28.62
Density/ km2	382	236	855
Literates %	72.98	69.32	80.37
Sex Ratio (females per/000 male)	943	931	918
Child Sex Ratio (0-6 age)	914	918	920

Source: Census of India 2011

Table 1 illustrates the Key demographic representation of Madhya Pradesh and the Bhopal district.

- The district is home to about 23.71 lakh people, among them about 12.3 lakh (52 per cent) are male and about 11.3 lakh (48 per cent) are female. The population of the district equals to around 3.26 per cent of the total population of Madhya Pradesh.

- Bhopal is mostly urban in its type of residence. About 80 percent of the total population of Bhopal is Urban, and the remaining 20 percent is rural.

- Total of about 16.6 lakh people in the district are literate, among them about 9.2 lakh are male and about 7.4 lakh are female.

- The population growth rate of Bhopal is 28.62 per cent which is more rapid than the state growth rate of 20.35 per cent.

- The sex ratio of the Bhopal District is 918 females per 1000 males and is comparable to the state sex ratio of 931 females per 1000 males. The child sex ratio for the district is 920 as against 918 for the state.

- Bhopal district is densely populated as compared to the state of Madhya Pradesh. It has population density of 855 persons per square kilometers compared to the state average of 236 persons per square kilometers.

2.2 Health and Health Care Service Delivery Indicators

The health profile highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output and outcomes of the public health delivery system with respect to various domains such as, Maternal Health, Child Health, Delivery care, Family Planning, etc. Table 3 presents the health profile of Bhopal district for the year 2020-21.

Most needed and vital component for Maternal Health is Antenatal Care (ANC). ANC is a methodical care of women during pregnancy to make certain the wellbeing of mother and foetus. Taking up the ANC provides for timely supervision of complications so as to ensure a safe birth plan and assign a facility for delivery. Early registration of pregnancy sees to it that adequate care is provided from the utmost initiation and through entire duration of the gestation period. In Bhopal, out of the number of pregnant women who registered for ANC, 67% of them registered in the first trimester. IFA supplementation was given to 107.5 per cent of all women who registered for ANC.

A vital component of Infant Health is proper Delivery care. GoI recognizes Skilled Birth Attendant (SBA) as someone who can handle common obstetric and neonatal emergencies, hence form a crucial presence in times of such emergencies. As observed none of the home deliveries are SBA attended in Bhopal. Institutional deliveries is an important initiative by NHM for both mother and child care. 97.8 per cent of all deliveries were observed to be institutional deliveries. With regards to Post Natal Care, 91.83 per cent of the newborns were breast fed within 1 hour of delivery and 14.06 per cent of newborns weighted less than 2.5kgs at birth. A mere 1.01 per cent of women the received 1st post-partum checkup within 48 hours and 14 days of delivery. The district reported a total of 179 maternal deaths and 862 infant deaths in the year 2020-21.

Table 3: Health and Health Care Service Delivery Indicators in Bhopal District, 2020-21

Health and Health Care Service Delivery Indicators	Madhya Pradesh	Bhopal
1. Maternal Health		
% of beneficiaries registered for 1st trimester to total ANC registration	71.67	66.75
% of pregnant women with 4 or more ANC checkups to total ANC registration	80.58	132.7
% of pregnant women given 180 IFA to total ANC registrations	96.72	107.5
a) Institutional and Home Deliveries		
% of SBA attended home deliveries to total home deliveries	14.6	0
% of institutional deliveries to total reported deliveries	95.6	97.8
% of institutional deliveries to total ANC registrations	68.87	59.28
% of C-Section deliveries to total institutional deliveries	11	24.42
Post-natal Care		
% of women discharge in < 48 hours of delivery to total deliveries (Public)	11.9	6.24
% 1st post-partum check-up between 48 hours and 14 days to total deliveries	13.75	1.01
New-born and Child Health		
% of new-born breast fed within 1 hour of birth to total live birth	91.79	91.83
% of new-borns having weight less than 2.5 kg to new-borns weighted at birth	15.29	14.06
2. Child Immunization & Diseases		
Number of children (9-11 months) fully immunized	1737729	44588
% of children received measles to full immunization	99.15	98.03
% of children received BCG to full immunization	76.97	66.87
3. Family Planning		
Total Sterilization conducted	317272	4012
% of male sterilization to total sterilization	0.87	0.94
% of female sterilization to total sterilization	99.12	99.05
4. Mortality Indicators		
Maternal Death	2722	179
Child Death	4109	49
Infant Death	27669	862
Still Birth	24453	589
5. Other Services		
IPD	3747157	77592
OPD (Ayush + Allopathic)	52710661	2311376
% IPD to OPD	7.1	3.35

Source: HMIS Standard Report, 2020-21

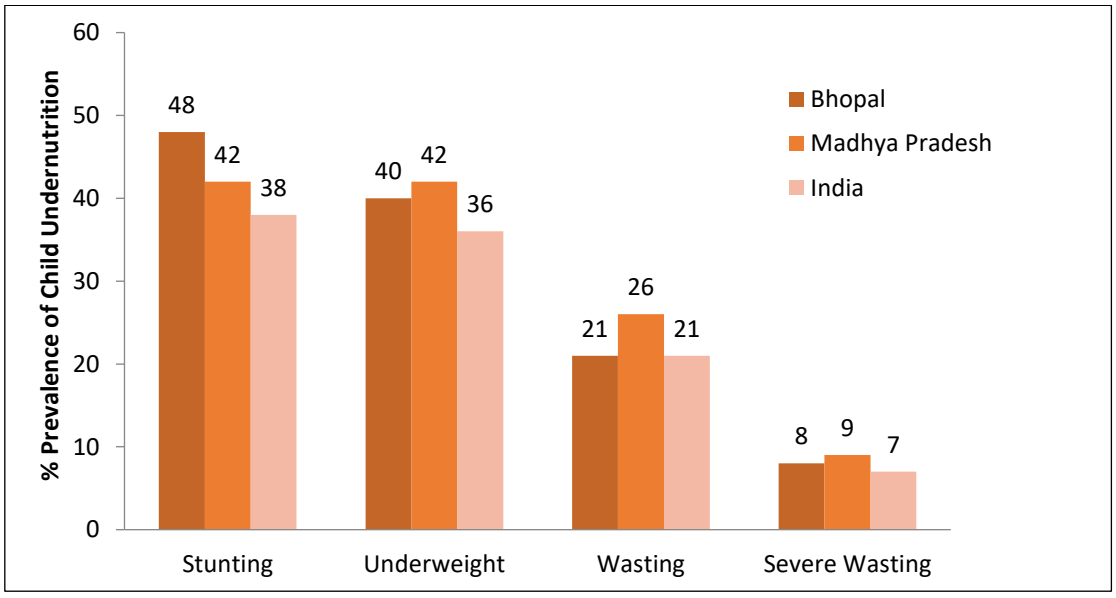
Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilization (Tubectomies) as a method of permanent family planning dominates the statistics with 99.05 percent of all sterilization conducted in 2020-21 in Bhopal. Total Sterilization Conducted was 4012 in the district.

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. The OPD patient load in the district is as high as 2311376 in 2020-21 as against IPD Patients. AYUSH OPD was reported to be 3.36 percent of the total OPD.

With regards to the service delivery for the Child Health in Bhopal, a total of 44588 children in the age group of 9-11 months were fully immunized. The most common childhood disease is reported as diarrhea, followed by pneumonia and asthma in the year 2020-21. The district had 1803 cases of diarrhoeal disease, 263 cases of pneumonia and 119 cases of asthma respectively. The number of child deaths reported in previous year is 49.

Based on NFHS 2015-16 estimates, in Bhopal 48% children under five years are stunted, 40% are underweight and 21% are wasted including 8% with severe wasting. Whereas in Madhya Pradesh 42% children under five years are stunted, 42% are underweight and 26% are wasted including 9% with severe wasting.

Figure 2: Prevalence of child (0-5 years) under nutrition in Bhopal, NFHS 2015-16



CHAPTER 3

Public Health Planning

PUBLIC HEALTH PLANNING

2.1 Health infrastructure

Infrastructure provides health system the foundation to deliver, evaluate and respond to community health needs. It is essential to effectively provide essential public health services. An adequate system is capable of providing preventive, diagnostic, and curative care, according to the requirements of the people being served. The Public Health Care Infrastructure under NHM includes Sub Health Centres at the most peripheral level, Primary Health Centres to provide 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.

With regards to Public health infrastructure, there is 1 District Hospital, 2 Sub District Hospitals, 3 Community Health Centres (CHCs), 10 Primary Health Centres (PHCs), 8 Urban Primary Health Centres (PHCs), 72 Sub Centres (SCs), 1 SNCU, 5 NRCs, 1 DEIC, 1 Blood Bank and 27 designated Microscopy Centres (DMC). In addition, 3 blood storage unit, 5 Tuberculosis units and 5 CBNAAT Site are functioning in the district.

Table 4 enlists certain basic indicators in the health facilities visited by the team. Most of the health facilities visited were running in government buildings except for urban PHC namely UPHC Gulabinagar. Infrastructure of the facilities running in government building was found to be satisfactory. Cleanliness and hygiene at the facility were maintained. UPHC Gulabinagar, which is running in a rented building had very limited space. Tele-consultation services are available at the district hospital, at UPHC Gulabinagar and at the Mendora Mendori subcentre.

All the health facilities visited during the monitoring exercise are easily accessible from the nearest road ahead. All have access to water supply and electricity with power backup installed. The bio medical waste collection is being done timely either in the form of burial in pits or regular collection by agency. Drug storeroom with racks installed are available at all facilities.

Table 4: Status of Health Infrastructure in facilities visited, Bhopal, 2020-21

S. No.	Facilities Visited Physical Infrastructure Indicators	JP Hospital	CHC Kolar	CHC Gandhinagar	PHC Ratibarh	UPHC Gulabinagar	HWC Mendora Mendori
1	Whether accessible from nearest road head?	Yes	Yes	Yes	Yes	Yes	Yes
2	Proper waste disposal system as per National Guidelines?	Yes	Yes	Yes	Yes	Yes	Yes
3	24*7 running water facility?	Yes	Yes	Yes	Yes	Yes	Yes
4	Is facility geriatric and disability friendly?	Yes	Yes	Yes	Yes	Yes	Yes
5	Are clean functional toilets (separate for Male and Female available)?	Yes	Yes	Yes	Yes	Yes	Yes
6	Is drinking water facility available?	Yes	Yes	Yes	Yes	Yes	Yes
7	Does the OPD waiting area have sufficient sitting arrangement?	Yes	Yes	Yes	Yes	Yes	Yes
8	Is ASHA restroom available?	No	No	No	No	Yea	Yes
9	Is drugstore room with rack available?	Yes	Yes	Yes	Yes	Yes	Yes
10	Is there power back up?	Yes	Yes	Yes	Yes	Yes	Yes
11	Is Tele-medicine/ communication available?	Yes	No	No	No	Yes	Yes
12	Number of functional in-patient beds	400	30	22	22	5	2

Source: Based on observation during visit, Bhopal, 2020-21

Health infrastructure also includes the transport facilities provided by the district for safe and timely movement of patients. These include ambulances or any other form/mode of transport used to commute by the people of the community. Bhopal District had 16 Basic Life Support (BLS) ambulances and 1 advance life support ambulances. There are no mobile medical units functioning in the district. During the interaction with beneficiaries, it was reported that ambulance services are available on call and are being utilized by the beneficiaries. Also, it was reported by the district authorities that there are a lot of private ambulances available and are being utilised by the people.

Table 5:Details on Referral Transport service provision in Bhopal District

Vehicle for Referral Transport	Number
Basic Life Support (BLS) (on the road)	16
Advanced Life Support (ALS) (on the road)	1
Operational agency (State/ NGO/ PPP)	PPP
If the ambulances are GPS fitted and handled through centralized call centre	Yes
Average number of calls received per day	130-170
Average number of trips per ambulance per day	4
Average km travelled per ambulance per day	105
No. of transport vehicle/102 vehicle (on the road)	9
If the vehicles are GPS fitted and handled through centralized call centre	Yes
Average number of trips per ambulance per day	5
Average km travelled per ambulance per day	260

Source: DPMU Unit, Bhopal, 2020-21

2.2 Human resource

Human resources are one of the principle health system inputs with the knowledge, skills and motivation of these individuals deriving the performance and the outcomes of the healthcare delivery. Under NHM, financial support is provided to strengthen the health system including engagement of Nurses, doctors and specialist on contractual basis based on the appraisal of requirements proposed by the States in their annual Programme Implementation Plans.

The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. Table 10 provides the Human Resource Availability in Bhopal District. Against 167 sanctioned posts for Medical Officers including specialists, 152 are filled. Approximately 50 percent posts of Staff nurses are vacant. The district has 21 pediatricians, 4 anesthetists, 7 surgeons, 2 radiologists, 5 dentists and 33 Ayush medical officers. CMO Meeting and discussions with BPMs unanimously cited manpower crunch as a limiting factor affecting the NHM effectiveness in the district.

Table 6: Human Resource in Bhopal District 2020-21

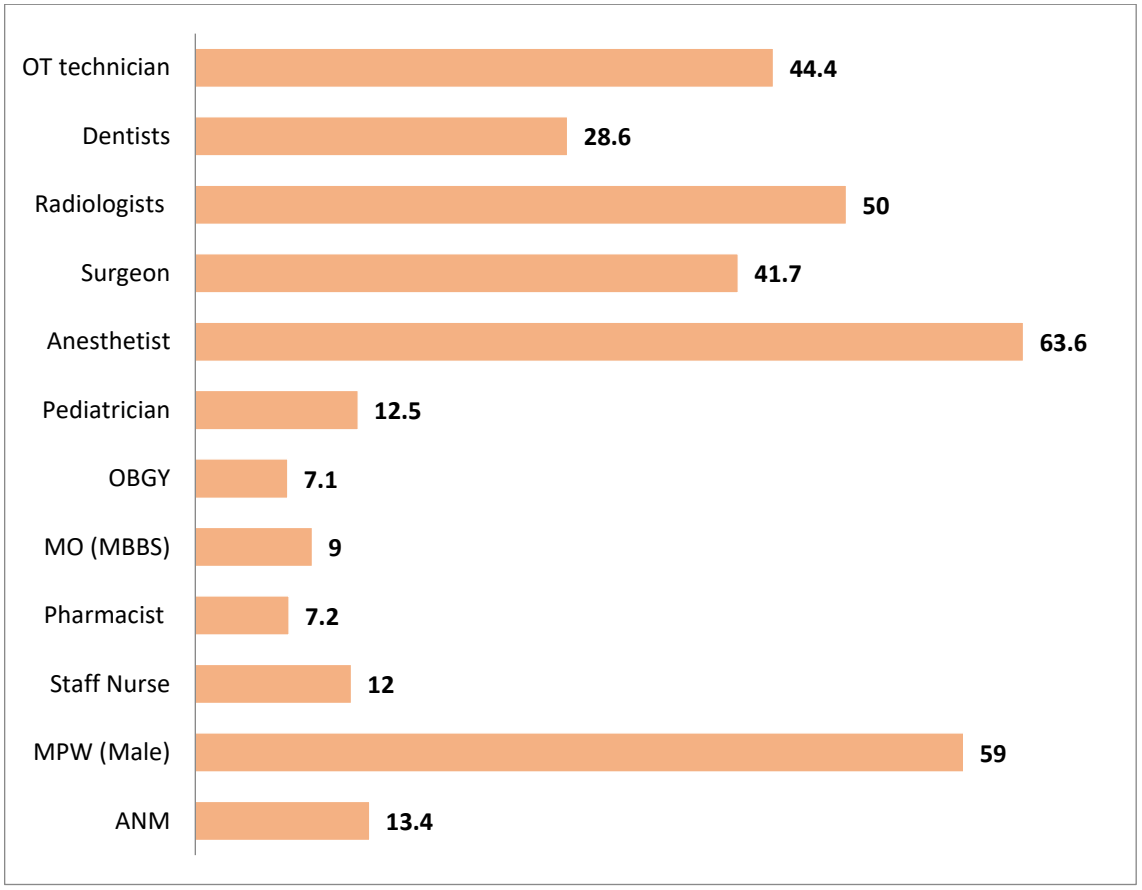
Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place
ANM	209	181
MPW (Male)	39	16
Staff Nurse	400	352
Lab technician	58	58
Pharmacist (Allopathic)	83	77
MO (MBBS)	167	152
OBGY	14	13
Pediatrician	24	21
Anesthetist	11	4
Surgeon	12	7
Radiologists	4	2
Dentists/ Dental Surgeon/ Dental MO	7	5
Dental Hygienist	0	0
Radiographer/ X-ray technician	14	15
OT technician	18	10
CHO/ MLHP	56	56
AYUSH MO	33	33
AYUSH Pharmacist	1	1

Source: DPMU Unit, Bhopal, 2020-21

Figure 3 shows the percentage of vacant positions for different posts. It is highest among Anesthetist, followed by MPW workers. Approximately fifty percent of the sanctioned posts are lying vacant for radiologists, OT technicians and surgeons. For the lab technicians, CHOs, AYUSH MOs, and AYUSH Pharmacists all the sanctioned positions are filled.

Workforce training is another important component. A properly trained and competent workforce is essential to any successful health care system. In the last financial year, several trainings have been conducted in the district. These include trainings at skill lab; training of staff nurses/LHV/ANM for SBA, IUCD insertion and inject able contraceptive; training of ASHA facilitator, training for universal screening for NCDs, capacity building training for malaria; GDM training, training for module 6and 7 (4^{th} round); ANM induction training; child death review training, COVID 19 training and DAKSHTA training. New options for the education and in-service training of health care workers are required to ensure that the workforce is aware of and prepared to meet a particular country's present and future needs.

Figure 3: Percent vacant positions in human resource in Bhopal District 2020-21



2.3 Budget utilization

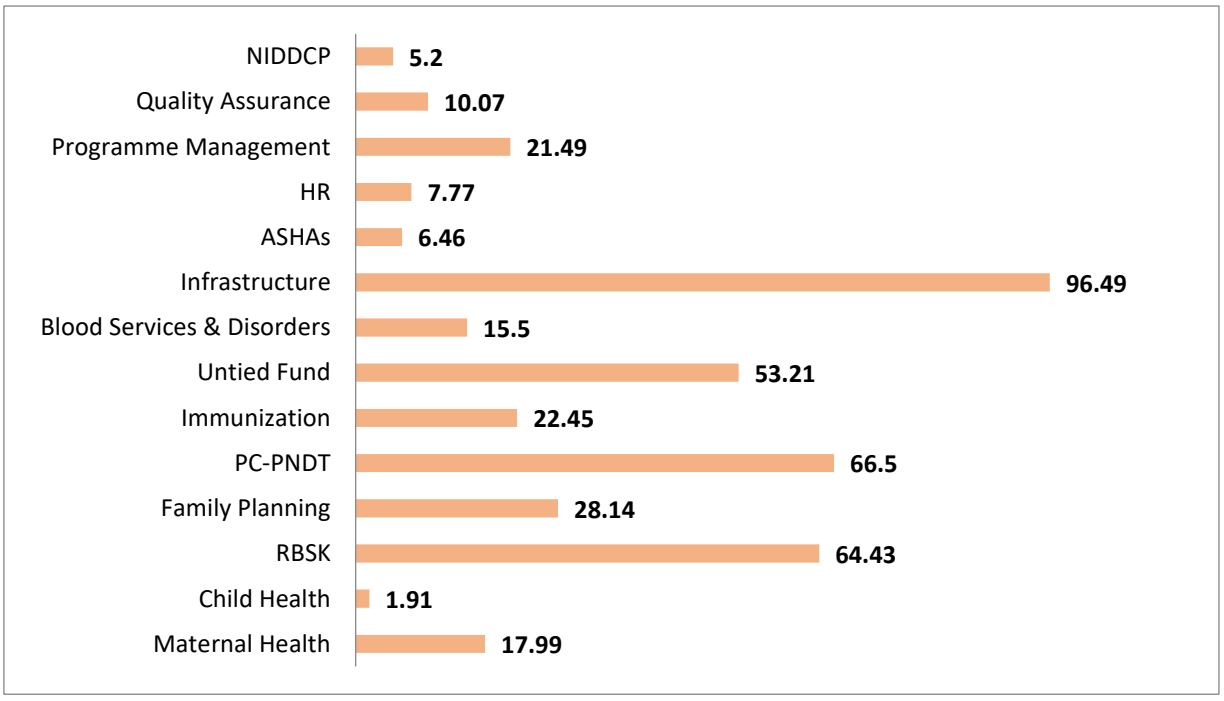
Budget utilisation under NHM is to operationalise an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. The budget utilisation summary for Bhopal by FMR is given in table 7. Maximum budget for Drug Warehouse and Logistics, Human Resource and Community Intervention has been utilized. The highest under-utilization rates are for IT initiatives for service delivery and facility based service delivery. For these, more than 50 percent of sanctioned budget lies unutilized.

Table 7: FMR Wise Budget Received and Utilized for Bhopal 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Percent Not Utilized
1. FMR 1: Service Delivery: Facility Based	310.9	145.36	53.2
2. FMR 2: Service Delivery: Community Based	100.70	82.80	17.8
3. FMR 3: Community Intervention	390.57	364.14	6.8
4. FMR 4: Untied grants	-	-	-
5. FMR 5: Infrastructure	0.90	0.77	14.4
6. FMR 6: Procurement	571.76	497.51	13
7. FMR 7: Referral Transport	-	-	-
8. FMR 8: Human Resource (Service Delivery)	688.51	638.7	7.2
9. FMR 9: Training	27.88	14.93	46.4
10. FMR 10: Review, Research and Surveillance	-	-	-
11. FMR 11: IEC-BCC	34.39	27.78	19.2
12. FMR 12: Printing	20.8	14.34	31.1
13. FMR 13: Quality	56.01	40.41	27.9
14. FMR 14: Drug Warehouse & Logistic	21.95	20.95	4.6
15. FMR 15: PPP	152.8	86.37	43.5
16. FMR 16: Programme Management	619.22	503.93	18.6
FMR 16.1: PM Activities Sub Annexure	-	-	-
FMR 17: IT Initiatives for Service Delivery	9.67	1.93	80
18. FMR 18: Innovations	0.45	-	-

Source: DPMU Unit, Bhopal, 2020-21

Figure 4: Component wise percentage of funds left unutilized under RCH Flexipool



Budget utilization according to the NHM flexipools and their major components is presented in Table 8. The highest part of the budget accrues to RMNCH+A flexi pool followed by non-communicable disease pool.

Table 8: Flexipool Wise Budget Received and Utilized for Bhopal 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Percent Not Utilized
1. RCH and Health Systems Flexipool			
Maternal Health	341.83	280.32	17.99
Child Health	46.17	45.29	1.91
RBSK	255.14	90.75	64.43
Family Planning	207.45	149.07	28.14
PC-PNDT	2.00	0.67	66.50
Immunization	275.93	213.97	22.45
Untied Fund	72.24	33.80	53.21
Blood Services & Disorders	69.16	58.44	15.50
Infrastructure	21.91	0.77	96.49
ASHAs	900.67	842.50	6.46
HR	1559.38	1438.22	7.77
Programme Management	48.16	37.81	21.49
Quality Assurance	63.87	57.44	10.07
NIDDCP	1.73	1.64	5.20
2. NUHM	-	-	-
3. Communicable Diseases Pool			
Integrated Disease Surveillance Programme (IDSP)	5.32	4.01	24.62
National Vector Borne Disease Control Programme (NVBDCP)	20.58	18.33	10.93
National Leprosy Eradication Programme (NLEP)	17.36	14.61	15.84
National TB Elimination Programme (NTEP)	51.97	31.47	39.45
4. Non-Communicable Diseases Pool			
National Program for Control of Blindness and Vision Impairment	157.02	90.81	42.17
National Mental Health Program (NMHP)	3.42	2.94	14.04
National Programme for Health Care for the Elderly (NPHCE)	-	-	-
National Tobacco Control Programme (NTCP)	2.15	-	-
National Programme for Climate Change and Human Health	3.31	0.48	85.50
National Oral Health Programme (NOHP)	0.30	-	-
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	32.58	12.56	61.45

Source: DPMU Unit, Bhopal, 2020-21

Figure 4 presents the non-utilization of RCH and Health flexi pool funds according to their components. The maximum non-utilization of funds is seen under infrastructure (96.5), followed by RBSK (64.43%). For PC-PNDT and Untied funds, more than half of the sanctioned budget lies un-utilized. Lowest non-utilization rates are for Child Health and NIDDCP component.

CHAPTER 4

Implementation Of National Programmes

IMPLEMENTATION OF NATIONAL PROGRAMMES

4.1 Reproductive Maternal New-born Child and Adolescent Programmes (RMNCH+A)

The Reproductive, Maternal, Child and Adolescent Health programme is at the heart of the flagship programme National Health Mission (NHM). Central tenets guiding this programme have been equity, universal care, entitlement and accountability. The aim is to protect the lives and safeguard the health of women, adolescents and children. RMNCH+A links maternal and child survival to other components namely, family planning, adolescent health, gender & PNDT. It also denotes inclusion of adolescence as a distinct 'life stage' in the overall strategy.

4.1.1 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana is one of the key maternal health strategies under NHM. JSY, a demand promotion scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality. This is a conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been lauded as a successful scheme bringing about a surge in institutional deliveries since its launch. Cash assistance of INR 1400 is provided to mothers who deliver in institutional facilities.

In Bhopal, the health officials have made commendable efforts in promoting institutional deliveries by equipping facilities at all levels to handle deliveries. A total of 3366 beneficiaries were registered for JSY cash transfer, out of which 1055 had not yet received the payments. During the visit, it was reported by medical officers that any delay in JSY incentive was mostly because of discrepancies in account details of beneficiaries. Interaction with beneficiaries revealed that they were satisfactorily aware about the JSY schemes, and most of them had bank accounts.

4.1.2 Janani Shishu Suraksha Karyakram (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 to eliminate out of pocket expenditure for pregnant women and sick new- borns and infants

on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. Similar entitlements have been put in place for all sick newborns & infants accessing public health facilities.

JSSK has been implemented and is functional in Bhopal District. Beneficiaries are being provided free of cost consultation, drugs and referral transport. With respect to diet, the one's delivering at facilities level are being given food. Free referral transport is also being utilized by the beneficiaries.

4.1.3 Maternal Death Review

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service.

Bhopal observed 204 maternal deaths in the year 2020-21 and 119 in the year 2019-20. However, it was reported that most of these deaths were those mothers whom were being bought into the district from the neighbouring areas. Maternal Death Review is being carried out in the district and reasons are being identified for both facility and community deaths.

4.1.4 The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

The programme has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India with aim to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. PMSMA guarantees a minimum package of antenatal care services to women in their 2nd / 3rd trimesters of pregnancy at designated government health facilities.

The programme is running in the district. ANC checkups are being provided on 9th of every month. Mothers who are found to be severely anemic during the checkups are given injectable iron supplements (iron sucrose). Also the mothers are instructed to take similar nutritious diet on daily basis.

4.1.5 Home Based Newborn Care (HBNC)

Under National Health Mission, Home Based New Born Care is being implemented since 2011 for reduction of neonatal mortality in rural areas. Home Based New-born Care scheme for reduction of neonatal mortality, has incentivized Accredited Social Health Activist (ASHA) for making visits to all new-borns and their mothers according to specified schedule up to 42 days of life.

HBNC is functioning in Bhopal District. HBNC kits are available with ASHAs and newborns are being visited regularly.

4.1.6 Rashtriya Bal Swasthya Karyakram (RBSK)

National Health Mission has ensured significant progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

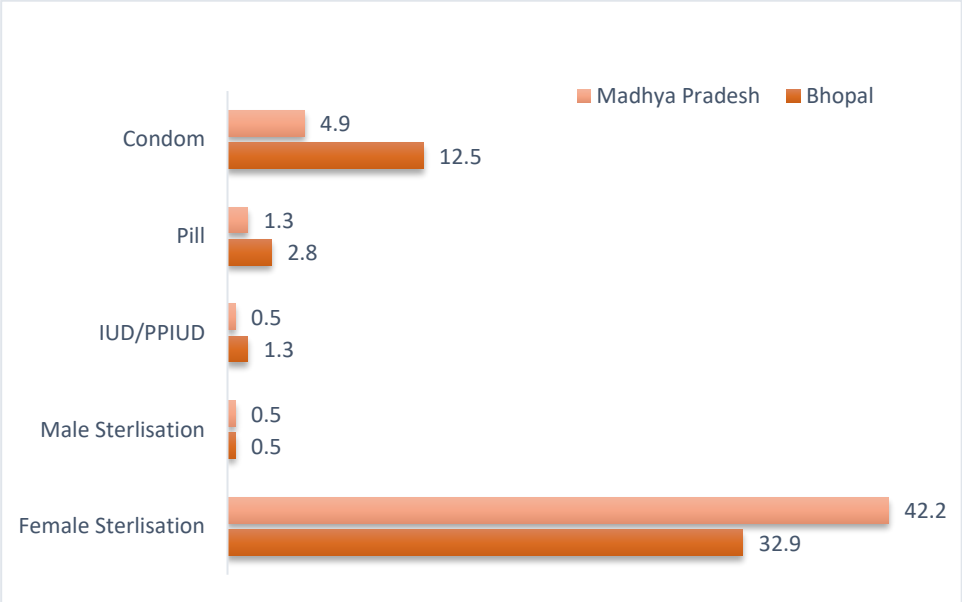
There are 22 RBSK teams sanctioned in the district. There are 12 vehicles available to RBSK teams. On an average, 14 children are screened per day per team. Though the programme is functional in the district but due to COVID no screening has been performed at schools in the last year. The number of children born in delivery points screened for defects at birth is 18541. The teams that have been constituted for RBSK have been diverted to perform COVID immunization activities.

4.1.7 Family Planning

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determine the spacing of pregnancies. A woman's freedom to choose "When to become pregnant" has a direct impact on her health and well-being as well as the neonate. This could be achieved only by providing basket of choices for contraceptive methods. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions.

Activities under family planning are functioning in the district. Female sterilization is noted to be the dominate method under permanent sterilization. PPIUCD is being promoted at all facilities. Other prevalent methods include Antara, Chaya and condoms. Figure shows the prevalent methods of family planning as per NFHS in Bhopal and Madhya Pradesh.

Figure 5: Current use of Family Planning Methods



4.2 Disease Control Programme

Several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc come under the umbrella of National Disease Control Programme (NDCP). The status of some communicable and non-communicable diseases in the district has been discussed below.

4.2.1 Integrated Disease Surveillance Programme (ISDP)

The key objective of the programme is to strengthen/maintain decentralized laboratory based IT enabled disease surveillance system for epidemic prone diseases to monitor disease trends and to detect and respond to outbreaks in early rising phase through trained Rapid Response Team (RRTs).

An outbreak of measles was seen in August 2021 in the district. Since then several measures have been taken to curb the same. However, an increase in cases has been seen in the current year. The IDSP data is used for surveillance of several communicable diseases through online platform named IHIP.

4.2.2 The National Vector Borne Disease Control Programme (NVBDCP)

It is an umbrella programme for prevention and control of malaria and other vector borne diseases viz., Lymphatic Filariasis, Kala-azar, Japanese Encephalitis, Chikungunya and Dengue with special focus on the vulnerable groups of the society. Under the programme, it is ensured that the disadvantaged and marginalised sections benefit from the delivery of services so that the desired National Health Policy and Rural Health Mission goals are achieved.

The micro and macro plan for NVBDCP have been reported to be available at the district level. The annual blood examination rate for the district is 2.6%. There has been an increased boosted surveillance at ward village level. Neither LLIN distribution nor any Indoor Residual Spray (IRS) has been done in the last year.

4.2.3 National Leprosy Eradication Programme (NLEP)

It is a chronic infectious disease caused by Mycobacterium leprae. It usually affects the skin and peripheral nerves, but has a wide range of clinical manifestations. The National Leprosy Eradication Programme is a centrally sponsored Health Scheme of the Ministry of Health and Family Welfare, Govt. of India. NLEP is functioning in the district. In last year, 117 new cases were reported. Number of G2D cases is 3. Multi Drug Therapy (MDT) and MCR footwear and self-care kit have been reported to be available without interruption.

4.2.4 The National Tuberculosis Elimination Program (NTEP)

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria. It spreads through air when a person suffering from tuberculosis cough, sneeze or spit. TB remains to be major public health problem in India. TB control efforts are initiated countrywide since 1962 with inception of National TB Control Programme.

NTEP is functional in the district. A total of 7332 target TB notification was achieved in 2020-21. There are 5928 eligible TB patients with UDST testing. Drugs for both, drug sensitive and drug resistance TB have been reported to be available. Out of 4698 patients notified from public sector, 97 percent have been reported to have been successfully cured. The number notified from private sector is 3542, out of these 84 percent have been successfully cured. A total of 6023 beneficiaries have been paid under Nikshay Poshan Yojana.

CHAPTER 5

Service availability at Health facilities

FACILITY WISE OBSERVATIONS

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarise the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc.

5.1 J.P. District Hospital

- The District Hospital is functioning in government building which is about 14 years old and is in good condition. It is a 400 bedded facility with 49 separate ICU beds.
- In addition to the General OPD, IPD, ANC, Delivery , PNC, Immunization and Laboratory services, the facility also offers Paediatric, General Surgery, Anaesthesiology, Ophthalmology, Dental, Imaging, DEIC, NRC, SNCU, MNCU, CLMC, NICU, Dialysis unit and skill lab services.
- Telemedicine services are also provided with an average of 45 cases per day.
- Blood Bank is available in the hospital and a total of 86 blood transfusions were done in the month of July 2021. Blood is issued free for patients belonging to BPL, elderly and JSSK Beneficiaries.
- Biomedical waste management practices include sharp pit, deep burial pit, incinerator, bio medical waste treatment plant etc.
- The facility has a total of 31 MBBS Medical Officers, 3 Dentist, 161 Staff nurses, 10 LTs, 11 Pharmacists and 1 Hospital Manager. The specialists include 5 Medicines, 4 ObGy, 7 Paediatricians, 4 Anaesthetists, 3 Surgeons, and 3 Ophthalmologists, 4 Orthopaedics, 3Radiologist and 3 Pathologist.
- The facility scored 96.57% in Kayakalp for the year 2020-2021. It stood second in the state of Madhya Pradesh. The facility score for NQAS was 86%.
- A total of 247 drugs are listed in the essential drug list displayed in OPD Area. The hospital does not face any major shortage for any of the enlisted drugs.
- All of the diagnostic services are free for beneficiaries except for Ultrasound and CT scan which are chargeable for APL beneficiaries. Laboratory tests are done 24*7. A total of 290065 tests were performed in the year 2020-21.
- PM National Dialysis Programme has been implemented with a total of 1246 dialysis performed in 2020-21. Dialysis services are chargeable for those belonging to above poverty line (APL).

- An average of 300 deliveries is performed every month. Number of C-section deliveries performed is around 100 on average. A total of 3 maternal deaths and 126 child deaths were reported in the facility in 2020-21.

- Both JSY and JSSK are functional. The average delay in JSY payments is about 20-25 days and it is attributed to portal glitches. All free entitlements under JSSK are being provided. There is a separate for ANC follow-ups. Also the facility has a functional milk bank.

- Screening for NCD is done regularly. A total of 4857 cases for hypertension, 3416 cases of diabetes, 10 cases of oral cancer, 7 of breast cancer and 23 cases of cervical cancer have been confirmed in past 6 months (Feb- July 2021).

- The facility has 3 ambulances and also has access to centralised call centre.

Figure 6: J.P. District Hospital, Bhopal, Madhya Pradesh

5.2 CHC GANDHINAGAR

- It is a 22 bedded facility. The OPD timings are from 9 to 4. Tele-medicine consultation is available.
- The facility provides services including OPD, IPD, delivery point, COVID vaccination, routine immunisation, X-ray, pathology, leprosy treatment, dots, ophthalmology, paediatric etc
- A total of 4 MBBS Medical Officers, 6 Staff Nurses, 2 LTS, 1 Pharmacist1 facility manager, 2 EmOC trained doctor and 2 LSAS trained doctors are posted at the facility.
- The Labour room and operation theatre are not LaQsha certified. NQAS has also not been initiated. The facility does not have functional blood storage unit.
- Medicines and consumables are mostly available with minimal shortage. Shortage in consumables includes that of feeding tube, kallys pad, urinary bag, ECG jelly etc.
- Laboratory tests performed includes that for HB, sugar, blood group, HIV, NDRL, HBSAG, WIDAL etc. A total of 2500 tests were performed in the year 2020-21. Diagnostic services are free for all. X ray service is also available.
- Delivery services are available at the CHC. A total of 32 deliveries were performed in the month of August 2021. All services under JSY and JSSK are being provided. PMSMA services are provided on 9^{th} of every month. No maternal death was reported at the facility in the last year. 171 child deaths were reported in 2020-21.
- Adolescent friendly health clinic is not functional. No counselling for adolescents is done. Family planning counselling is done by LHVs and Doctors.
- Screening for non-communicable diseases is done. A total of 4441 tests for hypertension and 1825 tests for diabetes were done in last six months prior to the visit.
- CHC is designated as dedicated microscopy centre. 287 samples have been tested in last six months. TB drugs are available. All the TB patients are tested for HIV. DBT are being done under nikshay poshan yojana.
- Ambulances are available on call from the centralised system. No dedicated ambulance for the CHC.

Figure 7: CHC Gandhinagar, Bhopal

- Family Planning counselling is given to every mother registered for ANC. Contraceptive pills are more accepted among the mothers. PPIUCD is preferred post-delivery, while Chaya is preferred after C section delivery.

5.3 CHC KOLAR

- The facility is functioning in a government building. It is a 30 bedded facility. The OPD timings are from 9 to 4. Tele-medicine consultation is not available.
- The facility provides services including OPD, IPD, delivery point, minor operations, COVID vaccination, family planning services, anaesthesiology, routine immunisation, X-ray, pathology, leprosy treatment, dots, ophthalmology, paediatric OPD etc
- A total of 3 MBBS Medical Officers, 6 Staff Nurses, 2 LTS, 3 Pharmacist , 1 EmOC trained doctor are posted at the facility.
- The Labour room and operation theatre are LaQsha certified. NQAS has also not been initiated. The facility does not have functional blood storage unit.
- Medicines and consumables are mostly available with minimal shortage.

- A total of 15 types of laboratory tests are performed including that for HB, sugar, blood group, HIV, NDRL, HBSAG, WIDAL etc. Diagnostic services are free for all. X ray service is also available.

- Delivery services are available at the CHC. On an average 30-40 deliveries are performed monthly of which approx. 8 are c-sections. All services under JSY and JSSK are being provided. PMSMA services are provided on 9th of every month. No maternal death was reported at the facility in the last year.

- The facility has a 10 bedded NRC. Proper diet is given to children admitted. Breastfeeding and related counselling is done.

- Adolescent friendly health clinic is not functional. No counselling for adolescents is done. Family planning counselling is done by staff nurses and Doctors.

- Screening for non-communicable diseases is done daily. All patients who come for OPD and are above the age of thirty, are tested for non- communicable diseases.

- The facility received an amount of Rs 2, 50,000 in the year 2020-21 and the entire sum was spent in the same year. RKS meetings were reported to be held regularly.

- Ambulances are available on call from the centralised system. No dedicated ambulance for the CHC.

Figure 8: CHC Kolar, Bhopal

5.4 PHC RATIBARH

- PHC Ratibarh caters to a population of approximately 20,000. Referral cases are sent out to J.P. District Hospital.
- It is a 5 bedded facility. List of services provided include OPD, NCD Clinic, Vaccination, Routine Immunisation, Deliveries, Laboratory. Tele-medicine is not available.
- The facility has a deep burial pit for disposal of bio medical waste.
- Human Resource posted at the facility includes 1 MO, 1 AYUSH MO, 1 Staff Nurse, 3 ANMs, 1 LT, 2 Pharmacists and 2 ward boys.
- The facility was awarded second prize in Kayakalp for the year 2019-20. NQAS assessment has been done for the year 2020-21.
- A total of 172 medicines are available in the essential drug list. There is no acute shortage of any major drug or equipment. Medicines for hypertension and diabetic patients are available.

Figure 9: PHC Ratibarh, Bhopal

- X ray is not available. Diagnostic services are free for all. JSY and JSSK are functioning. All free entitlements under JSSK are available.
- An average of 40 beneficiaries per day for common problem like fever, cold, fungal infection, diabetes, hypertension.
- Although it is a delivery point but the load is not very high. On an average 15-20 deliveries take place every month.
- At present no lab technician in the facility. Thus this is hampering the work.

5.5 UPHC GULABINAGAR

- The UPHC is functioning in rented building. The complex is less spacious considering the services being offered and the patient load. It covers 5 km area and caters to more than 50,000 populations.
- The facility is managed by 1 MO, 1 Staff nurse, 1 ANM, 1 LT,1 Pharmacist and 1 public health manager. A gynaecologist visits the facility on every Friday. She provides ANC check-ups and other gynaecology related services.
- The services provided here include OPD, testing, Routine Immunization, ANC, NCD services and adolescent health. It is not a delivery point.
- Laboratory services are not available. Only card tests for HB, HIV Hepatitis, COVID 19 Antigen are done by the LT.
- For Family planning Antara, Chaya and IUCD are promoted. ANM counsels on family planning services.
- Bio-waste are collected by the waste disposal vehicle.
- In 2020-21, 1 Lakh in untied fund has been provided which has been fully utilized.
- Referral register is not properly updated. No data entry operator at the facility.
- Kayakalp has been initiated. Facility got a score of 75.
- There is no shortage in EDL. Medicines reaching their expiry dates are sent to facilities where they have drug shortages for optimum utilization.

- In past six months, a total of 783 confirmed cases of hypertension and 200 cases of diabetes have been identified.

Figure 10: UPHC Gulabinagar, Bhopal

5.6 HEALTH & WELNESS CENTRE: MENDORA MENDORI

- Caters to a population of 6000. Number of individuals above 30 years of age in the HWC population is 1896. Staff includes 1 ANM, 1 CHO and 4 ASHAs.
- The services provide are care in pregnancy and child birth, RI, Family planning counselling and COVID vaccination. Register is maintained for ANC, RI and Delivery.
- For Family planning, IUCD, Chaya and condoms are actively promoted.
- Telemedicine facility is also provided at the HWC.
- Tests for HB, hypertension, BP, height and weight are done for screening. A total of 149 cases of hypertension, 26 of diabetes and 1 of breast cancer were identified in 2020-21.

- Yoga classes for 10-12 attendants are conducted for beneficiaries suffering from diabetes and hypertension. However only limited space is available for the same.
- All patient's health records are individually maintained.
- The ANM has been provided residence inside the HWC.

Figure 11: HWC, Mendora Mendori, Bhopal

5.7 COMMUNITY RESPONSE

The team visited Mendora-Mendori Village for gathering community perception on provision of health services. Interaction with villagers was done at the Health and Wellness Centre and the anganwadi centre in the village during the ongoing village health and nutrition day session. The team interacted with villagers both individually as well as in groups.

With regard to health seeking behaviour, people seemed quite satisfied with the health services being offered. However, it was reported that along with the existing public facilities, there exists multiple private clinics in the surrounding area that are visited by people. People tend

to visit private clinics based on the goodwill of the doctors. A reference by friends and neighbours was reported as the driving factor for seeking care from private facilities. A few of them also prefer going to the private facilities in order to avoid long queue. However, for Antenatal Care, majority of women resort to public health facilities. These are driven by ASHAs and availability of female ANM at public facilities.

None of the villagers in the gathered group reported to have incurred any out of pocket expenditure in the public health facilities. Ambulance service was being utilized by people in the district especially by pregnant women. With regard to behaviour of health service providers, it was reported that health care providers were very cooperative and friendly.

When asked about lifestyle and living conditions in the village, it was reported that almost all households in village have washrooms and the village is majorly open defecation free. Both, clean fuel and solid fuel are being used by the villagers. Substance abuse though is not very prevalent, but there are men in the village who consume alcohol.

ASHA WORKERS

There are a total of 1171 ASHA Workers in the district against a requirement of 1352. Out of the total, 314 are enrolled for PMJJBY scheme. A total of 519 villages and 82 slums in the district have no ASHA worker. For the villagers, the ASHA workers are the source of information for any programme/ scheme running in the district. In the discussion with ASHA workers, they appeared to be well trained. They discussed the issues they face on the field which include difficulty in persuading certain households for institutional deliveries, difficulty in carrying too many registers on field, problems with the mobile sim that has been issued to them. They felt that the incentive that they are getting is very low with respect to the amount of work being done by them. Also they requested if they could be provided with hand bags to carry their registers and other related material.

Figure 12: Interaction with ASHA Workers

CHAPTER 6

Conclusion & Recommendations

6.1 CONCLUSION

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in Bhopal district of Madhya Pradesh, wherein the team carried out the field visit of the state for quality checks and further improvement of the different components of NHM. The following public health care facilities were visited by the PRC-IEG Team: J.P. Hospital, CHC Gandhinagar, CHC Kolar, UPHC Gulabinagar and HWC Mendora Mendori. 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 programmes and other programmes under the umbrella of NHM. A summary of our findings in the district is presented below:

With regards to Public health infrastructure, there is 1 District Hospital, 2 Sub District Hospitals, 3 Community Health Centres (CHCs), 10 Primary Health Centres (PHCs), 8 Urban Primary Health Centres (PHCs), 72 Sub Centres (SCs), 1 SNCU, 5 NRCs, 1 DEIC, 1 Blood Bank and 27 designated Microscopy Centres (DMC). In addition, 3 blood storage unit, 5 Tuberculosis units and 5 CBNAAT Site are functioning in the district. Most of the visited health care facilities such as District Hospitals (DHs), Community Health Centres (CHCs), and Sub-Centres (SCs) are located in government buildings except for UPHC which are functioning in rented buildings.

CMO Meeting and discussions with BPMs unanimously cited presence of multiple agencies providing healthcare as a challenge. This is so because there is no structure which makes them all accountable to any one authority. If accountability is established, then healthcare provision can be more streamlined.

With respect to maternal and child health, JSY and JSSK are functional in the district. Institutional deliveries are promoted and are being carried out at all health facilities including sub centres. JSY payments are done on time. Under JSSK, diagnosis, drugs and transport are being provided for free. A total of 204 maternal deaths and 1155 infant deaths occurred in the last financial year and 1087 still births were reported. Routine immunization is taking place.

In Bhopal, Male sterilization is very less in comparison to female sterilization despite it being the easier and safer option among the two. Achievements of female sterilization, specifically PPIUCD far outnumbers the targets. Other prevalent methods of Family Planning include Antara and Chaya. Community Process is functional in the district. Currently 1171 ASHAs are working in the district.

The districts send the District Programme Implementation Programme by the month of December and it was reported that NHM funds are received timely.

6.2 RECOMMENDATIONS

- NHM related coordination between State health department and other agencies should be regularly reviewed by higher authorities. There should be some authority to coordinate among all departments. The agencies must be clearly communicated that they have to report to the concerned district office.
- Trainings for all cadres must be conducted regularly. Clear guidelines for annual conduction of trainings must be laid and communicated at the earliest to the districts so that they can be planned and executed in time.
- The contractual nature of job and major salary differentials between NHM employees and other medical employees should be looked into and a rational solution must be obtained.
- Provision for ASHA Supervisors in Urban areas should be facilitated. Supervision and monitoring of ASHA workers raises the efficiency of work being done by them.
- Since the ASHA workers have contributed enormously to strengthening of primary health care delivery services, their incentive should be reflective of the amount of work being done by them. An increase in the fixed salary component of ASHA workers could be considered.
- The ANMs must be counselled and motivated to take up the additional work of entering data in the ANMOL portal. Some additional incentives can be provided for the same.

ANNEXURES

Ministry of Health & Family Welfare
Government of India

Schedule for PIP Monitoring

District Profile

The profile is to be filled based on secondary data and sent to state/ district for validation prior to the visit

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 Centers (CHC)		
4. Primary Health Centers (PHC)		
5. Sub Centers (SC)		
6. Urban Primary Health Centers (U-PHC)		
7. Urban Community Health Centers (U-CHC)		
8. Special Newborn Care Units (SNCU)		
9. Nutritional Rehabilitation Centres (NRC)		
10. District Early intervention Center (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 Center (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		

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	

Indicator	Remarks/ Observation
• Details of Construction pending for more than 2 years	
• Details of Construction completed but not handed over	

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 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 Surakshit Matritva 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 o In radiant warmer o Stepdown care o Kangaroo Mother Care (KMC) unit	

Indicator	Remarks/ Observation	
• 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 Centers (NRC)		
• Admission o Bilateral pitting oedema o MUAC<115 mm o <'-3SD WFH o with Diarrhea o ARI/ Pneumonia o TB o HIV o Fever o Nutrition related disorder o Others		
• Referred by o Frontline worker o Self o Ref from VCDC/ CTC o RBSK o 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		

Indicator	Remarks/ Observation	
• 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		
	ALS	**BLS**
o Operational agency (State/ NGO/ PPP)		
o If the ambulances are GPS fitted and handled through centralized call centre		
o Average number of calls received per day		
o Average number of trips per ambulance per day		
o Average km travelled per ambulance per day		
o Key reasons for low utilization (if any)		

Indicator	Remarks/ Observation		
• 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 center 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 and in current FY			
• How is IDSP data utilized			

Indicator	Remarks/ Observation
• 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 Nikshay Poshan 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	

Indicator	Remarks/ Observation
29. Number of treatment sites and Model Treatment Center (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	
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	

Indicator	Remarks/ Observation			
39. Status of Kayakalp and Swachh Swasth Sarvatra (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**		**Current FY**	
	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				

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		

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				

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			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• 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)			

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

Service Delivery:

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	

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td></td></tr>
<tr><td>• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</td><td>
<table>
<tr><th>Sl.</th><th>Service</th><th>Y/N</th></tr>
<tr><td>1</td><td>Medicine</td><td></td></tr>
<tr><td>2</td><td>O&G</td><td></td></tr>
<tr><td>3</td><td>Pediatric</td><td></td></tr>
<tr><td>4</td><td>General Surgery</td><td></td></tr>
<tr><td>5</td><td>Anesthesiology</td><td></td></tr>
<tr><td>6</td><td>Ophthalmology</td><td></td></tr>
<tr><td>7</td><td>Dental</td><td></td></tr>
<tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr>
<tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr>
<tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr>
<tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr>
<tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr>
<tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr>
<tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr>
<tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr>
<tr><td>16</td><td>Labour Room Complex</td><td></td></tr>
<tr><td>17</td><td>ICU</td><td></td></tr>
<tr><td>18</td><td>Dialysis Unit</td><td></td></tr>
<tr><td>19</td><td>Emergency Care</td><td></td></tr>
<tr><td>20</td><td>Burn Unit</td><td></td></tr>
<tr><td>21</td><td>Teaching block (medical, nursing, paramedical)</td><td></td></tr>
<tr><td>22</td><td>Skill Lab</td><td></td></tr>
</table>
</td></tr>
<tr><td>5. Emergency</td><td>General emergency:
or
facilities available for:
1. Triage
2. Resuscitation
3. Stabilization</td></tr>
<tr><td>6. Tele-medicine/Consultation services available</td><td>☐ Yes/ ☐No

If yes, average case per day_____</td></tr>
<tr><td>7. Operation Theatre available</td><td>☐ Yes/ ☐No
If yes,
Single general OT:
Elective OT-Major (General):
Elective OT-Major (Ortho):</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>Obstetrics & Gynecology OT:
Ophthalmology/ENT OT:
Emergency OT:</td></tr>
<tr><td>8. Availability of functional Blood Bank</td><td>☐ Yes/ ☐No
If yes, number of units of blood currently available: _____
No. of blood transfusions done in last month: _____</td></tr>
<tr><td>9. Whether blood is issued free, or user-fee is being charged</td><td>☐Free for BPL
☐Free for elderly
☐Free for JSSK beneficiaries
☐Free for all</td></tr>
<tr><td>10. Biomedical waste management practices</td><td>1. Sharp pit
2. Deep Burial pit
3. Incinerator
4. Using Common Bio Medical Treatment plant
5.</td></tr>
<tr><td>11. Details of HR available in the facility (Sanctioned and In-place)</td><td>
<table>
<tr><th colspan="2">HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td colspan="2">MO (MBBS)</td><td></td><td></td><td></td></tr>
<tr><td rowspan="9">Specialists</td><td>Medicine</td><td></td><td></td><td></td></tr>
<tr><td>ObGy</td><td></td><td></td><td></td></tr>
<tr><td>Pediatrician</td><td></td><td></td><td></td></tr>
<tr><td>Anesthetist</td><td></td><td></td><td></td></tr>
<tr><td>Surgeon</td><td></td><td></td><td></td></tr>
<tr><td>Ophthalmologist</td><td></td><td></td><td></td></tr>
<tr><td>Orthopedic</td><td></td><td></td><td></td></tr>
<tr><td>Radiologist</td><td></td><td></td><td></td></tr>
<tr><td>Pathologist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Others</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Dentist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Staff Nurses/ GNMs</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">LTs</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Pharmacist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Dental Technician/ Hygienist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Hospital/ Facility Manager</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">EmOC trained doctor</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">LSAS trained doctor</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Others</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>12. IT Services</td><td>• Desktop/ Laptop available: ☐Yes/ ☐No
• Internet connectivity: ☐Yes/ ☐No
Quality/strength of internet connection: _____</td></tr>
<tr><td>13. Kayakalp</td><td>Initiated:
Facility score:
Award received:</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>14. NQAS</td><td>Assessment done: Internal/State
Facility score:
Certification Status:</td></tr>
<tr><td>15. LaQshya</td><td>Labour Room:
Operation Theatre:</td></tr>
<tr><td rowspan="2">16. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☐Yes/ ☐No</td></tr>
<tr><td>If yes, total number of drugs in EDL_____

EDL displayed in OPD Area: ☐Yes/ ☐No

No. of drugs available on the day of visit (out of the EDL) _____</td></tr>
<tr><td>17. Implementation of DVDMS or similar supply chain management system</td><td>☐Yes/ ☐No

If other, which one_____</td></tr>
<tr><td>18. Shortage of 5 priority drugs from EDL in last 30 days, if any</td><td><table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table></td></tr>
<tr><td>19. Availability of Essential Consumables:</td><td>☐Sufficient Supply
☐Minimal Shortage
☐Acute shortage
List the consumables for with there was shortage
In last 6 months how many times there was shortage_____</td></tr>
<tr><td>20. Availability of essential diagnostics</td><td>☐In-house
☐Outsourced/ PPP
☐Both/ Mixed</td></tr>
<tr><td>• In-house tests (For 2020-21)</td><td>Timing:
Total number of tests performed: _____
Details of tests performed:</td></tr>
<tr><td>• Outsourced/ PPP (For 2020-21)</td><td>Timing:
Total number of tests performed: _____
Details of tests performed:</td></tr>
<tr><td>21. X-ray services is available</td><td>☐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</td></tr>
</table>

Indicator	Remarks/ Observation
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_____ **Calculate the approximate no. of patients provided dialysis per day*
26. If there is any shortage of major instruments/ equipment **(List the Equipments)**	
27. Average downtime of equipment. Details of equipment are nonfunctional 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:

Indicator	Remarks/ Observation
	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 9th of every month	☐Yes/ ☐No If yes, how are high risks identified on 9th? If No, reasons thereof:
32. Line listing of high-risk pregnancies	☐Yes/ ☐No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	☐Yes/ ☐No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: 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

Indicator	Remarks/ Observation		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
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:		**Screened**	**Confirmed**
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	☐Yes/ ☐No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐Yes/ ☐No		

Indicator	Remarks/ Observation
	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 Nikshay Poshan Yojana in the last 6 months:
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

Indicator	Remarks/ Observation
	☐ 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)	

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	

<table>
<tr><td>• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</td><td>
<table>
<tr><th>Sl.</th><th>Service</th><th>Y/N</th></tr>
<tr><td>1</td><td>Medicine</td><td></td></tr>
<tr><td>2</td><td>O&G</td><td></td></tr>
<tr><td>3</td><td>Pediatric</td><td></td></tr>
<tr><td>4</td><td>General Surgery</td><td></td></tr>
<tr><td>5</td><td>Anesthesiology</td><td></td></tr>
<tr><td>6</td><td>Ophthalmology</td><td></td></tr>
<tr><td>7</td><td>Dental</td><td></td></tr>
<tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr>
<tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr>
<tr><td>10</td><td>Newborn Stabilization Unit</td><td></td></tr>
</table>
</td></tr>
<tr><td>• If any of the specialists are available 24*7</td><td>☐ Yes available
☐ Yes, available only on-call
☐ Not available</td></tr>
<tr><td>• Emergency</td><td>General emergency:
or
facilities available for:
1. Triage
2. Resuscitation
3. Stabilization</td></tr>
<tr><td>9. Tele-medicine/Consultation services available</td><td>☐ Yes/ ☐No

If yes, average case per day_____</td></tr>
<tr><td>10. Operation Theatre available</td><td>☐ Yes/ ☐No
If yes,
Major:
Minor:</td></tr>
<tr><td>11. Availability of functional Blood Storage Unit</td><td>☐ Yes/ ☐No
If yes, number of units of blood currently available:
_____
No. of blood transfusions done in last month:
_____</td></tr>
<tr><td>12. Whether blood is issued free, or user-fee is being charged</td><td>☐Free for BPL
☐Free for elderly
☐Free for JSSK beneficiaries
☐Free for all</td></tr>
<tr><td>13. Biomedical waste management practices</td><td>Sharp pit:
Deep Burial pit:
Other System, if any:</td></tr>
<tr><td>14. Details of HR available in the facility (Sanctioned and In-place)</td><td>
<table>
<tr><th colspan="2">HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td colspan="2">MO (MBBS)</td><td></td><td></td><td></td></tr>
<tr><td rowspan="4">Specialists</td><td>Medicine</td><td></td><td></td><td></td></tr>
<tr><td>ObGy</td><td></td><td></td><td></td></tr>
<tr><td>Pediatrician</td><td></td><td></td><td></td></tr>
<tr><td>Anesthetist</td><td></td><td></td><td></td></tr>
</table>
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<table>
<tr><td></td><td>
<table>
<tr><td>Dentist</td><td></td><td></td><td></td></tr>
<tr><td>SNs/ GNMs</td><td></td><td></td><td></td></tr>
<tr><td>LTs</td><td></td><td></td><td></td></tr>
<tr><td>Pharmacist</td><td></td><td></td><td></td></tr>
<tr><td>Dental Assistant/ Hygienist</td><td></td><td></td><td></td></tr>
<tr><td>Hospital/ Facility Manager</td><td></td><td></td><td></td></tr>
<tr><td>EmOC trained doctor</td><td></td><td></td><td></td></tr>
<tr><td>LSAS trained doctor</td><td></td><td></td><td></td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>15. IT Services</td><td>• Desktop/ Laptop available: ☐Yes/ ☐No
• Internet connectivity: ☐Yes/ ☐No
Quality/strength of internet connection: _____</td></tr>
<tr><td>16. Kayakalp</td><td>Initiated:
Facility score:
Award received:</td></tr>
<tr><td>17. NQAS</td><td>Assessment done: Internal/State
Facility score:
Certification Status:</td></tr>
<tr><td>18. LaQshya</td><td>Labour Room:
Operation Theatre:</td></tr>
<tr><td rowspan="2">19. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☐Yes/ ☐No</td></tr>
<tr><td>If yes, total number of drugs in EDL_____

EDL displayed in OPD Area: ☐Yes/ ☐No

No. of drugs available on the day of visit (out of the EDL) _____</td></tr>
<tr><td>20. Implementation of DVDMS or similar supply chain management system</td><td>☐Yes/ ☐No

If other, which one_____</td></tr>
<tr><td>21. Shortage of 5 priority drugs from EDL in last 30 days, if any</td><td>
<table>
<tr><td>1</td><td></td></tr>
<tr><td>2</td><td></td></tr>
<tr><td>3</td><td></td></tr>
<tr><td>4</td><td></td></tr>
<tr><td>5</td><td></td></tr>
</table>
</td></tr>
<tr><td>22. Availability of Essential Consumables:</td><td>☐Sufficient Supply
☐Minimal Shortage
☐Acute shortage
In last 6 months how many times there was shortage_____
List the consumables for which there has been shortage_____</td></tr>
</table>

23. 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:
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 Supply ☐Minimal Shortage ☐Acute shortage (List the name of kits for which there is 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 9th of every month	☐Yes/ ☐No If yes, how are high risks identified on 9th? 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		
	e. Cervical Cancer		
51. Are service providers trained in cancer services?	☐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 Nikshay Poshan 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 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 ☐ Branding
4. Number of functional in-patient beds	
5. List of Services available	

<table>
<tr><td>6. If 24*7 delivery services available</td><td>☐ Yes/ ☐No</td></tr>
<tr><td>7. Tele-medicine/Consultation services available</td><td>☐ Yes/ ☐No

If yes, average case per day_____</td></tr>
<tr><td>8. Biomedical waste management practices</td><td>Sharp pit:
Deep Burial pit:
Other System, if any:</td></tr>
<tr><td>9. Details of HR available in the facility (Sanctioned and In-place)</td><td>
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<tr><th>HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td>MO (MBBS)</td><td></td><td></td><td></td></tr>
<tr><td>MO (AYUSH)</td><td></td><td></td><td></td></tr>
<tr><td>SNs/ GNMs</td><td></td><td></td><td></td></tr>
<tr><td>ANM</td><td></td><td></td><td></td></tr>
<tr><td>LTs</td><td></td><td></td><td></td></tr>
<tr><td>Pharmacist</td><td></td><td></td><td></td></tr>
<tr><td>Public Health Manager (NUHM)</td><td></td><td></td><td></td></tr>
<tr><td>LHV/PHN</td><td></td><td></td><td></td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>10. IT Services</td><td>• Desktop/ Laptop available: ☐Yes/ ☐No
• All ANMs have functional Tablets: ☐Yes/ ☐No
• Smart phones given to all ASHAs: ☐Yes/ ☐No
• Internet connectivity: ☐Yes/ ☐No
Quality/strength of internet connection:
_____</td></tr>
<tr><td>11. Kayakalp</td><td>Initiated:
Facility score:
Award received:</td></tr>
<tr><td>12. NQAS</td><td>Assessment done: Internal/State
Facility score:
Certification Status:</td></tr>
<tr><td rowspan="2">13. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☐Yes/ ☐No</td></tr>
<tr><td>If yes, total number of drugs in EDL_____

EDL displayed in OPD Area: ☐Yes/ ☐No

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

If other, which one_____</td></tr>
<tr><td>15. Shortage of 5 priority drugs from EDL in last 30 days, if any</td><td>
<table>
<tr><td>1</td><td></td></tr>
<tr><td>2</td><td></td></tr>
<tr><td>3</td><td></td></tr>
<tr><td>4</td><td></td></tr>
</table>
</td></tr>
</table>

	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 Supply ☐Minimal Shortage ☐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/ 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:
20. X-ray services is available	☐Yes/ ☐No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐Yes/ ☐No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☐Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	☐Sufficient Supply ☐Minimal Shortage ☐Acute shortage
23. If there is any shortage of major instruments/ equipment	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	No. of LLIN distributed per household: ☐1 per family/ ☐Others (Specify): _____		

nets (LLIN) in high-risk areas	
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 Nikshay Poshan Yojana in the last 6 months:
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:
51. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐Yes/ ☐No • TB Notification Registers: ☐Yes/ ☐No • Malaria cases: ☐Yes/ ☐No • Palliative cases: ☐Yes/ ☐No • Cases related to Dengue and Chikungunya: ☐Yes/ ☐No • Leprosy cases: ☐Yes/ ☐No
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: _____

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	

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td>4. Details of HR available in the facility (Sanctioned and In-place)</td><td>
<table>
<tr><th>HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td>ANM/ MPW Female</td><td></td><td></td><td></td></tr>
<tr><td>MPW Male</td><td></td><td></td><td></td></tr>
<tr><td>MLHP/ CHO</td><td></td><td></td><td></td></tr>
<tr><td>ASHA</td><td></td><td></td><td></td></tr>
<tr><td>Others</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>5. IT Services</td><td>• Functional Tablet/ laptop with CHO: ☐Yes/ ☐No
• Electronic Tablets with MPWs (ANM): ☐Yes/ ☐No
• Smart phones given to all ASHAs: ☐Yes/ ☐No
• Internet connectivity: ☐Yes/ ☐No
Quality/strength of internet connection: _____</td></tr>
<tr><td>6. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>☐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) _____</td></tr>
<tr><td>7. Are anti-TB drugs available at the SHC?</td><td>☐Yes/ ☐No

If yes, are there any patients currently taking anti-TB drugs from the SHC? ☐Yes/ ☐No</td></tr>
<tr><td>8. Shortage of 5 priority drugs from EDL in last 30 days, if any</td><td>
<table>
<tr><td>1</td><td></td></tr>
<tr><td>2</td><td></td></tr>
<tr><td>3</td><td></td></tr>
<tr><td>4</td><td></td></tr>
<tr><td>5</td><td></td></tr>
</table>
</td></tr>
<tr><td>9. Drugs Available for Hypertension & Diabetic patients:</td><td>
<table>
<tr><td>1</td><td></td></tr>
<tr><td>2</td><td></td></tr>
<tr><td>3</td><td></td></tr>
</table>
</td></tr>
<tr><td>10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days</td><td>
<table>
<tr><td>1</td><td></td></tr>
<tr><td>2</td><td></td></tr>
<tr><td>3</td><td></td></tr>
</table>
</td></tr>
<tr><td>11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC</td><td>☐Yes/ ☐No</td></tr>
<tr><td>12. Availability of Testing kits/ Rapid Diagnostic Kits</td><td>☐Sufficient Supply
☐Minimal Shortage
☐Acute shortage
List of Kits (Shortage)_____</td></tr>
</table>

Indicator	Remarks/ Observation		
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 • 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	Advised for Lifestyle management: Medicines for Hypertension:		

<table>
<tr><th>Indicator</th><th colspan="3">Remarks/ Observation</th></tr>
<tr><td>and others during last six months</td><td colspan="3">Medicines for Diabetes:
Medicines for Others:</td></tr>
<tr><td>29. Source of getting drugs/ medications for individual.

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

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

(Average OOP/month)</td></tr>
<tr><td>30. Status of use of:</td><td colspan="3">• Tele-consultation services
• HWC App
Details:</td></tr>
<tr><td>31. Whether wellness activities are performed</td><td colspan="3">☐Yes/ ☐No
Frequency:</td></tr>
<tr><td>32. Whether reporting weekly data in S form under IDSP</td><td colspan="3">☐Yes/ ☐No</td></tr>
<tr><td rowspan="5">33. Status of Tuberculosis in the area:</td><td>Indicators</td><td>2019-20</td><td>2020-21</td></tr>
<tr><td>Number of presumptive TB patients identified:</td><td></td><td></td></tr>
<tr><td>Number of presumptive TB patients referred for testing</td><td></td><td></td></tr>
<tr><td>Number of TB patients diagnosed out of the presumptive patients referred</td><td></td><td></td></tr>
<tr><td>Number of TB patients taking treatment under the Sub centre area</td><td></td><td></td></tr>
<tr><td>34. ASHA Interaction</td><td colspan="3"></td></tr>
<tr><td>• Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</td><td colspan="3"></td></tr>
<tr><td>• Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</td><td colspan="3"></td></tr>
<tr><td>• ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher.
o Average delay</td><td colspan="3"></td></tr>
<tr><td>• ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana</td><td colspan="3"></td></tr>
</table>

Indicator	Remarks/ Observation
(₹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/ ☐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)	

Indicator	Remarks/ Observation
d)	
e)	