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A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN BILASPUR DISTRICT, CHHATTISGARH



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Abbreviations

ANC	Ante-Natal Care	JSSK	Janani Shisu Suraksha Karyakram
ANM	Auxiliary Nurse Midwife	LHV	Lady Health Visitor
ASHA	Accredited Social Health Activist	MCH	Maternal and Child Health
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy	MCTS	Mother and Child Tracking System
BB	Blood Bank	MH	Maternity Home
BMOC	Basic Emergency Obstetric Care	MIS	Management Information System
BCC	Behavior Change Communication	MO	Medical Officer
BCG	Bacillus Calmette Guerin	MTP	Medical Termination of Pregnancy
BPL	Below Poverty Line	NBCC	New Born Care Corner
BSU	Blood Storage Unit	NBSU	New Born Special Unit
CDO	Computer Data Entry Operator	NHM	National Health Mission
CDMO	Chief District Medical Officer	NGO	Non-Government Organisation
CGHS	Central Government Health Services	NRHM	National Rural Health Mission
EMOC	Emergency Obstetric Care	NUHM	National Urban Health Mission
ESIC	Employee State Insurance Corporation	NSSK	Navjat Shisu Surksha Karyakram
EVA	Equine Viral Arthritis	NSV	Non Scalpel Vasectomy
DGD	Delhi Government Dispensary	OBG	Obstetrics Gynecology
DOTS	Directly Observed Treatment Strategy	PHN	Public Health Nurse
DPMU	District Program Management Unit	PIP	Programme Implementation Plan
DPT	Diphtheria, Pertussis (whooping cough), Tetanus	PPIUCD	Post Partum IUCD
F- IMNCI	Facility base IMNCI	PNC	Post Natal Care
GOI	Government of India	RCH	Reproductive & Child Health
HIV	Human Immunodeficiency Virus	RKS	Rogi Kalyan Samiti
HMIS	Health Management Information System	RTI/STI	Reproductive tract infection/Sexually transmitted infection
ICDS	Integrated Child Development Services	SBA	Skilled Birth Attendant (Special training course is available for SBA).
ICTC	Integrated Counseling and Testing Centre	TT	Tetanus Toxoid
IEC	Information Education & Communication	VHND	Village Health and Nutrition Day
IFA	Iron & Folic Acid	IUCD	Intra Uterine Contraceptive Device
IMNCI	Integrated Management of Neonatal and Childhood Illness	JSY	Janani Suraksha Yojna
IPD	Indoor-Patients Department	JSSK	Janani Shisu Suraksha Karyakram
IPHS	Indian Public Health Standards	LHV	Lady Health Visitor
CPHC	Comprehensive Primary Health Care	CHO	Community Health Officer
NRC	Nutrition Rehabilitation Centre	LLIN	Long Lasting Insecticidal Nets
IDSP	Integrated Disease Surveillance Program	CBAC	Community Based Assessment Checklist
NVBDCP	National Vector born Disease Control Program	MMU	Mobile Medical Unit
NTEP	National Tuberculosis Elimination Program	HBNC	Home Based Newborn Care
NLEP	National Leprosy Eradication Program	KMC	Kangaroo Mother Care
NTCP	National Tobacco Control Program	DMC	Designated Microscopy Center

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Executive Summary:

The National Health Mission (NHM) is a flagship initiative of the Government of India in the public health sector. It enhances people's access to quality health care services in a colossal manner via umpteen initiatives. Since its inception, NHM has tailored itself to the needs of the society by identifying the existing lacunae and eliminating them. One of the salient 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. The Ministry of Health and Family Welfare has established a network of 18 Population Research Centres (PRCs), services of which are utilized in the monitoring of State Programme Implementation Plans.

This report hence focuses on the monitoring of essential components of NHM in Bilaspur district Chhattisgarh for the year 2020-2021. The assessment was carried out in the month of September 2021 and thus captures the status of NHM activities in the said district of Chhattisgarh. The report highlights key observations made during the PRC, Delhi team's visit to various health facilities of the district and brings forth essential inputs provided by the key personnel of NHM. The evaluation preceded a desk review of the RoP and PIP of the state by the PRC team based on which questionnaire schedules were prepared for field investigation. The PRC, Delhi team undertook desk review of PIP document and prepared semi-structured interview schedules and observations checklist for the field study.

The report thus will provide an analysis of the status of Public Health Care in Bilaspur, Chhattisgarh during the financial year 2020-2021 with regards to NHM and its components namely Maternal Health, Child Health, Family Planning, etc.

Health

MATERNAL HEALTH:

- ✚ The total ANC registration of the district was 48134 out of which approximately 88.19 percent fall in 4 or more ANC checkups compared to the number registered. The major problem cited was the lack of reporting through the private health institution, migration, and lack of awareness in some tribal pockets of the district.
- ✚ Early registration of pregnancy allows for adequate care during the cycle. IFA

supplementation was given to 92.12 percent of all women who registered for ANC. Total 37 Maternal Deaths were reported in the district for year 2020-2021.

- ✚ Overall 88.65 percent of women received JSY Payments in which 87.7 percent were from rural deliveries, 100 percent from urban deliveries and 100 percent from home deliveries.
- ✚ In Bilaspur, beneficiaries were satisfactorily aware of the JSY schemes, and most of the beneficiaries had bank accounts. The Mitanins (ASHAs) were helping beneficiaries to open bank accounts. However, it was reported that some women are reluctant to get into the hassles of opening a bank account for a meager sum of money and in some cases, beneficiaries even deny the entitlements.
- ✚ In Chhattisgarh, the total amount for the diet is 160 rupees per beneficiaries per day which includes 100 rupees from JSSK diet and 60 rupees from regular diet. The total amount for the diet is very good as compare to other states. In rural areas where deliveries is very low and JSSK vender is not providing their services in that situation diet is provide by local “Self Help Groups”.

CHILD & ADOLESCENT HEALTH:

- ✚ Bilaspur district observes around 94 percent of the full immunization coverage rate. The most common childhood disease is reported as diarrhea and in the year 2020-21, the district registered 3580 cases of diarrheal disease under 0 to 5 years. The district has reported 80 infant deaths and 16 Child Deaths in year 2020-21.
- ✚ 12 bedded SNCU is fully functional in the District hospital with adequate staff. The total number of admissions in the SNCU unit were 246 for In-born and 170 for out-born of which male were more than the females. The majority of the cases were reported to be and in the case of respiratory distress. SNCU load was decreased for the year 2020-21 due to COVID - 19 Pandemic.
- ✚ RBSK program is fully functional in the district as a Chirayu. 2 teams for each block were allocated and total 561343 numbers of children were screened till September 2021. Out of the total children screened, 176415 children were diagnosed with some kind of illness and 165303 children were treated. The treatment of the 10499 children is going on through medical camps organized at the block level for the child specialist doctors.

- ✚ All the teams of RBSK were deployed in COVID-19 duty in year 2020-21 but from August 2021 the teams have started visiting the schools and Anganwadis after the state government notification regarding opening of schools in the state.

ADOLESCENT FRIENDLY HEALTH CLINIC (AFHC):

- ✚ The AFHC unit was functional in district hospital with dedicated councilor and at the CHC level MOs and Staff Nurses is providing the counseling services to adolescent.
- ✚ There were counselors to create awareness among adolescents on the delay of marriages, prevention of teenage pregnancies, safe abortions, etc. Counseling was also being provided to young girls for their menstrual issues. Due to Covid 19 Pandemic the counseling services were severely affected during year 2020-21.

FAMILY PLANNING:

- ✚ 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 as a method of permanent family planning dominates the statistics with 100 percent of all sterilization conducted in 2020-21 in Bilaspur. No male sterilization has been reported in Bilaspur district in 2020-21. Overall number of female sterilization was also affected due to Covid 19 Pandemic.
- ✚ Antara and Chaya's methods of Family Planning were running effectively, and, in some areas, Antara successfully reached its 6th dose. Awareness about the same needs to be generated and a positive approach must be instilled among women with regards to the adoption of new methods. As per the district official most adopted method for family planning among females are IUCD, PPIUCD, and Oral Contraceptives.

Disease Control Program

- ✚ Malaria is very prevalent in Chhattisgarh and due to that government has special focus on reducing the Malaria in state. From the 4th phase result of Malaria Mukh Chhattisgarh Abhiyan, Bilaspur district has 0.1 Annual Parasite Index (API), 0.04 Total Positivity Rate (TPR) and 9 Annual Blood Examination Rate. This is very good as compare to other districts of the state.

- ✦ Several interventions were made under National Vector Borne Diseases Control Program (NVBDCP) by district e.g. Indoor Residual Spray (IRS), distribution of Long Lasting Insecticidal Net (LLIN), Source Reduction Activity & Active Surveillance, Entomological survey and Biological Control through **Gumbusia Fish** (Eats Mosquito Larva)
- ✦ State Government had launched Malaria Mukta Chhattisgarh Abhiyan in 4 phases to reduce the Malaria prevalence in Chhattisgarh.
- ✦ Block Kota is highly endemic for Filariasis as several active ponds are available which are potential breeding sites of **Culex Mosquitoes** (major vector for Filariasis). For prevention & control of Filariasis, consecutive Mass Drug Administration (MDA) being organized and Morbidity Management and Disability Prevention (MMDP) camps held quarterly in all blocks.
- ✦ There are 320 active cases of Filariasis Hydrocele and 327 active cases of Lymphoedema were reported in the district.

Health System and Strengthening

HUMAN RESOURCES FOR HEALTH:

- ✦ More focus must be given to improve the shortage of human resource crunch at all levels of the facility so that proper functioning at all levels is done efficiently. The District is facing a huge human resource crunch especially a shortage of Gynecologist & Anesthetist has created a problem.
- ✦ Overall, a significant shortage of skilled human resources was observed across the district. The scarce availability of specialists, paramedical and administrative staff strains the efficiency in the system. Out of 33 sanctioned posts of MO's including specialists, Gynecologist, Pediatricians, Anesthetist and other Surgeons 10 posts were vacant. The present shortage affects both, the quality as well as the quantity, of services delivered under NHM. Thus, it is important to fill all the vacant positions for smooth functioning at all levels.
- ✦ Poor allocation of Doctors was also observed in the district and due to this no C-section delivery was taking place in all the CHCs and CHC FRUs in spite of good infrastructure.
- ✦ Few nodal officers have been appointed for NHM programs and they are loaded with multiple programs; hence there is an urgent requirement of program wise nodal officers for catering and looking after the smooth functioning of program implementation.

- ✚ The major issue which was observed regarding the HR was the transfer policy amongst the staff. There should be proper “Rationalization” regarding this.
- ✚ For a better understanding of the public health system, minimum eligibility should be set for the hiring of the respective cadre.

Infrastructure & Community Process

INFRASTRUCTURE:

- ✚ The Main building of the District Hospital was converted into COVID care hospital and 100 Bedded Maternity wing was converted into District Hospital.
- ✚ The facilities like the District Hospital, CHC, and PHC of district were adequately maintained. The premises were generally found to be clean.
- ✚ There must be proper maintenance of staff quarters and be replaced with new ones at rural health facilities.
- ✚ More focus should be given for electricity and clean drinking water facility at the SC level.

HEALTH & WELLNESS CENTRE:

- ✚ Under Ayushman Bharat, 108 Health & Wellness Centers were proposed from 2018-19 to 2020-21 including Sub Health Centers (SHCs), Primary Health Centers (PHCs) and Urban Primary Health Centers (UPHC). About 85 SHCs, 20 PHCs, and 3 UPHC are working as a Health & Wellness Centers in Bilaspur district. SHC-HWC services were taken care of by Community Health Officers (CHOs).
- ✚ For the current financial year 2021-2022, 78 Health & Wellness Centers were proposed for conversion of PHCs & SHCs. Out of 78 HWCs, 38 HWC including 19 PHC and 19 SHCs were successfully converted into HWC till September 2021.

COMMUNITY PROCESS & IEC MATERIAL

- ✚ Mitanins (ASHAs) were playing a prominent role in improving maternal, child health and Adolescent. This has additionally helped Mitanins creating awareness among girls. And also increasing the patient’s faith in them due to preferential treatment being received by the patient on being linked with a Mitanin.
- ✚ Mitanins are getting their incentive regularly in the district. All JSY payments and other

incentives are made timely through online fund transfer.

- ✚ Most of the facilities visited had recent IEC signboards and materials were displayed prominently which were very helpful and time-saving for the patients.
- ✚ BMW collection was taken care by Envirocare BMW Management. The waste was collected from DH to PHC levels in entire district.

Innovations

- ✚ With respect to innovations, **Haat Bazaar Clinic** was launched in Chhattisgarh to cater primary health services & Immunization for all but especially for those who lives in interior tribal area where no roads and health facilities are available.
- ✚ **Baiga Gunia Sammelan** (Tribal Ojha & Baba) is organized regularly to educate Tribal Population regarding several diseases and how to control those diseases in their daily life routine.
- ✚ A special cadre was created in 2001, Chhattisgarh i.e. **Rural Medical Assistant (RMA)**. The initial idea of a 3-year diploma course for training a health care practitioner for rural areas. The initial logic was that if candidates from rural areas were brought into a 3-year diploma programme, they would be more likely to return and serve in such areas. Their opportunities for urban private sector employment would be less. Another rationale that was articulated was that a formally trained skilled provider in the underserved areas of Chhattisgarh would serve as a better than to the “**jhola chaap**” doctors practicing in these regions.
- ✚ Currently RMAs are the helping hand of the primary health system of Chhattisgarh. Most of the rural PHCs were taken care by RMAs in entire Chhattisgarh state.

Chapter 1

Introduction

1. INTRODUCTION

1.1 Background:

National Health Mission (NHM) has become one of the integral parts for providing health services in the country and funds allotted for NHM activities have increased many folds since its inception and thus quality monitoring is important to ensure that the program is being implemented as planned and that the desired results are being achieved. It is a continuous process done during the implementation of the plan. Monitoring covers the physical achievements against planned expectations as per the timeless defined, financial expenditure reports, strengthening of health institutions and the quality service delivery at all the levels.

Therefore, feedback regarding progress in the implementation of key components of the NHM could be helpful for both planning and resource allocation purposes. Therefore, the Ministry of Health and Family Welfare (MoHFW) has entrusted the Population Research Centre, Delhi, (PRC Delhi) to conduct quality monitoring of its important components. While engaging with the quality monitoring of PIPs, it is expected that PRCs would evolve suitable quality parameters and assume a critical role in monitoring the various components of the NHM every quarter. As part of the quarterly qualitative reports, the PRCs are expected to observe and comment on the status of the following key areas mentioned in the Records of Proceedings (RoPs):

- Mandatory disclosure of the documents related to NRHM functioning.
- Key innovation and practices in the district.
- Areas of concern in the district.
- Key strengths and weakness in the implementation of the program.

1.2 Objectives:

Major objectives of this monitoring and evaluation PIP study are:

- To understand the status of the physical infrastructure of availability in the health facilities under NHM Programme
- To understand the availability and efficiency of human resource required for better service facilities

- To understand the gap between demand and supply of health service delivery under NHM program
- To assesses the functionality of equipment, supply, and essential drugs, essential consumables, etc.
- To analyses the implementation and performance of different schemes under NHM such as JSSK, RBSK, ARSH, etc.
- To analyses other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control program, etc.
- Availability of finance for the NHM activities in the district.

1.3 Methodology:

This report discusses the implementation status of NHM in Bilaspur District of Chhattisgarh. The report is based on the findings and observation of District Hospital (DH) Bilaspur, Community Health Centre (CHC) in Ratanpur Block, Community Health Centre (CHC) in Bilha Block, Urban Primary Health Center Gandhi Chowk, Bilaspur, Primary Health Center Kargikala and Sub-Health Centre (SHC) Manjhgaon for the monitoring purpose. Before visiting the field, a semi-structured interview schedule was used for interaction with Chief Medical Health Officer (CMHO), District Program Manager (DPM) and other NHM officials who were questioned on various aspects of the NHM activities. The field visits to health facilities in the district were planned and implemented with the consultation with NHM officials. The main motive of the team was to have a fruitful interaction with officials such as CMHO, DPM and BPMs, to identify the major problems faced by them and recommendations on their part to improve the overall efficacy of the NHM program.

The Ministry of Health and Welfare Society has engrossed PRC for monitoring and evaluating the overall performance of Bilaspur District, Chhattisgarh in providing the health care services under NHM. PRC Delhi Team visited the district office of Bilaspur to interact with CMHO, DPM and other nodal officers of the district. A brief profile oh health scenario of the district has been discussed intensively and officers were questioned on broader areas under NHM like Family Planning, Immunization, Training Status, Awareness Program, etc. and also on the gaps

in infrastructure and human resources and a brief discussion on the loopholes of the program and their major recommendations to improve the overall efficiency of the scheme.

The Team interacted with key program officials at the District Programme Management Unit (DPMU) office of Bilaspur District and examined the status of the key activities. Apart from rigorous interactions with the District Programme Manager, the Team visited at District Hospital, CHC, PHC, and SC to interact with medical officers, staff, MITANINs, ANMs, and beneficiaries in the district.

Interviews with the patients who were present during visits to health facilities were also conducted to obtain information from the beneficiaries' perspective about the functioning of the National Health Mission. The Secondary Data was taken from the DPMU and CMHO offices. The health care facilities visited to accomplish the objective of the visits are enlisted in the table below:

Table 1: List of Visited Health Care Facilities in Bilaspur, Chhattisgarh

Facility Type	Name of the Facility
District Hospital (DH)	District Hospital Bilaspur
Community Health Centre (CHC)	CHC Ratanpur
Community Health Centre (CHC)	CHC Bilha
Urban Primary Health Centre (UPHC)	UPHC Gandhi Chowk Bilaspur
Primary Health Centre (PHC)	PHC Kargikala
Sub-Health Centre (SHC)	SHC Manjhgaon

Health facilities from all the three levels were selected for Supportive Supervision after discussions with the District Program Manager. The PRC team has prepared questionnaires which were used for collecting the relevant data. The attempt was to find solutions and support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their designated capacities.

Chapter 2
**Socio-Demographic &
Health Profile of
Bilaspur District**

2. SOCIO-ECONOMIC & DEMOGRAPHIC PROFILE OF BILASPUR DISTRICT, CHHATTISGARH:

Bilaspur city is about 400 years old and the name of Bilaspur is named after the Fisher-woman named Bilasa. Despite many natural calamities, Bilaspur has progressively developed. Bilaspur district is situated between 21.47° to 23.8° north latitudes and 81.14° to 83.15° east longitude. Bilaspur district is surrounded by Gaurela-Pendra-Marwahi district of Chhattisgarh state in the north, Mungeli, and Kabirdham district of Chhattisgarh in the west, Balauada Bazar-Bhatapara district of Chhattisgarh in the south and Korba and Janjgir-Champa districts of Chhattisgarh in the east. Presently 5 tehsils, 4 blocks, and 708 villages are included in Bilaspur district. It is the second-largest city after the Raipur-Bhilai-Durg Tri-City Metro area.



Figure 1: District Map of Bilaspur, Chhattisgarh (Source: bilaspur.gov.in)

Chhattisgarh has a population of 25554198 out of which male and female were 12832895 and 12712303 respectively. The district Bilaspur has a total population of 1625502 out of which around 582146 population lives in urban area whereas 1043356 lives in rural area.

This equals to around 6.36 percent of the total population of Chhattisgarh. The average literacy rate of the district is 70.78 per cent which is higher than the state average (70 per cent). However, female literacy rate is relatively low as compare to the male literacy rate. The sex ratio of the Bilaspur District is 971 females per 1000 males while that for Chhattisgarh is 991. The child sex ratio for the district is 961 as against 969 for the state. The total area of Bilaspur district is 8272 km². Thus, the density of Bilaspur district is 322 people per square kilometers.

Table 2: Demographic Profile of Bilaspur District

Indicators	Chhattisgarh (State)	Bilaspur (District)
Number of blocks	146	4
Number of villages	20619	687
Actual Population	25554198	1625502 Census 2011 Estimated 2021-22 (2028401) (After Gaurela Pendra Marwahi Seperation)
Urban population	23.24%	582146
Rural population	76.76%	1043356
Population Growth Rate	22.61%	33.29%
Density/km ²	189	322
Child Population (0-6 age)	3661689	407,835
Area (sq. km)	135192	8,272
Literates	70.28%	70.62%
Male Literates	80.27%	81.54%
Female Literates	60.24%	59.71%
Sex Ratio (per/1000)	991	971
Child Sex Ratio (0-6 age)	969	961

Source: CMHO Office & Census 2011

2.1 Health Profile of Bilaspur District, Chhattisgarh:

Maternal Health is an important aspect of the development of any country in terms of ensuring equity & reducing poverty. The survival and well-being of mothers is not only important in their own rightful terms but are also central to solving broader economic, social and developmental challenges. Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period.

Table 3: Health Profile of Bilaspur District

Health and Health Care Service Delivery Indicators	HMIS (2020-2021)	
	Chhattisgarh	Bilaspur
1. Maternal Health		
Total number of pregnant women registered for ANC	614622	48134
% 1st Trimester registration to Total ANC Registrations	89.94	81.69
% Pregnant Women received 4 or more ANC checkups to Total Registration	94.77	88.19
% Pregnant women given 180 IFA to Total ANC Registrations	99.80	92.12
a) Home Deliveries		
Number of Home Deliveries	8098	861
Number of Home Deliveries attended by Skill Birth Attendant(SBA) (Doctor/Nurse/ANM/ Midwife)	3212	578 (70.83%)
Number of Home Deliveries attended by Non SBA (Trained Birth Attendant (TBA) /Relatives/etc.)	4886	283 (29.17%)
b) Institutional Deliveries including C-Section Deliveries		
Total Number of Reported Deliveries	472975	22180
% of Institutional Deliveries to Total Reported Deliveries	98.29	96.12
% of C-Section Deliveries to Total institutional Deliveries	16.33	14.89
% Institutional Deliveries to total ANC Registrations	75.64	44.29
% Women discharge in less than 48hours of delivery to Total Institutional Deliveries at Public Institutions	15.81	22.38
c) Post Natal Care		
% Women getting 1 st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	61.67	52.44
% Newborn breast fed within 1 hour of birth to Total Live Birth	95.36	94.27
% Newborn weighed at Birth to Live Birth	98.37	98.07
2. Child Immunization & Diseases		
Total live birth	466989	22208
Number of Fully Immunized children (9-11 months)	592686	47727
Number of cases of Childhood Diseases Diarrhoea	86559	3580
Number of cases of Childhood Diseases Malaria	8503	13
Infants received BCG to full immunization	90.67	96.99
Infants received Measles to full immunization	99.91	98.19
3. Family Planning		
Total Sterilization conducted	31055	289
% Male Sterilization (Vasectomies) to Total sterilization	9.11	0
% Female Sterilization (Tubectomies) to Total sterilization	90.89	100
Number of Interval IUCD Insertions (excluding PPIUCD and PAIUCD)	78225	3048
Number of beneficiaries given 4th or more than 4 doses of Injectable (Antara Program)	6221	223
Condom Pieces distributed	5087488	103557
Oral Pills distributed	910793	38774
4. Other Services		
IPD	961850	22285
OPD (Ayush + Allopathic)	20454163	596619
% IPD to OPD	4.70	3.74
5. Mortality Indicators		
Maternal Death	765	37
Child Death	979	16
Infant Death	7326	80
Still Birth	10058	356
Death due to Sterilization	765	37

Source: HMIS Data, 2020-2021

Table 3 presents the health profile of the Bilaspur district for the year 2020-2021. It 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 in Chhattisgarh with respect to various domains such as Maternal Health, Delivery Care, Child Health, Immunization Coverage, Family Planning and Facility Service Delivery. 81.7 percent of the women in Bilaspur register for ANC in the first trimester to total ANC registrations while 88.2 percent of women received 4 or more ANC checkups to total ANC registrations. Early registration of pregnancy allows for adequate care during the cycle. IFA supplementation was given to 92.12 percent of all women who registered for ANC. With respect to the Maternal Deaths, only 37 deaths were reported in the last financial year 2020-2021.

Delivery Care is an important component of Infant health. Of the total home deliveries in Bilaspur, around 70.83 percent were SBA attended and 29.17 percent were Non-SBA attended. The government of India recognizes an SBA as someone who can handle common obstetric and neonatal emergencies.

Thus, the presence of SBA in cases of home delivery is essential to combat maternal death. 96.12 percent of deliveries to the total deliveries are institutional deliveries. Only 14.89 percent of all institutional deliveries were C-section deliveries and around 22.4 percent women discharge in less than 48 hours of delivery to total institutional deliveries at Public Institutions. With regards to Post Natal Care, around 52.44 percent women getting 1st Post-Partum checkups between 48 hours and 14 days to total reported deliveries. About 94.27 percent of newborns were breastfed within 1 hour of delivery while 98 percent of newborns were weighed at birth. With regards to Infant Deaths, about 80 deaths were reported in the District.

Child Immunization is also a very important factor of the child health because immunization prevents children from several infectious diseases. About 22208 total live births were registered in the Bilaspur district for financial year 2020-2021. The total number of fully immunize children for 9-11 months were 47727. Around 97 percent infants received BCG to full immunization and 98.19 percent received Measles to full immunization. The most common childhood disease is reported as Diarrhoea, and the numbers of reported cases were 3580. With respect to Child Deaths and Still births, 16 and 356 death cases were reported respectively in

the district.

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 as a method of permanent family planning dominates the statistics with 100 percent of all sterilization conducted in 2020-2021 in Bilaspur being Tubectomies. No Male sterilization was reported in Bilaspur district.

To improve health care delivery, an increase in the OPD and IPD services through better facilitation and coordination of public health systems has been an initiation by NHM. The OPD patient load is as high as 596619 in 2020-2021 as against 22285 IPD patients.

Chapter 3

Status of Service Delivery

3. STATUS OF SERVICE AVAILABILITY:

This section will talk about the status of service delivery in the Bilaspur district as to observe the provisions rendered under NHM so that there is smooth service delivery. The important components that have been highlighted are physical infrastructure, Human Resource (HR) and for capacity building various trainings are being provided to the health personnel and front-line workers so that they are properly trained.

3.1 Infrastructure:

Health infrastructure plays an important role in delivering the Primary; Secondary and Tertiary level health care services at the district level. According, to the Indian Public Health Standards (IPHS), healthcare infrastructure in India comprises of three main levels i.e., primary, secondary, and tertiary healthcare. For Tertiary level Health care services, Bilaspur district has Chhattisgarh Institute of Medical Sciences (Medical Government College) and District hospital located at district headquarter Bilaspur. For secondary level health care services, 5 Community Health Centers are situated in 4 different blocks of the district.

Table 4: Health Infrastructure of Bilaspur District

Facility Details	Planned	Operational
Medical College	1	1
District Hospital	1	1
Community Health Centre	5	5
Urban Primary Health Centre	3	3
Primary Health Centre	41	41
Sub Health Centre	198	198
Special Newborn Care Units (SNCU)	1	1
Nutritional Rehabilitation Centers (NRC)	1	1
District Early intervention Center (DEIC)	1	1
First Referral Units (FRU)	3	1
Blood Bank	2	2
Blood Storage Unit (BSU)	4	1
Designated Microscopy Center (DMC)	44	44
Tuberculosis Units (TUs)	6	6
CBNAAT/TruNat Sites	-	02/01
Drug Resistant TB Center	1	1

Source: CMHO Office Bilaspur

Furthermore, for primary level health services which is very important with respect to the rural population of the district, 41 Primary Health Centers in which 3 are Urban Primary Health Centers and 198 Sub Health Centers is functional in Bilaspur district. Bilaspur district has 12 bedded SNCU and 11 bedded functional NRC in Bilaspur District Hospital. They have 2 blood banks and 1 blood storage unit against 4 sanctioned BSUs. For Tuberculosis control program, district has 44 DMCs, 6 Tuberculosis Units and 1 CBNAAT/TruNat Site. 2 CBNAAT Machines were available in district but 1 machine is given for the COVID related tests. District also has 1 Drug Resistant TB Centre.

3.2 Free Drugs and Diagnostic:

In Indian health care system, the cost of drugs and diagnostic constitute about 70 percent of the health expenditure and as per the “Times of India” are estimated to push 5 Crore people below the poverty line annually. To cater this problem Government of India launches Free Drug and Diagnostic for those visiting public health facilities.

In Bilaspur district, free Drugs and Diagnostic were provided for all the patients at all the facilities from District Hospital to Sub Health Centers. Few specialized diagnostic services may cost minimal charges but not more than 200 rupees. No visited facilities reports any kind of drug shortage. Chhattisgarh Medical Services Corporation Limited (CGMSCL) does the drug procurement and related process in entire state.

3.3 Delivery Services:

Out of 198 SHCs, only 25 SHCs reported more than three deliveries in a month. If we talk about delivery status on PHCs then only 11 PHCs out of 44 PHCs reported more than 10 deliveries in a month. All 5 CHCs having load of more than 20 deliveries in a month. An average of more than 300 deliveries were reported at the district hospital and this is the only hospital in district where C-Section service is available. Bilaspur district has Chhattisgarh Institute of Medical Sciences (CIMS) which is a medical college and a super specialty tertiary care hospital for Bilaspur and nearby districts. There are 104 institutes having ultra sound facility, which includes public and private both types of health facilities. All 104 facilities are registered under the PCPNDT act.

3.4 Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):

The Pradhan Mantri Surakshit Matritva Abhiyan has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India. The program aims to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month.

Around 60,000 women have screened under this scheme, in which 30,000 women were screened through doctors who are working in private hospitals in Bilaspur district. Under this Abhiyan, free Sonography had been done for almost 6000 women. In addition, the most important aspect of this program is to identify High Risk Pregnancy (HRP) cases and their follow-up. Regarding this, district has identified around 1510 HRP cases and for that, special follow-ups and precautions were made for their delivery. Currently private hospital doctors are not going to Govt. hospital due to Covid 19 protocol. PMSMA activities is running at CIMS, DH and all the CHCs in the district.

3.5 Human Resources:

The component of Human Resources under NHM is to ensure the availability of adequate work force at the public health facilities in the State. To ensure smooth service delivery NHM made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure. However, HR requirements should ideally depend upon the patient load and catchment population. The component/scheme of Human Resources under NHM includes different interventions to ensure recruitment, deployment, continued capacity building and functioning of adequate health care workers. Interventions for increasing the generation of health Human Resources to meet the demands in the public sector

Lack of Human Resource is one of the major concerns of the district; more specifically the major issue was reported regarding the shortage of Specialist (66.67%) followed by Anesthetic (100%) MOs (30.43%), Lab technician (22.22%), Staff Nurses (55.83%) and ANMs (6.67%) respectively.

Table 5: HR Status of Bilaspur District

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Shortage
ANM	75	70	5
MPW (Male)	0	0	0
Staff Nurse	120	53	67
Lab technician	18	14	4
Pharmacist (Allopathic)	0	0	0
MO (MBBS)	23	16	7
OBGY	2	2	0
Pediatrician	2	2	0
Anesthetist	1	0	1
Surgeon	1	1	0
Radiologists	1	1	0
Other Specialists	3	1	2
Dentists/ Dental Surgeon/ Dental MO	4	4	0
Dental technician	1	1	0
Dental Hygienist	0	0	0
Radiographer/ X-ray technician	0	0	0
CSSD Technician	0	0	0
OT technician	3	3	0
CHO/ MLHP	47	47	0
AYUSH MO	5	5	0
AYUSH Pharmacist	3	3	0

Source: CMHO Office, Bilaspur

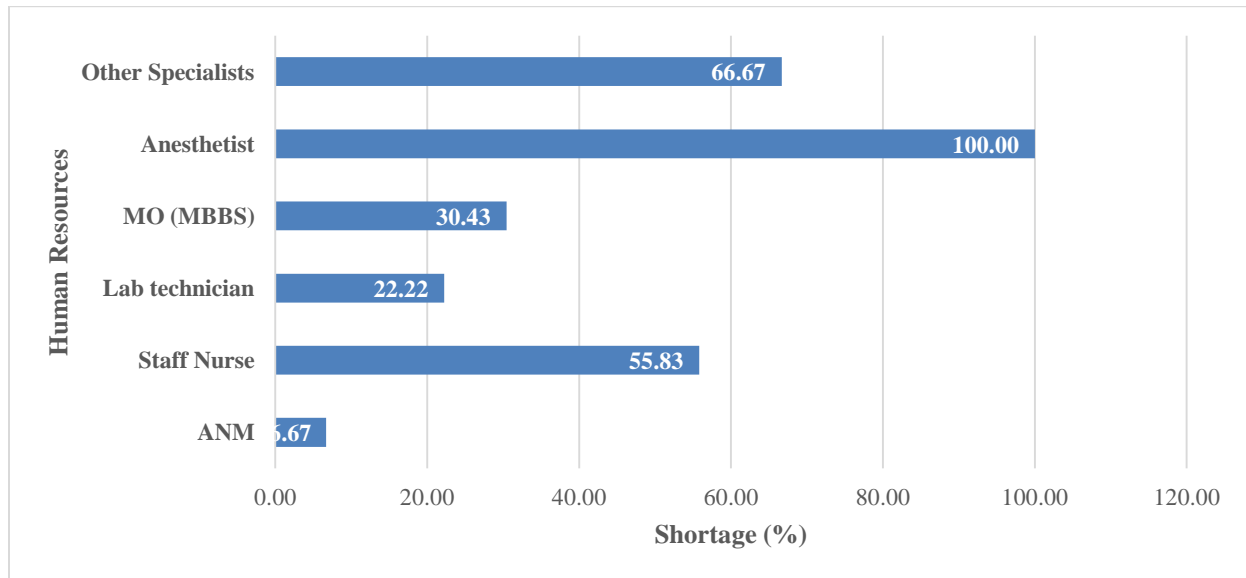


Figure 2: Shortage of HR in Bilaspur District

In Table 5, the status of medical and paramedical staffs of the district is given. We can see that the most of the shortage was reported for the doctors and specialist in the Bilaspur district. It was reported that only C-Section facility is available at District Hospital in entire district except Medical College. In all 5 CHCs of Bilaspur, only normal delivery services was available due to either shortage of Anaesthetic or Gynaecologist. Shortage of Lab Technicians (LT) is also a big problem in the district, because it directly affect the diagnostic services, which can be provided, but due to shortage of LT, the services are not given at the facilities especially for rural areas. Almost 56 percent shortage of staff nurses were also a major issue to the district because various services related to Maternal & Child health is taken care by them only. Figure 2 shows the shortage of Human Resources in Bilaspur district.

3.6 Training Status:

Table 6 shows the training status of doctors for Live Saving Anesthetics Skills (LSAS) & Emergency Obstetric Services (EmOC). In Bilaspur district, 2 doctors were trained in LSAS in which 1 doctor is performing C-Section deliveries. No LSAS doctor was serving in any CHC FRU in the district. Furthermore, 2 Doctors were trained in EmOC and both are performing C-Section deliveries at District Hospital. Due to shortage of Anaesthetics and Gynaecologist, C-Section services is only available at DH. Therefore, for the HRP and other delivery related issues where C-Section is required DH and CIMS is the only Referral Units in the district except private hospitals.

Table 6: Training Status of Doctors for LSAS & EmOC

Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
LSAS trained doctors	02	0	01
EmOC trained doctors	02	0	02

Source: CMHO Office Bilaspur

It was reported that the other regular training, which was approved under the ROP 2020-2021, was not held in the district due to COVID -19 Pandemic. Only COVID related online trainings were given to the district officials.

3.7 Referral Transport Services:

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. The district is equipped with 4 Mobile Medical Units (MMUs), 14 Basic Live Support (BLS), 1 Advanced Life Support (ALS) vehicles, 15 Ambulance of 108 services and 11 Ambulance of 102 services. The operational agency who looks after the BLS vehicles is being taken care by State. All the ambulances are GPS fitted and are being handled through centralized call centers. The average number of calls of BLS that are being received are 8 calls per day. However, in case of ALS the average calls received are 4. Average kilometers travelled per ALS per day was reported to be approximately 300 km, whereas, for BLS it was 148 kms. Overall, the referral transport services are good in Bilaspur district.

3.8 Comprehensive Primary Health Care (CPHC):

Over the years, the emergence of Universal Health Coverage has arisen as a key objective for assuring accessible, affordable, and quality health care services. One such target is being achieved through the recently launched programme that is the Ayushman Bharat-Health and Wellness Centres (HWCs). The prime aim of HWCs is to provide all the health care services under one umbrella by covering majority of the population. The Ministry of Health and Family Welfare (MoHFW) has rolled-out the programme with a view to furnish wide and expanded range of services through Comprehensive Primary Health Care (CPHC) and cater the needs specifically at the peripheral level.

As with the rapid urbanization and change in the lifestyles the epidemiology pattern of diseases is increasing day by day with non-communicable diseases being highly prevalent throughout the country. Hence, with the help of Ayushman Bharat-Health and Wellness Centres, it would play a key role in reducing the burden of Non-Communicable Diseases (NCDs) and would tackle the burden of the disease through primordial and primary prevention.

With regards to the allotment and functional HWCs across various tiers it is quite visible from the table 8. All the HWCs have been transformed for the financial year 2018 to 2021. However, for the current financial year 2021-2022, they have achieved around 49 percent of the total target.

Table 7: Status of NCD under Health & Wellness Center

	Hypertension	Diabetes	Cancer (Oral, Breast & Cervical)
Screening	61607	54558	30204
Diagnosed	3985	3101	151
Treatment (Newly Diagnosed & Follow-ups)	19544	17420	34

Source: CMHO Office, Bilaspur

Till now, 85945 CBAC forms have been completed but some are still pending as majority of the CHOs have been deployed in the COVID-19 duty due to which they are unable to update the portal and fill the CBAC forms on time.

All the HWCs have started their NCD screening. Out of the planned individuals who are screened through CBAC forms the majority of the cases were observed for hypertension and diabetes (Table 7). About 30204 beneficiaries were screened for the 3 types of cancer on behalf of initial screening at the community level under which 151 were diagnosed with cancer and currently 34 patient's treatment is going on. A few of the HWCs are providing Tele-consultation services through e-Sanjeevani portal and in all the centers wellness activities are being performed such as yoga etc.

Table 8: Status of Health & Wellness Centre

Year	Allotted				Functional				Achievement (%)
	PHC	UPHC	SC	Total	PHC	UPHC	SC	Total	
2018-19	5	2	16	23	5	2	16	23	100
2019-20	0	1	39	40	0	1	39	40	100
2020-21	15	0	30	45	15	0	30	45	100
2021-22	21	0	57	78	19	0	19	38	48.71

Source: CMHO Office, Bilaspur

3.9 Community Process:

One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist i.e., ASHA or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHAs will be trained to work as an interface between the community and the public health system.

Their main aim is to build a sustainable network of health facilities and enhance community participation and ownership. They play a pivotal role as they cover all beneficiaries from door-to-door encouraging people to adopt healthier habits.

Presently, there is 2413 ASHA's working in the district with 179 positions vacant. The requirement as per population by the district was reported to be 2592 ASHA workers

ASHAs are the foremost health workers in the field. Our Honorable Prime Minister had set forth social security benefits for ASHAs and ASHA facilitator as to double the incentives for routine activities. Those who meet the said criteria are to be enrolled in these schemes implemented by Government of India namely, the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY), Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

Around 1961 ASHAs & 103 ASHA Facilitators were enrolled under PMJJBY in district and 1820 ASHAs & 96 ASHA Facilitators were enrolled under PMSBY. With regards to PMSYMY, 361 ASHAs were enrolled under this Yojana.

Chapter 4

Implementation of RMNCH+A Programs

4. STATUS OF IMPLEMENTATION OF RMNCH+A PROGRAMS:

4.1 Maternal Health:

Maternal Health remains the cornerstone for every public health policy. The well-being of mothers is important not only itself but also helps in breaking down the inter-generational poverty circle. The public policy being a combination of the rights-based approach and life cycle approach ensures that the well-being of the child starts at age zero along with the mother's health. The NHM programmes have their prime focus in ensuring the well-being of mothers. These programmes range from direct cash transfers to indirect transfer programmes and universal health coverage.

The sharp decline in percentage of home deliveries and rising proportion of institutional deliveries is due to success of the schemes such as Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) launched by the Government of India.

4.1.1 Janani Surakhsha Yojana (JSY):

Janani Suraksha Yojana or JSY is an integral direct cash transfer scheme aimed to incentivise women to choose institutional delivery. Launched in April 2005, this scheme aimed at reducing maternal and child mortality that may occur due to unsafe delivery. The cash transfer is conditional upon the woman choosing institutional delivery. The scheme has been effective in increasing institutional deliveries over a period of time. The scheme incentivizes both mother and ASHA.

With regards to Bilaspur district the total number of beneficiaries registered for JSY in the last financial year were 16019 in which 14771 beneficiaries were from rural areas, 1220 were from urban area and 20 for home deliveries. There is a backlog of 1818 beneficiaries of rural area, which is nearly 12.3 percent of the total beneficiaries registered under JSY scheme from the rural area. 100 percent of the JSY payments were done for the urban beneficiaries.

The reason being the payments made to beneficiaries is when the women beneficiaries do not have bank accounts. The other problems that occur are when beneficiaries are unable to provide identity proofs as required. Moreover, it was even mentioned that with merging of banks the

beneficiaries did not have the updated IFSC code with them due to which they could not avail the benefit of JSY.

4.1.2 Janani Shishu Suraksha Karyakram (JSSK):

Janani Shishu Suraksha Karyakram (JSSK) is a rights-based policy measure to reduce the out-of-pocket expenditures of the families during childbirth and newborn care. This policy covers aspects such as diet, transport, drugs, diagnostics, referral and other user charges, which are otherwise incurred. The scheme entitles all pregnant women free transport from their homes to the public institution both before and after birth. The delivery is free of charge, which also includes C-section. Other entitlements include meals for the mother, newborn care and free drugs if needed.

It was reported that the budget fixed for beneficiary diet is nearly sufficient. This was currently set at INR 160 per day per beneficiary in which 100 rupees from JSSK diet and 60 rupees from regular diet which is very good amount as compared to other states. The programme is faring well at the facility as the meals are being prepared in-house and proper care is maintained by providing 3 meals a day. For the rural area where contractor was not providing food or no kitchen available at the facilities, “Local Self Help Groups” provide diet for the beneficiaries.

Table 9: Status of JSSK Services in the Bilaspur during (2020-21)

	Free Medicines	Free Diet	Free Diagnostic	Transportation from Home to Facility	Inter facility Transfer	Transportation from facility to Home
Pregnant Women	4572	6183	4271	3825	314	2695
Sick Infants	66	119	117	-	87	119
Total	4638	6302	4388	3825	401	2814

Source: CMHO Office, Bilaspur

Table 9 shows the snapshot of JSSK services given in the district during last financial year 2020-21. About 4572 beneficiaries were given free medicines, 6302 were given free diet, 4388 were

given free diagnostics, 3825 were given free transportation from home to facility, 401 were given free inter facility transfer and 2814 were given free transportation from facility to home.

4.2 Child Health and Immunization:

An integrated approach to improve health outcomes includes the interventions that reduce morbidity and mortality among children. The NHM components have carefully integrated many of these along with maternal health programmes. The early stages of development are crucial for the overall healthy growth of a child thus programmes like full immunization lay stress on improving the child health indicators. India has committed to reduce IMR in the Sustainable Development Goals to 25 or less per 1,000 live births in under 5-year-old children and 12 or less per 1,000 live births for new-born by 2030. Therefore, to ensure healthy child survival various thrust areas have been identified.

Table 10: Status of SNCU and NBSU in Bilaspur District

Special Newborn Care Units (SNCU)	1	
Total number of beds	12	
In radiant warmer	13	
Stepdown care	1	
Kangaroo Mother Care (KMC) unit	1	
Number of non-functional radiant warmer for more than a week	0	
Number of non-functional phototherapy unit for more than a week	1	
	Inborn	Out born
Admission	243	174
Defects at birth	11	06
Discharged	175	118
Referral	63	44
LAMA	9	12
Died	1	0
Newborn Stabilization Unit (NBSU)	4 (In all 4 Blocks)	
	Inborn	Out born
Admission	43	02
Discharged	38	02
Referral	05	0
LAMA	0	0
Died	0	0

Source: CMHO Office, Bilaspur

The district has 12-bedded SNCU, and 11 bedded NRC facility at the District Hospital. Four bedded 4 NBSUs facilities are also available at all the blocks of the district. The total number of admissions in the SNCU unit were 243 for in-born and 174 for out born of which the number of males were more than the number of females in the out-born section. 175 in-born and 118 out-born were discharged in the last financial year. The table even shows that 107 were referred, 21 taken LAMA and only one have died due to respiratory distress syndrome.

With respect to NBSU, 43 admission were in inborn and 2 admission were in out born unit. Out of total 45 admissions, 40 were discharges and 5 were referred to the higher facility for treatment. No neonatal deaths were reported in NBSU units for last financial year.

Many initiatives have been taken to carefully handle neonates. In the district hospital a Kangaroo Mother Care Lounge is made for low birth weight children. While these children are kept under observation in the SNCU, they are fed and cared for by their mother in the KMC lounge under the supervision of the staff nurses. Mothers are taught how to feed and care for the baby and keep them warm by holding them close to the mother's body and skin.

District has 11-bedded fully functional NRC in District Hospital, which was not functional in the last financial year due to COVID 19 Pandemic. The NRC services are recently started in the month of September 2021.

With respect to immunization, Bilaspur district observes around 94 percent of the full immunization coverage rate. The most common childhood disease is reported as diarrhea and in the year 2020-21, the district registered 3580 cases of diarrheal disease under 0 to 5 years. The district has reported 80 infant deaths and 16 Child Deaths in year 2020-21.

4.2.1 Rashtriya Bal Swasthya Karyakaram (RBSK):

Rashtriya Bal Swasthya Karyakram (RBSK) is a flagship programme under NHM which aims at early identification and intervention for children from the ages 0-18 to tackle the 4 D's- Defects at birth, Deficiencies, Diseases and Development Delays (including disability). The district has 1 NRC which is solely dedicated to tackle the issues clubbed under the 4 D's. NRCs work towards improving the health indicators of children suffering from severe acute malnutrition.

In Bilaspur district there are a total of 11 RBSK teams, with 2 teams per block, which ensure coverage of children. Out of which, 08 teams are full in place as per the composition and 8 number of vehicles are on the road for RBSK team. The programme remains functional in all government schools and anganwadis. An average of 125 children are being screened per day by the team.

RBSK program is fully functional in the district as a Chirayu. Total 561343 numbers of children were screened till September 2021. Out of the total children screened, 176415 children were diagnosed with some kind of illness and 165303 children were treated. The treatment of the 10499 children is going on through medical camps organized at the block level for the child specialist doctors.

4.2.2 Home Based Newborn Care (HBNC):

The scheme has been implemented in the year 2011, under National Rural Health Mission with the prime aim to reduce neonatal mortality in rural areas. With this scheme, the ASHA workers have incentivized for making visits to all the respective newborn and their mothers according to the specified schedule of up to 42 days of life.

In the district, it was reported that all the ASHAs have HBNC kits and in the last financial year HBNC visits were not stopped during Covid 19 pandemic. The ASHAs have drugs kits available with them. However, due to the pandemic still around the HBNC visits were made at home by following all the COVID protocols and no delay of incentives have been reported by the ASHA workers.

4.2.3 Rashtriya Kishore Swasthya Karyakaram (RKSK):

Rashtriya Kishor Swasthya Karyakram (RKSK) highlights the need for strengthening Adolescent Friendly Health Clinics (AFHC) under its facility based approach. This approach was initiated in 2006 under RCH II in the form of Adolescent Reproductive Sexual Health (ARSH) Clinic to provide counselling on sexual & reproductive health issues.

The AFHC unit was functional in district hospital with dedicated councilor and at the CHC level MOs and Staff Nurses is providing the counseling services to adolescent. There were counselors to create awareness among adolescents on the delay of marriages, prevention of teenage

pregnancies, safe abortions, etc. Counseling was also being provided to young girls for their menstrual issues. Due to Covid 19 Pandemic, the counseling services were severely affected during year 2020-21.

4.3 Family Planning:

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines 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 a basket of choices for contraceptive methods. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions.

As it is quite evident from the HMIS data that, only female sterilization were conducted, which stands at 483 cases of sterilization including Mini lap and Postpartum Sterilization in the last financial year. Besides these, the total number of condom pieces that have been distributed in the last financial year were 103557 pieces followed by oral pills at 38774 and ECP at 265.

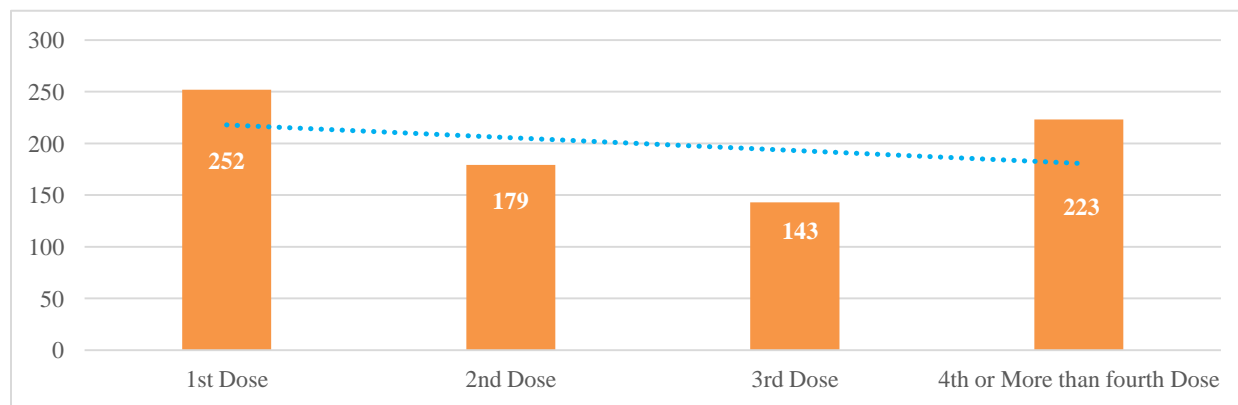


Figure 3: Status of Antara Contraceptive (Source: HMIS)

Anatara program has been introduced in the district and has somehow reached up to 4 doses. ANMs have reported that many women register complaints of side effects such as excessive bleeding or amenorrhea and hence drop out after the first or second dose. The HMIS data too showed a very low number of women who have progressed to the fourth dose. The figure clearly illustrates, that there have been fluctuating trends in the dosage of Anatara program as per the HMIS report of last financial year 2020-21

Chapter 5

Disease Control Programs

5. Disease Control Programs:

5.1 National Vector Borne Disease Control Programme (NVBDCP):

In 1947, at India's independence 22% population of country was estimated to suffer from malaria with 75 million cases and 0.8 million deaths due to Malaria annually. To combat devastating effects of Malaria, the National Malaria Control Programme (NMCP) was launched in 1953 built around three key activities - insecticidal residual spray (IRS) with DDT; monitoring and surveillance of cases; and treatment of patients. Malaria related morbidity and mortality in India rapidly brought down within a few years. Encouraged by the programme's success. It was converted to National Malaria Eradication Programme (NMEP) in 1958. But in 1976, there was a massive resurgence of malaria with 6.46 million cases reported attributed to poor health infrastructure and sub-optimal monitoring and logistics in many parts of the country. In addition, *P.falciparum* resistance to chloroquine and vector resistance to insecticides were also reported. As a consequence, the modified plan of operations (MPO) was launched in 1977 with a three-pronged strategy: early diagnosis and prompt treatment, vector control and IEC/BCC with community participation. The malaria incidence showed a decline again and in 1984 the cases were reduced to about 2 million with 247 deaths. In order to combat malaria in high transmission areas of the country, an Enhanced Malaria Control Project (EMCP) was launched with additional support from the World Bank in 1997 and Intensified Malaria Control Project (IMCP) launched with support of The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) in 2005. The malaria control programme and other Vector Borne Diseases namely Kala-azar, Dengue, Lymphatic Filariasis, Japanese Encephalitis and Chikungunya were integrated into the **National Vector Borne Disease Control Programme (NVBDCP) in 2002**. New tools for malaria prevention and control were introduced under NVBDCP i.e., monovalent RDTs for *P. falciparum* detection in 2005; ACT in 2006; LLINs in 2009; antigen detecting bi-valent RDTs for detection of both *P. falciparum* and *P. vivax* in 2013; and newer insecticides and larvicides in 2014- 15.

5.1.1 Status of NVBDCP in Chhattisgarh:

The mosquito-borne infectious disease is a major public health concern in Chhattisgarh and is responsible for a substantial number of deaths in the state each year. With an Annual Parasite Incidence (API) of 13.2 in 2019 in the seven blocks of Bastar in South Chhattisgarh, the region

had one of the highest incidences of malaria in the country. In January 2020, the Chhattisgarh government launched the 'Malaria Mukh Bastar Abhiyan' (Malaria Free Bastar Campaign), to combat the problem and, emboldened by its successes, has decided to extend the programme to the rest of the state.

5.1.2 Status of Vector Borne Disease in Bilaspur District:

With respect to Malaria, Bilaspur district has a micro and macro plan available as to control the vector borne disease prevalent in the district. The annual blood examination rate was reported to be 9 percent and as per the last 3-year trends there have been a decrease in the vector borne disease due to COVID-19 it was observed that the cases have seen a dip. Malaria Cases Declined due to LLIN distribution, IRS, Monitoring & Supervision, FRT & Mass Survey, IEC/BCC, Source reduction Activity, Biological control activities, Extensive reorientation & training to ground level staffs. Availability of drugs & diagnostic tool at all level including Mitanin, Entomological survey. Weekly epidemiological and entomological situations are being monitored and no MDR rounds have been observed in the last financial year.

With regards to Filaria, Kota block of the district is highly endemic for filaria due to several ponds and suitable breeding sites of culex mosquitos. Several cases of Filarial Hydrocele and Lymphodema were reported in the district.

❖ Malaria Status

- API – 0.1 (Annual parasite index)
- TPR – 0.04 (Total positivity rate)
- ABER - 9 (Annual Blood Examination Rate)
- Endemic Block Kota (API – 0.3)

❖ Interventions

- 1st Round Completed for IRS (Kota Block)
- 19259 LLIN Distributed (Kota Block)
- Source reduction activity & active surveillance
- Entomological survey.
- Biological control activities (Gambusia) & Spray of Temephos

❖ **Prevention & control of Malaria**

- Ample Anti-malarial drugs are available at all facilities
- Functional microscopic centers
- RD Kits are available at village level
- FGD are held Regularly
- Enhanced IEC & BCC
- Baiga gunia sammelan is organized regularly to educate tribal population
- Weekly Malaria camp held with collaboration of Jan Swasthya Ganiyari (Takhatpur) to trace Malaria case.

❖ **Filaria Status**

- Filaria is major issue in CHC Kota
- MF Rate – 0
- MDA in planned
- Hydrocele cases 320 (Including all blocks)
- Lymphodema Cases 327 (Including all blocks)
- Block Kota is Highly endemic for filarial as several active ponds are available which are the potential breeding sites of culex mosquitoes, Vector for Filaria
- For prevention & control of filaria consecutive MDA is being organized
- MMDP camp held quarterly in all blocks
- Hydrocele operation is being emphasized in particular pocket with the help of District Hospital Bilaspur.

Recommendation - Each block requires Malaria technical supervisor to support Malaria program, proper & timely reporting is hampered due to lack of MTS.

5.2 National Tuberculosis Elimination Programme (NTEP):

Tuberculosis is the most common killer of young people in rural Bilaspur. It is unfortunately not unusual to see many people in a family affected by the disease due to close contact and a shared status of malnutrition. Recent surveys of the scientific literature have shown the devastating role of hunger can play in tuberculosis. Under nutrition is a frequent cause of immunological suppression, far more than HIV-AIDS and diabetes. The fact that under nutrition is both highly preventable and highly treatable makes the presence of such high rates of tuberculosis and

malnutrition not only a common clinical problem, but a major social injustice. That is why Government has launched “Nikshay Poshan Yojana” a financial incentive of rupees 500 for each TB patients for duration of which of the patients is on Anti-TB treatment.

The total target achieved as per the TB notification in case of public facility is 944 and that of private facility it is 968. The achievement percentage was observed more in case of public facility i.e., 87.97% than in private facility with 84.92%. As such HIV statuses of all the TB patients are known. At the DH level all the drugs are available for both drug sensitive and drug resistance.

The number of TB patients notified is more in the private sector (968) than in the public sector (944). The number of MDR TB patients is 20 patients in public sector and for private sector are 5. About 721 patients paid under Nikshay Poshan Yojana.

5.3 National Leprosy Eradication Programme (NLEP):

In Bilaspur district, Leprosy program was highly affected due to COVID 19 Pandemic for year 2020-2021. The total numbers of new cases detected under the NLEP in the district are 126 cases in which 20 PB and 106 MB cases were reported from April 2021 to August 2021. 9 G2D cases have been also reported in the district. MCR footwear and self-care kits are also available.

5.4 Non Communicable Disease Control & Prevention Program (NCDPC):

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Keeping in view that there are common preventable risk factors for Cancer, Diabetes, CVD & Stroke, Government of India initiated a National Programme for Prevention and Control of Cancers, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) during 2010-11 after integrating the National Cancer Control Programme (NCCP) with National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke (NPDCS). The focus of NPCDCS is on promotion of healthy life styles, early diagnosis and management of diabetes, hypertension, cardiovascular diseases & common cancers e.g. cervix cancer, breast cancer & oral cancer.

NCD programs in Bilaspur district is going well, Table 11 shows the NCD status of the district. About 4160 cases of Diabetes were diagnosed and out of it 4122 cases were on ongoing treatment. Total 11245 cases of diabetes were on follow-up. With respect to Hypertension, 5241 cases were diagnosed in the last financial year in which 5185 cases were on ongoing treatment. The total numbers of patients diagnosed with both Diabetes & Hypertension in year 2020-2021 were 2573. Out of the total diagnosed cases 2562 were on ongoing treatment. Very few cases of Cancer were diagnosed in the last financial year i.e. 1 (Oral Cancer), 1 (Breast Cancer), 4 (Cervical Cancer) and 5 cases of other cancer. From the table 9, we can see that the overall number of Diabetes and hypertension patients were increased form year 2019-20 to 2020-2021. It was reported that after diagnosis of Cancer, no proper guidelines for the treatment of cancer in tertiary care hospital after referral. And due to this patient do not continue their treatment or shifted to the private hospital where huge amount of money was drained and in some case their whole life savings has to spend on treatment. This is one of the major reason that India has high out of pocket expenditure on health.

During our interaction with the NCD team of the district, they have reported that they are facing shortage of manpower in their program and also required capacity building training and visits to see other districts innovation regarding the program. Overall performance of the NCD unit was excellent in the district.

NCD unit of Bilaspur district have done some Baseline Studies based on Non-Communicable Diseases focusing on Bilaspur District. The list of studies is mentioned below:

- Tobacco cessation counseling practices among health professional in Bilaspur district, Chhattisgarh
- Contributing factors, addiction and ill-effects of tobacco consumption among college students in Bilaspur, Chhattisgarh: A Questionnaire based study.
- Study on Prevalence of Tobacco use and association of Non-communicable Diseases among Class III and Class IV Government Employees of Health Care Facilities in Bilaspur District (C.G.).

Table 11: Status of NCD in Bilaspur District

Diseases	Diagnosed		Diagnosed & ongoing Treatment		Treatment Follow-up	
	2019-20	2020-21	2019-20	2020-21	2019-20	2020-21
Diabetes Only	2329	4160	2304	4122	9892	11245
Hypertension Only	3844	5241	3840	5185	13190	12812
HTN & DM	1371	2573	1371	2562	7097	7486
CVDs	38	14	38	14	1197	903
Stroke	15	11	15	11	598	421
COPD	15	10	15	19	510	657
CKD	26	7	26	7	218	73
Oral Cancer	3	1	1	0	39	3
Breast cancer	3	1	0	0	13	1
Cervical cancer	1	4	0	0	11	0
Other cancers	17	5	2	0	6	0

Source: CMHO Office, Bilaspur

5.5 National Tobacco Control Program (NTCP):

Government of India launched the National Tobacco Control Programme (NTCP) in the year 2007-08 during the 11th Five-Year-Plan, with the aim to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure effective implementation of the provisions under “The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003” (COTPA) (iv) help the people quit tobacco use, and (v) facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control.

District is performing very well in NTCP. Orientation program was conducted in 560 Schools and 40 colleges from 2018 to 2020. They have given training to the several departments i.e. Education Department, Railway, Aajeevika Mission & Panchayati Raj Members, Health Department, ASHAs programs, Youth Red Cross Society, and NCC cadres of the district. Yellow line mapping was done in 144 schools. They have done 388 chalan for rupees 76600 by enforcement unit. Awareness camps were organized to complete elimination of tobacco use in 76 schools, Police Station Torwa & District Collector Office. Total 3330 patients were counseled for drug addiction. Regular FGDs were conducted in different departments which were Traffic Police, Railway Auto Association, and welfare societies.

Chapter 6

Status of Fund Utilization

6. Status of Fund Utilization:

Budget utilization under NHM is to operationalize an effective and accountable financial management system for budgeting, monitoring and utilization of funds at central, state, district and block level. The detail of the budget utilization is given in table 12 as per the Financial Management Report (FMR).

Table 12: Status of fund utilization during Financial Year 2020-2021

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
FMR 1: Service Delivery: Facility Based	320.03	345.62	82.86
FMR 2: Service Delivery: Community Based	142.75	77.53	54.31
FMR 3: Community Intervention	1130.96	1093.31	96.67
FMR 4: Untied grants	136.45	110.82	81.22
FMR 5: Infrastructure	420.65	329.91	78.43
FMR 6: Procurement	225.59	246.87	104.53
FMR 7: Referral Transport	28.97	4.93	17.03
FMR 8: Human Resource (Service Delivery)	1037.56	772.35	74.44
FMR 9: Training	86.40	69.31	80.23
FMR 10: Review, Research and Surveillance	2.00	0.00	0.00
FMR 11: IEC-BCC	29.99	34.61	115.41
FMR 12: Printing	6.68	9.55	143.00
FMR 13: Quality	10.47	0.19	1.81
FMR 14: Drug Warehouse & Logistic	28.74	19.78	68.81
FMR 15: PPP	64.80	40.40	62.35
FMR 16: Programme Management	312.33	324.98	104.05
FMR 17: IT Initiatives for Service Delivery	5.43	0.61	11.22
FMR 18: Innovations	2.25	0	0

Source: CMHO Office, Bilaspur District

As per the given records it can be observed that, the maximum number of utilizations as per the FMR is in Community intervention with almost 97 percent utilization being done followed by

facility based service delivery (82.86%), untied grants (81.22%), Training (80.23%) and Infrastructure (78.43). we can see that few of the FMR budget utilization is showing more than 100 percent of utilization, it is because of the previous year of funds (2019-2020) which was carry forward in the year 2020-2021 get utilized in present year.

The low utilization of budget (less than 60%) as per the table 10 were in the case of Community Based Service delivery (54.31%), Referral Transport (17.03%), and for Quality Control (1.81%). It is reported that the reason behind the low utilization of the funds were Covid 19 Pandemic. The zero utilization of budget as per the release can be observed in the case of Review, Research & Surveillance and in Innovations.

Table 13 represents the flexipool wise budget utilization of Bilaspur district which is provided by the CMO office. As per the Table 13 which consist of the ROP approved budget details for FY 2020-21 was Rs.8880.06 Lakhs. The outlays are categorized into 4 major categories which are RCH & Health System Flexipool, NUHM Flexipool, Communicable Disease Flexipool and Non-Communicable Disease Flexipool. Out of the given budget, around 93 percent were allocated to RCH & Health System Flexipool followed by NUHM (4.3%), Communicable Disease (2.35%), and Non-Communicable Disease (0.71%).

The major proportion of the budget was allocated for the Maternal Health which was around 42 percent of the total budget of the district and they have utilized almost 98 percent of the funds in the FY 2020-2021. Second major proportions of funds were allocated to HR (12.74%) and Program Management (11.68%). Figure 4 depicts the percentage-utilized budget of ROP for the financial year 2020-2021.

The district had received the approval of DHAP from the state on September 2020 and the release of funds against DHAP was done on June 2021. About the construction status of infrastructure, it was stated that five facilities i.e., the Health and Wellness Centers and Sub-Centers are still pending for more than 2 years.

Table 13: Flexipool wise Fund Utilization for financial year 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization in (%) (if less than 60%)
RCH and Health Systems Flexipool			
Maternal Health	3724.12	3622.82	97.28
Child Health	788.03	738.61	93.73
RBSK	47.49	3.02	6.36
Family Planning	54.82	42.62	77.75
RKSK/ Adolescent health	41.96	5.78	13.78
PC-PNDT	35.09	5.37	15.30
Immunization	4.75	1.64	34.53
Untied Fund	157.57	89.00	56.48
Comprehensive Primary Healthcare (CPHC)	136.96	110.82	80.91
ASHAs	415	323.40	77.93
HR	1130.96	1093.30	96.67
Programme Management	1037.56	772.35	74.44
MMU	312.33	324.98	104.05
Procurement	28.97	4.93	17.02
Quality Assurance	236.17	246.87	104.53
PPP	10.47	0.19	1.81
NIDDCP	64.80	40.40	62.35
NUHM	380.65	126.25	33.17
Communicable Diseases Pool			
Integrated Disease Surveillance Programme (IDSP)	3.52	0.49	13.92
National Vector Borne Disease Control Programme (NVBDCP)	17.84	20.48	114.80
National Leprosy Eradication Programme (NLEP)	40.54	21.90	54.02
National TB Elimination Programme (NTEP)	147.07	163.29	111.03
Non-Communicable Diseases Pool			
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	17.05	1.51	8.86
National Mental Health Program (NMHP)	8.53	9.25	108.44
National Programme for Health Care for the Elderly (NPHCE)	2.73	0.73	26.74
National Tobacco Control Programme (NTCP)	7.00	13.98	199.71
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	19.87	22.92	115.35
National Oral health programme (NOHP)	6.15	0.05	0.81
National Rabies Control Programme (NRCP)	0.78	0.50	64.10
National Programme for Prevention and Control of Deafness (NPPCD)	1.28	1.06	82.81

Source: CMHO Office, Bilaspur

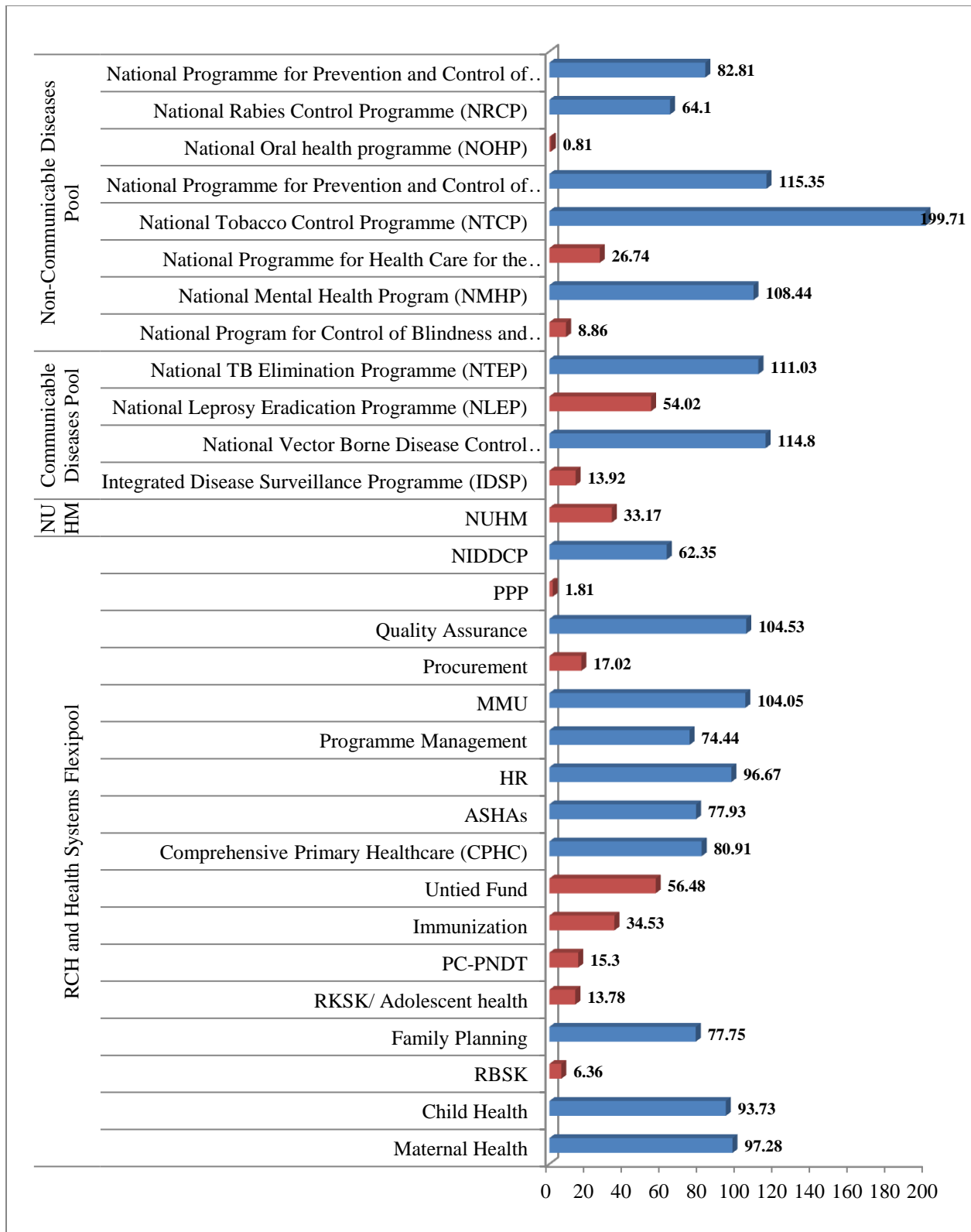


Figure 4: Flexipool Wise Fund Utilization (%)

Chapter 7
**Service Availability at
Public Health Facilities
& Community Perception**

7. SERVICE AVAILABILITY AT PUBLIC HEALTH FACILITIES AND COMMUNITY PERCEPTION:

The team visited total seven facilities in Bilaspur district. The observations of the team are listed below. This includes points about patient load, infrastructure, manpower, drugs and equipment. The six facilities visited comprises of 1 district female hospital, 2 Community health centre, 2 Primary Health Centre and 1 sub-centers.

A dedicated “*Focused Group Discussions*” (FGD’s) were held as to understand the community level perception on various fronts and have tried to capture their lifestyle, health-seeking behavior, whether health services were easily accessible, behavior of health service providers or if any out-of-pocket expenditure is being incurred while accessing the public health services.

7.1 District Hospital Bilaspur:



The District Women Hospital is situated in the main city area and was easily accessible by

Figure 5: District Hospital Bilaspur

everyone. The district hospital was functioning in 100 bedded maternity wing and district hospital building is being used for Covid 19 hospital. The hospital was providing all the basic services to its beneficiaries with the objective of preventing and curing diseases and promoting health care services especially for women.

- District hospital fares extremely well on all assessments with respect to the infrastructure availability and maintenance. The area was optimally utilized and waiting area was well constructed and maintained.
- The building had proper board depicting the centre name in the local language which was easy to read on the building so that the public of the district can access the facility.
- The services available at the DWH are OPD, family Planning services, lab tests, emergency treatment, paediatric OPD, labour room, minor operation, SNCU, diet facility etc.
- Before the pandemic, the average delivery load at the facility was approximately 500-600 deliveries were being conducted per month. However, due to the pandemic there has been a decline in the total number of deliveries.
- With regards to manpower, the facility lacked specialist doctors and surgeons. There is only 1 Pediatrician and 2 Ob&Gy present in the hospital. There were 1 Anesthetists (Contract) who look after the entire facility and various services being rendered.
- Around 98 percent of the JSY payments have been done till date and the average delay of the payments is roughly around 2 percent reason being account number, incomplete records such as Aadhar Number, and MCTS number are not available resulting to which there are delay in the payments.
- Services delivery in the post-natal wards was fully efficient. All beneficiaries were provided with diet services free of charge and were asked to stay for more than 48 hours post-delivery. On interaction with the beneficiaries, they cited that no cost was borne by them for the diet, drugs, or diagnostics and timely doctor rounds were observed. They were fully satisfied with the services being rendered at the facility.
- District hospital has 12-bedded fully functional SNCU in which 6 beds for in-born and 6 beds for out-born with 1 Phototherapy Machine.
- The hospital had a FP counsellor, who was working well in tandem with the women and adolescent girls in the districts. They are provided help with regard to sexual and reproductive health along with substance abuse, and violence related issues.
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc were well maintained and updated.

- Proper colour coded bins were available and the BMW is being outsourced on daily basis wherein the tender is given to Invirocare company.
- An Oxygen plant developed by DRDO is being installed in the vicinity of the DWH from the PM Care Fund.
- It was reported that specialized Cath lab machines for cancer and other illness related machines were bought for diagnosis/treatment but no HR or training were imparted to operate the machines.
- The total fund received last year was Rs.10455000 of which Rs.7141818 have been utilized by the facility for the same.

7.2 CHC Ratanpur:



Figure 6: Community Health Centre Ratanpur

The community health center at Ratanpur was an outstanding facility. The medical officer in-charge was very proactive and because of his leadership, the hospital was performing efficiently and smoothly. Following are the observations of the team:

- Ratanpur block is highly endemic for Filaria as several active ponds are available which are potential breeding sites of **Culex Mosquitoes** (major vector for Filaria).
- Total IPD load of the facility was reported to be 10-12 patients per day and most of the cases were reported for the Malaria at the facility.

- The average number of normal delivery at the facility is reported to be around 50-60 deliveries per month. JSSK diet for the beneficiaries is prepared at the facility and regular quality check is performed by medical officer.
- Around 95 percent of JSY payments have been covered under this facility. For availing the benefits, few beneficiaries faced problems because of the non-availability of bank accounts and AADHAAR card linkage.
- The building was very well maintained and clean. Regular cleaning was done of the wards and toilets. The wards were well lit and well painted. The facility had 24*7 running water facility and sufficient sitting arrangement was also available for patients.
- The services available at the facility were OPD, AYUSH OPD, X-ray, ANC, PNC, TB, family planning services etc. In addition to the services available at the facility some of the specialized services available at the facility are: Medicine, and dental.
- Besides these, COVID Vaccine drive was also running in a proper and efficient manner in two separate rooms where both the types of the vaccines being available.
- The average OPD load is 100-150 per day however, the facility has observed a decline in the average of OPD, earlier it was more than 250 cases per day.
- 4 bedded NBSU unit is fully functional at the facility with the 70% of the bed occupancy rate.
- With respect to manpower, the facility has 4 MO's, 1 Pediatrician, 1 Dentist, 7, SNs/ANMs, 3 LTs, and 1 regular pharmacists.
- With regards to Non-communicable diseases in last 6 months, only 21 patients were diagnosed with diabetes, 18 for hypertension. No cases of Oral, Breast and Cervical cancer were reported in the district.
- Facility is situated at the main highway and because of it also acts as a trauma center for the Ratanpur Block. Several road accident cases were reported on a daily basis at the facility, so it was reported that there for a ICU ward is required at the facility.
- Operation Theater was non functional due to shortage of specialist. No OB&GY facility was there in spite of having good infrastructure due to poor allocation of specialist.
- The total fund received last year was Rs. 850000 of which Rs.600000 have been utilized by the facility for the same.

- With regards to essential drugs the facility has a total of 150 drugs however as such no EDL was displayed in the OPD area as observed during the visits. There was no shortage of drugs reported at the facility.

7.3 Community Health Centre Bilha:



Figure 7: Community Health Center, Bilha

The community health center at Bilha was a newly constructed facility which is a 50 bedded maternity hospital. The block medical was very proactive and because of his leadership, the hospital was performing efficiently and smoothly. Following are the observations of the team:

- The building of the facility was running smoothly with all the essential amenities such as having 24-hour water supply, backed with electricity connection. There was proper waiting area and sitting arrangement was also ample for the public.
- CHC Bilha, is a well maintained facility with all the necessary equipments and infrastructure. This facility can be converted into Sub-District Hospital provided all specialist post will be filled and it can help in minimizing the load of the DH.
- The services available at the facility are OPD, IPD, AYUSH, ANC, PNC, Lab, X-ray facilities, Immunization, family planning, Ayushman, PMSMA, birth certificates etc.

- No C-Section deliveries were performed due to shortage of OB&GY, Anesthetic and Blood bank/storage unit.
- On 9th of every month the PMSMA activities are being provided by the facility as to identify the high risks by detecting anemic patients and providing IFA tablets for the same.
- The average number of normal delivery at the facility is reported to be around 100-150 deliveries per month. JSSK diet for the beneficiaries is prepared at the facility and regular quality check is performed by medical officer.
- Around 98 percent of JSY payments have been covered under this facility. For availing the benefits, few beneficiaries faced problems because of the non-availability of bank accounts and AADHAAR card linkage.
- 4 bedded NBSU unit is fully functional at the facility with the 75% of the bed occupancy rate.
- There were functional/ clean toilets attached to the labor rooms in the hospital. And Newborn care corner (NBCC) was operational in labor rooms and Operation Theater.
- Facility has Adolescent Friendly Health Clinic with dedicated councilor and dedicated staff nurse for Family Planning counseling.
- Fully functional Cold chain was established at the facility. All the records of equipments and temperature graphs were monitored regularly.

7.4 Primary Health Centre Kargikala:



Figure 8: Primary Health Centre Kargikala

The Primary Health Centre Kargikala is a one of the PHC which was converted into Health and Wellness Centers. The infrastructure of the facility is well set up and have been effectively distributed to make all the services under NHM available to the patients readily. The facility was easily accessible from the main road. During the monitoring visit, the following observations were made:

- PHC Kargikala is a Kayakalp Awarded facility since 2016 and it was well maintained and clean.
- The average OPD load is 30-40 per day however, the facility has observed a decline in the average of OPD due to Covid 19, earlier it was more than 100 cases per day.
- Total IPD load of the facility was reported to be 15-20 patients per month and most of the cases were reported for the Malaria at the facility.
- The average delivery load of the PHC Kargikala was reported to be 15 to 20 deliveries per month. JSSK diet was provided by self help group. Around 95 percent of JSY payments were done at the facility.
- With respect to manpower, 1 RMA, 4 SNs/ANMs, 1 Pharmacist was there. Post of Regular MO and LT were vacant at the facility and this is the main reason for not delivering the CPHC services as a health & wellness center.

- Facility has well maintained Herbal Garden in the premises and dedicated space for yoga activity.
- With regards to Non-communicable diseases in last 6 months, only 105 patients were diagnosed with diabetes and 98 for hypertension. No cases of Oral, Breast and Cervical cancer were reported at the facility.
- Tele-medicines and Cold Chain facilities will be soon available at the facility.

7.5 Urban Primary Health Center, Bilaspur:



Figure 9: Urban Primary Health Center, Bilaspur

The Urban Primary Health Centre at Gandhi Chowk Bilaspur is a one of the PHC which was converted into Health and Wellness Centers. The PHC was well equipped and maintained. The facility was easily accessible from the main road. During the monitoring visit, the following observations were made:

- UPHC Gandhi Chowk, Bilaspur is a national level NQAS certified facility.
- The services available at the UPHC are OPD, family Planning services, TB, lab tests, emergency treatment, Leprosy, Pediatric OPD, labor room, minor operation, diet facility, Immunization etc.
- The average OPD load is 100-150 per day however, the facility has observed a decline in the average of OPD due to Covid 19, earlier it was more than 200 cases per day.

- The average delivery load of the facility was reported to be 15 to 20 deliveries per month. Around 98 percent of JSY payments were done at the facility.
- With respect to Human Resources, 2 MOs, 4 SNs, 1 LT & 1 Pharmacist were in position at the facility.
- With regards to Non-communicable diseases in last 6 months, 465 patients were diagnosed with diabetes and 401 for hypertension. No cases of Oral, Breast and Cervical cancer were reported at the facility.

7.6 Sub-Centre Majhgaon:



Figure 10: Sub-Centre Majhgaon

A Sub-centre provides interface with the community at the grass-root level, providing all the primary health care services. Sub centre Majhgaon was one of the Health and Wellness centers of Bilaspur district. During the monitoring visit, the following observations were made:

- The building was in good condition and well maintained. RO was available for drinking water and for other purposes; submersible was installed at the centre.
- The average delivery load of the facility was reported to be 8 to 10 deliveries per month. Around 99 percent of JSY payments were done at the facility.
- There are 1 CHO, 1 ANM, and 5 ASHAs were posted at the SHC-HWC Manjhgaon.

- A total of 45 drugs were available at the facility which was mandatory for the Health & Wellness Center. No shortage of medicines was reported.
- ASHAs have their HBNC kits with them and drug kits are also readily available with all the essential medicines in it.
- ASHAs are very well aware about the incentives being given under NTEP and Nikshay Poshan Yojana as such no delay has been reported also.
- Facility has well maintained Herbal Garden in the premises and dedicated space for yoga activity.
- Screening of NCD through CBAC form is going well at the center. They have achieved around 90percent of the CBAC assessment target for 30+ age group in their catchment area.

7.7 Community Interaction:



Figure 11: Community Interaction at SC Majhgaon

We conducted a “Focussed Group Discussion” to know the overall community perception regarding the accessibility of health facilities available in Majhgaon village Kota block, and their lifestyle choices with Mitanin (ASHAs), ANMs, Gram Pranchayat Representative and local community members. Questions related to knowledge training and incentive were asked from Mitanins. The catchment area of this village mostly consist of Tribal Population where, **Baiga &**

Gond tribes are in majority. Whereas, the communication with the local people was quite difficult due to language barrier. The findings of the community interaction is highlighted below:

- Some of the districts of Chhattisgarh have gained the status of Endemic about Malaria and Filaria. As per the district officials, Malaria and Filaria prevalence is high in Ratanpur & Kota block of the district. Asymptomatic cases of Malaria were found in this region. It was reported that, people from this region have developed some kind of immunity to Malaria and that is why people having malaria have no symptoms but are acting as a transmitter. Block Kota & Ratanpur is highly endemic for Filaria as several active ponds are available which are potential breeding sites of **Culex Mosquitoes** (major vector for Filaria). It was reported that these are the largest region which is affected from Filaria in entire Asia.
- One of the major concerns that has been cited on interaction with Mitanins (ASHA workers) is that the prevalence of Diabetes & Hypertension is very high in a small village namely Aurapani which is complete tribal village and situated in the periphery of the Sub Centre. It is also reported that the people are quite reluctant there to examine himself or taking any kind of treatment/medicines. The use of tobacco & local made alcohol is also very high in both men & women population in that area. These kind of practices will increase the chances of getting several kinds of diseases.
- Majority of the Mitanins educational qualification is not up to the standards, either some have merely passed their schooling education or they haven't gained any education and are illiterate. Due to illiteracy or not having basic education to read and write, one of the most important programme of Universal Health Screening that is under Comprehensive Primary Health-Care (CPHC) that is being carried through "Community Based Assessment Checklist" form fillings is being hampered. As Mitanins are the backbone of the public health system and total dependency is on them they are unable to fill the forms and complete the target of NCD screening. Till now, Mitanin Trainer help them in completing the target of CBAC forms. However, Mitanins were helping in fieldwork but not related to those work, which requires reading and writing.
- The major part of the population of the district belongs to the tribal community and because of that the culture and practices are totally different. They still have belief and rely on "Biga" or "Guniya" (Some sort of Ojha and Baba or quacks) for any kind of

illness or treatment and have less trust on doctors. Though with constant efforts of Mitans gradually the community members are gaining trust on the medical staff and visiting the Quacks will gradually deplete. Initially, the members of the community prefer to visit the Babas and then visit the hospital resulting to such practice the illness of the patients has become critical and few of them have even lost their life.

- Mitans reported that they visit door to door for counseling of adolescent girls related to sexual and reproductive wellness. IFA tablets distributed to girls through door-to-door visits by ASHAs.
- Mitans refer susceptible cases of TB to CHC for screening. Mostly beneficiaries reported getting treated for TB at CHC in both the blocks. ASHAs and beneficiary reported that there are few cases of leprosy in their community. Mostly beneficiary receive primary consultation for cataract at CHC, however for surgery they prefer District Hospital. After interaction with the community members, we came to know that in rural areas people is relying on either the public health facilities or quacks. And because of it, the out of pocket expenditure on health for primary health care services is not very high.

Chapter 8

Discussion &

Recommendations

8. DISCUSSION AND RECOMMENDATIONS:

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team was expected to carry out the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Bilaspur District of Chhattisgarh.

The following healthcare facilities in Bilaspur were visited for Monitoring & Evaluation: District Hospital Bilaspur, 2 CHCs one in Ratanpur block and the other one in Bilha Block, PHC-HWC Kargikala, UPHC-HWC Gandhi Chowk Bilaspur and 1 SC's which were transformed into HWCs i.e., Majhgaon. Besides visiting the facilities, the team had interacted with the beneficiaries and conducted a FGD in Majhgaon villages. A summary of our findings in the district is presented below:

The district has 1 DH, 5 CHCs, 41 rural and 3 urban PHCs and 198 SCs. With respect to transport, the district is equipped with 14 BLS and 1 ALS ambulances. 4 mobile medical units are also available in the district. There is a vacancy for Medical Officers, Surgeons, Anesthetics, MPW (Male), Pediatrician, and lab Technician. However, the least number of vacant posts was observed for Staff Nurses, CHOs, and ANMs.

Regarding disease control program, Chhattisgarh state has launched "Malaria Mukh Chhattisgarh Abhiyan" under which all the districts of Chhattisgarh had done a tremendous work to reduce the Malaria Prevalence in the state with the help of NVBDCP units of their districts.

After the roll out of NHM the district certainly had improved a lot. This was most visible on the maternal health front, wherein institutional deliveries had gone up drastically. NHM programmes also fueled behavior change in the common public who became aware of their rights. Quality of care had improved after proper infrastructure was built. However as mentioned by the officials that there much to be done in this regard but due to COVID there has been a diversion in some of the activities. It was cited by many health personnel that to manage the patient load there should be adequate infrastructure and manpower to handle the increasing load and crisis. Shortage of Human Resource led to delays in some major developments in the hospital.

It is important to note that the IECs were displayed in all facilities for timings of the facility, drug list, immunization, JSY, JSSK and many others. Colorful charts representing facility's monthly performance for immunization and IUCD insertions were also displayed at the visited facilities.

On interaction with the community members various valuable insights were delivered from their end with respect to service delivery, their lifestyle practices, out-of-pocket expenditure was incurred as diagnostic services were not available resulting to which they had to go to private facilities.

Based on the monitoring the following recommendations for improving the service delivery in the district are made:

- The acute shortfall of medical staff i.e. specialist, obstetrics and Gynecologist, Anesthetics, etc, and due to this no C-Section deliveries were conducted at CHC level in Bilaspur district. So, the vacant post of the specialist doctors must be filled as soon as possible to reduce the burden of DH and Medical college and furthermore, it also decreases the out of pocket expenditure.
- An uneven manpower or poor allocation of manpower distribution was observed in the district and due to this all the facilities that can provide the specialist services to the community were sitting idle. Proper allocation of medical staffs is very important so that district can render specialist services with present strength of medical staffs.
- Multiple training programmes are not helpful as the retention among Mitanins and ANMs is less. The focus should be more on capacity building than just simple training.
- Supervisory visits by CMO, DPM, etc. should be conducted at regular intervals to ensure adherence to the standards and norms with respect to various activities. This will bring the existing lacunae to the surface and streamline the redressal system. A systematic review may be conducted to understand the existing demand-supply gaps in public health facilities and must be timely rectify.
- Recently, it has been announced that “Kayakalp Award” will be implemented at the Health and Wellness Centres so it advised that infrastructure and branding should be done as per the guidelines. In addition, plenty of space was observed in majority of the HWCs that can be

utilized by adopting innovative practices like planting of herbal garden. As this will improve the overall status of the Primary Health Care services in the rural settings of India.

- It was reported that several high-tech digital diagnosis and treatment machines were kept idle due to lack of training or required staff. Therefore, it is suggested that either training or dedicated manpower should be deployed for the Specialized Cath lab diagnosis/treatment machines so that the purchased machines can be used.
- Each block requires Malaria technical supervisor to support Malaria program, proper & timely reporting is hampered due to lack of MTS.

Annexure



**Ministry of Health & Family Welfare
Government of India**



Schedule for PIP Monitoring

A. District Profile

Indicator	Remarks/ Observation			
1. Name of District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year				
15. Estimated number of cataract surgeries to be conducted				
16. Mortality Indicators:	Previous year (2019-20)		Current FY (2020-21)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				

• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health 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 <ul style="list-style-type: none"> • At DH • At SDH • At CHC 				
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 				

B. Overview: DHAP

Indicator	Remarks/ Observation
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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	
<ul style="list-style-type: none"> • Details of Construction pending for more than 2 years 	
<ul style="list-style-type: none"> • Details of Construction completed but not handed over 	

C. Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> • Number of lab tests notified 	
3. Status of delivery points	
<ul style="list-style-type: none"> • No. of SCs conducting >3 deliveries/month 	
<ul style="list-style-type: none"> • No. of 24X7 PHCs conducting > 10 deliveries /month 	
<ul style="list-style-type: none"> • No. of CHCs conducting > 20 deliveries /month 	
<ul style="list-style-type: none"> • No. of DH/ District Women and child hospital conducting > 50 deliveries /month 	
<ul style="list-style-type: none"> • No. of DH/ District Women and child hospital conducting C-section 	
<ul style="list-style-type: none"> • No. of Medical colleges conducting > 50 deliveries per month 	
<ul style="list-style-type: none"> • No. of Medical colleges conducting C-section 	
4. Number of institutes with ultrasound facilities (Public+Private)	
<ul style="list-style-type: none"> • Of these, how many are registered under PCPNDT act 	
5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	
6. RBSK	
<ul style="list-style-type: none"> • Total no. of RBSK teams sanctioned 	

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> No. of teams with all HR in-place (full-team) 		
<ul style="list-style-type: none"> No. of vehicles (on the road) for RBSK team 		
<ul style="list-style-type: none"> No. of Teams per Block 		
<ul style="list-style-type: none"> No. of block/s without dedicated teams 		
<ul style="list-style-type: none"> Average no of children screened per day per team 		
<ul style="list-style-type: none"> Number of children born in delivery points screened for defects at birth 		
7. Special Newborn Care Units (SNCU)		
<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer Stepdown care Kangaroo Mother Care (KMC) unit 		
<ul style="list-style-type: none"> Number of non-functional radiant warmer for more than a week 		
<ul style="list-style-type: none"> Number of non-functional phototherapy unit for more than a week 		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 		
<ul style="list-style-type: none"> Defects at birth 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 		
<ul style="list-style-type: none"> Discharged 		
<ul style="list-style-type: none"> Referral 		
<ul style="list-style-type: none"> LAMA 		
<ul style="list-style-type: none"> Died 		
9. Nutrition Rehabilitation Centers (NRC)		
<ul style="list-style-type: none"> Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 mm <'3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever 		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> ○ Nutrition related disorder ○ Others 	
<ul style="list-style-type: none"> ● Referred by <ul style="list-style-type: none"> ○ Frontline worker ○ Self ○ Ref from VCDC/ CTC ○ RBSK ○ Pediatric ward/ emergency 	
<ul style="list-style-type: none"> ● Discharged 	
<ul style="list-style-type: none"> ● Referral/ Medical transfer 	
<ul style="list-style-type: none"> ● LAMA 	
<ul style="list-style-type: none"> ● Died 	
10. Home Based Newborn Care (HBNC)	
<ul style="list-style-type: none"> ● Status of availability of HBNC kit with ASHAs 	
<ul style="list-style-type: none"> ● Newborns visited under HBNC 	
<ul style="list-style-type: none"> ● Status of availability of drug kit with ASHAs 	
11. Number of Maternal Death Review conducted	
<ul style="list-style-type: none"> ● Previous year ● Current FY 	
12. Number of Child Death Review conducted	
<ul style="list-style-type: none"> ● 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	
<ul style="list-style-type: none"> ● No. of trips per MMU per month 	
<ul style="list-style-type: none"> ● No. of camps per MMU per month 	
<ul style="list-style-type: none"> ● No. of villages covered 	
<ul style="list-style-type: none"> ● Average number of OPD per MMU per month 	
<ul style="list-style-type: none"> ● Average no. of lab investigations per MMU per month 	
<ul style="list-style-type: none"> ● Avg. no. of X-ray investigations per MMU per month 	
<ul style="list-style-type: none"> ● Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 	
<ul style="list-style-type: none"> ● Avg. no. of sputum collected for TB detection per MMU per month 	

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Average Number of patients referred to higher facilities 		
<ul style="list-style-type: none"> Payment pending (if any) If yes, since when and reasons thereof 		
19. Vehicle for Referral Transport		
<ul style="list-style-type: none"> No. of Basic Life Support (BLS) (on the road) and their distribution 		
<ul style="list-style-type: none"> No. of Advanced Life Support (ALS) (on the road) and their distribution 		
	ALS	BLS
<ul style="list-style-type: none"> Operational agency (State/ NGO/ PPP) 		
<ul style="list-style-type: none"> If the ambulances are GPS fitted and handled through centralized call centre 		
<ul style="list-style-type: none"> Average number of calls received per day 		
<ul style="list-style-type: none"> Average number of trips per ambulance per day 		
<ul style="list-style-type: none"> Average km travelled per ambulance per day 		
<ul style="list-style-type: none"> Key reasons for low utilization (if any) 		
<ul style="list-style-type: none"> No. of transport vehicle/102 vehicle (on the road) 		
<ul style="list-style-type: none"> If the vehicles are GPS fitted and handled through centralized call centre 		
<ul style="list-style-type: none"> Average number of trips per ambulance per day 		
<ul style="list-style-type: none"> Average km travelled per ambulance per day 		
<ul style="list-style-type: none"> Key reasons for low utilization (if any) 		
20. Universal health screening		
<ul style="list-style-type: none"> If conducted, what is the target population 		
<ul style="list-style-type: none"> Number of Community Based Assessment Checklist (CBAC) forms filled till date 		
<ul style="list-style-type: none"> No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer 		
21. If State notified a State Mental Health Authority		
22. If grievance redressal mechanism in place		

Indicator	Remarks/ Observation		
<ul style="list-style-type: none"> Whether call center and toll-free number available 			
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> JSY beneficiaries 			
<ul style="list-style-type: none"> ASHA payment: 			
<ul style="list-style-type: none"> o A- Routine and recurring at increased rate of Rs. 2000 pm 			
<ul style="list-style-type: none"> o B- Incentive under NTEP 			
<ul style="list-style-type: none"> o C- Incentives under NLEP 			
<ul style="list-style-type: none"> Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 			
<ul style="list-style-type: none"> Patients incentive under NTEP programme 			
<ul style="list-style-type: none"> Provider's incentive under NTEP programme 			
<ul style="list-style-type: none"> FP compensation/ incentive 			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
<ul style="list-style-type: none"> If Rapid Response Team constituted, what is the composition of the team 			
<ul style="list-style-type: none"> No. of outbreaks investigated in previous year and in current FY 			
<ul style="list-style-type: none"> How is IDSP data utilized 			
<ul style="list-style-type: none"> Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP 			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
<ul style="list-style-type: none"> Micro plan and macro plan available at district level 			
<ul style="list-style-type: none"> Annual Blood Examination Rate 			
<ul style="list-style-type: none"> Reason for increase/ decrease (trend of last 3 years to be seen) 			
<ul style="list-style-type: none"> LLIN distribution status 			
<ul style="list-style-type: none"> IRS 			
<ul style="list-style-type: none"> Anti-larval methods 			
<ul style="list-style-type: none"> Contingency plan for epidemic preparedness 			
<ul style="list-style-type: none"> Weekly epidemiological and entomological situations are monitored 			
<ul style="list-style-type: none"> No. of MDR rounds observed 			
<ul style="list-style-type: none"> No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 			

Indicator	Remarks/ Observation
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> Target TB notification achieved 	
<ul style="list-style-type: none"> Whether HIV Status of all TB patient is known 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status_____
<ul style="list-style-type: none"> Eligible TB patients with UDST testing 	
<ul style="list-style-type: none"> Whether drugs for both drug sensitive and drug resistance TB available 	
<ul style="list-style-type: none"> Patients notification from public sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Patients notification from private sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> No. of new cases detected 	
<ul style="list-style-type: none"> No. of G2D cases 	
<ul style="list-style-type: none"> MDT available without interruption 	
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	
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	

Indicator	Remarks/ Observation			
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme				
34. Number of ASHAs <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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)- <ol style="list-style-type: none"> a. Formed b. Trained c. MAS account opened 				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> a. Formed b. Trained c. MAS account opened 				
38. Number of facilities quality certified				
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 (2019-20)		Current FY (2020-21)	
	Regular cadre	NHM	Regular cadre	NHM

Indicator	Remarks/ Observation			
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

D. Implementation of CPHC

Status as on: _____

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

E. Status of HRH

Status as on: _____

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM			
• MPW (Male)			
• Staff Nurse			
• Lab technician			
• Pharmacist (Allopathic)			
• MO (MBBS)			
• OBGY			
• Pediatrician			

• Anesthetist			
• Surgeon			
• Radiologists			
• Other Specialists			
• Dentists/ Dental Surgeon/ Dental MO			
• Dental technician			
• Dental Hygienist			
• Radiographer/ X-ray technician			
• CSSD Technician			
• OT technician			
• CHO/ MLHP			
• AYUSH MO			
• AYUSH Pharmacist			
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
• LSAS trained doctors			
• EmOC trained doctors			

F. State of Fund Utilization

FMR Wise (as per ROP budget heads, if available)

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			

9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
• FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
2. NUHM			
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			
• National Programme for			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			
• National programme for Prevention and Management of Burn & Injuries			
• Programme for Prevention and Control of Leptospirosis (PPCL)			

G. Status of trainings

Status as on: _____

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



Ministry of Health & Family Welfare
Government of India



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

Name of facility visited	
Facility Type	<input type="checkbox"/> DH/ <input type="checkbox"/> SDH
FRU	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> 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: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital

Indicator	Remarks/ Observation		
	Last major renovation done in (Year): _____		
3. Number of functional in-patient beds	<p>_____</p> <p>No of ICU Beds available:</p>		
4. List of Services available			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	

Indicator	Remarks/ Observation		
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	21	Teaching block (medical, nursing, paramedical)	
	22	Skill Lab	
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____		
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:		
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____		
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all		
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.		

Indicator	Remarks/ Observation				
11. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.	Cont.
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
		Others			
	Dentist				
	Staff Nurses/ GNMs				
	LTs				
	Pharmacist				
	Dental Technician/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
LSAS trained doctor					
Others					
12. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ 				
13. Kayakalp	Initiated: _____ Facility _____ score: _____ Award received: _____				
14. NQAS	Assessment done: _____ Internal/State Facility _____ score: _____ Certification Status: _____				
15. LaQshya	Labour Room: _____ Operation Theatre: _____				
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL _____				

Indicator	Remarks/ Observation	
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____	
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____	
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5	
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____ Supply Shortage	
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed PPP	
<ul style="list-style-type: none"> In-house tests (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:	
<ul style="list-style-type: none"> Outsourced/ PPP (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:	
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	

Indicator	Remarks/ Observation
	<p>If Yes, type & nos. of functional X-ray machine is available in the hospital:</p> <p>Is the X-ray machine AERB certified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
22. CT scan services available	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes: <input type="checkbox"/>In-house/ <input type="checkbox"/>PPP</p> <p>Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____</p>
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<p><input type="checkbox"/>Free for BPL</p> <p><input type="checkbox"/>Free for elderly</p> <p><input type="checkbox"/>Free for JSSK beneficiaries</p> <p><input type="checkbox"/>Free for all</p>
24. Availability of Testing kits/ Rapid Diagnostic Kits	<p><input type="checkbox"/>Sufficient Supply</p> <p><input type="checkbox"/>Minimal Shortage</p> <p><input type="checkbox"/>Acute shortage</p>
25. Implementation of PM-National Dialysis programme	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p><input type="checkbox"/>In-house</p> <p><input type="checkbox"/>Outsourced/ PPP</p> <p>Total number of tests performed: _____</p>
<ul style="list-style-type: none"> Whether the services are free for all 	<p><input type="checkbox"/>Free for BPL</p> <p><input type="checkbox"/>Free for elderly</p> <p><input type="checkbox"/>Free for JSSK beneficiaries</p> <p><input type="checkbox"/>Free for all</p>
<ul style="list-style-type: none"> Number of patients provided dialysis service (for 2020-21) 	<p>○ Previous year _____</p> <p>○ Current FY _____</p> <p><i>*Calculate the approximate no. of patients provided dialysis per day</i></p>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	

Indicator	Remarks/ Observation
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation
	<p>If yes, how are high risks identified on 9th?</p> <p>If No, reasons thereof:</p>
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> 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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
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	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant
42. Number of sterilizations performed in last one month	
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
44. Who counsels on FP services?	
45. Please comment on utilization of other FP	

Indicator	Remarks/ Observation		
services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months ____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> 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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> 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: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:		

Indicator	Remarks/ Observation
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>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: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number)_____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
<ul style="list-style-type: none"> • How many cases from CHC, PHC, SC, referred to in last 	Number:

Indicator	Remarks/ Observation
month?	CHC PHC SC Types of cases referred in:
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: Types of cases referred out:
3. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

Name of facility visited		
Facility Type		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC
FRU		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit		
Next Referral Point		Facility: Distance:
Indicator	Remarks/ Observation	
4. OPD Timing		
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
6. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available	

	Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital		
7. Number of functional in-patient beds			
8. List of Services available			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	Newborn Stabilization Unit	
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available		
<ul style="list-style-type: none"> Emergency 	General facilities 1. 2. 3. Stabilization	or available 	emergency: for: Triage Resuscitation
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____		
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major:		

	Minor:				
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:				
14. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.	Cont.
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
	Dentist				
	SNs/ GNMs				
	LTs				
	Pharmacist				
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
	LSAS trained doctor				
Others					
15. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____				
16. Kayakalp	Initiated: Facility score: Award received:				
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:				

18. LaQshya	Labour Room: Operation Theatre:	
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
	If yes, total number of drugs in EDL_____	
EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
No. of drugs available on the day of visit (out of the EDL) _____		
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
If other, which one_____		
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	
	2	
	3	
	4	
	5	
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____ List the consumables for which there has been shortage_____	
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed	
<ul style="list-style-type: none"> In-house tests (for 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:	
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing:	

(for 2020-21)	Total number of tests performed: _____ Details of tests performed:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> 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)	Supply Shortage
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with

	neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> 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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> 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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> 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?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> 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: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> 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: <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> 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	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>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: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____
	<input type="checkbox"/> CHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: Sub centre PHC Types of cases referred in:
<ul style="list-style-type: none"> 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		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
Whether the facility has been converted to HWC		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> 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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available	

	<input type="checkbox"/> Power backup <input type="checkbox"/> Branding																																								
4. Number of functional in-patient beds																																									
5. List of Services available																																									
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																								
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day_____																																								
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																								
9. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <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> </tbody> </table>	HR	San.	Reg.	Cont.	MO (MBBS)				MO (AYUSH)				SNs/ GNMs				ANM				LTs				Pharmacist				Public Health Manager (NUHM)				LHV/PHN				Others			
HR	San.	Reg.	Cont.																																						
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11. Kayakalp	Initiated: Facility score: Award received:																																								
12. NQAS	Assessment done: Internal/State Facility score: Certification Status:																																								

<p>13. Availability of list of essential medicines (EML)/ drugs (EDL)</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, total number of drugs in EDL_____</p> <p>EDL displayed in OPD Area: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>No. of drugs available on the day of visit (out of the EDL) _____</p>	
<p>14. Implementation of DVDMS or similar supply chain management system</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If other, which one_____</p>	
<p>15. Shortage of 5 priority drugs from EDL in last 30 days, if any</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	
<p>16. Drugs Available for Hypertension & Diabetic patients:</p>	<p>1</p> <p>2</p> <p>3</p>	
<p>17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days</p>	<p>1</p> <p>2</p> <p>3</p>	
<p>18. Availability of Essential Consumables:</p>	<p><input type="checkbox"/>Sufficient</p> <p><input type="checkbox"/>Minimal</p> <p><input type="checkbox"/>Acute shortage</p> <p style="text-align: right;">Supply Shortage</p> <p>In last 6 months how many times there was shortage_____</p> <p>(Also list the consumables for which there was shortage)</p>	
<p>19. Availability of essential diagnostics</p>	<p><input type="checkbox"/>In-house</p> <p><input type="checkbox"/>Outsourced/</p> <p><input type="checkbox"/>Both/ Mixed</p> <p style="text-align: right;">PPP</p>	
<p>• In-house tests For 2020-21</p>	<p>Timing:</p> <p>Total number of tests performed: _____</p> <p>Details of tests performed:</p>	

<ul style="list-style-type: none"> Outsourced/ PPP For 2020-21 	<p>Timing:</p> <p>Total number of tests performed: _____</p> <p>Details of tests performed:</p>
<p>20. X-ray services is available</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If Yes, type & nos. of functional X-ray machine is available in the hospital:</p> <p>Is the X-ray machine AERB certified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
<p>21. Whether diagnostic services (lab, X-ray etc.) are free for all</p>	<p><input type="checkbox"/>Free for BPL</p> <p><input type="checkbox"/>Free for elderly</p> <p><input type="checkbox"/>Free for JSSK beneficiaries</p> <p><input type="checkbox"/>Free for all</p>
<p>22. Availability of Testing kits/ Rapid Diagnostic Kits</p>	<p><input type="checkbox"/>Sufficient Supply</p> <p><input type="checkbox"/>Minimal Shortage</p> <p><input type="checkbox"/>Acute shortage</p>
<p>23. If there is any shortage of major instruments/ equipment</p>	<p>List of Equipment</p>
<p>24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days</p>	
<p>25. Availability of delivery services</p>	<p><input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
<ul style="list-style-type: none"> If yes, details 	<p>Comment on condition of labour room:</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p>
<p>26. Status of JSY payments</p>	<p>Payment is up to date: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Average delay:</p> <p>Payment done till:</p> <p>Reasons for delay:</p>

27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> 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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> 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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> 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: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from		

	<p>the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____</p> <p>Is there a sample transport mechanism in place for:</p> <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:</p>
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months:</p> <p>Out of those, how many are having Gr. II deformity:</p> <p>Frequency of Community Surveillance:</p>
51. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year:</p> <p>Fund utilized last year:</p> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Reasons for underutilization of fund (if any)</p>
53. Status of data entry in (match with physical records)	<p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>
54. Frequency of RKS meeting (check and obtain minutes)	

of last meeting held)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number_____ <input type="checkbox"/> PHC has contracted out ambulance services Number_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
<ul style="list-style-type: none"> How many cases from sub centre were referred to this PHC last month? 	Number: Types of cases referred in:
<ul style="list-style-type: none"> 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	<input type="checkbox"/> Not yet initiated

population	<input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps: _____



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

Name of facility visited	
Whether the facility has been converted to HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> 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: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and

Indicator	Remarks/ Observation																												
	female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																												
3. Biomedical waste management practices																													
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1" data-bbox="721 926 1393 1287"> <thead> <tr> <th data-bbox="721 926 1008 982">HR</th> <th data-bbox="1008 926 1154 982">San.</th> <th data-bbox="1154 926 1271 982">Reg.</th> <th data-bbox="1271 926 1393 982">Cont.</th> </tr> </thead> <tbody> <tr> <td data-bbox="721 982 1008 1045">ANM/ MPW Female</td> <td data-bbox="1008 982 1154 1045"></td> <td data-bbox="1154 982 1271 1045"></td> <td data-bbox="1271 982 1393 1045"></td> </tr> <tr> <td data-bbox="721 1045 1008 1108">MPW Male</td> <td data-bbox="1008 1045 1154 1108"></td> <td data-bbox="1154 1045 1271 1108"></td> <td data-bbox="1271 1045 1393 1108"></td> </tr> <tr> <td data-bbox="721 1108 1008 1171">MLHP/ CHO</td> <td data-bbox="1008 1108 1154 1171"></td> <td data-bbox="1154 1108 1271 1171"></td> <td data-bbox="1271 1108 1393 1171"></td> </tr> <tr> <td data-bbox="721 1171 1008 1234">ASHA</td> <td data-bbox="1008 1171 1154 1234"></td> <td data-bbox="1154 1171 1271 1234"></td> <td data-bbox="1271 1171 1393 1234"></td> </tr> <tr> <td data-bbox="721 1234 1008 1287">Others</td> <td data-bbox="1008 1234 1154 1287"></td> <td data-bbox="1154 1234 1271 1287"></td> <td data-bbox="1271 1234 1393 1287"></td> </tr> </tbody> </table>					HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
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ASHA																													
Others																													
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ 																												
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL)																												

Indicator	Remarks/ Observation	

7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	
	2	
	3	
	4	
	5	
9. Drugs Available for Hypertension & Diabetic patients:	1	
	2	
	3	
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1	
	2	
	3	
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____	
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 	
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 	

Indicator	Remarks/ Observation		
	<ul style="list-style-type: none"> MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> 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	<input type="checkbox"/> Yes/ <input type="checkbox"/> 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	Advised	for	Lifestyle management:

Indicator	Remarks/ Observation		
initiated treatment for HTN, DM and others during last six months	Medicines for Medicines for Medicines for Others:	Hypertension: Diabetes:	
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	From From Linked From other govt. facilities: From pvt. Chemist shop: (Average OOP/month)	SC-HWC: PHC: (Specify)	
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	2019-20	2020-21
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
<ul style="list-style-type: none"> • Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) 			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) 	
<ul style="list-style-type: none"> ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> Average delay 	
<ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) 	
35. Number of Village Health & Sanitation days conducted in last 6 months	
36. Incentives:	<ul style="list-style-type: none"> Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>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)

Indicator	Remarks/ Observation
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	