

REPORT

MONITORING OF IMPORTANT COMPONENTS OF
NHM PROGRAMME IMPLEMENTATION IN DHAR DISTRICT,
MADHYA PRADESH



Submitted by

Dr. Gudakesh & Ms. Debayanti Bhowmick



Population Research Centre
Institute of Economic Growth
Delhi University Enclave, North Campus
Delhi 110007

October 2021

TABLE OF CONTENTS

LIST OF TABLES AND FIGURES.....	4
ACKNOWLEDGEMENTS.....	5
LIST OF ABBREVIATIONS.....	6
EXECUTIVE SUMMARY.....	7
1. INTRODUCTION.....	10
1.1 OBJECTIVE.....	11
1.2 METHODOLOGY.....	12
1.3 OVERVIEW OF THE DISTRICT.....	13
1.4. HMIS SERVICE DELIVERY INDICATORS.....	14
2. PUBLIC HEALTH PLANNING AND.....	17
STATUS OF SERVICE DELIVERY.....	17
2.1 BUDGET UTILIZATION.....	18
2.2 STATUS OF SERVICE DELIVERY.....	20
2.2.1 INFRASTRUCTURE.....	20
2.2.2 HUMAN RESOURCE.....	22
2.2.3 TRAINING STATUS.....	24
3. STATUS OF NATIONAL PROGRAMME.....	26
IMPLEMENTATION.....	26
3.1 REPRODUCTIVE MATERNAL NEW-BORN CHILD AND ADOLESCENT PROGRAMMES (RMNCH+A).....	27
3.1.1 JANANI SURAKSHA YOJANA (JSY).....	27
3.1.2 JANANI SHISHU SURAKSHA KARYAKRAM (JSSK).....	27
3.1.3 MATERNAL DEATH REVIEW.....	28
3.1.4 THE PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN (PMSMA).....	28
3.1.5 HOME BASED NEWBORN CARE (HBNC).....	28
3.1.6 RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK).....	29
3.1.7 FAMILY PLANNING.....	29
3.2 DISEASE CONTROL PROGRAMME.....	30
3.2.1 INTEGRATED DISEASE SURVEILLANCE PROGRAMME (ISDP).....	30
3.2.2 THE NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)	30
3.2.3 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP).....	30
3.2.4 THE NATIONAL TUBERCULOSIS ELIMINATION PROGRAM (NTEP).....	31
4. FACILITY WISE OBSERVATIONS.....	32
AND COMMUNITY PERCEPTION.....	32

DISTRICT HOSPITAL, DHAR.....	33
CHC, TIRLA.....	35
CHC DAHI	36
PHC SINGHANA.....	37
PHC KESUR.....	38
SC- HWC, JOLANA	39
COMMUNITY RESPONSE	40
5. DISCUSSION AND RECOMMENDATIONS	41
5.1 DISCUSSIONS.....	42
5.2 RECOMMENDATIONS.....	43
6 ANNEXURES	46

LIST OF TABLES AND FIGURES

Table 1: Demographic Indicators, Dhar, Madhya Pradesh.....	12
Table 2: Health and Health Care Service Delivery Indicators in Dhar District, 2020-21	14
Table 3: FMR wise budget received and utilized for Dhar 2020-21	17
Table 4: Flexipool wise budget received and utilized for Dhar District, 2020-21	17
Table 5: Details of Public Health Infrastructure of Dhar, 2020-21	20
Table 6: Facility Details Dhar District.....	20
Table 7: Human Resource in Dhar District 2020-21	22
Table 8: Training status as per ROP in Dhar District	23
Figure 1: Outline map of Dhar district in Madhya Pradesh, India.....	13
Figure 3: Component wise percentage of funds left unutilized under RCH Flexipool	18

ACKNOWLEDGEMENTS

This is to express our deepest gratitude to all those who have extended their timely support and helping in hand in completing this report.

We would like to express our special thanks of gratitude to Mr. D.K Ojha, DDG, Ministry of Health and Family Welfare, Government of India for assigning the work of monitoring of the important components of NHM Programme Implementation Plan to Population Research Centre, Institute of Economic Growth. We are also thankful to Mrs. Anjali Rawat, Director (Stats.) and Ms. Pooja Verma, Deputy Director, (Stats.) Ministry of Health and Family Welfare, for her unstinting support.

The monitoring and evaluation rely heavily on the cooperation and support from the health facilities. We thank the health facility staff for their active involvement, cooperation and enthusiasm during the monitoring visits in the districts. We are very grateful to the health facility staff particularly Dr. Jeetendra Chaudhary (CMHO), Dr. Virendra Raghuvanshi (DPM) and all the Nodal Officials and staffs working across the facilities and NHM Programmes, for sharing with us the valuable information.

Lastly, I would like to extend my sincere gratitude to Prof. Suresh Sharma, for his invaluable support and coordination throughout the visit.

**Dr. Gudakesh
Ms. Debayanti Bhowmick**

**Population Research Centre
Institute of Economic Growth
New Delhi**

LIST OF ABBREVIATIONS

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

EXECUTIVE SUMMARY

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

Interactions with district and block level health administrators including the Chief Medical Officer (CMO) and the nodal programme officers, the Block Medical Officer-in-Charge (MOIC), facility (Mos, ANMs, etc) and community level health care providers (ASHAs, Anganwadi workers etc) and other supporting staff were conducted to understand the strengths and weakness of the facilities in service provisioning.

The report hence focuses on monitoring all the essential components of NHM in Dhar district for the year 2020-21. The monitoring was carried out in the month of October to encapsulate and analyse the status of NHM activities in district. The report puts forward the key observations made during the PRC, Delhi team's visit to various health facilities of the district.

KEY NOTES

MATERNAL AND CHILD HEALTH

The suman programme is effectively functioning in the district. Under this programme, all centres have been integrated to help follow-up with the pregnant mother during her ANC period. This follow-up is conducted through the Suman help-desk. The programme has proved sufficiently successful in identifying high-risk pregnancies on time and catering to their urgent needs. The tribal belt however, continues to hold a stringent stigma against ANC care and institutional delivery. The approach to deal with this situation is dependent on the active participation of ASHAs, awareness camps and overall development of these hard to reach areas.

RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)

Dhar has been sanctioned with 28 RBSK teams. However, only one of the team happens to be absolutely complete. This reflects on the staff crunch of the programme, which has adversely

affected its functioning. Furthermore, most of the team members have been deployed in COVID19 work in the last two years.

THE NATIONAL TUBERCULOSIS ELIMINATION PROGRAM (NTEP)

Out of the 13 TUs in the district, 7 TUs face the maximum income of the migratory population. Hence the follow-up in these units is a problem.

In terms of infrastructure and human resources, the CBNAAT machine has been non-functional for the past six months. However, no funds have yet not been released from the State or the Central. For HR, a crunch in the number of LTs has been an important issue of concern.

It has been reported that 90% of the payments under Nikshay Poshan are updated. The 10% backlog is majorly owing to document errors of the beneficiaries or unavailability of bank accounts.

THE NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

The wrath of Malaria has been felt excessively along the tribal belts; 230 cases of Malaria and 81 cases of Dengue have been reported in the district during the last financial year. However, the challenges as reported by the nodal officer are the lack of sufficient Malaria Technical Supervisors and inactive ASHA workers. Low incentives allotted to the ASHA workers create no encouragement for efficient screening of cases or larva survey. Thus it is recommended that the HR issue be looked into immediately, and the incentives of ASHA be considered for revision.

INTEGRATED DISEASE SURVEILLANCE PROGRAMME

Under this programme, the ASHA and the ANMs face glitches in work progress, once their tablets stop functioning adequately. With no extra monetary incentives for tablet maintenance, the ASHAs and ANMs often face the burns of internet expenditure, trouble-shooting and out of pocket expenses for the repair of the devices.

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

The invasion of the COVID19 pandemic had caused a serious hindrance to the regular organisation of camps in the district. This has produced an approximate 18% backlog among the beneficiaries. For the same reason, screening has also stopped completely in more than five blocks of the district.

It has been reported that fund allocation under the programme is lesser than their estimated needs. Also, with no supporting NGOs available, efficient functioning is a big challenge.

NATIONAL TOBACCO CONTROL PROGRAMME

Under this programme, the district runs district and school level programmes. However, FGDs have been halted ever since the pandemic has hit the country. This disruption has temporarily hindered the community reach processes. The district has imposed monetary punishment to check smoking in public areas. Last year a total of 180 fines were charged amounting to Rs 1600 each for the aforementioned offense.

KEY CHALLENGES

- There are high cases of high-risk pregnancies reported at the facility. The poor communication and non-motorable roadways make it a problem for the mothers to reach the facility on time. Hence there's high incidence of home delivery in the tribal belts.
- The tribal belt continues to hold stringent stigma against ANC care and institutional delivery. One of the urgent requirements thus has been the promotion of ANC registration in the first trimester, which is also a problem because of the substantial prevalence of migratory population. This issue can only be addressed through the active involvement of the ASHAs.
- The ASHAs and the ANMs face glitches in work progress due to non-functional tablets, and unavailability of internet services. With no extra monetary incentives for tablet maintenance, the ASHAs and ANMs often face the burns of internet expenditure, trouble-shooting and out of pocket expenses for repairment of the devices.
- Under the NVDBCP, there is lack of sufficient Malaria Technical Supervisors and inactive ASHA workers. Low incentives allotted to the ASHA workers create no encouragement for efficient screening of cases or larva survey. With the increasing burden of vector-borne disease in the district, it is important to fix these lines of inadequacies.
- Under the National Tobacco Control Programme, the invasion of the COVID19 pandemic had hindered the regular organisation of camps in the district. Additionally, with the release of insufficient funds and no supporting NGOs, efficient functioning is a big challenge. The high rate of indulgence in alcohol and tobacco, especially in the tribal belts have put the health conditions in the margins more at risk. To tackle the risky behaviours, the programmes need to be strengthened as per requirement and severity of the situation.

1.INTRODUCTION

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

In order to monitor the important components of NHM State Programme Implementation Plan (PIP) 2020-21, the Ministry of Health and Family Welfare (MoHFW) had commissioned Population Research Centres (PRCs) to evaluate the performance of the plans in various districts. The monitoring helps in knowing the gaps in the implementation and how efficient the resource allocation has been.

The following report is based on the PIP Monitoring visit to Dhar district in September 2021. The PRC Delhi team visited the Chief Medical Officer's (CMO) Office for a brief interaction with the District Programme Manager (DPM) and Additional Chief Medical Officer (ACMO); thereafter six facilities in the district were visited, which were: the District Hospital and District Women Hospital in Dhar, two Community Health Centre's (CHC) in Tirla and Dahi, two Primary Health Centre's in Singhana and Kesur and their respective Sub-Centres which was also a Health and Wellness Centres in Jolana. Thereafter community interactions were done in the respective villages.

This report provides a review of key population, socio-economic, health and service delivery indicators of Dhar District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, bio-medical waste management, referral transport, communicable, and non-communicable diseases. This report is based on the interviews of CMO, District Health Officials, CHO's, ANMs, ASHAs, and beneficiaries.

1.1 OBJECTIVE

- The major objectives of this monitoring and evaluation of PIP study are:
- To monitor the status of physical infrastructure of health facilities under NHM Programme.

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

1.2METHODOLOGY

Ministry of Health and Family Welfare has assigned the task of monitoring the health status of Dhar, Madhya Pradesh to PRC Delhi. The report is based on the primary data collected from the CMO office and other health facilities visited. A team of four from PRC, Delhi visited the district office to interact with CMO, Dy. CMO, DPM and other officers of the district. Health profile of the district was discussed intensively and higher authorities were questioned on broad areas under NHM such as maternal health, child health, family planning, human resource, infrastructure etc. Before visiting the field, a structured questionnaire (Appendix) was prepared on various important aspects of NHM activities. Prior to the assessment of health facilities, a meeting with key personnel of NHM, Dhar was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The DPMU further elaborated the plan of visit to the health facilities.

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

1.3 OVERVIEW OF THE DISTRICT

Dhar District is one among 52 Districts of Madhya Pradesh State, India. District Dhar has Malwa plateau in the north, Vindhya range in its centre and Narmada valley in its south. It is bounded by Ratlam and Ujjain districts in the north, Indore in the east, Khargone and Barwani in the south and Jhabua and Alirajpur in the west. It lies in latitude 22°42'N 23°10'N and 75°00'E to 75°26'E longitude. The district is drained by river Narmada in the south and Chambal in its north east. Dhar has 13 blocks namely Dhar, Tirla, Dehrisaray, Bagh, Kukshi, Bagh CT, Bankaner, Badnawar, Sardarpur, Gandhwani, Manawar, Dharampuri and Dahi.

Dhar district has a population density of 268 persons per sq.km, which is higher than the state average of 236 persons per sq.km. The district ranks 13th in terms of sex ratio (988), which is higher than the state average of 948 females per thousand males. Dhar district ranks 46th in terms of literacy with 59 percent which lower than the state average of 67.7 percent. There are only 58 uninhabited villages out of a total of 1535 villages in the district. The Decadal growth rate of the district is 25.60 percent, which is lower than the state average of 20.2 percent. Population wise, largest village is Ringnod of Sardarpur tahsil with 11211 population and smallest village is Nagjhiri of Dharampuri tahsil with population of only 4 persons.

Table 1: Demographic Indicators: Dhar and Madhya Pradesh

	India	Madhya Pradesh	Dhar
Number of Blocks	6612	333	13
Number of villages	649481	51527	1535
Actual Population	1,210,854,977	72,626,809	2,185,793
Rural Population	833748852	52,557,404	1,772,572
Urban Population	377106125	20,069,405	412,221
Male	623,270258	37,612,306	1,112,725
Female	587,584,719	35,014,503	1,073,068
Total Child Population (0-6)	164,515,253	10,809,395	359,949
Male Population (0-6)	85,752,254	5,636,172	186,684
Female Population (0-6)	78,762,999	5,173,223	173,265
Scheduled Castes	201,378,372	11,342,320	145,436
Schedule tribes	104,545,716	15,316,784	1,222,814
Population Growth	21	20.35	25.60
Density/km ²	382	236	268
Sex Ratio	991	948	988
Child Sex Ratio	919	927	992
Average Literacy	72.98	69.31	59
Male Literacy	80.88	78.73	68.95
Female Literacy	64.63	59.24	48.77

Source: Census of India, 2011

As per the National Family Health Survey (NFHS 2015-16), the sex ratio of the total population (females per 1000 males) is 988. The sex ratio at birth of children in the last five years is 992

girls per 1000 boys. About 86% of the children under five had their births registered. The district has 95.7% households with electricity and 86.2% with improved source of drinking water. The level of improved sanitation facility is 35.5% and 34.6% households used clean fuel for cooking.

Figure 1: Map of Dhar District, Madhya Pradesh



Source: www.veethi.com
Map is not fit to scale.

1.4. HMIS SERVICE DELIVERY INDICATORS

Antenatal Care (Pre-Natal care), is one of the most important components of the Maternal Health. It refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the foetus. Furthermore, with regular prenatal care, women can reduce the risk of pregnancy complications.

About 93.31 per cent of all deliveries in the district were institutional deliveries and of all the institutional deliveries in Dhar, around 11.83 per cent women were discharged in less than 48 hours of delivery at public institutions. Only 22.61 per cent of women received the 1st postpartum checkup within 48 hours and 14 days of delivery. Total 76 Maternal Deaths has been recorded in the district, which seems to be a very high figure.

With regards to the service delivery for Child Health, around 56 thousand numbers of children are fully immunized (9-11 months) in Dhar. The most common childhood disease as reported

in the last financial year is diarrhoea. The district had 2442 & 414 cases of diarrhoea and Pneumonia respectively.

Table 2: Health and Health Care Service Delivery Indicators in Dhar District, 2020-21

1. MATERNAL HEALTH	MP	DHAR
% of beneficiaries registered for 1st trimester to total ANC registration	71.67	71.61
% of pregnant women with 4 or more ANC checkups to total ANC registration	80.58	79.81
% of pregnant women given 180 IFA to total ANC registrations	96.72	90.74
a) Institutional and Home Deliveries	59360	2637
% of SBA attended home deliveries to total home deliveries	14.66	9.82
% of institutional deliveries to total reported deliveries	95.68	93.31
% of institutional deliveries to total ANC registrations	68.88	65.04
% of C-Section deliveries to total institutional deliveries	11.40	5.39
Post-natal Care		
% of women discharge in < 48 hours of delivery to total deliveries (Public)	11.97	11.83
% 1st post-partum check-up between 48 hours and 14 days to total deliveries	13.75	22.61
New-born and Child Health		
% of new-born weighed to total live birth	96.41	98.71
% of new-born breast fed within 1 hour of birth to total live birth	91.79	96.79
2. Child Immunization & Diseases		
% of children received measles to full immunization	99.16	99.42
% of children received BCG to full immunization	76.98	67.35
3. Family Planning		
Total Sterilization conducted	317272	12220
% of male sterilization to total sterilization	0.87	0.13
% of female sterilization to total sterilization	99.13	99.87
4. Mortality Indicators		
Maternal Death	2722	76
Child Death	4109	132
Infant Death	27669	821
Still Birth	24453	645
5. Other Services		
IPD	3747157	114311
OPD (Ayush + Allopathic)	52710661	1734382
% IPD to OPD	7.11	6.59

Source: HMIS Standard Report, 2020-21

Table 2 depicts the health care service delivery indicators of Dhar and Madhya Pradesh with respect to Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2020-21. Delivery care is a vital factor for Infant health. Of the total home deliveries in Dhar, 9.82 per cent deliveries were attended by SBA. With regards to Post Natal Care, around 96.79 per cent of the new-borns were breast fed within 1 hour of delivery and 98.71 percent of all new-borns were weighed at birth.

According to the HMIS, around 71.61 per cent of women in Dhar registered for ANC in the first trimester. Women who registered for ANC up to 4 or more check-ups, sums up to 79.81 per cent. According to the HMIS data source, IFA supplementation was given to 90.74 per cent of women who registered for ANC. Of all women who registered for ANC, 93.31 per cent went

for institutional delivery. Out of all institutional deliveries, 5.39 per cent was C-section deliveries.

The total sterilization conducted in the district is 12220. Female sterilization share takes up 99.8% of the total figure. Dhar district had distributed 694353 condoms and 123380 emergency contraceptive pills in the given year.

The mortality indicators are also presented in Table 2. The district reported a total of 76 maternal deaths during 2020-21. The number of infant deaths reported is 821 whereas the number of still births reported is 645. To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. The OPD patient load of Dhar is as high as 1734382 in 2020-21 as against 114311 IPD patients. In terms of percentage, IPD to OPD percentage stands at 6.59 per cent in Dhar District, which is lower than the state average i.e., 7.1 per cent.

**2. PUBLIC HEALTH PLANNING AND
STATUS OF SERVICE DELIVERY**

2.1 BUDGET UTILIZATION

Budget utilisation under NHM is to operationalise an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. The budget utilisation summary for Dhar by FMR is given in table 3. Maximum budget for infrastructure, IEC and IT initiative services has been utilized. The highest under-utilization rates are for untied grants, quality and human resource.

Table 3: FMR Wise Budget Received and Utilized for Dhar 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Percent not utilized
FMR 1: Service Delivery: Facility Based	91440246	73875902	19
FMR 2: Service Delivery: Community Based	13985645	12589034	10
FMR 3: Community Intervention	-	-	-
FMR 4: Untied grants	25511723	7511223	71
FMR 5: Infrastructure	90000	86091	4
FMR 6: Procurement	-	-	-
FMR 7: Referral Transport	-	-	-
FMR 8: Human Resource (Service Delivery)	148103262	129093622	13
FMR 9: Training	-	-	-
FMR 10: Review, Research and Surveillance	-	-	-
FMR 11: IEC-BCC	1229500	1170392	5
FMR 12: Printing	-	-	-
FMR 13: Quality	2721691	1753147	36
FMR 14: Drug Warehouse & Logistic	-	-	-
FMR 15: PPP	-	-	-
FMR 16: Programme Management	8644000	7700096	11
FMR 16.1: PM Activities Sub Annexure	-	-	-
FMR 17: IT Initiatives for Service Delivery	861000	804600	7
FMR 18: Innovations	-	-	-

Source: CMO Office, Dhar, 2020-21

One of the major reasons cited for underutilization during the meeting with district officials was the delay in receipt of funds. It was also reported that the untimely disbursement of funds fails to cover the pre sanctioned loans due to audit loops, owing to which 100% utilisation has not been possible. The vacant posts in HR also leaves a huge sum under this category unutilized.

Table 4: Flexipool Wise Budget Received and Utilized for Dhar 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Percent not utilized
1. RCH and Health Systems Flexipool			
· Maternal Health	74588779	63010486	16
· Child Health	14980085	10462404	30
· RBSK	18919472	18130148	4

· Family Planning	32585564	22603409	31
· RKSK/ Adolescent health	-	-	-
· PC-PNDT	17064	17064	0
· Immunization	30296282	26222036	13
· Untied Fund	25511723	7511223	71
· Comprehensive Primary Healthcare (CPHC)	-	-	-
· Blood Services and Disorders	3808039	3573495	6
· Infrastructure	90000	86091	4
· ASHAs	153253492	14318970	91
· HR	148103262	129093622	13
· Programme Management	8044000	7700096	4
· Quality Assurance	2721691	1753147	36
· NIDDCP	4237730	2695355	36
2. Communicable Diseases Pool			
· Integrated Disease Surveillance Programme (IDSP)	556025	521444	6
· National Vector Borne Disease Control Programme (NVBDCP)	2338240	2191098	6
· National Leprosy Eradication Programme (NLEP)	2017510	1722410	15
· National TB Elimination Programme (NTEP)	3557000	2355212	34
3. Non-Communicable Diseases Pool			
· National Program for Control of Blindness and Vision Impairment (NPCB+VI)	462875	433724	6
· National Mental Health Program (NMHP)	292000	184074	37
· National Programme for Health Care for the Elderly (NPHCE)	-	-	-
· National Tobacco Control Programme (NTCP)	215000	-	-
· National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	3472259	3227103	7
· National Dialysis Programme	-	-	-
· National Program for Climate Change and Human Health (NPCCHH)	50000	49972	0.06
· National Oral health programme (NOHP)	50000	49810	0.38

Source: CMO Office, Dhar, 2020-21

Budget utilization according to the NHM flexipools and their major components is presented in Table 5.

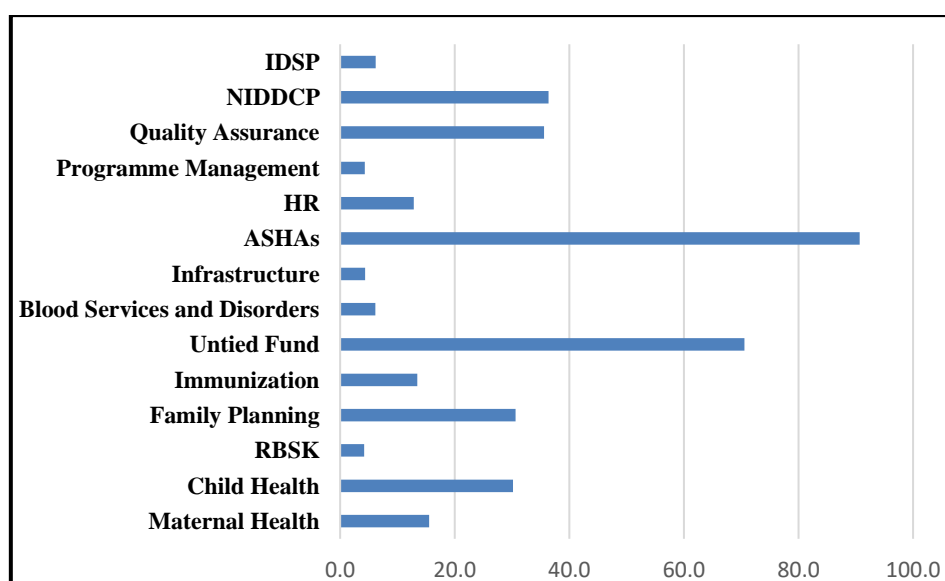


Figure 2: Component wise percentage of funds left unutilized under RCH Flexipool

In ASHAs and Untied Funds, more than half of the sanctioned budget lies un-utilized. Lowest non-utilization rates are for IDSP, NVDBCP, PC-PNDT, CPHC and Blood disorder. The highest part of the budget accrues to RMNCH+A flexipool followed by communicable disease pool. Figure 2 presents the non-utilization of RCH and Health flexi pool funds according to their components. The maximum non-utilization of funds is seen under ASHAs (91%), Untied Funds(71%) and NIDDCP (36%).

2.2 STATUS OF SERVICE DELIVERY

This section will talk about the status of service delivery in Dhar district and also observe the provisions rendered under NHM for smooth service delivery. The important components that have been highlighted are physical infrastructure, Human Resource (HR) and trainings for health personnel, meant for capacity building

2.2.1 INFRASTRUCTURE

According, to the Indian Public Health Standards (IPHS), healthcare infrastructure in India comprises of three main levels i.e., primary, secondary, and tertiary healthcare. At the primary level of health care, it comprises of the Primary health centres (PHCs), and sub-centres (SCs). While the District Hospitals, Sub-district hospitals, and Community Health Centres (CHC) fall under the category of secondary health care. Whereas, the tertiary level of health care includes the medical colleges and Specialized Hospitals.

Infrastructure provides health system the foundation to deliver, evaluate and respond to community health needs. It is essential to effectively provide essential public health services. An adequate system is capable of providing preventive, diagnostic, and curative care, according to the requirements of the beneficiaries. The Public Health Care Infrastructure under NHM includes Sub Health Centres at the most peripheral level, Primary Health Centres to provide an integrated curative and preventive health care, and Community Health Centres which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

Table 6 presents the details of Health Infrastructure in Dhar. With regards to Public health infrastructure, there is 1 District Hospital, 15 Community Health Centres (CHCs), 51 Primary Health Centres (PHCs), 502 Sub Centres (SCs). 46 PHCs out of 51 PHCs and all UPHC have been converted into Health and Wellness Centres in Dhar.

Table 5: Details of Public Health Infrastructure in Dhar District, 2020-21

Health facility	Facilities	Bed count	Population covered	Area covered	Difficult / Tribal Areas
Medical College	-	-	-	-	-
District Hospital	1	300	2185793	140	1
CHC	15	466	573205	725	14
PHC	51	276	860662	499	43
SC	502	-	1518452	2574	500

Source: HMIS Master Report of Facility, 2020-21;

The total numbers of UPHCs present in the district are 3 and no UCHC's are available. One Special New-Born Care Unit (SNCU) and 11 Nutrition Rehabilitation Centre are present at the district. Moreover, there are 5 operational first referral units (FRUs) and 1 blood bank.

Out of 51 PHC's 46 PHC's have been converted into Health and Wellness Centres (PHC-HWC). Furthermore, out of 502 SCs, 226 SCs have been converted into HWCs. There are 2 operational Tuberculosis units (Tus) and 1 CBNAAT/TruNat sites, and 1 drug resistant TB centre. In addition, the number of functional NCD clinic found at the DH and CHC level, are 1 and 13 respectively.

Table 6: Facility Details, Dhar District

Facility Details	Sanctioned/ Planned	Operational
District Hospitals	1	1
Sub District Hospital	3	1
Community Health Centers (CHC)	15	15
Primary Health Centers (PHC)	51	51
Sub Centers (SC)	502	502
Urban Primary Health Centers (U-PHC)	3	3
Urban Community Health Centers (U-CHC)	-	-
Special Newborn Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)	11	11
District Early intervention Center (DEIC)	1	0
First Referral Units (FRU)	5	5
Blood Bank	1	1
Blood Storage Unit (BSU)	4	4
No. of PHC converted to HWC	46	46
No. of U-PHC converted to HWC	3	3
Number of Sub Centre converted to HWC	439	226
Designated Microscopy Center (DMC)	31	31

Tuberculosis Units (TUs)	13	2
CBNAAT/TruNat Sites	2	1
Drug Resistant TB Centres	1	1
Functional Non-Communicable Diseases (NCD) clinic		
• At DH	1	1
• At SDH	3	1
• At CHC	13	13
Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	16	16
• Providing 1st trimester services	11	11
• Providing both 1st & 2nd trimester services	5	5

Source: CMO Office, Dhar, 2020-21

The total number of public institutions providing comprehensive abortion care services (CAC) are 16. 11 of the facilities are providing 1st trimester services and 5 of them are providing both 1st and 2nd trimester services.

The district has 1 sanctioned District Early Intervention Centre (DEIC) .

Health infrastructure also includes the transport facilities provided by the district for safe and timely movement of patients. These include ambulances or any other form/mode of transport used to commute by the people of the community.

The operational agency for referral transport in Dhar is the State of Madhya Pradesh. There are 35 ambulances available for the services at the district level and it funded by the CSR and the MLA fund as reported from the DPMU. All the vehicles run through the centralised call centre.

2.2.2 HUMAN RESOURCE

To ensure smooth service delivery, NHM made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure. The HR component includes the process starting from recruitment, deployment, and continued capacity building and functioning of manpower.

Lack of Human Resource is one of the major concerns of the district; more specifically the major issue as reported was regarding the shortage of OT technicians (100%), MPW (53%), Radiologist (100 %), and anaesthetist (83%). There are 48 vacant pharmacist posts in the district. The district's NBSU also suffers acute staff crunch.

Table 7: Human Resource in Dhar District

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM	680	585	14
MPW (Male)	303	142	53
Staff Nurse	373	319	14
Lab technician	98	92	6
Pharmacist (Allopathic)	107	59	45
MO (MBBS)	175	150	14
OBGY	18	08	56
Paediatrician	17	04	76
Anaesthetist	06	01	83
Surgeon	15	05	67
Radiologists	01	00	100
Other Specialists	15	03	80
Dentists/ Dental Surgeon/ Dental MO	04	03	25
Radiographer/ X-ray technician	25	24	4
OT technician	01	00	100
CHO/ MLHP	439	226	49
AYUSH MO	73	63	14
AYUSH PHARMACIST	59	59	0

Source: CMO Office, Dhar, 2020-21

Nearly, 50 percent of CHO posts are found to be vacant in the district followed by 67 percent of surgeons. It is also evident from the table above, 25 percent of dentist's seats are vacant.

Moreover, if we talk about AYUSH, there lies 10 vacant position for AYUSH MO. Besides these, the least number of crunches in terms of HR in the district is observed in Lt, radiographer and AYUSH pharmacist. It was also mentioned that most of the staffs were currently deployed in the COVID-19 duty.

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.

ASHA's main aim is to build a sustainable network of health facilities and enhance community participation and ownership. They play a pivotal role in reaching out to all the beneficiaries and encourage them adopt healthier lifestyle.

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.

Presently, there are 1993 ASHAs working in the district with 43 positions vacant. The requirement as per population by the district was reported to be 2036 ASHA workers. Our Honourable 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 GoI namely, the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY).

From the gathered data, it clearly depicts that the maximum number of ASHAs have been given the benefit of PMSBY with 1516 workers, followed by PMJJBY benefits to 1131 workers and PMSYMY benefit to 681 workers.

2.2.3 TRAINING STATUS

The table below provides a brief snapshot of trainings received in the last financial year i.e., 2020-21 as per the ROP approval. In total, 5 trainings were conducted across various programs.

Table 8: Training Status as per ROP

List of training (to be filled as per ROP approval)	Planned	Completed
1. ASHA Introduction Training	2	2
2. Supplementary ASHA Training	10	10
3. HBNC Training	0	0
4. GDM Training	3	3
5. PPIUCD Training	3	3
6. FPLMIS Training	0	0
7. First round ASHA training	3	3
8. Second round ASHA training	3	3
9. Third round ASHA training	3	3
10. Fourth round ASHA training	4	4
11. First round USHA Training	0	0
12. Second round USHA Training	1	1

13. Third round USHA Training	1	1
14. Fourth round USHA Training	1	1
15. MAS training	35	35
16. SBA training	3	3
17. DASTAK training	13	13

Source: CMO Office, Dhar, 2020-21

As per the plan, 85 trainings were scheduled of which all trainings have been completed. The district had planned 10 Supplementary ASHA Training, 35 MAS training and 13 DASTAK training. All the planned trainings were conducted as per the schedule. Other than that, 13 trainings for ASHAs and 3 trainings for USHAs has also been conducted.

3.STATUS OF NATIONAL PROGRAMME

IMPLEMENTATION

3.1 REPRODUCTIVE MATERNAL NEW-BORN CHILD AND ADOLESCENT PROGRAMMES (RMNCH+A)

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

3.1.1 JANANI SURAKSHA YOJANA (JSY)

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

In Dhar, more than 92 percent of JSY payments have been done. Interaction with beneficiaries revealed that they were satisfactorily aware about the JSY schemes, and most of the them had bank accounts. During the visit, it was reported by medical officers that any delay in JSY incentive was mostly because of discrepancies in account details of beneficiaries and the technical issue induced by the Anmol application causing double-entry, data disappearance, over-reading, faulty connectivity. Under trained ANMs adds on to the inefficient handling of the application.

3.1.2 JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 to eliminate out of pocket expenditure for pregnant women and sick new- borns and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. Similar entitlements have been put in place for all sick newborns & infants accessing public health facilities.

JSSK has been implemented and is functional in Dhar District. Beneficiaries are being provided free of cost consultation, drugs and referral transport. However, with respect to diet, only the facilities having sufficient number of beneficiaries could afford to run a kitchen and supply

consumables. Most of the deliveries taking place at sub centres and PHCs, do not have provisions for free diet. It has also been observed that in the lower level facilities, a user charge is applied for diagnostic services to cover up the excess costs which is being incurred, Under such cases even the JSSK beneficiaries are liable to pay a minimal charge for their services.

3.1.3 MATERNAL DEATH REVIEW

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

Dhar observed 76 Maternal deaths in the year 2020-21. In the last financial year, 33 MDR were conducted as against 12 in the current year. The reasons for maternal deaths as reviewed were majorly owing to severe cases of anaemia, haemorrhage and improper peripheral managements and delayed referrals. Under-registration of ANC care is also observed among the tribal community, where dependency on quacks is more.

The suman programme is effectively functioning at the district. Under this programme, all centres have been integrated to help follow-up with the pregnant mother during her ANC period. This follow-up is conducted through the Suman help-desk. The programme has proved sufficiently successful in identifying high-risk pregnancies on time and catering to their urgent needs. The tribal belt however, continues to hold stringent stigma against ANC care and institutional delivery.

3.1.4 THE PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN (PMSMA)

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

The programme is running in the district. ANC checkups are being provided on 9th of every month. Mothers who are found to be severely anemic during the checkups are given injectable iron supplements (iron sucrose).

3.1.5 HOME BASED NEWBORN CARE (HBNC)

Under National Health Mission, Home Based New Born Care is being implemented since 2011 for reduction of neonatal mortality in rural areas. Home Based New-born Care scheme for

reduction of neonatal mortality, has incentivized Accredited Social Health Activist (ASHA) for making visits to all new-borns and their mothers according to specified schedule up to 42 days of life.

HBNC is functioning in Dhar District, in the year 2020-21 and every ASHA received 1825 HNBC kit and no shortage of HNBC drugs were reported. In the last financial year, 10216 new borns were visited under HBNC. All ASHAs were trained as per the 7 modules and 7 visits were made by them.

3.1.6 RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)

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

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

Dhar has been sanctioned with 26 RBSK teams. However only one of the teams happens to be absolutely complete. This reflects on the staff crunch of the programme which has adversely affected its functioning. The average number of children screened per day per team is 60 and 8347 children born in delivery points were screened for defects at birth. Furthermore, most of the team members have been deployed in COVID19 work in the last 2 years.

3.1.7 FAMILY PLANNING

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

Activities under family planning are functioning in the district. Female sterilization is noted to be the dominate method under permanent sterilization. PPIUCD is being promoted at all facilities. Other prevalent methods include Antara, Chaya and condoms.

3.2 DISEASE CONTROL PROGRAMME

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

3.2.1 INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)

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

A Rapid Response Team is constituted under IDSP in Dhar composing of: CMO, staff nurse, veterinary and epidemiologist. Data for different diseases are available on their IDSP portal and 50% of private health facilities tend to report data weekly for efficient surveillance. Quick actions are taken if the reported rates are higher than the usual.

Under this programme, the ASHA and the ANMs face glitches in work progress, once their tablets stop functioning adequately. With no extra monetary incentives for tablet maintenance, the ASHAs and ANMs often face the burns of internet expenditure, trouble-shooting and out of pocket expenses for repairment of the devices.

3.2.2 THE NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

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

The micro and macro plan for NVBDCP have been reported to be available at the district level. The annual blood examination rate for the diseases has been as low as 10.51% in the last year. LLIN distribution did not take place in the last financial year. However, Residual Spray (IRS) has been sprayed in 32 high-risk villages.

The wrath of malaria has been felt excessively along the tribal belts of the district. 230 cases of Malaria and 81 cases of Dengue has been reported at the district in the last financial year. However, the challenges as reported by the nodal officer is the lack of sufficient Malaria Technical Supervisors and inactive ASHA workers. Low incentives allotted to the ASHA

workers create no encouragement for efficient screening of cases or larva survey. It is thus recommended that The HR issue is looked at immediately and considerations to be made for the revision of ASHA incentives.

3.2.3 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

It is a chronic infectious disease caused by *Mycobacterium leprae*. It usually affects the skin and peripheral nerves, but has a wide range of clinical manifestations. The National Leprosy Eradication Programme is a centrally sponsored Health Scheme of the Ministry of Health and Family Welfare, Govt. of India.

NLEP is functioning in the district. In last year, 134 new cases were reported. Multi Drug Therapy (MDT) and MCR footwear and self-care kit have been reported to be available without interruption.

3.2.4 THE NATIONAL TUBERCULOSIS ELIMINATION PROGRAM (NTEP)

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

NTEP is functional in the district. A total of 2183 patients from the public sector Drugs for both, drug sensitive and drug resistance TB have been reported to be available. Out of the notified patients from public sector, 92% percent have been reported to have been successfully cured. The number notified from private sector is 753, out of these 65 percent have been successfully cured. A total of 9933 beneficiaries have been paid under Nikshay Poshan Yojana, which is almost 87% of the total beneficiaries registered. The 10% backlog is majorly owing to document errors of the beneficiaries or unavailability of bank accounts.

Out of the 13 Tus available in the district, 7 Tus face the maximum income of migratory population. Hence the follow-up in these units are a problem.

In terms of infrastructure and human resource, the CBNAAT machine has been non-functional since the past 6 months. However, no funds have yet not been released from the State or the Central. For HR, crunch in the number of LTs has been an important issue of concern.

**4.FACILITY WISE OBSERVATIONS
AND COMMUNITY PERCEPTION**

The team visited 6 health facilities in Dhar District. The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarise the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc.

DISTRICT HOSPITAL, DHAR



- The facility has 24*7 running water facility, geriatric and disability friendly ramp, functional toilets, drug storeroom, OPD waiting area and ASHA rest-house. The facility's parking area needed renovation. Improper management of space had caused congestion.
- The DH building is 112 years old and extended over a large space. However, the different units are scattered across the space, owing to the unplanned nature of the infrastructure. This has made the building haphazard in its service delivery.
- The facility is 300 bedded with 8 bedded ICU.
- The daily average OPD load at the facility is more than 200. The paediatric OPD comprises of more than 150 cases per day, the usual cases being dengue, viral cough and cold. The paediatric ward is 20 bedded with central oxygen system. There is also a presence of High Dependency Unit and separate wash area in paediatrics.
- The 20 bedded SNCU ward at the facility started in the year 2011. Since then, the average registration has been higher than 12000. The bed occupancy rate of the SNCU is 200%. The primary cause behind the over occupancy is the lack of NBSU in the field. The delivery load in the district is high with considerable cases of maternal risks. Under such situation, the facility is in urgent requirement of a larger SNCU with a greater number of beds. The current challenge faced within the SNCU is the delayed delivery of reports. The infrastructure being haphazard, the lab continues to be far away from the main building. The delayed delivery of samples often delays the report. There is a



need for an attached side lab for dealing with the issue. In terms of maternal health, the district suffers issues like narrow birth spacing, son preference attitude and difficult connectivity to the facilities. Most of the high-risk cases are referred cases from the blocks of Tirla and Sardarpur.

The blocks being situated in difficult terrains, the issues of late referrals have often led to child and maternal deaths.

- The NRC at the DH is located in the first floor of a separate building. The occupancy rate at the NRC is 80%. The kitchen at the NRC is outsourced to Bundelkhand Company. Most of the contractual staffs working at the facility have been associates of Bundelkhand Company.
- Under Family planning, the primary drawback at the facility is the lack of any family planning counsellor. Counselling for family planning is done by the staff nurse. PPIUCD is well accepted in the community, and an average of 30/40 operations for the same are done per month. Antara is second popular method accepted in the community; however, dropouts seem to be high after the 3rd and 4th dosage.
- The facility has no separate maternity wing. The MCH facilities operate in the trauma centre owing to the crunch in space. The facility's ANC ward is 11 bedded with high beneficiary load. The attached washrooms seemed unclean and the beds were very closely spaced owing to space crunch. A separate maternity wing is an immediate requirement.
- One of the major challenges mentioned is the poor drainage system at the given location. The faculty drainage exposes the facility to frequent water logging and unclean environment.



CHC, TIRLA



- The facility has 24*7 running water facility, geriatric and disability friendly ramp, functional toilets, drug storeroom, OPD waiting area and ASHA rest-house.
- The the facility operates in an old building and doesn't have a proper boundary wall. The facility campus also requires a proper main gate and well-built staff quarters.
- The facility is 30 bedded and provides OPD, IPD, Family planning, ANC, PNC, delivery and lab testing services. The facility is Kayakalp awarded with a score of 70.
- The facility has a daily OPD load of more than 100 cases. The monthly average delivery at the facility is 50-60.
- In terms of maternal health, the ANC registers high load of severely anaemic cases. Most of the cases are referred from the tribal belt connected via the "Amla Road". The Roadway being difficult and ill-maintained is exposed to the troubles of water logging.
- The facility has the provision for JSSK diet. The kitchen is run by a self-help group, with the help of whom, 2 diets per day are served to the beneficiaries.
- Under Family planning, PPIUCD is well accepted in the community. An average of 10 operations are conducted every month. Antara is also popular in the community, but the dropout rates are high after 2nd dosage.
- A complaint has been raised by the ASHAs at the facility about their delayed incentives. Incentives are not received on time owing to budget crunches. This problem has been persistent since the past 3 months.

- The facility suffers a crunch in human resource. No posting has been made for specialists, ward-boy, 4th grade staffs and security.
- As per the demand from the community, the facility needs a digital X Ray machine to cater to the community as well as ECG services. A separate malaria and TB room would also help the facility attain efficiency in its service delivery as per the current load.

CHC DAHI



- The facility has 24*7 running water facility, geriatric and disability friendly ramp, functional toilets, drug storeroom and OPD waiting area.
- The facility is 20 bedded and provides OPD, IPD, delivery, Immunization, X-Ray and lab testing services.
- The daily average OPD load at the facility ranges between [150-200](#) cases.
- Under maternal health, JSY payments is 90% up to date. The 10% backlog is owing to the Anmol software issue which often lead to over reading, double reading, connectivity problems and disappearance of data. Under the JSSK scheme, 4 diets are provided to the beneficiaries within a budget of Rs 80.
- The catchment area predominantly belongs to the Bhil tribe. Here, four villages report high numbers of home deliveries. This is majorly due to inaccessibility owing to inconvenient roadways and their high dependency on local quacks and healers.
- The general care seeking behaviour of the population avoids institutional services. They have been equally hesitant towards vaccination and have low confidence over institutional health care. This attitude has been instilled within the community owing to

the low community interaction with the officials, less awareness, illiteracy and superstitious beliefs.

- Family planning is hard to promote in the area owing to the prevalent hesitancy. Moreover, the secondary reason for a smaller number of PPIUCD insertion is the lack of any trained staffs.
- In terms of HR, the facility faces crunch in the pharmacist post.
- Lastly, the facility is 120 km far from the district headquarters, making it remotely linked to the main building.

PHC SINGHANA



- The facility has 24*7 running water facility, geriatric and disability friendly ramp, functional toilets, drug storeroom and OPD waiting area.
- The facility is 6 bedded and provided OPD, IPD, delivery, ANC, PNC, Immunization and NCD clinic services.
- The daily average OPD load at the PHC is 40-50 cases.
- It has been reported that the catchment area reports high number of NCD cases. HT, DM and severe anaemia are few of the common issues regularly registered.
- The facility suffers crunch in the number of available ambulances. Lesser number of ambulances as compared to the requirements, often lead to high waiting time among the beneficiaries.
- In terms of infrastructure, the facility is situated in an old building which also lacks in sufficient space. Owing to this space crunch, there is only one general ward present.

- In terms of HR, the facility is in need of MO, dressers, staff nurse and fourth grade employees.
- Consumables suffer shortage and are not regularly supplied to the facility.

PHC KESUR



- The facility has 24*7 running water facility, geriatric and disability friendly ramp, functional toilets, drug storeroom, OPD waiting area and ASHA rest-house.
- The daily average OPD load at the facility is up to 100, and the IPD ranges from 2-4 per day. The IPD suffers shortage of space, hence the number of beds couldn't be increased.
- There are 32 ASHAs assigned under the facility, and the catchment area covered by it includes a population size of 38000.
- The JSY payments as reported is 90% up-to-date. The average delay as reported is maximum of 4-5 days. The 10 % backlog usually occurs due to the technical issues of the Anmol application and confusion between MPID and Samagra ID.
- Under the JSSK scheme, diets are being provided to the beneficiaries through a self help group.
- In terms of HR, the facility is in an immediate need of a dresser and fourth grade employees.
- While the visit, it was observed that inspite of the presence of burial pits, waste was being burnt in the open field.

SC- HWC, JOLANA



- The facility has 24*7 running water facility, geriatric and disability friendly ramp, functional toilets, drug storeroom, OPD waiting area and power back up.
- The facility is a delivery point and offers ANC, PNC, Immunization, tele medicine, and NCD clinic services.
- The daily average OPD load at the facility is 400-550 cases
- The monthly average delivery load at the facility is 25-30. The number of deliveries has reduced with the retirement of the ANM there.
- It has been reported that the prevalence of anaemia is severely high in the catchment. To put a check, regular ANC follow-up, Hb check-up and distribution of iron supplements to the beneficiaries are done.
- Under Family planning, Chaya and PPIUCD is the most accepted among the population.
- A weekly camp is also organised for the regular screening of NCDs. As per records, HT prevalence in the community is high
- In terms of infrastructure, the facility is placed within a very old building. The facility suffers space crunch and seepage issues. Due to lack of space and the building being haphazardly placed, there is no space to set up a herbal garden. The labour room at the facility needs refurbishment for leakage problems.
- Availability of running water is a current problem in the area due to the sudden breakdown of the plant. No repair work had been initiated at the time of our visit.

COMMUNITY RESPONSE

To aptly capture the community perspective of the locals belonging to Dhar, we conducted a focus group discussion at A village level Sub-Centre.

As per the gathered opinions and statements, it was found that majority of the locals preferred going to government health facilities for general and maternity care. A handful of them resorted to private health care who perceived the public sector to be comparatively inefficient and



also wanted to avoid the long queues and waiting period. Though majority opinion sided for public health care services, few common complaints which were raised against the facilities were indifferent behaviour of the facility staffs and long waiting hours. It was also reported that several prescribed drugs remain unavailable at the hospital pharmacy especially drugs related to eye and dental. Under such situation, private pharmacies are sought.

However, the community is highly satisfied by the services extended by the ASHA and ANMs. The ASHAs claimed to be receiving their incentives and salary on time. However, the only complaints raised, is the meagreness of the incentives received by them as compared to their workload. Their minimal pay, and frequent out of pocket expenditure, often discourages them to take up the assigned tasks diligently.

Road transport and accessibility is a serious hassle at the community level. Owing to difficult mobility, they often tend to rely on quacks to urgently solve an issue. Though home delivery is not a problem at the community level, the difficult roadways have often led to high number of maternal deaths and delayed referrals during emergency needs.

Most of the household members attending the FGD used LPG as their primary cooking fuel. Unclean fuel like wood and manure were also used in lesser quantities. Indulgence in the consumption of tobacco were prevalent among both men and women of the households. Alcohol consumption and usage of 'gutka' and 'bidi, were also prevalent among the locals. The tribal belts also engage in the production of local alcohol and trade them at minimal rates. It has been emerging as an alternative occupation in the community to earn few extra pennies.

One of the major concerns of the community is the chlorine contamination in water. There is frequent breaking down of the water supply plant in the community. The repairment of the same takes a considerable amount of time. At this point, tankers are used to store water.

5.DISCUSSION AND RECOMMENDATIONS

5.1 DISCUSSIONS

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in Dhar district of Madhya Pradesh, wherein the team carried out the field visit of the state for quality checks and further improvement of the different components of NHM. The following public health care facilities were visited by the PRC-IEG Team: DWH Dhar, CHC Sasni, CHC Sadabad, PHC Sasni, PHC Bisawar, and HWC Basai Kazi. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of NHM. A summary of our findings in the district is presented below:

With regards to Public health infrastructure, there is 1 District Hospital, 15 Community Health Centres (CHCs), 51 Primary Health Centres (PHCs), 502 Sub Centres (SCs). 46 PHCs out of 51 PHCs and all UPHC have been converted into Health and Wellness Centres in Dhar.

The total numbers of UPHCs present in the district are 3 and no UCHC's are available. One Special New-Born Care Unit (SNCU) and 11 Nutrition Rehabilitation Centre are present at the district. Moreover, there are 5 operational first referral units (FRUs) and 1 blood bank.

Out of 51 PHC's 46 PHC's have been converted into Health and Wellness Centres (PHC-HWC). Furthermore, out of 502 SCs, 226 SCs have been converted into HWCs. There are 2 operational Tuberculosis units (Tus) and 1 CBNAAT/TruNat site, and 1 drug resistant TB centre. In addition, the number of functional NCD clinic found at the DH and CHC level, are 1 and 13 respectively.

Lack of Human Resource is one of the major concerns of the district; more specifically the major issue as reported was regarding the shortage of OT technicians (100%), MPW (53%), Radiologist (100 %), and anaesthetist (83%). There are 48 vacant pharmacist posts in the district. The district's NBSU also suffers acute staff crunch. Nearly, 50 percent of CHO posts are found to be vacant in the district followed by 67 percent of surgeons. Moreover, if we talk about AYUSH, there lies 10 vacant positions for AYUSH MO. Besides these, the least number of crunches in terms of HR in the district is observed in Lt, radiographer and AYUSH pharmacist.

With respect to maternal and child health, JSY and JSSK are functional in the district. For the last year, more than 92 percent of JSY payments have been done. Any delay reported are associated to the technical issues caused by the ANMOL application or discrepancies in the beneficiary's bank accounts.

The district reported a double burden in the SNCU department. Under JSSK, diagnosis, drugs and transport are being provided for free. Most of the deliveries taking place at sub centres and PHCs, do not have provisions for free diet. It has also been observed that in the lower-level facilities, a user charge is applied for diagnostic services to cover up the excess costs which is being incurred, under such cases even the JSSK beneficiaries are liable to pay a minimal charge for their services.

The risk situation among the tribal community remains to be on the higher side. With poor road connectivity, network and geographical barriers, maternal health and general health continues to be highly compromised. Language barrier also adversely affect the doctor-patient relationship, resulting in low satisfaction among the beneficiaries. This has been a large component to discourage utilization of institutional services within the community.

In Dhar, male sterilization is very less in comparison to female sterilization, despite it being the easier and safer option among the two. Other prevalent methods of Family Planning include PPIUCD, Antara and Chaya. Though Antara is also popular among the beneficiaries, discontinuation of the method is massive after the 2nd and 3rd dosage.

Under the National Tobacco Control Programme, the invasion of the COVID19 pandemic had caused a serious hindrance to the regular organisation of camps in the district. This has produced an approximate of 18% backlog among the beneficiaries. It is for the same reason that screening has also stopped completely in more than 5 blocks of the district.

It has been reported that fund allocation under the programme is lesser than their estimated needs. Also, with no supporting NGOs available, efficient functioning is a big challenge.

The underutilization of funds as compared to the total funds sanctioned for the programmes in the year, could may be due to delays in the receipt of funds.

5.2 RECOMMENDATIONS

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

- Provision of JSSK diet should be given at all CHC/PHC levels where deliveries are being conducted. This would ensure nutritional accessibility among the villagers as well as fulfil the ultimate purpose of the programme.
- Due to shortage of manpower in the district, delivery points at DH level or CHC level suffers immense load. Hence, it is recommended that delivery facility

should be ensured at primary levels to the maximum numbers, so that the burden can be shared at all levels. Delivery facility can also be created at the SC level by giving SBA training to the ANMs. Further, unavailability of proximate delivery points often discourages women to opt for institutional delivery. This recommendation could be a valid solution to both the above-mentioned concern.

- The risk situation among the tribal community remains to be on the higher side. With poor road connectivity, network and geographical barriers, maternal health and general health in these areas need extra caution. One of the urgent requirements to this could be promotion of ANC registration in the first trimester. Such can only be achieved through the active involvement of the ASHAs. Their services in difficult tribal areas call for more commuting and extra hours of work. With the meagre incentives they receive, the ASHAs are left with zero encouragement to take up the extra laborious commitments. It is thus recommended that the incentives and salaries of ASHAs and ANMs are reviewed and increase in incentives, especially in difficult to reach areas are taken up as a plausible solution. Encouraging the ASHAs and ANMs will directly benefit the ANC care services among the backward communities. Additionally, frequent awareness camps and temporary medical “Haats” could also be a possible way forward.
- Though ASHAs and ANMs receive their incentives on time, they are mostly left overworked and underpaid. Their basic incentives often fail to cover the cost of their travels and they are left with almost zero savings. The rates they receive as incentives often exceeds their daily expenditure, leading them to take up commitments under private enterprises at the cost of public health services.
- The ASHAs and the ANMs face glitches in work progress, once their tablets stop functioning adequately. With no extra monetary incentives for tablet maintenance, the ASHAs and ANMs often face the burns of internet expenditure, trouble-shooting and out of pocket expenses for repairment of the devices. It is thus recommended that funds need to allotted to take care of this extra technical expenditure which is hampering the worker’s work efficiency.
- HR especially doctors are an urgent need in the district. To motivate doctors to take up rural posting it's essential that sufficient benefits are provided to attract the human resource. Salary increment, progressive transfers and authority to the doctors could motivate them to take up public health service. Private hospitals often provide lucrative options better than the govt facilities. This gap needs to be bridged through equal pay levels and work timing.

- Before handing over the Health and Wellness Centers to the respective SHC's/PHCs it is advised that a proper "Gap-Analysis" of infrastructure should be carried out so that the implementation of HWC will be easier. Hence, the HWC should have all the basic amenities in the infrastructure such as electricity and proper branding. Penalty should be imposed either by the state or the centre for the lacks observed in the HWCs.
- Recently, it has been announced that "Kayakalp Award" will be implemented at the Health and Wellness Centres so it is advised that infrastructure and branding should be done as per the guidelines. In addition, the spaces available at the HWCs can be utilized for setting up a benefiting herbal garden. This will improve the overall status of the Primary Health Care services in the rural settings of India
- In order to deal with the confusion induced by the ANMOL application, training sessions need to be organised for the ANMs to make them more technically sound. The tablets which are provided to the CHOs and ANMs often run out of warranty, gets broken or are often rendered useless due to unavailability to procure internet connectivity. These drawbacks need to be addressed by giving out incentives to maintain their devices.
- Regulatory visits by CMO, DPM, etc. to guarantee adherence to the standards and norms with respect to various activities. This will bring the existing gaps to the surface and also restructure the redressal system.

6 ANNEXURES



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

District Profile

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

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

8. Special Newborn Care Units (SNCU)		
9. Nutritional Rehabilitation Centres (NRC)		
10. District Early intervention Center (DEIC)		
11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic <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 		

Overview: DHAP

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release _____
3. Date of first release of fund against DHAP	
4. Infrastructure: Construction Status	
<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 	

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 	

Indicator	Remarks/ Observation	
• No. of 24X7 PHCs conducting > 10 deliveries /month		
• No. of CHCs conducting > 20 deliveries /month		
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month		
• No. of DH/ District Women and child hospital conducting C-section		
• No. of Medical colleges conducting > 50 deliveries per month		
• No. of Medical colleges conducting C-section		
4. Number of institutes with ultrasound facilities (Public+Private)		
• Of these, how many are registered under PCPNDT act		
5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed		
6. RBSK		
• Total no. of RBSK teams sanctioned		
• No. of teams with all HR in-place (full-team)		
• No. of vehicles (on the road) for RBSK team		
• No. of Teams per Block		
• No. of block/s without dedicated teams		
• Average no of children screened per day per team		
• Number of children born in delivery points screened for defects at birth		
7. Special Newborn Care Units (SNCU)		
• Total number of beds <ul style="list-style-type: none"> ○ In radiant warmer ○ Stepdown care ○ Kangaroo Mother Care (KMC) unit 		
• Number of non-functional radiant warmer for more than a week		
• Number of non-functional phototherapy unit for more than a week		
	Inborn	Out born
• Admission		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
• Admission		
• Discharged		
• Referral		
• LAMA		
• Died		
9. Nutrition Rehabilitation Centers (NRC)		

Indicator	Remarks/ Observation
<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 ○ 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 	

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Avg. no. of sputum collected for TB detection per MMU per month 		
<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		
<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		

Indicator	Remarks/ Observation		
	No. of beneficiaries	Backlog	DBT status
24. Payment status:			
• JSY beneficiaries			
• ASHA payment:			
○ A- Routine and recurring at increased rate of Rs. 2000 pm			
○ B- Incentive under NTEP			
○ C- Incentives under NLEP			
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)			
• Patients incentive under NTEP programme			
• Provider's incentive under NTEP programme			
• FP compensation/ incentive			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
• If Rapid Response Team constituted, what is the composition of the team			
• No. of outbreaks investigated in previous year and in current FY			
• How is IDSP data utilized			
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
• Micro plan and macro plan available at district level			
• Annual Blood Examination Rate			
• Reason for increase/ decrease (trend of last 3 years to be seen)			
• LLIN distribution status			
• IRS			
• Anti-larval methods			
• Contingency plan for epidemic preparedness			
• Weekly epidemiological and entomological situations are monitored			
• No. of MDR rounds observed			
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%			
27. Implementation of National Tuberculosis Elimination Programme (NTEP)			
• Target TB notification achieved			
• Whether HIV Status of all TB patient is known	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____		
• Eligible TB patients with UDST testing			
• Whether drugs for both drug sensitive and drug resistance TB available			
• Patients notification from public sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:		

Indicator	Remarks/ Observation
<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	
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"> Formed 	

Indicator	Remarks/ Observation
b. Trained c. MAS account opened	
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened	
38. Number of facilities quality certified	
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	
40. Activities performed by District Level Quality Assurance Committee (DQAC)	
41. Recruitment for any staff position/ cadre conducted at district level	
42. Details of recruitment	Previous year
	Current FY
	Regular cadre NHM Regular cadre NHM
• Total no. of posts vacant at the beginning of FY	
• Among these, no. of posts filled by state	
• Among these, no. of posts filled at district level	
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	

Implementation of CPHC

Status as on: _____

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

Status of HRH

Status as on: _____

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM			
• MPW (Male)			

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

State of Fund Utilization

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

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			

11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
<ul style="list-style-type: none"> • 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			
<ul style="list-style-type: none"> • Maternal Health • Child Health • RBSK • Family Planning • RKSK/ Adolescent health • PC-PNDT • Immunization • Untied Fund • Comprehensive Primary Healthcare (CPHC) • Blood Services and Disorders • Infrastructure • ASHAs • HR • Programme Management • MMU • Referral Transport • Procurement • Quality Assurance • PPP 			

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
Management of Burn & Injuries			
<ul style="list-style-type: none"> Programme for Prevention and Control of Leptospirosis (PPCL) 			

Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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 Last major renovation done in (Year): _____		
3. Number of functional in-patient beds	_____ No of ICU Beds available:		
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)	

Indicator	Remarks/ Observation				
	16	Labour Room Complex			
	17	ICU			
	18	Dialysis Unit			
	19	Emergency Care			
	20	Burn Unit			
	21	Teaching block (medical, nursing, paramedical)			
	22	Skill Lab			
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
6. Tele-medicine/Consultation services available	<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.				
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					

Indicator	Remarks/ Observation			
	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 _____ 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 Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____			
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <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 (For 2020-21) 	Timing: Total number of tests performed: _____			

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

Indicator	Remarks/ Observation
	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 If yes, how are high risks identified on 9 th ? If No, reasons thereof:
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	

Indicator	Remarks/ Observation		
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 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		

Indicator	Remarks/ Observation
	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:
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 month? 	Number: 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:

Indicator	Remarks/ Observation
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	Comments:
	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.)

Please comment on the condition and tick the appropriate box	<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 emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
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.
	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 Supply <input type="checkbox"/> Minimal Shortage <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/ PPP <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 (for 2020-21) 	Timing: 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 Supply <input type="checkbox"/> Minimal Shortage <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)	
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)	HR	San.	Reg.	Cont.	
	MO (MBBS)				
	MO (AYUSH)				
	SNs/ GNM				
	ANM				
	LTs				
	Pharmacist				
	Public Health Manager (NUHM)				
	LHV/PHN				
	Others				
10. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • All ANMs have functional Tablets: <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: _____				
11. Kayakalp	Initiated: Facility score: Award received:				
12. NQAS	Assessment done: Internal/State Facility score: Certification Status:				
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<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) _____					
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____				
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
16. Drugs Available for Hypertension & Diabetic patients:	1				
	2				
	3				
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1				
	2				
	3				

18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <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 For 2020-21 	Timing: Total number of tests performed: _____ Details of tests performed:
20. 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
21. Whether diagnostic services (lab, X-ray 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
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. 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:

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 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		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months:		
	Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
51. Maintenance of records on	<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 		

	<ul style="list-style-type: none"> 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?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
53. Status of data entry in (match with physical records)	HMIS: <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
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 population	<input type="checkbox"/> Not yet initiated <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	Comments:

Indicator	Remarks/ Observation			
Please comment on the condition and tick the appropriate box	<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 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)	HR	San.	Reg.	Cont.
	ANM/ MPW Female			
	MPW Male			
	MLHP/ CHO			
	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) _____			
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			

Indicator	Remarks/ Observation			
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 Supply <input type="checkbox"/> Minimal Shortage <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 • 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				

Indicator	Remarks/ Observation		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		
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) 			
<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) 			

Indicator	Remarks/ Observation
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)
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)	

