



## REPORT

# Monitoring of Important Components of the Programme Implementation Plan under National Health Mission

## GAURELA-PENDRA-MARWAHI DISTRICT OF CHHATTISGARH



Submitted by

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## Acronyms and Abbreviation

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

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

## Executive Summary

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centres (PRCs) the task of monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2021-22). It is expected that a timely and systematic assessment of the key components of National Health Mission can be critical for further planning and resource allocations. Considering PIP as a major task, Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the NHM components. This report presents the key findings from the concurrent monitoring of essential components of NHM in Gaurela-Pendra-Marwahi district, Chhattisgarh. The following public health care facilities were visited by the PRC-IEG Team: District Hospital, Community Health Centre (CHC) Gaurela and Pendra, Primary Health Centre (PHC) Amadand and Kevchi, Sub-Centre Khairjhiti. 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 National Health Mission. Following are the key findings and recommendations based on the monitoring visits and interaction with health officials at the site.

- In Gaurela-Pendra-Marwahi district, about 93.1% of the ANC registrations occurred in the first trimester and about 92% pregnant women receive four or more ANC checkups. The coverage of 180 IFA tablets among pregnant women was 98% during 2020-21 by HMIS data.
- About 54% of institutional birth to total ANC registrations which is lower than state figure (77%). No C-section deliveries were performed in the district during 2020-21, whereas, state was reported about 16% C-section deliveries in the same year. More than 23% women were discharged within 48 hours of the delivery in the district.
- In FY 2020-21, a total of Rs. 1484.97 lakh was allotted to Gaurela-Pendra-Marwahi district of Chhattisgarh. Out of the total allotted budget, Rs. 992.12 lakh is utilized (67 % utilization rate).
- Among the disease control programme, the utilization rate is high for National Vector Borne Disease Control Programme (72%) followed by National Tobacco Control Programme (68%), Integrated Disease Surveillance (32%) and 25% utilization made for National TB Elimination Programme in the district.

- The utilization rate is low for National Programme for Control of Blindness and Vision Impairment (1%) and National Leprosy Eradication Programme (2%) and no expenditure incurred on National Mental Health Programme during the FY 2020-21.
- Gaurela-Pendra-Marwahi is the newly created district, which came into existence on 10 Feb, 2020 was facing huge shortage of specialist doctors. Posts for Anesthetist, Surgeon, Radiologist and dental technician were vacant against sanctioned position. About 84% post of OB & Gy and Pediatrician were lying vacant in the district.
- Under the National Tobacco Control Programme (NTCP), District Level Co-ordination Committee (DLCC) has been set up under the chairmanship of district collector for advocacy of Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA, 2003) in the district.
- District was observed World Oral Health Day on 20th March 2021, under this programme, various activities were conducted like; organized oral screening camp, Sangosthi, training to health workers, IEC activities like; pamphlet distribution and provide awareness regarding brushing technique and oral hygiene.
- National Tuberculosis Elimination Programme (NTEP) was functioning in the district. Under the programme, TB notification of 39.4% and treatment success rate was 84.4% of patients during 2020-21 in the district. All the TB patients were received incentives under the Nikshay Poshan Yojana (NPS) and payment was made by district Bilaspur.
- District was functioning with three TB units (1 unit in each block) and 8 Designated Microscopy Centre were functioning, out of 18 DMC under the NTEP programme.
- National Leprosy Control Programme (NLCP) was implemented in the district. Currently, district was target of prevalence rate 1 leprosy patient per 10,000 populations at district level but current prevalence rate is about 1.35 in 2020-21.
- Mukhyamantri Haat-Bazaar Clinic Yojana was implemented on October 02, 2019 in the state, to provide health facilities to last person in remote areas especially in tribal belt. In the district, total 42 Haat-Bazaar Clinic functioning and 17023 beneficiaries were benefitted to receive free check-up and medicine.
- In year 2020-21, district was reported 9 maternal deaths, 75 child death and 21 infant deaths under maternal and child death review conducted in 2020-21. However, 84 still birth registered during the year.

## Chapter 1

### Overview of Key Demographic and Health Indicators: Gaurela-Pendra-Marwahi District

#### 1.1 Population and Household Profile

Chhattisgarh is a state in the central part of India and shares borders with the states of Madhya Pradesh and Maharashtra in the west, Orissa in the east, Andhra Pradesh in the south, Jharkhand and Uttar Pradesh in the north. Chhattisgarh was carved out of the state of Madhya Pradesh in 2000 with Raipur as the state capital. As per Census 2011, Chhattisgarh has population of 2.56 Crores, an increase from figure of 2.08 Crore in 2001 census. The decadal population growth was 22.6% while in previous decade it was 18.1% reported by census 2011. Literacy rate in Chhattisgarh is 70.3% as per 2011 population census. Of that, male literacy stands at 80.3% while female literacy is at 59.6%. In 2001, literacy rate in Chhattisgarh stood at 64.7% of which male and female were 75.7% and 55.7% literate respectively.

Gourela-Pendra-Marwahi came into existence on 10 February 2020 as the 28th district and share border with Chhattisgarh and Madhya Pradesh. Gourela-Pendra-Marwahi covers a total area of 2307 square km and has a population of 3, 36,420 (Census of India 2011). The district has a total 3 tehsils and 3 blocks and 223 villages. The percentage of schedule tribe (ST) population is 57.1% and 6.2% of schedule caste (SC) population in the district. The sex-ratio is 997 per 1000 female, whereas child sex ratio is lower than sex ratio at 982 in the district. The literacy of the district is 55.9% and density is 166 per sq km. The district has 1 district hospital, 3 community health centres, 15 primary health centres and 76 sub-centres in the district.

#### 1.2 Operational of health facility

**Table 1.1:** Number of health facilities in Gaurele-Pendra-Marwahi, 2020-21

Health facility	Facilities	Bed count	Population covered	Area covered	Difficult
Medical College	0	0	0	0	0
District Hospital	1	50	406202	NA	1
CHC	3	120	258523	178	3
PHC	15	103	309595	266	14
SC	56	104	296353	6641	35
HWC	20	40	107643	133	18

Source: HMIS data, 2021

Table 1.1 presents the distribution of health facilities in Gaurela Pendra Marwahi. There are a total of 1 District Hospital, 3 Community Health Centre, 15 Primary Health Centre, 56 Sub-centre and 20 Health & Wellness Centre in the district. The district also has no medical college. Overall, the district has a total of 417 beds across these public health facilities. Out of total facilities, 71 facilities are classified as to be falling under difficult area for services.

### 1.3 HMIS Service Delivery Indicators

In Gaurele Pendra Marwahi district, about 93% of the ANC registrations occur in the first trimester but about 92% of pregnant women receive four or more ANC check-ups.

**Table 1.2:** Status of key maternal and child health indicators, Gaurele-Pendra-Marwahi district

Health Care Service Delivery Indicators	India	Chhattisgarh	Gaurela-Pendra-Marwahi
<b>1. Maternal Health</b>			
% of beneficiaries registered for 1st trimester to total ANC registration	73.9	89.9	93.1
% of pregnant women with 4 or more ANC checkups to total ANC registration	78.3	94.8	91.6
% of pregnant women given 180 IFA to total ANC registrations	90.8	99.8	98.5
<b>a) Institutional and Home Deliveries</b>			
% of SBA attended home deliveries to total home deliveries	18.8	39.7	82.8
% of institutional deliveries to total reported deliveries	94.8	98.3	98.9
% of institutional deliveries to total ANC registrations	70.3	75.6	54.4
% of C-Section deliveries to total institutional deliveries	21.5	16.3	0.0
<b>b) Post natal Care</b>			
% of women discharge in < 48 hours of delivery to total deliveries (Public)	33.7	15.8	23.2
% 1st post-partum check-up between 48 hours and 14 days to total deliveries	51.7	61.7	88.6
<b>c) Newborn and Child Health</b>			
% of newborn weighted to total live birth	95.2	98.4	99.8
% of newborn breast fed within 1 hour of birth to total live birth	90.2	95.4	99.8
% of newborns having weight < 2.5 kg to newborns weighted at birth	12.1	11.6	11.7
<b>2. Child Immunization &amp; Diseases</b>			
Number of children (9-11 months) fully immunized	23410258	592686	9232
% of children received measles to full immunization	99.1	99.9	100.2
% of children received BCG to full immunization	96.3	90.7	72.4
<b>3. Family Planning</b>			
Total Sterilization conducted	2695626	31055	NA
% of male sterilization to total sterilization	1.0	9.1	NA
% of female sterilization to total sterilization	99.0	90.9	NA
<b>4. Mortality Indicators</b>			
Maternal Death	25777	765	12
Child Death	25704	979	11
Infant Death	205046	7326	100
Still Birth	255222	10058	164
<b>5. Other Services</b>			
IPD	57401713	961850	12816
OPD (Ayush + Allopathic)	1235519697	20454163	232163
% IPD to OPD	4.6	4.7	5.5

Source: Based on HMIS 2020-21, MoHFW

The coverage of 180 IFA tablets among pregnant women is 98% and is lower than the state level coverage of 99%. In the district, 98% births are institutional deliveries and there was no data available for C-section deliveries of the total institutional births. About 23% women are discharged within 48 hours of the delivery which is higher than the state average and below at national level.

The HMIS report shows that 99% of the newborn are breastfed within the first hour of the birth. About 11% of the births care categorized as low birth weight babies (weight below 2.5 kg). Based on the measles vaccine, it is estimated that full immunization is universal in the district. About 72% of the children received BCG vaccine.

The mortality indicators are also presented in Table 1.2. The district reported a total of 12 maternal deaths during 2020-21. The number of infant deaths reported is 100 whereas the number of still births reported is 164. The volume of OPD services is 2.04 crore per year whereas the district provides care for more than 12 thousand IPD cases in a year. Female sterilization is dominant method of family planning in the district. The district has no information available for sterilization.

Data from National Family Health survey (NFHS)-4 found that women age 20-24 years married before age 18 years was 23.5% and total fertility rate was 2.4 children per women in Chhattisgarh. As per NFHS 2015-16, 71% mothers had antenatal check up in the first trimester and 59.1% had undertaken at least four ANC visits. IFA consumption for 100 days or more was lower at 30% during pregnancy. A total of 70% births took place in institutional facilities with 56% births happening across public health facilities. Of the total births, 78% births were assisted by a skilled birth attendant whereas 10% births were through caesarean section. About 64% mothers received postnatal care from a doctor or other skilled health personnel. Further, 66% mothers also received financial assistance under Janani Suraksha Yojana. The average out of pocket expenditure per delivery in public health facility was Rs. 1480.

In Chhattisgarh, 38% children under five years are stunted and underweight and 23% are wasted including 8% with severe wasting. Only 8% children age 6-23 months are estimated to receive an adequate diet as per NFHS 2015-16. The practice of important interventions such as breastfeeding within one hour of birth is low at 11%. Besides, 77% children are exclusively breastfed for the first 6 months after birth. The use of any modern method of contraception was 58% with female sterilization having 46% coverage and 4% reported using of condoms. Use of IUD/PPIUD (0.9%) and pills (3.4%) is also low. Male sterilization is negligible at 0.7%. Overall, the total unmet need for family planning was 11.1% including a 5.3% unmet need for spacing

## Chapter 2

### National Health Mission: Budget Allocation, Expenditure and Utilization

#### 2.1 State Resource Envelope and District Allocations

Record of Proceeding (ROP) document has the budgetary approval under the NHM for the financial year and serves as a reference document for implementation of the budget. The approval is given by NPCC are based on the State PIP and discussion with the state official.

It may be noted that the Chhattisgarh had proposed a total of Rs.1702.45 Crore for NHM and Rs.735.9 Crore for NUHM. The state received approvals of Rs.1493.03 Crore for NHM and Rs.638.42 Crore for NUHM. Thus, 87.7% of the proposed budget under NHM and 86.7% of the budget under NUHM is approved by the National Program Coordination Committee. The state has received the full proposed amount of Rs.152.32 Crore for infrastructure maintenance during 2020-21. Similarly, the state also proposed and received immunization kind grants of 51.41 Crore.

For the financial year (FY) 2020-21, against a resource envelope of Rs. 1401.77 Crore (calculated assuming state share of 40%), Chhattisgarh received administrative approval for an amount of Rs.1760.61 Crore. The resource envelope for FY 2020-21 consists of union government's support of Rs.568.95 Crore for flexible pool allocation including cash and kind, Rs.119.79 Crore for incentive pool based on last year's performance and Rs. 152.32 Crore for infrastructure maintenance. The total support from Government of India is Rs. 841.06 Crore whereas the state share of 40% works out to be Rs.560.71 Crore. The state share could be added to any pool depending on the approval and requirement of the state.

The breakup of the total resource envelope shows that Rs.167.70 Crore is allocated for RCH Flexible Pool (including Routine Immunisation (RI), Intensified Pulse Polio Immunisation (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP) and Rs.410.30 are allocated for Health System Strengthening (HSS) under NHM, which shows 48.8% of share to the total fund allocated by GOI. Thus the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs.577.99, the GOI contribution toward NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is Rs.20.50 Crore, Rs.69.14 Crore and Rs.21.12 Crore, respectively. Within NDCP Flexible pool bulk of the resources are allocated for RNTCP activities (43.93 Crore followed by NVBDCP (14.15 Crore). Finally, over one-fifth of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance (including Direction and Administration) (see table 1.3).

**Table 1.3:** Breakup of resource envelope, NHM FY 2020-21, Chhattisgarh

S.No.	Particulars	Amount (GoI Share)	Percent (GOI Share)	State share
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	167.7	19.9%	
	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant			
1(i)	Support	116.29		
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	51.41		
2	Health System Strengthening (HSS) under NRHM	410.3	48.8%	
2(i)	Other Health system Strengthening covered under NRHM	313.65		
2(ii)	Comprehensive Primary Health Care under HSS	44.58		
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	52.07		
	Total NRHM-RCH Flexible Pool	577.99		
3	NUHM Flexible Pool	20.5	2.4%	560.71
3(i)	Other Health System Strengthening covered under NUHM	14.92		
3(ii)	Comprehensive Primary Health Care under NUHM	5.58		
4	NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP)	69.14	8.2%	
4(i)	NVBDCP (Cash & Kind)	14.15		
4(ii)	RNTCP (Cash & Kind)	43.93		
4(iii)	NVHCP (Cash & Kind)	8.37		
4(iv)	NLEP	1.53		
4(v)	IDSP	1.16		
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	21.12	2.5%	
6	Infrastructure Maintenance (including Direction and Administration)	152.32	18.1%	
	Total Resource Envelope	841.06	100%	560.71
	Grand Total Resource Envelope (Central Allocation + State Share)		1401.77	

Source: Record of Proceedings-ROP, (NHM Chhattisgarh 2020-21), MoHFW

Table 1.4 show the summary of fund utilization based on budget allotted as per ROP in the district during 2020-21. Programme management activities (such as PC-PNDT activities, DPMU staff related salaries, mobility support, vehicles-related expenditure, usual office expenses and resources for planning, monitoring and supervision activities) show 140% funds utilization which is above the 100%, it was also included the last years fund in this section. However, budget allotted as per RoP was 74.7 lakh and utilization of budget at 104.6 lakh under the section during 2020-21. There was no fund allotted for reviews, research, surveys and surveillance in the district. Similarly, low utilization is noted in several other heads. This includes 12% budget utilization under public private partnership, 31% budget utilization under facility based service delivery, 36% fund used for IEC and BCC activities and 38% of fund for drug warehousing and logistics, 29% funds under quality assurance component which includes NQAS and Kayakalp related assessment activities. In fact, no expenditure was incurred under referral transport, infrastructure and IT initiatives or any NHM related innovations.

**Table 1.4:** Summary of funds utilization based on budget allotted as per ROP, Gaurela-Pendra-Marwahi, FY 2020-21 (Rs. In Lakhs)

<b>FMR Codes</b>	<b>Budget Head</b>	<b>Budget allotted as per ROP</b>	<b>Budget utilized</b>	<b>% Utilization</b>
1	Service Delivery-Facility Based	156.0	48.0	31
2	Service Delivery-Community Based	63.8	31.0	49
3	Community Interventions	473.6	408.9	86
4	Untied Fund	88.1	45.0	51
5	Infrastructure	116.2	0.2	0
6	Procurement	97.2	55.0	57
7	Referral Transport	6.7	0.0	0
8	Human Resources	349.8	199.1	57
9	Training	21.0	14.0	67
10	Reviews, Research and Surveillance	0.0	0.0	0
11	IEC/BCC	10.8	3.9	36
12	Printing	2.6	1.5	57
13	Quality Assurance	1.0	0.3	29
14	Drug Warehousing and Logistics	19.3	7.3	38
15	PPP	0.4	0.0	12
16	Programme Management	74.7	104.6	140
17	IT Initiatives for Service Delivery	2.7	0.0	0
18	Innovations (if any)	1.3	0.0	0
<b>Total</b>		<b>1485.0</b>	<b>992.1</b>	<b>67</b>

Source: DPMU Office, NHM Gaurela-Pendra-Marwahi

Table 1.5 shows the programme wise fund utilization in the district during 2020-21. Under RCH and Health Systems Flexipool utilization was highest under the Programme Management support (131%), followed by RBSK (96%), ASHAs activities (95%) and Human Resources component (57%). Maternal health, family planning and immunization activities show lower utilization ranging between 40 to 50%. There was no fund available under NUHM in the district. Under the Communicable Diseases Pool, bulks of the funds are allotted for NTEP but found that lower utilization (25%) against the fund was released. The higher utilization shows under the NVBDCP programme, it reflects about 72% fund used for this programme. Under the NCD pool, the district was allotted Rs.26.9 lakhs for four selected programmes. This includes, NPCB+VI, NMHP, NTCP and NPCDCS. However, no expenditure is reported under NMHP and NPCB+VI. However, small expenditures are incurred under NPCDCS (13% utilization rate) and NPCB+VI (1% utilization rate). It is apparent that the implementation of activities under various programmes including communicable and NCD programmes were severely affected during the pandemic year FY 2020-21. A total of Rs. 68.99 lakh fund allotted for four selected programme under communicable disease. Out of total fund, expenditure incurred about Rs. 21.05 lakh under the communicable disease. The lower utilization show under the National Leprosy Eradication Programme (NLEP), it shows about 2% fund used on leprosy programme. No fund was allotted for Medical Mobile Unit (MMU), Comprehensive Primary Health Care (CPHC) and quality assurance during 2020-21.

**Table 1.5:** Programme-wise fund utilization (Rs. in lakh) in Gaurela-Pendra-Marwahi, FY 2020-21

Indicator	Budget released	Budget utilized	% Utilization
<b>1. RCH and Health Systems Flexi-pool</b>	<b>1389.08</b>	<b>894.35</b>	<b>64</b>
Maternal health	187.30	85.43	46
Child Health	12.76	4.54	36
RBSK	25.24	24.13	96
Family Planning	7.05	0.80	11
RKSK/ Adolescent health	11.30	1.10	10
PC-PNDT	0.55	0.00	0
Immunization	47.69	19.11	40
Untied Fund	88.14	45.02	51
Comprehensive Primary Healthcare (CPHC)	0	0	0
Blood Services and Disorders	0	0	0
Infrastructure	112.0	0.00	0
ASHAs	383.08	363.06	95
HR	348.29	200.22	57
Programme Management	84.23	110.46	131
MMU	0	0	0
Referral Transport	0	0	0
Procurement	81.45	40.48	50
Quality Assurance	0	0	0
PPP	0	0	0
NIDDCP	0	0	0
<b>2. NUHM</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>3. Communicable Diseases Pool</b>	<b>68.99</b>	<b>21.05</b>	<b>31</b>
Integrated Disease Surveillance Programme (IDSP)	1.40	0.45	32
National Vector Borne Disease Control Programme (NVBDCP)	16.67	12.04	72
National Leprosy Eradication Programme (NLEP)	17.66	0.33	2
National TB Elimination Programme (NTEP)	33.26	8.23	25
<b>4. Non-Communicable Diseases Pool</b>	<b>26.9</b>	<b>3.38</b>	<b>13</b>
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	7.00	0.04	1
National Mental Health Program (NMHP)	5.73	00	0
National Programme for Health Care for the Elderly (NPHCE)	0	0	0
National Tobacco Control Programme (NTCP)	2.67	1.82	68
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	11.50	1.52	13
National Dialysis Programme	0.00	0.00	0
National Program for Climate Change and Human Health (NPCCHH)	0.00	0.00	0
National Oral health programme (NOHP)	0.00	0.00	0
National Programme on palliative care (NPPC)	0.00	0.00	0
National Programme for Prevention and Control of Fluorosis (NPPCF)	0.00	0.00	0
National Rabies Control Programme (NRCP)	0.00	0.00	0
National Programme for Prevention and Control of Deafness (NPPCD)	0.00	0.00	0
National programme for Prevention and Management of Burn & Injuries	0.00	0.00	0
Programme for Prevention and Control of Leptospirosis (PPCL)	0.00	0.00	0
<b>5. Total</b>	<b>1484.97</b>	<b>992.12</b>	<b>67</b>

Source: DPMU Office, NHM Gaurela-Pendra-Marwahi

## Chapter 3

### Public Health Planning and Implementation of National Programmes

#### 3.1 District Health Action Plan

District was prepared the Programme Implementation Plan (PIP) for current year and submitted it to the state verification. But district has not any approval from the state for preparation of district health action plan. No date was available for fund released against DHAP. There was no pending work related for construction in last 2 years (see table 3.1).

**Table 3.1:** Information about District Health Action Plan (DHAP)

Indicators	Observation
Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	Yes
Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify)	No
Date of first release of fund against DHAP	NA
<b>Infrastructure: Construction Status</b>	
Details of Construction pending for more than 2 years	No
Details of Construction completed but not handed over	No

Source: District Checklist, NHM PIP Monitoring, 2021

#### 3.2 Status of Service Delivery under National Health Mission

Human resources are one of the important components for health care system which support the building of the nation. Gaurela-Pendra-Marwahi (GPM) districts have 1 district hospital, 3 community health centre (CHC), 15 primary health centres (PHC) and 76 sub-centres. No urban primary and community health centre were available in the district. District has no Special Newborn Care Unit (SNCU) and District Early Intervention Centre (DEIC) facility. Only 1 Nutritional Rehabilitation Centres was functioning in the district to providing child health care services. No primary health centre and sub-centre was converted into health & wellness centre in the South West district Delhi. No blood bank facility available in Gaurela-Pendra-Marwahi district. Only 1 blood storage unit was functioning in the district. District was functioning with 18 Designated Microscopy Center (DMC) which was provided screening and medicine to the TB patient in the district including public and private facility. NCD clinic was functional in 3 CHCs and district hospital (table 3.2).

Table 3.3 describes the status of human resources available at health facilities in Gaurela-Pendra-Marwahi district Chhattisgarh. It shows that post for Anesthetist, Surgeon, Radiologists, OT technician, Dental technician, Dental Hygienist and CHO/ MLHP were vacant at health facilities in Gaurela-Pendra-Marwahi district. For example, 5 posts vacant against 5 posts sanctioned for Anesthetist and Surgeon, 3 posts were vacant for Radiographer against 6 post has been sanctioned followed by staff nurse (76 post vacant). AYUSH Pharmacist post was fully in-placed against 6 posts were sanctioned. Post for AYUSH MO, Lab technician, Paediatrician, ANM and Gynaecologist were shortfall to against sanctioned in the district. No post was sanctioned for dental Hygienist and CSSD technician.

**Table 3.2:** Number of health facility available in Gaurela-Pendra-Marwahi district

Facility Details	Sanctioned/ Planned	Operational
1.District Hospitals	01	01
2.Sub District Hospital	0	0
3.Community Health Centers (CHC)	03	03
4. Primary Health Centers (PHC)	15	15
5. Sub Centers (SC)	76	76
6. Urban Primary Health Centers (U-PHC)	0	0
7. Urban Community Health Centers (U-CHC)	0	0
8. Special Newborn Care Units (SNCU)	0	0
9. Nutritional Rehabilitation Centres (NRC)	1	1
10. District Early intervention Center (DEIC)	0	0
11. First Referral Units (FRU)	1	1
12. Blood Bank	0	0
13. Blood Storage Unit (BSU)	1	1
14. No. of PHC converted to HWC	15	14
15. No. of U-PHC converted to HWC	0	0
16. Number of Sub Centre converted to HWC	74	38
17. Designated Microscopy Center (DMC)	18	18
18. Tuberculosis Units (TUs)	03	03
19. CBNAAT/TruNat Sites	01	01
20. Drug Resistant TB Centres	0	0
21. Functional Non-Communicable Diseases (NCD) Clinic at DH	01	01
22. Functional NCD Clinic at CHCs	03	03

Source: District Checklist, NHM PIP Monitoring, 2021

**Table 3.3:** Availability of human resource in Gaurela-Pendra-Marwahi district

Staff details (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM	109	80	73.4
MPW (Male)	77	41	53.2
Staff Nurse	159	83	52.2
Lab technician	35	22	62.9
Pharmacist (Allopathic)	27	13	48.1
MO (MBBS)	46	41	89.1
OBGY	6	1	16.3
Pediatrician	6	1	16.3
Anesthetist	5	0	0.0
Surgeon	5	0	0.0
Radiologists	1	0	0.0
Other Specialists	3	1	33.3
Dentists/ Dental Surgeon/ Dental MO	3	1	33.3
Dental technician	1	0	0.0
Dental Hygienist	0	0	0.0
Radiographer/ X-ray technician	6	3	50.0
CSSD Technician	0	0	0.0
OT technician	4	0	0.0
CHO/ MLHP	0	0	0.0
AYUSH MO	12	11	91.7
AYUSH Pharmacist	6	6	100.0

**Table 3.4:** Availability of delivery care, RBSK and NRC services in Gaurela-Pendra-Marwahi district

Indicators		Observations
1	Implementation of Free drugs services (if it is free for all)	Yes
2	Implementation of diagnostic services (if it is free for all)	Yes
3	Number of lab tests notified	12,477
<b>4</b>	<b>Status of delivery points</b>	
	No. of SCs conducting >3 deliveries/month	09
	No. of 24X7 PHCs conducting > 10 deliveries /month	06
	No. of CHCs conducting > 20 deliveries /month	03
	No. of DH/ District women and child hospital conducting > 50 deliveries /month	01
	No. of DH/ District women and child hospital conducting C-section	01
	No. of Medical colleges conducting > 50 deliveries per month	0
	No. of Medical colleges conducting C-section	0
<b>5</b>	Number of institutes with ultrasound facilities (Public+Private)	01
	Of these, how many are registered under PCPNDT act	01
<b>6</b>	Details of Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) activities performed	Yes
<b>7</b>	<b>Rashtriya Bal Swasthya Karyakram (RBSK)</b>	
7.1	Total No. of RBSK teams sanctioned	06
7.2	No. of teams with all HR in-place (full-team)	04
7.3	No. of vehicles (on the road) for RBSK team	06
7.4	No. of teams per block	02
7.5	No. of blocks without dedicated teams	0
7.6	Average no. of children screened per day per team	150
<b>8</b>	<b>Nutrition Rehabilitation Centers (NRC)</b>	Yes
8.1	Total admission	-
8.2	Bilateral pitting oedema	0
8.3	Mid-Upper Arm Circumference (MUAC) <115 mm	38
8.4	<-3SD WFH	132
8.5	With Diarrhea, ARI/Pneumonia, TB, HIV, Fever and	120
8.6	Nutrition related disorder	10
8.7	Referred by Frontline worker	120
8.9	Self	10
8.10	Refer from VCDC / CTC	0
8.11	RBSK	0
8.12	Pediatric ward / emergency	0
8.13	Discharged	110
8.14	Referral / Medical transfer	0
8.15	LAMA	16

Source: District Checklist, NHM PIP Monitoring, 2021

Table 3.4 based on information related to delivery care, RBSK and NRC services provided in the district. District provided free drug services and diagnostic services for all. Total 12,477 lab test was conducted in the district. On the other hand; institutional delivery services at sub-centres (09) were available which was conducting more than 3 deliveries in a month. Total 6 primary health centres were available which was conducting more than 10 deliveries in a month and as for as community health centre is concerned, 3 facilities were conducting more than 20 deliveries in a month. One district hospital was conducting more than 50 deliveries in a month in the district and also providing C-section delivery service in the district. There was

no medical college available in the district. District has reported that only 1 health facility (DH) provided ultrasound services in the district. RBSK programme was functioning in the district. Total 6 teams are available for screening of children in Anganwadi centre and school at the block level. Each team of RBSK has 4 members and 2 teams available per block. Average of 150 children was screened per day by the team. On the other hand, Nutritional Rehabilitation Centre (NRC) unit was functioning in the district.

**Table 3.5:** Availability Newborn and child health care services in the district, 2020-21

<b>Special Newborn Care Units (SNCU) available</b>	Not available	
<b>Newborn Stabilization Unit (NBSU)</b>	<b>Inborn</b>	<b>Out born</b>
Admission	28	13
Discharged	25	10
Referral	2	3
LAMA	0	0
Died	1	0
<b>Home Based Newborn Care (HBNC)</b>	Yes	
Status of availability of HBNC kit with ASHAs	Yes	
Newborns visited under HBNC	Yes	
Status of availability of drug kit with ASHAs	Yes	
<b>Maternal death</b>		
Maternal deaths review conducted-Previous year	09	
Maternal deaths review conducted -Current year	0	
<b>Child death</b>		
Child deaths review conducted-Previous year	75	
Child deaths review conducted -Current year	19	

Source: District Checklist, NHM PIP Monitoring, 2021

Table 3.5 deals with outcome of SNCU, NBSU and HBNC at district hospital in Gaurela-Pendra-Marwahi district in 2020-21. No SNCU service available in the district. Newborn Stabilization Unit (NBSU) was functioning in the district. A total of 41 children were admitted in NBSU in 2020-21 which included the both in-born and out-born children. 28 in-born and 13 out-born children were admitted in NBSU. Only 1 death of children has reported by NBSU in 2020-21 and no LAMA cases found during this period. On the other hand, total 75 child deaths were reported in the district in previous year and 19 deaths were reported in current period. Home Based Newborn Care services were provided by ASHA worker to visit home in newly born children in the concerned areas. Total 9 maternal deaths found in previous year and no death is reported in current period.

Table 3.6 provided information on emergency services available in the district. District has 3 Basic Life Support (BLS) on the road and no Advance Life Support (ALS) ambulance available in the district. BLS ambulance was received 10 numbers of calls an average per day and travelled around 500 km per day. However, 6 vehicles of 102 ambulances were available in the district and no mobile medical unit available in the district. All the ambulances have GPS fitted system and centralized call centre.

**Table 3.6:** Status of emergency services available in Gaurela-Pendra-Marwahi district

<b>Vehicle for referral transport</b>		<b>Observations</b>	
1	No. of Basic Life Support (BLS) on the road and their distribution	03	
2	No. of Advance Life Support (ALS) on the road and their distribution	0	
<b>3</b>	<b>Details about referral transport</b>	<b>ALS</b>	<b>BLS</b>
3.1	Operational agency (State / NGO / PPP)	NA	PPP
3.2	Ambulances are GPS fitted and handled through centralized call centre	-	Yes
3.3	Average number of calls received per day	-	10
3.4	Average number of trips per ambulance per day	-	10
3.5	Average Km. travelled per ambulance per day	-	500
4	No. of transport vehicle / 102 vehicle (on the road)	06	
4.1	Vehicles are GPS fitted and handled through centralized call centre	Yes	
4.2	Average Km. travelled per ambulance per day	500	
4.3	Average number of trips per ambulance per day	10	
<b>4.</b>	<b>Status of Mobile Medical Unit (MMU)</b>		
4.1	No. of Mobile Medical Unit (MMU) (on the road) and micro-plan available	Not available	

Source: District Checklist, NHM PIP Monitoring, 2021

### 3.3 Implementation of Comprehensive Primary Health Centre (CPHC)

**Table 3.7:** Implementation of Comprehensive Primary Health Centre (CPHC), Gaurela-Pendra-Marwahi district, 2020-21

<b>Indicators</b>	<b>Planned</b>	<b>Completed</b>
1. Number of individuals enumerated	55644	22000
2. Number of CBAC forms filled	55644	5385
<b>3. Number of HWCs started NCD screening</b>		
3.1 SHC- HWC	38	38
3.2 PHC- HWC	14	14
3.3 UPHC – HWC	0	0
<b>4. Number of individuals screened for:</b>		
4.1 Hypertension	55644	21017
4.2 Diabetes	55644	20098
4.3 Oral Cancer	55644	7732
4.4 Breast Cancer	27822	4110
4.5 Cervical Cancer	27822	1080
5. HWCs providing Tele-consultation services		Yes
6. HWCs organizing wellness activities		Yes
<b>7. Universal health screening conducted</b>		Yes
7.1. If conducted, what is the target population		55614
7.2. No. of CBAC form filled till date		5385
7.3. No. of patients screened and diagnosed for :	<b>Screened</b>	<b>Diagnosed</b>
Hypertension	21017	1729
Diabetes	20098	1427
Oral Cancer	7732	01
Breast Cancer	4110	0
Cervical Cancer	1080	0
8. If state notified a State Mental Health Authority		Yes
9. If grievance redressal mechanism in place		No
10. If Mera-aaspatal has been implemented		No

Source: District Checklist, NHM PIP Monitoring, 2021

**Table 3.8:** Status of disease control programmes under NHM in Gaurela-Pendra-Marwahi district

<b>National Disease Programmes</b>		<b>Observations</b>
<b>1</b>	Implementation of Integrated Disease Surveillance Programme	Yes
<b>2</b>	<b>Implementation of National Vector Borne Disease Control Programme</b>	Yes
2.1	Micro plan and macro plan available at district level	Yes
2.2	Annual Blood Examination Rate	30.75%
2.3	Reason for increase/ decrease (trend of last 3 years to be seen)	Cases declined due to LLIN distribution and IRS. Extensive reorientation and training to ground level staff. Entomological survey
2.4	Long Lasting Impregnated Bednets (LLIN) distribution	103461
2.5	Indoor Residual Spray (IRS) for Malaria control	1 <sup>st</sup> round completed and 2 <sup>nd</sup> is going on
2.4	Anti-larval methods	Biological control activities and spray of Temephos
2.5	Contingency plan for epidemic preparedness	RRT team, EWS by threshold chart
2.6	No. of MDR rounds observed	2 <sup>nd</sup> round of MDR completed
<b>3</b>	<b>Implementation of National Tuberculosis Elimination Programme</b>	Yes
3.1	Target TB notification achieved	39.4%
3.2	Whether HIV Status of all TB patient is known	Yes
3.3	Whether drugs for both drug sensitive and drug resistance TB available	Yes
3.4	Eligible TB patients with UDST testing	During COVID-19 not done
<b>3.4</b>	<b>Patients notification from public sector under NTEP programme</b>	
	No of patients notified	197
	Treatment success rate	84%
	No. of MDR TB Patients	0
	Treatment initiation among MDR TB patients	0
<b>3.5</b>	<b>Patients notification from private sector under NTEP programme</b>	
	No of patients notified	0
	Treatment success rate	0
	No. of MDR TB Patients	0
	Treatment initiation among MDR TB patients	0
<b>3.6</b>	Beneficiaries paid under Nikshay Poshan Yojana	NPY payment from Bilaspur district
<b>4</b>	<b>Implementation of National Leprosy Eradication Programme (NLEP)</b>	
	No. of new cases detected	22
	No. of G2D cases	0
	MDT available without interruption	22
	MCR footwear and self-care kit available	0

Source: District Checklist, NHM PIP Monitoring, 2021

Table 3.7 based on information related to comprehensive primary health centre in the district 2020-21. Under this programme, total 55,644 individual planned for enumerated and only 22000 screening of individual was completed. Against this screening, only 5385 CBAC form

have been filled. In the district, 38 SC-HWC were started NCD screening and 14 PHC provided the NCD services. Under NCD screening, total 21017 for hypertension, 20098 for diabetes, 7732 for oral cancer, 4110 for breast cancer and 1080 for cervical cancer screening were completed. There was no redresaal mechanism system available in the district.

**Table 3.9:** Status of social benefit scheme for ASHAs and ASHA Facilitators in the district

<b>National Disease Programmes</b>		<b>Observations</b>
<b>1</b>	<b>Status of ASHAs</b>	1353
1.1	Required as per population	300
1.2	Selected ASHAs	1347
1.3	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	8
1.4	No. of villages/ slum areas with no ASHA	0
<b>2</b>	<b>Status of social benefit scheme for ASHAs and ASHA Facilitators</b>	
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	1300
2.2	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	66
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana	1300
2.4	No. of ASHA facilitator enrolled for Pradhan Mantri Suraksha Bima Yojana	66
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	1300
2.6	ASHA facilitator enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	66
<b>3</b>	<b>Status of Mahila Arogya Samitis (MAS)</b>	
3.1	Formed	No
3.2	Trained	No
3.3	MAS account opened	No
<b>4</b>	<b>Status of Village Health Sanitation and Nutrition Committee (VHSNC)</b>	
4.1	Formed	Yes
4.2	Trained	Yes
4.3	MAS account opened	Yes

Source: District Checklist, NHM PIP Monitoring, 2021

Table 3.8 shows the disease control programme implemented in the district. Most of programmes like; Integrated Disease Surveillance programme, National Vector Borne Disease Control Programme (NVBDCP) National TB Elimination programme (NTEP) and National Leprosy Eradication programme (NLEP) was functioning in the district.

Table 3.9 deals with the social benefit received by ASHAs worker and ASHA facilitator in the district. Total 8 ASHAs covering more than 1500 population in rural areas. About 1300 ASHAs and 66 ASHA Facilitator were enrolled under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), Pradhan Mantri Suraksha Bima Yojana and Pradhan Mantri Shram Yogi Maandhan Yojana in the district. There was no Mahila Arogya Samitis (MAS) formed in the district. Village Health Sanitation and Nutrition Committee (VHSNC) were functioning and conducted in the district.

## Chapter 4

### Status of Service Delivery at Selected Health Facilities

#### 4.1 District Hospital, Gaurela-Pendra-Marwahi

**Table 4.1:** Status of health infrastructure, District Hospital, Gaurela-Pendra-Marwahi, 2021

Infrastructure	Yes/No
Accessible from nearest road head	Yes
24*7 running water facility	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes
ASHA rest room is available	Yes
Drug storeroom with rack is available	Yes
Power backup (Complete Hospital / Part of the hospital)	Yes, Complete hospital
Availability of delivery services	Yes
If facility is designated as FRU, whether C-section are performed	Yes
Functional newborn care corner (radiant warmer neo-natal ambu bag)	Yes
PMSMA services provided on 9 <sup>th</sup> of every month	Yes
Number of functional in-patient beds	Yes, 50 beds

Source: District Checklist, NHM PIP Monitoring, 2021

Table 4.1 shows the status of health infrastructure of district hospital in Gaurela-Pendra-Marwahi district in 2021. This district hospital had easily accessibility of road side, 24\*7 running water facility and separate toilet facilities for male and female, facility of drinking water. There was sufficient sitting arrangement in OPD waiting hall and facility was geriatric and disability friendly. There was rest room for the ASHA, drug storeroom with rack and electricity power backup. At the facility, delivery services were available and also perform the C-section. In the facility PMSMA services provided on 9th of every month.

Table 4.2 presents the availability of specialized services at district hospital, Gaurela-Pendra-Marwahi district in 2021. Services like medicine, O&G, Paediatrician, Anaesthesiology, Surgery, Imaging Services (X – ray), Imaging Services (USG), NRC, Labour Room Complex, Emergency Care and Dialysis unit services were available at the facility. No Ophthalmology, Dental and ICU services available in the district.

**Table 4.2:** Availability of specialized services at District Hospital, Gaurela-Pendra-Marwahi, 2021

List of services	Yes/No
Medicine	Yes
O&G	Yes
Pediatrician	Yes
General Surgery	Yes
Anesthesiology	Yes
Ophthalmology	No
Dental	No
Imaging Services (X – ray)	Yes
Imaging Services (USG)	Yes
District Early Intervention Centre (DEIC)	No
Nutritional Rehabilitation Centre (NRC)	Yes
SNCU/ Mother and Newborn Care Unit (MNCU)	No
Comprehensive Lactation Management Centre / Lactation Management Unit (LMU)	Yes
Neonatal Intensive Care Unit (NICU)	No
Paediatric Intensive Care Unit (PICU)	No
Labour Room Complex	Yes
ICU	No
Dialysis Unit	Yes, on PPP mode
Emergency Care	Yes
Burn Unit	No
Teaching block (medical, nursing, paramedical)	No
Skill Lab	Yes
Tele-medicine/Consultation services available	No

Source: District Checklist, NHM PIP Monitoring, 2021

Table 4.3 shows the availability of the human resources at the district hospital, Gaurela-Pendra-Marwahi district in 2021. The post of specialist of Surgeon, Ophthalmologist, O & G, Paediatrician, Anesthetist and Orthopedic has posted on contractual basis against the sanctioned post at the facility. Staff Nurses/ GNMs post sanctioned 45 against 11 posts occupied at the facility, while out of six sanction LTs there was 1 regular and 5 contractual post filled. Sanction HR of emergency obstetric care was vacant. There was no post sanctioned for regular Life Saving Anaesthesia Skills (LSAS) human resource. The pharmacist was vacant against 4 post sanctioned in the district. District has 9 regular Medical Officer (MBBS) and 2 working on contractual basis in the district. No hospital manager post was available in the district.

**Table 4.3:** Availability of Human resources at District Hospital, Gaurela-Pendra-Marwahi, 2021

HR Positions	Sanction	Regular	Contractual
MO (MBBS)	11	09	02
Medicine (Specialist)	02	0	2
Ob & Gy (Specialist)	2	0	2
Paediatrician (Specialist)	2	0	2
Anesthetist (Specialist)	2	0	2
Surgeon (Specialist)	2	0	2
Ophthalmologist (Specialist)	2	0	2
Orthopedics (Specialist)	1	1	0
Radiologist (Specialist)	1	0	1
Pathologist (Specialist)	1	0	1
Others (Specialist)	1	0	1
Dentist	1	0	1
Staff Nurses/ GNMs	45	11	34
LTs	6	1	5
Pharmacist	4	0	4
Dental Technician/ Hygienist	1	1	1
Hospital/ Facility Manager	0	0	0
EmOC trained doctor	1	0	0
LSAS trained doctor	0	0	0
Others	0	0	0

Source: District Checklist, NHM PIP Monitoring, 2021

**Table 4.4:** Availability of emergency and OT services in Gaurela-Pendra-Marwahi, 2021

Emergency services	Yes/No	Key information
General emergency	Yes	
Facility available for-Triage	Yes	
Facility available for-Resuscitation	Yes	
Facility available for-Stabilization	Yes	
<b>OT services available</b>	Yes	
If Yes, types of OT services available		
Single general OT	Yes	
Elective OT-Major (general)	No	
Elective OT-Major (Ortho)	Yes	
Obstetrics & Gynecology OT	Yes	
Ophthalmology / ENT OT	No	
Emergency OT	No	
<b>Other services</b>		
Availability of functional blood bank	No	
Whether blood is issued free or user fee charged	Yes	Free for all
Biomedical waste management practices	Yes	Sharp and deep burial pit
Line listing of high-risk pregnancies	Yes	
Whether facility have register for entering births and deaths	Yes	
Comprehensive abortion care (CAC) available	Yes	Reporting not available
Availability of vaccine and hub cutter	Yes	

Source: District Checklist, NHM PIP Monitoring, 2021

Table 4.4 shows the availability of emergency, OT and other services in the district. Emergency services were available for Triage, Resuscitation and Stabilization. Operation Theatre (OT) was available in the district, especially for single OT, elective OT-major (Ortho) and Obstetrics and Gynaecology. No functional blood bank was available in the district. Line listing of high risk pregnancies record was maintained and also registered the birth and death of the children. District has facility of comprehensive abortion care services.

**Table 4.5:** Availability of drugs and diagnostics, District Hospital, GPM, 2021

Drugs	Yes/No	Key information
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes	
EDL/EML display in OPD area	Yes	
DVDMS or similar supply chain management system	Yes	
<b>Diagnostics services</b>		
Availability of essential diagnostics	Yes	In-house
X-ray services is available	Yes	
Is the X-ray machine AERB certified	NA	
CT scan services available	No	
Whether diagnostic services (lab, X-ray, USG etc.) are free for all	Yes	Free for all
Availability of Testing kits/ Rapid Diagnostic Kits	Yes	Sufficient supply
Implementation of PM-National Dialysis programme	Yes	In-house

Source: District Checklist, NHM PIP Monitoring, 2021

Table 4.5 represents the availability of drugs and diagnostic at district hospital, Gaurela-Pendra-Marwahi district in 2021. Essential Drug List was available and displayed in OPD area and implemented the DVDMS for supply chain management. Moreover, all the diagnostic services freely available for the people. Apart from that testing kits/ rapid diagnostic kits were sufficient supply for the beneficiaries. There was no CT scan service available in the district.

#### 4.2 Community Health Centre (CHC), Gaurela and Pendra

Tables 4.6 show the condition of health infrastructure of CHC Gaurela and Pendra. Both the facilities have easy access from the nearest road head. Facility of running water 24\*7 and drinking water facility was available at both the health center. OPD waiting area with sufficient sitting arrangement was not available at CHC Gaurela. CHC Gaurela and Pendra has facility for geriatric and disability (with ramp etc.) person to come for health services. No ASHA rest room available at both the facilities. Power backup facility was available at both the facilities in part of the hospital. Institutional delivery services were available in both CHCs. Both the facilities were functioning Newborn Care Corner (NBCC) without radiant warmer with no-natal ambu bag. CHC Gaurela has 20 beds and Pendra health facility with 18 beds available in the block.

Table 4.7 shows the availability of specialized services at CHC Gaurela and Pendra. CHC Pendra offered only medicine services and functioning with NBSU unit. Apart from that, no others services available at CHC. However, both the CHCs lacked by O&G, General Surgery, Anesthesiology, Ophthalmology Imaging Services (X – ray) and Imaging Services (USG) in the district. Tele-medicine facility was available only at CHC Pendra.

**Table 4.6:** Status of health infrastructure, CHC Gaurela and Pendra, GPM, 2021

Infrastructure	CHC-Gaurela Yes/No	CHC-Pendra Yes/No
Accessible from nearest road head	Yes	Yes
24*7 running water facility	Yes	Yes
Clean functional toilets available (separate for Male and female)	No	Yes
Drinking water facility available	Yes	Yes
OPD waiting area has sufficient sitting arrangement	No	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes	Yes
ASHA rest room is available	No	No
Drug storeroom with rack is available	Yes	Yes
Power backup (Complete Hospital / Part of the hospital)	Yes, Part of the hospital	Yes, Part of the hospital
Availability of delivery services	Yes	Yes
If facility is designated as FRU, whether C-section are performed	No	No
Functional newborn care corner (radiant warmer with neo-natal ambu bag)	NA	NA
PMSMA services provided on 9 <sup>th</sup> of every month	No	Yes
Number of functional in-patient beds	Yes, 20 beds	Yes, 18 beds

Source: Community Health Centre Checklist, NHM PIP Monitoring, 2021

**Table 4.7:** Availability of specialized services at CHC Gaurela and Pendra, GPM, 2021

List of specialized services	CHC-Gaurela Yes/No	CHC-Pendra Yes/No
Medicine	Yes	No
O&G	No	No
Pediatrician	No	Yes
General Surgery	No	No
Anesthesiology	No	No
Ophthalmology	No	No
Dental	No	Yes
Imaging Services (X – ray)	No	No
Imaging Services (USG)	No	No
Newborn Stabilization Unit (NBSU)	Yes	Yes
Any of the specialist available 24*7	Yes, available-Medicine	Not available
Tele-medicine/Consultation services available	No	Yes

Source: Community Health Centre Checklist, NHM PIP Monitoring, 2021

**Table 4.8:** Availability of Human resources at CHC Gaurela, GPM, 2021

HR Positions	Sanction	Regular	Contractual
MO (MBBS)	0	0	0
Medicine (Specialist)	03	03	0
Ob & Gy (Specialist)	01	02	0
Paediatrician (Specialist)	01	0	0
Anesthetist (Specialist)	01	0	0
Dentist	01	0	0
Staff Nurses/ GNMs	10	09	0
LTs	03	01	0
Pharmacist	02	02	0
Dental Technician/ Hygienist	01	01	0
Hospital/ Facility Manager	0	0	0
EmOC trained doctor	0	0	0
LSAS trained doctor	01	01	0
Others	-	-	-

Source: District Checklist, NHM PIP Monitoring, 2021

**Table 4.9:** Availability of Human resources at CHC Pendra, GPM, 2021

HR Positions	Sanction	Regular	Contractual
MO (MBBS)	03	02	0
Medicine (Specialist)	01	0	0
Ob & Gy (Specialist)	01	0	0
Paediatrician (Specialist)	01	01	0
Anesthetist (Specialist)	01	0	0
Dentist	01	0	01
Staff Nurses/ GNMs	10	08	01
LTs	03	03	02
Pharmacist	02	02	0
Dental Technician/ Hygienist	01	0	01
Hospital/ Facility Manager	0	0	0
EmOC trained doctor	0	0	0
LSAS trained doctor	0	0	0
Others	-	-	-

Source: Community Health Centre Checklist, NHM PIP Monitoring, 2021

Table 4.8 and table 4.9 show the availability of the human resources at the CHC Gaurela and Pendra in 2021. The post of specialist of Paediatrician, Anesthetist and Dentist was vacant against the sanctioned post at the facility. No MO (MBBS) was sanctioned at the facility. At the CHC Pendra, specialist post of Medicine, Ob & Gy, Anesthetist and Dentist post was vacant during the visit. Medical Officer (MBBS) post available and 2 regular position filled at CHC Pendra. Staff Nurses/ GNMs post near to full capacity against the sanctioned post in both CHC. Only 1 post was vacant at CHC Gaurela and 2 posts vacant at CHC Pendra for staff nurse. LTs post were fully available at CHC Pendra against the sanctioned post (3). Pharmacist post was equal to the sanctioned post at both CHC. Dental technician post was available at CHC Gaurela but same post was vacant at CHC Pendra. There was no EmOC trained doctor available in both the CHC.

**Table 4.10:** Availability of emergency, OT, TB programme and other services at CHC Gaurela and Pendra

<b>Emergency and OT services</b>	<b>CHC-Gaurela Yes/No</b>	<b>CHC-Pendra Yes/No</b>
General emergency	Yes	Yes
Facility available for-Triage	No	No
Facility available for-Resuscitation	No	No
Facility available for-Stabilization	No	No
OT services available	No	Yes
If Yes, major OT available	No	No
Minor OT available	No	Yes
<b>Status of TB elimination programme</b>		
Facility is designated as Designated Microscopy Centre	Yes	Yes
Anti-TB drugs available	No	Yes
Are all TB patients tested for HIV?	Yes	Yes
Are all TB patients tested for Diabetes Millitus (DM)?	Yes	Yes
<b>Maintenance of records</b>		
Maintenance of records on TB cases (drug sensitive/resistant cases / both)	Yes	Yes
TB notification registers	Yes	Yes
Maintenance of records on Malaria cases	Yes	Yes
Maintenance of records on Palliative cases	No	Yes
Maintenance of records on Dengue and Chikungunia	Yes	Yes
Maintenance of records on Leprosy cases	Yes	Yes
<b>Other services</b>		
Availability of functional blood storage unit	No	No
Whether blood is issued free or user fee charged	No	No
Biomedical waste management practices	Sharp and deep burial	Sharp pit
Line listing of high-risk pregnancies	Yes	Yes
Whether facility have register for entering births and deaths	Yes	Yes
Comprehensive abortion care (CAC) service available	Yes	No
Availability of vaccine and hub cutter	Yes	Yes
Availability of trained provider for IUCD / PPIUCD	Yes	Yes
FP-LMIS has been implemented	Yes	Yes
Availability of Adolescent Friendly Health Clinic (AFHC)	Yes	Yes
Whether facility has fixed day for NCD clinic	Yes	Yes
Whether reporting weekly data in P, S and L form under IDSP	Yes	Yes
Are service provider trained in cancer services?	No	No

Source: Community Health Centre Checklist, NHM PIP Monitoring, 2021

Both CHC had general emergency services available and CHC Pendra had provided OT services and operational of minor OT in the block. No other OT services were available at both CHC. CHC Gaurela and Pendra were designated as Microscopy Centre for TB patient and all the TB patients were test for HIV test. CHC Gaurela and Pendra were maintained the record of TB cases (both drug sensitive / resistant cases). TB notified cases were maintained by CHC and kept the record properly of malaria, dengue & chikungunia and leprosy cases at the facilities. CHC Gaurela was not maintained the palliative cases. There was no functional blood storage facility available at both the CHC and for biomedical management facilities used the sharp and deep burial pit in practice. Both the CHC ensured the line listing of high risk pregnancies and also entered data in registers for both birth and death cases in the

facilities. However, comprehensive abortion care service was available in CHC Gaurela but this service was not available at CHC Pendra. The facilities had trained provider for IUCD and PPIUCD services at both CHC. FP-LMIS system for supply chain management of family planning products was operational in both CHC (Gaurela and Pendra). Both the CHC had provided the adolescent friendly health clinic to adult children. ASHAs at the sub-centre level were reporting weekly data on P, S, and L form under the IDSP scheme (see table 4.10).

**Table 4.11:** Availability of drugs and diagnostics, CHC Gaurela and Pendra, GPM, 2021

Drugs	CHC-Gaurela Yes/No	CHC-Pendra Yes/No
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes	Yes
If Yes, total number of drugs in EDL	-	168
EDL/EML display in OPD area	No	No
DVDMS or similar supply chain management system	Yes	No
Shortage of 5 priority drugs from EDL in last 30 days, if any	No	Yes
<b>Diagnostics services</b>		
Availability of essential diagnostics	Yes, in-house	Yes, in-house
X-ray services is available	Yes	Yes
Is the X-ray machine AERB certified	No	Yes
Whether diagnostic services (lab, X-ray, USG etc.) are free for all	Yes	Yes, free for all
Availability of Testing kits/ Rapid Diagnostic Kits	Yes, sufficient supply	Yes, sufficient supply

Source: Community Health Centre Checklist, NHM PIP Monitoring, 2021

Table 4.11 represents the availability of drugs and diagnostic services at CHC Gaurela and Pendra, Gaurela-Pendra-Marwahi district in 2021. Essential Drug List (EDL) was available but not proper displayed in OPD area. DVDMS or similar supply chain system was implemented by CHC Gaurela. Shortage of 5 priority drugs was reported by CHC Pendra in last 30 days. Moreover, essential diagnostic services freely available at the facilities for the people. Apart from that testing kits/ rapid diagnostic kits were sufficient supply for the beneficiaries. X-ray services were available in both CHC without any charges.



Photo 1: Community Health Centre, Gaurela

### 4.3 Primary Health Centre, Kevchi and Amadand

**Table 4.12:** Status of health infrastructure at PHC Kevchi and Amadand, GPM 2021

Condition of infrastructure	PHC-Kevchi	PHC-Amadand
Accessible from nearest road head	Yes	Yes
24*7 running water facility	Yes	Yes
Clean functional toilets available (separate for Male and female)	Yes	Yes
Drinking water facility available	Yes	Yes
OPD waiting area has sufficient sitting arrangement	Yes	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes	Yes
ASHA rest room is available	No	No
Drug storeroom with rack is available	Yes	Yes
Power backup	Yes	Yes
Branding of the health facility	Yes	Yes
Availability of delivery services	Yes	Yes

Source: Primary Health Centre Checklist, NHM PIP Monitoring, 2021

Tables 4.12 show the condition of health infrastructure of PHC Kevchi and Amadand. Both the facilities have easy access from the nearest road head. Facility of running water 24\*7 and drinking water facility was available at both the health centre. OPD waiting area with sufficient sitting arrangement was available at both PHC. Clean toilet facility was available for male and female separately at the health facilities. PHC Kevchi and Amadand has facility for geriatric and disability (with ramp etc.) person to come for health services. No ASHA rest room was available at both the facilities. Power backup facility was available at both the facilities in complete hospital. Institutional delivery services were available in both PHCs and branding of the PHCs was found during the visit. Drug store with rack is available in PHC Kevchi and Amadand.

**Table 4.13:** Availability of Human resources at PHC Kevchi and Amadand, GPM, 2021

HR Positions	PHC-Kevchi			PHC-Amadand		
	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)	1	0	0	1	1	0
MO (AYUSH)	0	0	0	0	0	0
Staff Nurses/ GNMs	1	1	0	1	1	0
ANM	1	1	0	1	1	0
LTs	1	1	0	1	1	0
Pharmacist	1	0	0	0	0	0
Public Health Manager (NUHM)	-	-	-	-	-	-
LHV/PHN	0	0	0	1	1	0
Other (RMA)	7	3	0	1	1	0

Source: Primary Health Centre Checklist, NHM PIP Monitoring, 2021

Tables 4.13 show the availability of the human resources at the PHC Kevchi and Amadand in 2021. Medical Officer (MBBS) post was vacant at PHC Kevchi and 1 MO available in PHC

Amadand. Only 1 staff nurse, ANM and LT were posted at both PHCs. There was no pharmacist post sanctioned at PHC Amadand and same post vacant in PHC Kevchi. Only 3 RMA posts were available at PHC Kevchi and 1 post at PHC Amadand.

**Table 4.14:** Status of health services available at PHC Kevchi and Amadand, GPM 2021

Drugs	PHC-Kevchi	PHC-Amadand
Availability of list of essential medicines (EML)/ drugs	Yes	Yes
EDL/EML display in OPD area	Yes	Yes
DVDMS or similar supply chain management system	Yes	No
Shortage of 5 priority drugs from EDL in last 30 days, if any	No	No
Drugs available for Hypertension & Diabetic patients	Yes	No
Shortage of Hypertension & Diabetic in last 7 days	No	Yes
<b>Diagnostics services</b>		
Availability of essential diagnostics	No	No
X-ray services is available	No	No
Whether diagnostic services (lab, X-ray, USG etc.) are free for all	Free for all	No
Availability of Testing kits/ Rapid Diagnostic Kits	Yes, Acute shortage	Yes, minimal shortage
<b>Status of TB elimination programme</b>		
Facility is designated as Designated Microscopy Centre	No	No
Anti-TB drugs available	No	No
Are all TB patients tested for HIV?	No	No
Are all TB patients tested for Diabetes Millitus (DM)?	No	No
<b>Maintenance of records</b>		
Maintenance of records on TB cases (drug sensitive/resistant cases / both)	Yes	No
TB notification registers	Yes	No
Maintenance of records on Malaria cases	Yes	No
Maintenance of records on Palliative cases	Yes	No
Maintenance of records on Dengue and Chikungunia	Yes	No
Maintenance of records on Leprosy cases	Yes	No
<b>Other services</b>		
Tele-medicine / consultation service available	Yes	No
Biomedical waste management practices	Yes	Yes
Line listing of high-risk pregnancies	Yes	Yes
Availability of vaccine and hub cutter	Yes	Yes
Availability of trained provider for IUCD / PPIUCD	Yes	Yes
FP-LMIS has been implemented	Yes	Yes
Availability of Adolescent Friendly Health Clinic (AFHC)	Yes	Yes
Separate male and female counselor available	No	Yes
Whether facility has fixed day for NCD clinic	Yes	Yes
Are service provider trained in cancer services?	No	No
Whether reporting weekly data in P and L form under IDSP	Yes	Yes

Source: Primary Health Centre Checklist, NHM PIP Monitoring, 2021

Table 4.14 provides information about services available at PHC Kevchi and Amadand in 2021. Essential Drug List (EDL) was available and proper displayed in OPD area. DVDMS or similar supply chain system was implemented by PHC Kevchi. Shortage of 5 priority

drugs was reported by PHC Amadand in last 30 days. Moreover, essential diagnostic services freely available at the facilities for the people. Apart from that testing kits/ rapid diagnostic kits were in acute shortage supply for the beneficiaries. There were no X-ray services available at both PHCs. Both the PHCs were not designated as Microscopy Centre for TB patient. PHC Kevchi and Amadand were maintained the record of TB cases (both drug sensitive / resistant cases). TB notified cases were maintained by PHC Kevchi but this practice was not follow by PHC Amadand. Only PHC Kevchi was kept the record properly of malaria, dengue & chikungunia, palliative and leprosy cases at the facility. Tele-medicine service was available only at PHC Kevchi. For biomedical management facilities used the sharp and deep burial pit in practice. Both the PHCs ensured the line listing of high risk pregnancies. Vaccine and hub cutter was available at both PHCs. The facilities had trained provider for IUCD and PPIUCD services at both PHCs. FP-LMIS system for supply chain management of family planning products was operational in both PHC (Kevchi and Amadand). Both the PHC had provided the adolescent friendly health clinic to adult children. The fixed day NCD clinic facility was available at PHC Kevchi and Amadand. ASHAs at the sub-centre level were reporting weekly data on P, S, and L form under the IDSP scheme.



Photo 2: PHC-HWC, Amadand, Pendra block



Photo 3: PHC-HWC, Kevchi, Gaurela block

#### 4.4 Sub-Centre-HWC, Khairjhiti

**Table 4.15:** Status of health services at SC-HWC, Khairjhiti, GPM 2021

Condition of infrastructure	SC-HWC Khairjhiti
Accessible from nearest road head	Yes
24*7 running water facility	Yes
Clean functional toilets available (separate for Male and female)	No
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes
ASHA rest room is available	No
Drug storeroom with rack is available	Yes
Power backup	No
Branding of the health facility	Yes
Specified area for Yoga / welfare activities	Yes

Source: Sub-Centre Checklist, NHM PIP Monitoring, 2021

Table 4.15 shows the status of health infrastructure at sub center, Khairjhiti in Pendra block during the year 2021. The SC is located in accessible distance near the road head. There was no functional clean toilet available separate for male and female, running and drinking water and OPD waiting area were available for the patients and healthcare workers. However, other essential facilities such as drug storage room, ASHA rest room and power back up were absent. The building has a branding with board displaying the name of the Centre in the local language at the gate and on the building.

Tables 4.16 provide information about availability of health services and maintenance of record by Sub-center Khairjhiti. SC has essential medicines (EML)/ drugs (EDL) and no display found in open area. Anti-TB drug was not available at sub-centre. Drugs were not available at SC Khairjhiti during the visit and no drugs available for Hypertension & Diabetic patients. Sub-Centre has availability of instruments like BP instrument, Thermometer and also availability of vaccines and hub cutter. There was micro plan available or prepared by ANM/ASHAs for immunization. ASHAs attached with SC Khairjhiti were following up of SNCU discharged and LBW babies in their areas. Availability of any trained provider for IUCD / PPIUCD at SC. Record maintenance on TB cases, Malaria, Palliative, Dengue and Chikungunia and Leprosy cases by ASHAs at Sub-centre. Performance based incentive was disbursed to health worker on monthly basis and ASHAs were aware about provision of incentives under the NTEP and Nikshay Poshan. CHO posted at HWC was provided tablet and smart phone given to all ASHAs.



Photo 4: District Hospital, Gaurela-Pendra-Marwahi district, Chhattisgarh



Photo 5: Sub-Centre-HWC, Khairjhiti, Marwahi block



Photo 6: Community Health Centre, Pendra block

**Table 4.16:** Status of health services available at Sub-Centre-HWC, Khairjhiti, GPM 2021

<b>Drugs and diagnostics services</b>	<b>SC-HWC Khairjhiti</b>
Availability of list of essential medicines (EML)/ drugs	Yes
EDL/EML display in OPD area	No
Availability of anti-TB drugs at SC	Yes
Shortage of 5 priority drugs from EDL in last 30 days, if any	No
Drugs available for Hypertension & Diabetic patients	No
Shortage of number of Hypertension & Diabetic in last 7 days	Yes
Availability of Testing kits/ Rapid Diagnostic Kits	Yes, Sufficient supply
Availability of BP instrument	Yes
Availability of Thermometer	Yes
Availability of Contraceptives	Yes
Availability of Glucometer	No
Availability of vaccines and hub cutter	Yes
<b>Routine services by ASHAs</b>	
Availability of micro-plan for immunization	Yes
Follow up of SNCU discharge babies by ASHA	Yes
Follow up of LBW babies by ASHA	Yes
Line listing of all eligible couple in the area	Yes
Availability of trained provider for IUCD / PPIUCD	Yes
Whether universal screening of NCD has started	Yes
Whether reporting weekly data in S form under IDSP	Yes
Whether wellness activities are performed	Yes
Whether CHOs & HWC staffs involved in VHSNC / MAS meeting	Yes
Maintenance of records on TB cases	Yes, both cases
Maintenance of records on Malaria cases	Yes
Maintenance of records on Palliative cases	Yes
Maintenance of records on Dengue and Chikungunia	Yes
Maintenance of records on Leprosy cases	Yes
Performance based incentives disbursed to CHOs on monthly basis	Yes
Team-based incentives is disbursed for all HWC staffs	Yes
ASHA is aware about provision of incentives under NTEP and Nikshay Poshan Yojana for TB patients	Yes
<b>Availability of IT services</b>	
Functional Tablet / laptop with CHO	Yes
Electronic tablets with MPWs (ANM)	No
Smart phone given to all ASHAs	Yes
Internet connectivity available	Yes

Source: Sub-Centre Checklist, NHM PIP Monitoring, 2021

#### 4.5 Community Interaction during Field Visit

Gaurela-Pendra-Marwahi district divided into 3 blocks namely; Gaurela, Pendra and Marwahi. Total population of the district is 3, 36,420 and district has 223 village. The literacy rate was 55.92% and population density is 166 sq km in the district. In the district, the most common tribes in the area are the Gonds, Baigas, Kols, Kanwar, Oraons, Dhanuhar, Bhumias and Manjhis and some of the belong to the particularly vulnerable tribal groups (PVTG) such as Baigas, Dhanuhars and Manjhis. The people of Baiga tribe live in inaccessible places of

hilly and forest area along with Gonds, Bhumia etc. Their houses are of clay, on which there is a thatch of grass or thatch. Paint the walls with white or yellow soil.

Each Chhattisgarh tribal has its own particular one kind of society. They have their different kind of living styles. The tribes of Chhattisgarh rely on forest, hunt, fisheries and some house enterprises for their job. Commonly, tribal houses are made totally from mud with covered or red tiled rooftops. Due to the traditional socioeconomic practices being adopted by tribal which result have limited employment and livelihood opportunity. The community members reported that use of liquor and other tobacco product in the tribal community. Both male and female were used the tobacco and alcohol product in the areas. Majority of the tribal population were involved in daily wage labour and forest related activities. However, most of the household reported that they are not using gas cylinder for cooking due to not able to refill and depend on the wood. In the district, hygiene and sanitation facilities are also not satisfactory and most of the people used the water fetch from the well in their areas. The provision of treated drinking water is also less in the rural areas.

Healthcare is a major problem in the far-flung tribal areas. Majority of the tribal population lacked with food security, sanitation, and availability of safe drinking water, poor nutrition and high poverty levels aggravated the poor health status of the tribal population. There is limited health facility available in tribal areas. The major issues related to the tribal healthcare are lack of policy planning related to tribal health care, lack of availability of modern health service in these areas and low utilization of available services due to lack of awareness among the communities. Some of the village faced mostly from Malaria and Filariasis disease, reported by the community during the interaction. For early identification, Mittanins were conducted malaria survey every year to reduce the cases in the district.



Photo 7: Community interaction during filed visit, Gaurela-Pendra-Marwahi district

During the field visits it was noted that there are a limited number of public and private health providers in the district even in the remote areas of Chhattisgarh. However, the physical and functional conditions of public hospitals in the district were not in good condition and lack of basic health care services found in tribal and hill areas. Most of the

rural population in tribal areas first visited to the quack (it is the local people among the tribes) for any type of health problem faced by household member. They spend some minimum charge for pay to the informal doctor. The location of the village and health facility is also playing an important role for utilization and outcome of health services. The lack of road connectivity along with public transportation has been reported as main concern for health seeking behaviors. Gaurela-Pendra-Marwahi district was mostly hilly and forest areas and no better connectivity with road as well as transportation for the people. The villages were mostly scattered and road condition in the villages were not good.

Most of the Mittanin and RHO (also known as ANM) are working in rural areas of state having adequate training and knowledge regarding the health services provided by them. Majority of the Mittanin have knowledge about maternal and child health scheme like; JSY/JSSK, role of HBNC visits and awareness about non-communicable disease. Most of the Mittanin have received smart phone for used to direct contact of their beneficiaries and timely data reported at health facility. Mittanin were received the training on childhood and nutrition and follow up of the children who discharged from higher facility. ANM, Mittanin and Anganwadi worker was participated in the Village Health and Nutrition Day conducted at Anganwadi centre and providing ANC check-up, immunization and given IFA tablet to the pregnant women and children. They timely received their incentive after submitted the voucher at primary health centre. The respondents have reported that in case of burn or accident and other emergency cases most of them prefer to visits nearest public hospitals like PHC and CHC. If any major problem they prefer to visit Bilaspur district for better treatment. Some of the respondent reported that they prefer to visits private hospitals in case of these emergencies. Most of the respondent reported that the RBSK team visited their village and school for screening of children

## Chapter 5

### Summary and Conclusion

#### 5.1 Key Findings

- In Gaurela-Pendra-Marwahi district, only nine Sub-Centre was conducting more than 3 deliveries per month, out of 76 SCs, six primary health center was conducting more than 10 deliveries per month and three community health centers were conducting more than 20 deliveries per month.
- Non-availability of services like; District Early Intervention Centre (DEIC), Incentive Care Unit (ICU), Special New Born Care (SNCU), Neonatal Intensive Care Unit (NICU) and Pediatric Intensive Care Unit (PICU) was not functioning at District Hospital, Gaurela-Pendra-Marwahi.
- Rashtriya Bal Swasthya Karyakram (RBSK) programme is functioning in the district, total 6 mobile health teams were available and 2 teams functioning in each block under the programme.
- Blood bank facility was not available at district hospital Gaurela-Pendra-Marwahi and both the visited CHC (Gaurela and Pendra) was not facility of blood storage unit.
- In case of referral transport, district has 3 Basic Life Support (BLS) on the road and there was no vehicle available for Advance Life Support (ALS) in the district. There was no facility available for Mobile Medical Units (MMU) on the road in Gaurela-Pendra-Marwahi district.
- Gaurela-Pendra-Marwahi district was sanctioned 15 primary health centers converted into Health & Wellness Centre (HWC). Of these, 14 primary health centres were operational in the district. However, 38 sub-centres converted into HWC against 74 sub-centres were sanctioned for HWC.
- Gaurela-Pendra-Marwahi is the newly created district, which came into existence on 10 Feb, 2020 was facing huge shortage of specialist doctors. Posts for Anesthetist, Surgeon, Radiologist and dental technician were vacant against sanctioned position. About 84% post of OB & Gy and Pediatrician were lying vacant in the district.
- Under the National Tobacco Control Programme (NTCP), District Level Co-ordination Committee (DLCC) has been set up under the chairmanship of district collector for advocacy of Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA, 2003) in the district.
- District was observed World Oral Health Day on 20<sup>th</sup> March 2021, under this programme, various activities were conducted like; organized oral screening camp, Sangosthi, training

to health workers, IEC activities like; pamphlet distribution and provide awareness regarding brushing technique and oral hygiene.

- National Tuberculosis Elimination Programme (NTEP) was functioning in the district. Under the programme, TB notification of 39.4% and treatment success rate was 84.4% of patients during 2020-21 in the district. All the TB patients were received incentives under the Nikshay Poshan Yojana (NPS) and payment was made by Bilaspur district.
- District was functioning with three TB units (1 unit each block) and 8 Designated Microscopy Centre, out of 18 DMC under the NTEP programme.
- Mukhyamantri Haat-Bazaar Clinic Yojana was implemented on October 02, 2019 in the state, to provide health facilities to last person in remote areas especially in tribal belt. In the district, total 42 Haat-Bazaar Clinic functioning and 17023 beneficiaries were benefitted to receive free check-up and medicine.
- Dr. Khoobchand Baghel Swastyha Sahayata Yojana (DKBSSY) was launched on Jan 01, 2020 for providing free treatment upto 5 lakhs to BPL ration card holder and 50,000 for APL ration card in the district. Total 117240 eligible household identified in the district (42733 in Gaurela, 32573 in Pendra and 41934 in Marwahi block).

## 5.2 Recommendations

- The district hospital does not have a functional NRC and SNCU in the district. There is a severe shortage of pediatrician in the DH. These NRC and SNCU services are vital for health, nutrition and survival of the children. It should be prioritized and made functional.
- District has no proper facility for eye operation (cataract etc.). It should be strengthening and up-gradation of existing operation theatre for eye operation and recruit the sanctioned post of Ophthalmologist in the district hospital for providing high quality comprehensive eye care in the district.
- In the district, C-section facility is available only at district hospital. It was very difficult for pregnant women to commute far-flung areas for institutional delivery at DH. It should be ensure that C-section facility available at the CHC level in the district.
- Emergency is priority of health services to provide a pre-hospitalization service to the patient. There should be need to strengthen the emergency transport services and increase the number of vehicles for Basic Life Support (BLS) and Advance Life Support (ALS) in the district.
- Blood bank facility should be operation at district hospital which can provide to patient in the district. So that patient easily avail this facility and not refer to other district.

## Annexure



Ministry of Health & Family Welfare  
Government of India

Schedule for PIP Monitoring

## District Profile

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

10. District Early intervention Center (DEIC)		
11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> <li>• At DH</li> <li>• At SDH</li> <li>• At CHC</li> </ul>		
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> <li>• Total no. of facilities</li> <li>• Providing 1st trimester services</li> <li>• Providing both 1st &amp; 2nd trimester services</li> </ul>		

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

## 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"> <li>• Number of lab tests notified</li> </ul>	
3. Status of delivery points	
<ul style="list-style-type: none"> <li>• No. of SCs conducting &gt;3 deliveries/month</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of 24X7 PHCs conducting &gt; 10 deliveries /month</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of CHCs conducting &gt; 20 deliveries /month</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of DH/ District Women and child hospital</li> </ul>	

Indicator	Remarks/ Observation	
conducting > 50 deliveries /month		
<ul style="list-style-type: none"> <li>• No. of DH/ District Women and child hospital conducting C-section</li> </ul>		
<ul style="list-style-type: none"> <li>• No. of Medical colleges conducting &gt; 50 deliveries per month</li> </ul>		
<ul style="list-style-type: none"> <li>• No. of Medical colleges conducting C-section</li> </ul>		
4. Number of institutes with ultrasound facilities (Public+Private)		
<ul style="list-style-type: none"> <li>• Of these, how many are registered under PCPNDT act</li> </ul>		
5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed		
6. RBSK		
<ul style="list-style-type: none"> <li>• Total no. of RBSK teams sanctioned</li> </ul>		
<ul style="list-style-type: none"> <li>• No. of teams with all HR in-place (full-team)</li> </ul>		
<ul style="list-style-type: none"> <li>• No. of vehicles (on the road) for RBSK team</li> </ul>		
<ul style="list-style-type: none"> <li>• No. of Teams per Block</li> </ul>		
<ul style="list-style-type: none"> <li>• No. of block/s without dedicated teams</li> </ul>		
<ul style="list-style-type: none"> <li>• Average no of children screened per day per team</li> </ul>		
<ul style="list-style-type: none"> <li>• Number of children born in delivery points screened for defects at birth</li> </ul>		
7. Special Newborn Care Units (SNCU)		
<ul style="list-style-type: none"> <li>• Total number of beds               <ul style="list-style-type: none"> <li>○ In radiant warmer</li> <li>○ Stepdown care</li> <li>○ Kangaroo Mother Care (KMC) unit</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Number of non-functional radiant warmer for more than a week</li> </ul>		
<ul style="list-style-type: none"> <li>• Number of non-functional phototherapy unit for more than a week</li> </ul>		
	<b>Inborn</b>	<b>Out born</b>
<ul style="list-style-type: none"> <li>• Admission</li> </ul>		
<ul style="list-style-type: none"> <li>• Defects at birth</li> </ul>		
<ul style="list-style-type: none"> <li>• Discharged</li> </ul>		
<ul style="list-style-type: none"> <li>• Referral</li> </ul>		
<ul style="list-style-type: none"> <li>• LAMA</li> </ul>		
<ul style="list-style-type: none"> <li>• Died</li> </ul>		
8. Newborn Stabilization Unit (NBSU)		
	<b>Inborn</b>	<b>Out born</b>
<ul style="list-style-type: none"> <li>• Admission</li> </ul>		
<ul style="list-style-type: none"> <li>• Discharged</li> </ul>		
<ul style="list-style-type: none"> <li>• Referral</li> </ul>		
<ul style="list-style-type: none"> <li>• LAMA</li> </ul>		
<ul style="list-style-type: none"> <li>• Died</li> </ul>		
9. Nutrition Rehabilitation Centers (NRC)		
<ul style="list-style-type: none"> <li>• Admission               <ul style="list-style-type: none"> <li>○ Bilateral pitting oedema</li> <li>○ MUAC&lt;115 mm</li> <li>○ &lt;'-3SD WFH</li> <li>○ with Diarrhea</li> <li>○ ARI/ Pneumonia</li> <li>○ TB</li> </ul> </li> </ul>		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>○ HIV</li> <li>○ Fever</li> <li>○ Nutrition related disorder</li> <li>○ Others</li> </ul>	
<ul style="list-style-type: none"> <li>● Referred by <ul style="list-style-type: none"> <li>○ Frontline worker</li> <li>○ Self</li> <li>○ Ref from VCDC/ CTC</li> <li>○ RBSK</li> <li>○ Pediatric ward/ emergency</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>● Discharged</li> </ul>	
<ul style="list-style-type: none"> <li>● Referral/ Medical transfer</li> </ul>	
<ul style="list-style-type: none"> <li>● LAMA</li> </ul>	
<ul style="list-style-type: none"> <li>● Died</li> </ul>	
10. Home Based Newborn Care (HBNC)	
<ul style="list-style-type: none"> <li>● Status of availability of HBNC kit with ASHAs</li> </ul>	
<ul style="list-style-type: none"> <li>● Newborns visited under HBNC</li> </ul>	
<ul style="list-style-type: none"> <li>● Status of availability of drug kit with ASHAs</li> </ul>	
11. Number of Maternal Death Review conducted	
<ul style="list-style-type: none"> <li>● Previous year</li> <li>● Current FY</li> </ul>	
12. Number of Child Death Review conducted	
<ul style="list-style-type: none"> <li>● Previous year</li> <li>● Current FY</li> </ul>	
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"> <li>● No. of trips per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● No. of camps per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● No. of villages covered</li> </ul>	
<ul style="list-style-type: none"> <li>● Average number of OPD per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● Average no. of lab investigations per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● Avg. no. of X-ray investigations per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● Avg. no. of sputum collected for TB detection per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>● Average Number of patients referred to higher facilities</li> </ul>	
<ul style="list-style-type: none"> <li>● Payment pending (if any)</li> <li>● If yes, since when and reasons thereof</li> </ul>	
19. Vehicle for Referral Transport	
<ul style="list-style-type: none"> <li>● No. of Basic Life Support (BLS) (on the road) and their distribution</li> </ul>	
<ul style="list-style-type: none"> <li>● No. of Advanced Life Support (ALS) (on the road) and their distribution</li> </ul>	

Indicator	Remarks/ Observation		
	ALS	BLS	
○ Operational agency (State/ NGO/ PPP)			
○ If the ambulances are GPS fitted and handled through centralized call centre			
○ Average number of calls received per day			
○ Average number of trips per ambulance per day			
○ Average km travelled per ambulance per day			
○ Key reasons for low utilization (if any)			
● No. of transport vehicle/102 vehicle (on the road)			
○ If the vehicles are GPS fitted and handled through centralized call centre			
○ Average number of trips per ambulance per day			
○ Average km travelled per ambulance per day			
○ Key reasons for low utilization (if any)			
20. Universal health screening			
● If conducted, what is the target population			
● Number of Community Based Assessment Checklist (CBAC) forms filled till date			
● No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> <li>○ Hypertension</li> <li>○ Diabetes</li> <li>○ Oral cancer</li> <li>○ Breast Cancer</li> <li>○ Cervical cancer</li> </ul>			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
● Whether call center and toll-free number available			
● Percentage of complains resolved out of the total complains registered in current FY			
23. If Mera-aaspatal has been implemented			
24. Payment status:	<b>No. of beneficiaries</b>	<b>Backlog</b>	<b>DBT status</b>
● 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			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>No. of outbreaks investigated in previous year and in current FY</li> </ul>	
<ul style="list-style-type: none"> <li>How is IDSP data utilized</li> </ul>	
<ul style="list-style-type: none"> <li>Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP</li> </ul>	
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	
<ul style="list-style-type: none"> <li>Micro plan and macro plan available at district level</li> </ul>	
<ul style="list-style-type: none"> <li>Annual Blood Examination Rate</li> </ul>	
<ul style="list-style-type: none"> <li>Reason for increase/ decrease (trend of last 3 years to be seen)</li> </ul>	
<ul style="list-style-type: none"> <li>LLIN distribution status</li> </ul>	
<ul style="list-style-type: none"> <li>IRS</li> </ul>	
<ul style="list-style-type: none"> <li>Anti-larval methods</li> </ul>	
<ul style="list-style-type: none"> <li>Contingency plan for epidemic preparedness</li> </ul>	
<ul style="list-style-type: none"> <li>Weekly epidemiological and entomological situations are monitored</li> </ul>	
<ul style="list-style-type: none"> <li>No. of MDR rounds observed</li> </ul>	
<ul style="list-style-type: none"> <li>No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate &lt;1%</li> </ul>	
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> <li>Target TB notification achieved</li> </ul>	
<ul style="list-style-type: none"> <li>Whether HIV Status of all TB patient is known</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status_____
<ul style="list-style-type: none"> <li>Eligible TB patients with UDST testing</li> </ul>	
<ul style="list-style-type: none"> <li>Whether drugs for both drug sensitive and drug resistance TB available</li> </ul>	
<ul style="list-style-type: none"> <li>Patients notification from public sector</li> </ul>	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> <li>Patients notification from private sector</li> </ul>	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> <li>Beneficiaries paid under Nikshay Poshan Yojana</li> </ul>	
<ul style="list-style-type: none"> <li>Active Case Finding conducted as per planned for the year</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> <li>No. of new cases detected</li> </ul>	
<ul style="list-style-type: none"> <li>No. of G2D cases</li> </ul>	
<ul style="list-style-type: none"> <li>MDT available without interruption</li> </ul>	
<ul style="list-style-type: none"> <li>Reconstructive surgery for G2D cases being conducted</li> </ul>	
<ul style="list-style-type: none"> <li>MCR footwear and self-care kit available</li> </ul>	
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	

Indicator	Remarks/ Observation			
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"> <li>• Required as per population</li> <li>• Selected</li> <li>• No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population</li> <li>• No. of villages/ slum areas with no ASHA</li> </ul>				
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> <li>• No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)</li> <li>• No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)</li> <li>• No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>• No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>• No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>• No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>• Any other state specific scheme _____</li> </ul>				
36. Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> <li>a. Formed</li> <li>b. Trained</li> <li>c. MAS account opened</li> </ol>				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> <li>a. Formed</li> <li>b. Trained</li> <li>c. MAS account opened</li> </ol>				
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 <ul style="list-style-type: none"> <li>• Total no. of posts vacant at the beginning of FY</li> <li>• Among these, no. of posts filled by state</li> <li>• Among these, no. of posts filled at district level</li> </ul>	<b>Previous year (2019-20)</b>		<b>Current FY (2020-21)</b>	
	<b>Regular cadre</b>	<b>NHM</b>	<b>Regular cadre</b>	<b>NHM</b>
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

## Implementation of CPHC

Status as on: \_\_\_\_\_

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

## Status of HRH

Status as on: \_\_\_\_\_

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM			
• MPW (Male)			
• Staff Nurse			
• Lab technician			
• Pharmacist (Allopathic)			
• MO (MBBS)			
• OBGY			
• Pediatrician			
• Anesthetist			
• Surgeon			
• Radiologists			
• Other Specialists			
• Dentists/ Dental Surgeon/ Dental MO			
• Dental technician			
• Dental Hygienist			
• Radiographer/ X-ray technician			
• CSSD Technician			
• OT technician			
• CHO/ MLHP			
• AYUSH MO			
• AYUSH Pharmacist			
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
• LSAS trained doctors			
• EmOC trained doctors			

## State of Fund Utilization

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

Status of Expenditure as on: \_\_\_\_\_ to \_\_\_\_\_

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
• FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

### Programme Wise

Status of Expenditure as on: \_\_\_\_\_ to \_\_\_\_\_

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>	<b>Reason for low utilization (if less than 60%)</b>
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
<b>2. NUHM</b>			
<b>3. Communicable Diseases Pool</b>			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
<b>4. Non-Communicable Diseases Pool</b>			
• 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			

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

### Status of trainings

Status as on: \_\_\_\_\_

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



Ministry of Health & Family Welfare  
Government of India



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

#### Service Delivery:

<b>Name of facility visited</b>	
<b>Facility Type</b>	<input type="checkbox"/> DH/ <input type="checkbox"/> SDH
<b>FRU</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Standalone/ Co-located</b>	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
<b>Accessible from nearest road head</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Date of Visit</b>	
<b>Next Referral Point</b>	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	

Indicator	Remarks/ Observation		
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	21	Teaching block (medical, nursing, paramedical)	
22	Skill Lab		
5. Emergency	General emergency: <b>or</b> 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:		

Indicator	Remarks/ Observation																																																																																																	
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: _____																																																																																																	
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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)	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="616 658 1002 696">HR</th> <th data-bbox="1002 658 1134 696">San.</th> <th data-bbox="1134 658 1273 696">Reg.</th> <th data-bbox="1273 658 1414 696">Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="616 696 1002 734">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="616 734 772 1106" rowspan="9">Specialists</td> <td data-bbox="772 734 1002 772">Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 772 1002 810">ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 810 1002 848">Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 848 1002 887">Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 887 1002 925">Surgeon</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 925 1002 963">Ophthalmologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 963 1002 1001">Orthopedic</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 1001 1002 1039">Radiologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 1039 1002 1077">Pathologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="772 1077 1002 1106">Others</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="616 1106 1002 1144">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="616 1144 1002 1182">Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="616 1182 1002 1220">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="616 1220 1002 1258">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="616 1258 1002 1296">Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="616 1296 1002 1335">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="616 1335 1002 1373">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="616 1373 1002 1411">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="616 1411 1002 1435">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Surgeon				Ophthalmologist				Orthopedic				Radiologist				Pathologist				Others					Dentist					Staff Nurses/ GNMs					LTs					Pharmacist					Dental Technician/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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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)																																																																																																	

Indicator	Remarks/ Observation															
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 85%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td></td> </tr> </table>	1			2			3			4			5		
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 <b>List the consumables for with there was shortage</b> 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"> <li>In-house tests (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:															
<ul style="list-style-type: none"> <li>Outsourced/ PPP (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ 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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No															

Indicator	Remarks/ Observation
Dialysis programme	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP  Total number of tests performed: _____
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<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"> <li>Number of patients provided dialysis service (for 2020-21)</li> </ul>	<ul style="list-style-type: none"> <li>Previous year _____</li> <li>Current FY _____</li> </ul> <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment ( <b>List the Equipments</b> )	
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"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<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"> <li>Comment on the condition of:</li> </ul>	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 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
	<p>If yes, how are high risks identified on 9<sup>th</sup>?</p> <p>If No, reasons thereof:</p>		
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Practice related to Respectful Maternity Care			
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of Maternal Death reported in the facility	Previous year: Current year:		
36. Number of Child Death reported in the facility	Previous year: Current year:		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP 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 <b>Total No of Adolescents counseled in last 6 months</b> _____		
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		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		

Indicator	Remarks/ Observation												
months:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">b. Diabetes</td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> <tr> <td>c. Oral Cancer</td> <td></td> <td></td> </tr> <tr> <td>d. Breast Cancer</td> <td></td> <td></td> </tr> <tr> <td>e. Cervical Cancer</td> <td></td> <td></td> </tr> </table>	b. Diabetes			c. Oral Cancer			d. Breast Cancer			e. Cervical Cancer		
b. Diabetes													
c. Oral Cancer													
d. Breast Cancer													
e. Cervical Cancer													
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No												
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:												
52. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>												
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												

Indicator	Remarks/ Observation
	<input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>How many cases from CHC, PHC, SC, referred to in last month?</li> </ul>	Number: CHC PHC SC  Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases were referred out last month?</li> </ul>	Number:  Types of cases referred out:
<b>3. Key challenges in the facility and the root causes</b>	
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:

<b>Name of facility visited</b>			
<b>Facility Type</b>		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC	
<b>FRU</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
<b>Standalone/ Co-located</b>		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):	
<b>Accessible from nearest road head</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
<b>Date of Visit</b>			
<b>Next Referral Point</b>		Facility: Distance:	
<b>Indicator</b>		<b>Remarks/ Observation</b>	
4. OPD Timing			
5. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
6. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box		Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital	
7. Number of functional in-patient beds			
8. List of Services available			
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	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"> <li>If any of the specialists are available 24*7</li> </ul>	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available			
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General emergency: <b>or</b> 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)	<b>HR</b>		<b>San.</b>	<b>Reg.</b>
	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"> <li>Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> 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"> <li>In-house tests (for 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:			
<ul style="list-style-type: none"> <li>Outsourced/ PPP (for 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:			
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			

	<p>If Yes, type &amp; nos. of functional X-ray machine is available in the hospital:</p> <p>Is the X-ray machine AERB certified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>
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"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<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"> <li>Comment on condition of:</li> </ul>	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 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

	If yes, how are high risks identified on 9 <sup>th</sup> ?		
	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: <b>2019-20</b> ____ Current year: <b>2020-21</b> __		
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:		<b>Screened</b>	<b>Confirmed</b>
	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	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		

in P, S and L form under IDSP	
53. Status of TB elimination programme	<p>Facility is designated as Designated Microscopy Centre (DMC):  <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____</p> <p>If anti-TB drugs available at the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____</p> <p>Is there a sample transport mechanism in place for:</p> <ul style="list-style-type: none"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____</p>
54. Status on Leprosy eradication programme	<p>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:</p>
55. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
56. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year:  Fund utilized last year:</p> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Reasons for underutilization of fund (if any)</p>
57. Status of data entry in (match with physical records)	<p>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</p>
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<p><input type="checkbox"/>CHC own ambulance available  Number_____</p> <p><input type="checkbox"/>CHC has contracted out ambulance services  Number_____</p> <p><input type="checkbox"/>Ambulances services with Centralized call centre</p>

	<input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>How many cases from sub centre/ PHC were referred to this CHC last month?</li> </ul>	Number: Sub centre PHC  Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the CHC were referred to the DH last month?</li> </ul>	Number:  Types of cases referred out:
<b>60. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	



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

#### Service Delivery:

<b>Name of facility visited</b>		
<b>Facility Type</b>		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
<b>Whether the facility has been converted to HWC</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Standalone/ Co-located</b>		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
<b>Accessible from nearest road head</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Date of Visit</b>		
<b>Next Referral Point</b>		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)	<b>HR</b>	<b>San.</b>	<b>Reg.</b>	<b>Cont.</b>
	MO (MBBS)			
	MO (AYUSH)			
	SNs/ GNMs			
	ANM			
	LTs			
	Pharmacist			
	Public Health Manager (NUHM)			
	LHV/PHN			
Others				
10. IT Services	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> 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 _____			
Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
Drugs Available for Hypertension & Diabetic patients:	1			
	2			
	3			
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"> <li>In-house tests <b>For 2020-21</b></li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> <li>Outsourced/ PPP <b>For 2020-21</b></li> </ul>	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"> <li>If yes, details</li> </ul>	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:		<b>Screened</b>	<b>Confirmed</b>
	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"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
	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: _____
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"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
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"> <li>How many cases from sub centre were referred to this PHC last month?</li> </ul>	Number: Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the PHC were referred to the CHC last month?</li> </ul>	Number: Types of cases referred out:
<b>56. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
<b>Only for U-PHC</b>	
Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
Number of CBAC forms filled (NUHM)	
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_____
UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
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: _____



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### Sub-Centre (SC) Level Checklist

#### Service Delivery: Sub Centre

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

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

Indicator	Remarks/ Observation			
	Others			
5. IT Services	<ul style="list-style-type: none"> <li>• Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> 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			
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"> <li>• BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>			
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>			
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21			
16. Number of Child Death Review	Previous year:			

Indicator	Remarks/ Observation																				
conducted	Current year:																				
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>																				
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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Screened</th> <th style="width: 20%; text-align: center;">Confirmed</th> </tr> </thead> <tbody> <tr> <td>a. Hypertension</td> <td></td> <td></td> </tr> <tr> <td>b. Diabetes</td> <td></td> <td></td> </tr> <tr> <td>c. Oral Cancer</td> <td></td> <td></td> </tr> <tr> <td>d. Breast Cancer</td> <td></td> <td></td> </tr> <tr> <td>e. Cervical Cancer</td> <td></td> <td></td> </tr> </tbody> </table>				Screened	Confirmed	a. Hypertension			b. Diabetes			c. Oral Cancer			d. Breast Cancer			e. Cervical Cancer		
		Screened	Confirmed																		
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e. Cervical Cancer																					
a. Hypertension																					
b. Diabetes																					
c. Oral Cancer																					
d. Breast Cancer																					
e. Cervical Cancer																					
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:																				
29. Source of getting drugs/ medications for individual.  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"> <li>• Tele-consultation services</li> <li>• HWC App</li> </ul> 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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center;">Indicators</th> <th style="width: 20%; text-align: center;">2019-20</th> <th style="width: 20%; text-align: center;">2020-21</th> </tr> </thead> <tbody> <tr> <td>Number of presumptive TB patients identified:</td> <td></td> <td></td> </tr> <tr> <td>Number of presumptive TB patients referred for testing</td> <td></td> <td></td> </tr> </tbody> </table>			Indicators	2019-20	2020-21	Number of presumptive TB patients identified:			Number of presumptive TB patients referred for testing											
	Indicators	2019-20	2020-21																		
	Number of presumptive TB patients identified:																				
Number of presumptive TB patients referred for testing																					
Number of presumptive TB patients identified:																					
Number of presumptive TB patients referred for testing																					

Indicator	Remarks/ Observation		
	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"> <li>Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</li> </ul>			
<ul style="list-style-type: none"> <li>Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</li> </ul>			
<ul style="list-style-type: none"> <li>ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher.               <ul style="list-style-type: none"> <li>Average delay</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>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)</li> </ul>			
35. Number of Village Health & Sanitation days conducted in last 6 months			
36. Incentives:	<ul style="list-style-type: none"> <li>Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
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"> <li>TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both</li> <li>Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
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"> <li>How many cases from the Sub Centre were referred to PHC in last month?</li> </ul>	Number:  Types of cases referred out:		
42. Key challenges in the facility and the root causes			