



Ministry of Health & Family Welfare  
Government of India

# A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN GUNA DISTRICT, MADHYA PRADESH



POPULATION RESEARCH CENTRE  
INSTITUTE OF ECONOMIC GROWTH

# CONTENTS

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|  |    |
|--|----|
| EXECUTIVE SUMMARY .....  | 8  |
| Key challenges .....   | 9  |
| Recommendations.....   | 10 |
| BACKGROUND AND OBJECTIVES .....  | 12 |
| 1.1 Introduction .....   | 12 |
| 1.2 Major objectives of monitoring & evaluation visit.....                         | 13 |
| 1.3 Methodology.....   | 13 |
| 1.4 Report outline .....   | 15 |
| DISTRICT PROFILE OF GUNA .....   | 17 |
| 2.1 Demographic profile.....   | 17 |
| 2.2 Health and Health Care Service Delivery Indicators .....                       | 19 |
| PUBLIC HEALTH PLANNING .....   | 24 |
| 3.1 Health infrastructure .....  | 24 |
| 3.2 Human resource .....   | 26 |
| 3.3 Budget utilization.....  | 27 |
| IMPLEMENTATION OF NATIONAL PROGRAMMES.....   | 32 |
| 4.1 Reproductive Maternal New-born Child and Adolescent Programmes (RMNCH+A) ..... | 32 |
| 4.1.1 Janani Suraksha Yojana (JSY).....  | 32 |
| 4.1.2 Janani Shishu Suraksha Karyakram (JSSK).....                                 | 33 |
| 4.1.3 Maternal Death Review.....   | 33 |
| 4.1.4 The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) .....                  | 33 |
| 4.1.5 Home Based Newborn Care (HBNC) .....   | 34 |
| 4.1.6 Rashtriya Bal Swasthya Karyakram (RBSK) .....                                | 34 |
| 4.1.7 Family Planning.....   | 35 |
| 4.2 Disease Control Programme .....  | 35 |
| 4.2.1 Integrated Disease Surveillance Programme (ISDP) .....                       | 36 |
| 4.2.2 The National Vector Borne Disease Control Programme (NVBDCP) .....           | 36 |
| 4.2.3 National Leprosy Eradication Programme (NLEP) .....                          | 36 |
| 4.2.4 The National Tuberculosis Elimination Program (NTEP) .....                   | 36 |

|  |    |
|--|----|
| FACILITY WISE OBSERVATIONS.....              | 38 |
| 5.1 GUNA DISTRICT HOSPITAL.....              | 38 |
| 5.2 CHC MAYANA.....                          | 40 |
| 5.3 CHC MADHOGARH.....                       | 41 |
| 5.4 PHC RUTHIYAI.....                        | 43 |
| 5.5 UPHC BUDHE BALAJI.....                   | 44 |
| 5.6 HEALTH & WELNESS CENTRE: GOVINDPURA..... | 45 |
| 5.7 COMMUNITY RESPONSE.....                  | 46 |
| 6.1 CONCLUSION.....                          | 49 |
| 6.2 RECOMMENDATIONS.....                     | 50 |
| ANNEXURES.....                               | 51 |

# LIST OF TABLES

---

|  |    |
|--|----|
| Table 1: List of institutions and facilities visited by the PRC-IEG Team, Guna 2020-21 ..... | 14 |
| Table 2: Key Demographic Indicators: India, Madhya Pradesh & Guna District.....              | 18 |
| Table 3: Health and Health Care Service Delivery Indicators in Guna District, 2020-21 .....  | 21 |
| Table 4: Status of Health Infrastructure in facilities visited, Guna, 2020-21 .....          | 25 |
| Table 5:Details on Referral Transport service provision in Guna District.....                | 26 |
| Table 6:Human Resource in Guna District 2020-21 .....  | 27 |
| Table 7: FMR Wise Budget Received and Utilized for Guna 2020-21.....                         | 28 |
| Table 8: Flexipool Wise Budget Received and Utilized for Guna 2020-21.....                   | 29 |

# LIST OF FIGURES

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|  |    |
|--|----|
| Figure 1: Outline map of Guna district in Madhya Pradesh, India .....                  | 18 |
| Figure 2: Prevalence of child (0-5 years) under nutrition in Guna, NFHS 2015-16 .....  | 22 |
| Figure 4: Component wise percentage of funds left unutilized under RCH Flexipool ..... | 30 |
| Figure 5: Current use of Family Planning Methods.....                                  | 35 |
| Figure 6: Guna District Hospital, Guna, Madhya Pradesh .....                           | 39 |
| Figure 7: CHC Mayana, Guna .....   | 41 |
| Figure 8: CHC Madhogarh, Guna.....   | 42 |
| Figure 9: PHC Ruthiyai, Guna.....  | 43 |
| Figure 10: UPHC Budhe Balaji, Guna.....  | 45 |
| Figure 11: HWC, Govindpura, Guna.....  | 46 |
| Figure 12: Interaction with ASHA Workers .....   | 47 |

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Dr. Suresh Sharma  
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Population Research Centre  
Institute of Economic Growth  
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# ACRONYMS AND ABBREVIATIONS

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

## **EXECUTIVE SUMMARY**

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

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

The following public health care facilities were visited by the PRC-IEG Team: District Hospital Guna, CHC Madhogarh, CHC Mayana, UPHC Budhe Balaji, PHC Ruthiyai, and HWC Govindpura. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of NHM.

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

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

## **Key challenges**

- District hospital premises is very old and scattered. PICU, OT, Labour Room, SNCU and PNC ward are at distant locations which otherwise should be located close to each other for smooth functioning.
- Referrals to District Hospital from the PHCs and CHCs have seen a steep rise over last few years. However, lack of sufficient number of specialists at the district hospital leaves patients to be longing for treatment.
- There is no lady medical officer at any PHC or CHC in the entire district.
- It was reported that the Ambulance at call is not very prompt in action and there are long delays in reach.
- ASHAs have not received incentives for NCD Screening, medication and follow ups for a long time. They feel that the incentive that they are getting is very low with respect to the amount of work being done by them. The fixed part of their salary is also quite low.
- It was reported that ANMs and staff nurses at the district hospital ask for delivery from the beneficiaries. Those unable to pay are treated badly and at times are refused to be admitted.
- Lack of trainings was identified as an important concern in the district. Trainings of health personnel like medical officers, staff nurses, ANMs, ASHAs and others act as an essential ground for providing quality healthcare services. Health care providers as well as those in administration felt that continued trainings are required to update their skills.
- ASHA supervisors are not appointed in urban areas; however, it is felt that they have an important role to play at grass root level.
- ANMs have been assigned the task of entering data in the ANMOL portal using the tablets issued to them. However, several of them are not technically sound enough to do so while others feel that they already have a lot of medical work to tend to and do not find time to upload

data. Owing to this, the ANMs in the district have raised a protest and have returned the tablets issued to them.

## **Recommendations**

- The District Hospital requires a new and separate wing for reproductive and child health services as the existing structure is scattered and is hampering smooth conduct of service provision.
- The concerned authorities must look into the practise of staff nurses asking money for delivery from the beneficiaries. All efforts must be made to stop such mal practices with immediate effect.
- The on call ambulance system is run through a centralised agency for all districts in Madhya Pradesh. If instead the calls are moderated by each district themselves, this might result in better facilitation by saving time.
- Provision for ASHA Supervisors in Urban areas should be facilitated. Supervision and monitoring of ASHA workers raises the efficiency of work being done by them.
- Efforts need to be made to fill all vacant positions of specialists at the district hospital.
- Since the ASHA workers have contributed enormously to strengthening of primary health care delivery services, their incentive should be reflective of the amount of work being done by them. An increase in the fixed salary component of ASHA workers could be considered.
- The ANMs must be counselled and motivated to take up the additional work of entering data in the ANMOL portal. Some additional incentives can be provided for the same.

CHAPTER **1**

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**Background  
And Objectives**

# **BACKGROUND AND OBJECTIVES**

## **1.1 Introduction**

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

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

This PIP monitoring report concerns the district of Guna in Madhya Pradesh. The report is prepared on the basis of field-based observations during visits to selected public health facilities in Guna and the interviews of CMO, District Health Officials, ANM and beneficiaries. The report provides a review of key population, socio-economic, health and service delivery indicators of the District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, ARSH, bio-medical waste management, referral transport, ASHA scheme and communicable, non-communicable diseases.

## **1.2 Major objectives of monitoring & evaluation visit**

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

## **1.3 Methodology**

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

The assessment is based on observations made and information collected during:

- a) Round table meeting with CMO, DPMU and other Nodal officers and NHM staff
- b) Visits to health facilities
- c) Beneficiary interactions

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Guna was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay

ahead, and a prospective way forward. The DPMU further elaborated the plan of visit to the health facilities.

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

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

| <b>Institutions and Facilities</b>        | <b>Key Contact Person</b>   |
|---|-----------------------------|
| Office of the Chief Medical Officer       | CMO: Dr. P. Bunkar          |
| District Programme Management Unit        | DPM: Mr. Biju Thomas        |
| District Hospital, Guna                   | Civil Surgeon: Dr. H.V.Jain |
| Community Health Centre, Madhogarh        | MOIC: Dr. Kumar             |
| Community Health Centre, Mayana           | MOIC: Dr. Amit Rajput       |
| Urban Primary Health Centre, Budhe Balaji | MOIC: Dr. Ramveer Singh     |
| Primary Health Centre, Ruthiyai           | MO: Dr. Yogesh Sanke        |
| Health and Wellness Centre, Govindpura    | CHO: Ms. Sushma Saini       |

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

## **1.4 Report outline**

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

Chapter 4 documents the implementation of National Programmes under NHM that are functional in the Guna district. These include JSY, JSSK, RBSK, Communicable and Non communicable diseases etc. Chapter 5 reports the service availability and highlights some of the best practices at the public health facilities visited during the M&E visit. It also documents the perception of the community members regarding functioning and quality of the health facilities in their area of residence and includes the details of interaction with ASHA workers. Chapter 6 concludes with a set of recommendations for improving various aspects of health provision in Guna.

CHAPTER **2**

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**Guna, Madhya Pradesh**  
District Profile

# **DISTRICT PROFILE OF GUNA**

## **2.1 Demographic profile**

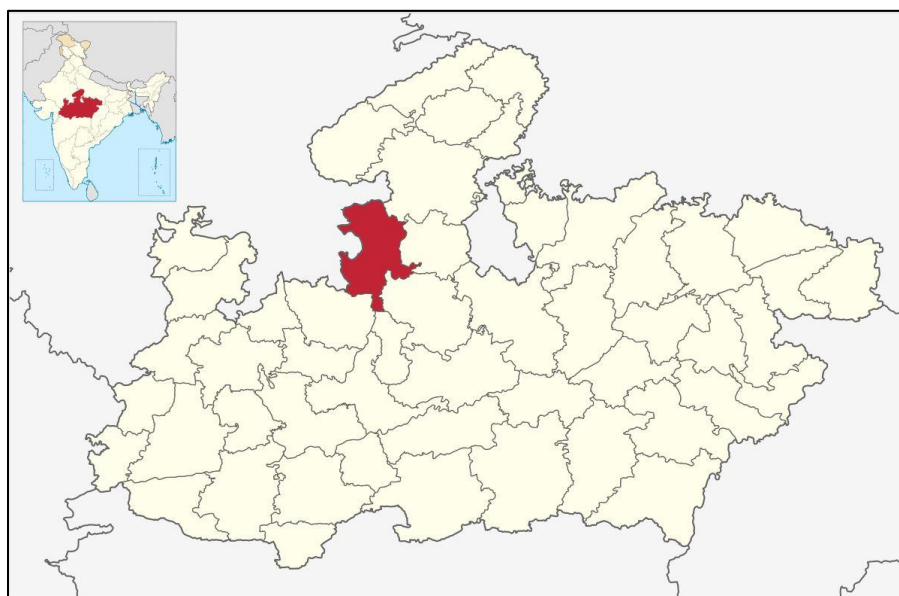
Guna district is one of the 52 districts of Madhya Pradesh in central India. Its administrative headquarters is Guna. It is spread over an area of 6390 km<sup>2</sup>, and is bounded on the northeast by Shivpuri District, on the east by Ashoknagar District, and on the southwest by Rajgarh District. Guna is located in Gwalior division. There are 5 blocks in the district, namely Guna, Aaron, Raghogarh, Chachoda, and Bamori.

Guna was a part of erstwhile Gwalior State during pre-independence period. In 1909 some districts were reorganized. As a result of this, the headquarters of Issagarh district were shifted from Issagarh to Bajranggarh then a tahsil place. However, Guna was made the headquarters of the district on November 5, 1922, as it was more suited than Bajranggarh in respect of basic infra-structural facilities. Later, on 15 August 2003 Guna District was split in two, with the eastern portion becoming Ashoknagar District.

The most prestigious industrial establishment of the region, the National Fertilizers Ltd. Vijaypur near Guna has made rapid strides in recent years. It has placed Guna prominently on the industrial map of the country. A broadcasting station of All India Radio was opened at Guna on 10th April 1993.

Guna district of Madhya Pradesh is the gateway of Malwa and Chambal. It is located on the north-eastern part of Malwa Plateau. Western boundary of the District is well defined by Parbati river. The Sindh River flows northward along the eastern edge of the district, forming part of the boundary with Ashoknagar District, and the Parbati River flows north westward through the southern portion of the district, forming part of the boundary with Baran District before flowing into Rajasthan.

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



Note: Map not fit to scale

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

| Indicators                       | India          | Madhya Pradesh | Guna    |
|----------------------------------|----------------|----------------|---------|
| Total number of Blocks           | 6612           | 333            | 5       |
| Total number of Villages         | 649481         | 54903          | 1338    |
| Actual Population                | 1,21,08,54,977 | 72,627,809     | 1241519 |
| Urban Population %               | 31.16          | 27.63          | 25.18   |
| Rural Population %               | 68.84          | 72.37          | 74.82   |
| Male                             | 623,270,58     | 37,612,306     | 649,362 |
| Female                           | 58,75,84,719   | 35,014,503     | 592,157 |
| Decadal Growth Rate              | 21             | 20.35          | 26.97   |
| Density/ km <sup>2</sup>         | 382            | 236            | 194     |
| Literates %                      | 72.98          | 69.32          | 62.23   |
| Sex Ratio (females per/000 male) | 943            | 931            | 912     |
| Child Sex Ratio ( 0-6 age)       | 914            | 918            | 910     |

Source: Census of India 2011

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

- The district is home to about 12.4 lakh people, among them about 6.4lakh (52 per cent) are male and about 5.9 lakh (48 per cent) are female. The population of the district equals to around 1.7 per cent of the total population of Madhya Pradesh.
- Of the total Female population in Madhya Pradesh, 1.69 per cent resides in Guna District.
- Total of about 6.5 lakh people in the district are literate, among them about 4 lakh are male and about 2.5 lakh are female. Literacy rate (children under 6 are excluded) of Guna is 62.23 per cent which is lower compared to 69 percent literacy rate of Madhya Pradesh.
- Child (aged under 6 years) population of Guna is 207177, among them 51.8 per cent are boys and 48.2 per cent are girls.
- The population growth rate of Guna is 26.97 per cent which is higher compared to the state growth rate of 20.35 per cent.
- The sex ratio of the Guna District is 912 females per 1000 males whereas the state sex ratio is 931 females per 1000 males. The child sex ratio for the district is 910 as against 918 for the state.
- Guna district has population density of 194 persons per square kilometers and the same for the state is 236 persons per square kilometers.

## **2.2 Health and Health Care Service Delivery Indicators**

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

Most needed and vital component for Maternal Health is Antenatal Care (ANC). ANC is a methodical care of women during pregnancy to make certain the wellbeing of mother and foetus. Taking up the ANC provides for timely supervision of complications so as to ensure a safe birth plan and assign a facility for delivery. Early registration of pregnancy sees to it that adequate care is provided from the utmost initiation and through entire duration of the gestation period. In Guna, out of the number of pregnant women who registered for ANC, 70.65% of them registered in the first trimester. IFA supplementation was given to 107.5 per cent of all women who registered for ANC.

A vital component of Infant Health is proper Delivery care. GoI recognizes Skilled Birth Attendant (SBA) as someone who can handle common obstetric and neonatal emergencies, hence form a crucial presence in times of such emergencies. As observed 47.4% of the home deliveries are SBA attended in Guna. Institutional deliveries is an important initiative by NHM for both mother and child care. 95.8 per cent of all deliveries were observed to be institutional deliveries. With regards to Post Natal Care, 92.31 per cent of the newborns were breast fed within 1 hour of delivery and 17 per cent of newborns weighted less than 2.5kgs at birth. A mere 1.01 per cent of women the received 1<sup>st</sup> post-partum checkup within 48 hours and 14 days of delivery. The district reported a total of 179 maternal deaths and 862 infant deaths in the year 2020-21.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilization (Tubectomies) as a method of permanent family planning dominates the statistics with 99.98 percent of all sterilization conducted in 2020-21 in Guna. Total Sterilization Conducted was 5979 in the district.

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

| Health and Health Care Service Delivery Indicators                           | Madhya Pradesh | Guna    |
|--|----------------|---------|
| <b>1. Maternal Health</b>  |                |         |
| % of beneficiaries registered for 1st trimester to total ANC registration    | 71.67          | 70.65   |
| % of pregnant women with 4 or more ANC checkups to total ANC registration    | 80.58          | 132.71  |
| % of pregnant women given 180 IFA to total ANC registrations                 | 96.72          | 107.47  |
| <b>a) Institutional and Home Deliveries</b>                                  |                |         |
| % of SBA attended home deliveries to total home deliveries                   | 14.6           | 47.39   |
| % of institutional deliveries to total reported deliveries                   | 95.6           | 95.84   |
| % of institutional deliveries to total ANC registrations                     | 68.87          | 71.36   |
| % of C-Section deliveries to total institutional deliveries                  | 11             | 2.31    |
| <b>Post-natal Care</b>   |                |         |
| % of women discharge in < 48 hours of delivery to total deliveries (Public)  | 11.9           | 38.94   |
| % 1st post-partum check-up between 48 hours and 14 days to total deliveries  | 13.75          | 38.94   |
| <b>New-born and Child Health</b>   |                |         |
| % of new-born breast fed within 1 hour of birth to total live birth          | 91.79          | 92.31   |
| % of new-borns having weight less than 2.5 kg to new-borns weighted at birth | 15.29          | 17      |
| <b>2. Child Immunization &amp; Diseases</b>                                  |                |         |
| Number of children (9-11 months) fully immunized                             | 1737729        | 29898   |
| % of children received measles to full immunization                          | 99.15          | 99.92   |
| % of children received BCG to full immunization                              | 76.97          | 79.45   |
| <b>3. Family Planning</b>  |                |         |
| Total Sterilization conducted  | 317272         | 5979    |
| % of male sterilization to total sterilization                               | 0.87           | 0.02    |
| % of female sterilization to total sterilization                             | 99.12          | 99.98   |
| <b>4. Mortality Indicators</b>   |                |         |
| Maternal Death   | 2722           | 43      |
| Child Death  | 4109           | 65      |
| Infant Death   | 27669          | 877     |
| Still Birth  | 24453          | 386     |
| <b>5. Other Services</b>   |                |         |
| IPD  | 3747157        | 81179   |
| OPD (Ayush + Allopathic)   | 52710661       | 2311376 |
| % IPD to OPD   | 7.1            | 10.39   |

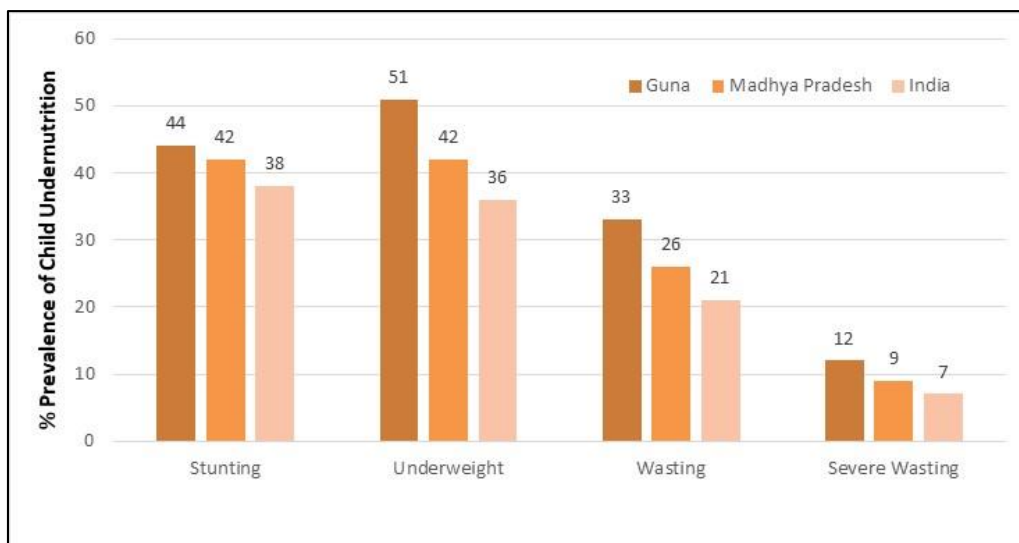
Source: HMIS Standard Report, 2020-21

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. The OPD patient load in the district is as high as 2311376 in 2020-21 as against IPD Patients. AYUSH OPD was reported to be 6.8 percent of the total OPD.

With regards to the service delivery for the Child Health in Guna, a total of 29898 children in the age group of 9-11 months were fully immunized. The district had 1732 cases of diarrhoeal disease, 87 cases of pneumonia and 58 cases of tuberculosis respectively. The number of child deaths reported in previous year is 65.

Based on NFHS 2015-16 estimates, in Guna 44% children under five years are stunted, 51% are underweight and 33% are wasted including 12% with severe wasting. Whereas in Madhya Pradesh 42% children under five years are stunted, 42% are underweight and 26% are wasted including 9% with severe wasting. Whereas in India 38% children under five years are stunted, 36% are underweight and 21% are wasted including 7% with severe wasting.

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



CHAPTER 3

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Public Health  
Planning

# **PUBLIC HEALTH PLANNING**

## **3.1 Health infrastructure**

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

With regards to Public health infrastructure, there is 1 District Hospital, 1 Sub District Hospitals, 5 Community Health Centres (CHCs), 15 Primary Health Centres (PHCs), 3 Urban Primary Health Centres (PHCs), 176 Sub Centres (SCs), 1 SNCU, 6 NRCs, 1 DEIC, 1 Blood Bank and 14 designated Microscopy Centres (DMC). In addition, 2 blood storage unit, 6 Tuberculosis units and 1 CBNAAT Site are functioning in the district.

Table 4 enlists certain basic indicators in the health facilities visited by the team. Most of the health facilities visited were running in government buildings except for urban PHC namely UPHC Budhe Balaji. Infrastructure of the facilities running in government building was found to be satisfactory except for the district hospital where services were scattered due to lack of appropriate infrastructure. Cleanliness and hygiene at most of the facility were maintained. Again, the cleanliness at the district hospital was not very satisfactory. UPHC Budhe Balaji, which is running in a rented building had very limited space. Tele-consultation services are available at the district hospital and at the Govindpura subcentre.

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

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

| S. No. | Facilities Visited Physical Infrastructure Indicators                  | District Hospital | CHC Madhogarh | CHC Mayana | PHC Ruthiyai | UPHC Budhe Balaji | HWC Govindpura |
|--------|--|-------------------|---------------|------------|--------------|-------------------|----------------|
| 1      | Whether accessible from nearest road head?                             | Yes               | Yes           | Yes        | Yes          | Yes               | Yes            |
| 2      | Proper waste disposal system as per National Guidelines?               | Yes               | Yes           | Yes        | Yes          | Yes               | Yes            |
| 3      | 24*7 running water facility?   | Yes               | Yes           | Yes        | No           | Yes               | Yes            |
| 4      | Is facility geriatric and disability friendly?                         | No                | Yes           | Yes        | Yes          | Yes               | No             |
| 5      | Are clean functional toilets (separate for Male and Female available)? | Yes               | Yes           | Yes        | Yes          | Yes               | Yes            |
| 6      | Is drinking water facility available?                                  | Yes               | Yes           | Yes        | Yes          | Yes               | Yes            |
| 7      | Does the OPD waiting area have sufficient sitting arrangement?         | Yes               | Yes           | Yes        | Yes          | No                | Yes            |
| 8      | Is ASHA restroom available?  | No                | No            | No         | No           | No                | No             |
| 9      | Is drugstore room with rack available?                                 | Yes               | Yes           | Yes        | Yes          | Yes               | No             |
| 10     | Is there power back up?  | Yes               | Yes           | Yes        | Yes          | Yes               | No             |
| 11     | Is Tele-medicine/ communication available?                             | Yes               | No            | No         | No           | No                | Yes            |
| 12     | Number of functional in-patient beds                                   | 400               | 40            | 6          | 6            | 0                 | 0              |

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

Health infrastructure also includes the transport facilities provided by the district for safe and timely movement of patients. These include ambulances or any other form/mode of transport used to commute by the people of the community. Guna District has 9 Basic Life Support (BLS) ambulances and 1 advance life support ambulances. There are no mobile medical units functioning in the district. During the interaction with beneficiaries and ASHA workers, it was reported that ambulance services are usually delayed.

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

| Vehicle for Referral Transport   | Number |
|--|--------|
| Basic Life Support (BLS) (on the road)                                       | 9      |
| Advanced Life Support (ALS) (on the road)                                    | 1      |
| Operational agency (State/ NGO/ PPP)   | PPP    |
| If the ambulances are GPS fitted and handled through centralized call centre | Yes    |
| Average number of calls received per day                                     | -      |
| Average number of trips per ambulance per day                                | -      |
| No. of transport vehicle/102 vehicle (on the road)                           | 14     |
| If the vehicles are GPS fitted and handled through centralized call centre   | Yes    |
| Average number of trips per ambulance per day                                | -      |
| Average km travelled per ambulance per day                                   | -      |

Source: DPMU Unit, Guna, 2020-21

### 3.2 Human resource

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

The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. Table 6 provides the Human Resource Availability in Guna District. Against 44 sanctioned posts for Medical Officers (MBBS), 40 are filled. There are 13 AYUSH Medical Officers in the district. The district has no pediatricians, no anesthetists, no surgeons, no radiologists, and 2 dentists. A total of 92 CHOs are working in the district. More than 50 percent posts of MPW are vacant. CMO Meeting and discussions with BPMs unanimously cited manpower crunch as a limiting factor affecting the NHM effectiveness in the district.

Table 6: Human Resource in Guna District 2020-21

| Staff details at public facility<br>(Regular+ NHM+ other sources) | Sanctioned | In-place |
|---|------------|----------|
| ANM   | 152        | 235      |
| MPW (Male)  | 119        | 33       |
| Staff Nurse   | 65         | 82       |
| Lab technician  | 19         | 37       |
| Pharmacist (Allopathic)   | 29         | 29       |
| MO (MBBS)   | 44         | 40       |
| Dentists/ Dental Surgeon/ Dental MO                               | 1          | 2        |
| CHO/ MLHP   | -          | 92       |
| AYUSH MO  | -          | 13       |
| AYUSH Pharmacist  | -          | 1        |

Source: DPMU Unit, Guna, 2020-21

Workforce training is another important component. A properly trained and competent workforce is essential to any successful health care system. In the last financial year, some trainings have been planned in the district. These include trainings on Non Communicable diseases, GDM Training, IYCF training, and malaria training. It was reported that due to COVID, the number of trainings planned and executed were very less in number. New options for the education and in-service training of health care workers are required to ensure that the workforce is aware of and prepared to meet a particular country's present and future needs.

### 3.3 Budget utilization

Budget utilisation under NHM is to operationalise an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. The budget utilisation summary for Guna by FMR is given in table 7. Maximum budget for facility based service delivery, human resource and programme management has been utilized. The highest under-utilization rates are for community based service delivery and trainings. For these, more than 50 percent of sanctioned budget lies unutilized.

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

| Indicator                                       | Budget Released | Budget utilized | Percent not utilized |
|---|-----------------|-----------------|----------------------|
| 1. FMR 1: Service Delivery: Facility Based      | 8294102         | 7749536         | 6.6                  |
| 2. FMR 2: Service Delivery: Community Based     | 3085877         | 1493168         | 51.6                 |
| 3. FMR 3: Community Intervention                | 5512180         | 3759623         | 31.8                 |
| 4. FMR 4: Untied grants                         | 0               | 0               |                      |
| 5. FMR 5: Infrastructure                        | 21395075        | 17774506        | 16.9                 |
| 6. FMR 6: Procurement                           | 10274188        | 8128934         | 20.9                 |
| 7. FMR 7: Referral Transport                    | 0               | 0               |                      |
| 8. FMR 8: Human Resource (Service Delivery)     | 9878304         | 9090113         | 8.0                  |
| 9. FMR 9: Training                              | 4113800         | 2090686         | 49.2                 |
| 10. FMR 10: Review, Research and Surveillance   | 0               | 0               |                      |
| 11. FMR 11: IEC-BCC                             | 2070088         | 1810704         | 12.5                 |
| 12. FMR 12: Printing                            | 2829775         | 2052824         | 27.5                 |
| 13. FMR 13: Quality                             | 6538980         | 5317916         | 18.7                 |
| 14. FMR 14: Drug Warehouse & Logistic           | 631080          | 397755          | 37.0                 |
| 15. FMR 15: PPP                                 | 10095000        | 6874000         | 31.9                 |
| 16. FMR 16: Programme Management                | 23755219        | 21454010        | 9.7                  |
| · FMR 16.1: PM Activities Sub Annexure          | 0               | 0               |                      |
| 17. FMR 17: IT Initiatives for Service Delivery | 2551785         | 1797217         | 29.6                 |
| 18. FMR 18: Innovations                         | 0               | 0               |                      |

Source: DPMU Unit, Guna, 2020-21

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

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

| Indicator   | Budget Released | Budget utilized | Percent not utilised |
|---|-----------------|-----------------|----------------------|
| 1. RCH and Health Systems Flexipool   |                 |                 |                      |
| Maternal Health   | 45611301        | 36965585        | 19.0                 |
| Child Health  | 6744414         | 5619705         | 16.7                 |
| RBSK  | 8226958         | 6536515         | 20.5                 |
| Family Planning   | 24884209        | 18545374        | 25.5                 |
| RKSK/ Adolescent health   | 100000          | 83600           | 16.4                 |
| PC-PNDT   | 8532            | 3140            | 63.2                 |
| Immunization  | 14068357        | 11102434        | 21.1                 |
| Untied Fund   | 12854263        | 8124582         | 36.8                 |
| Blood Services and Disorders  | 1783951         | 1027048         | 42.4                 |
| Infrastructure  | 20570075        | 17068230        | 17.0                 |
| ASHAs   | 88467266        | 79526914        | 10.1                 |
| HR  | 90720668        | 77881417        | 14.2                 |
| Programme Management  | 4460000         | 3840844         | 13.9                 |
| Quality Assurance   | 2971716         | 1704095         | 42.7                 |
| 2. NUHM   |                 |                 |                      |
| 3. Communicable Diseases Pool   |                 |                 |                      |
| Integrated Disease Surveillance Programme (IDSP)  | 288300          | 250346          | 13.2                 |
| National Vector Borne Disease Control Programme (NVBDCP)  | 707621          | 421183          | 40.5                 |
| National Leprosy Eradication Programme (NLEP)   | 553500          | 383873          | 30.6                 |
| National TB Elimination Programme (NTEP)  | 2402100         | 1610615         | 32.9                 |
| 4. Non-Communicable Diseases Pool   |                 |                 |                      |
| National Program for Control of Blindness and Vision Impairment (NPCB+VI)                             | 10406499        | 7276694         | 30.1                 |
| National Mental Health Program (NMHP)   | 292000          | 207174          | 29.1                 |
| National Programme for Health Care for the Elderly (NPHCE)  | 362800          | 260050          | 28.3                 |
| National Tobacco Control Programme (NTCP)   | 215000          | 0               | 100.0                |
| National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) | 1997373.08      | 1484197         | 25.7                 |
| National Oral health programme (NOHP)   | 50000           | 29980           | 40.0                 |

Source: DPMU Unit, Guna, 2020-21

**Figure 3:** Component wise percentage of funds left unutilized under RCH Flexipool

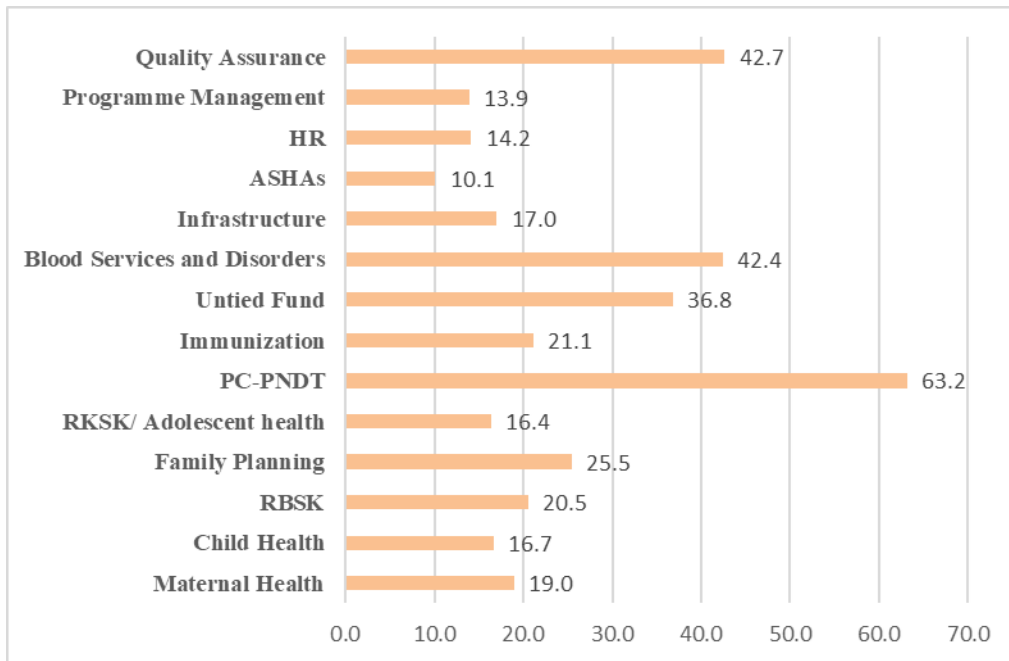


Figure 4 presents the non-utilization of RCH and Health systems flexi pool funds according to their components. The maximum non-utilization of funds is seen under PC-PNDT (63%). For blood service disorders and quality assurance almost half of the sanctioned budget lies un-utilized. Lowest non-utilization rates are for human resource, ASHAs and programme management components.

CHAPTER **4**

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Implementation  
Of  
National Programmes

## **IMPLEMENTATION OF NATIONAL PROGRAMMES**

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

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

#### **4.1.1 Janani Suraksha Yojana (JSY)**

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

A total of 23434 beneficiaries were registered for JSY cash transfer, out of which 6422 had not yet received the payments. During the visit, it was reported by medical officers that any delay in JSY incentive was mostly because of discrepancies in account details of beneficiaries. Interaction with beneficiaries revealed that they were satisfactorily aware about the JSY schemes, and most of the them had bank accounts. In Guna, during interaction with ASHA workers, it was reported that the staff nurses at the district hospital have been demanding money for deliveries. They reportedly misbehave with those unable to pay. Also there is only one gynecologist in the entire district who is posted at the district hospital, thus large crowd of pregnant women are driven towards district hospital.

### **4.1.2 Janani Shishu Suraksha Karyakram (JSSK)**

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

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

### **4.1.3 Maternal Death Review**

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

Guna observed 28 maternal deaths in the year 2020-21 and 24 in the year 2019-20. Maternal Death Review is reportedly being carried out in the district and reasons are being identified for both facility and community deaths.

### **4.1.4 The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)**

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

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

#### **4.1.5 Home Based Newborn Care (HBNC)**

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

HBNC is functioning in Guna District. At the time of visit, a total of 1350 HBNC kits were available with ASHAs. New borns are being visited by ASHA workers.

#### **4.1.6 Rashtriya Bal Swasthya Karyakram (RBSK)**

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

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

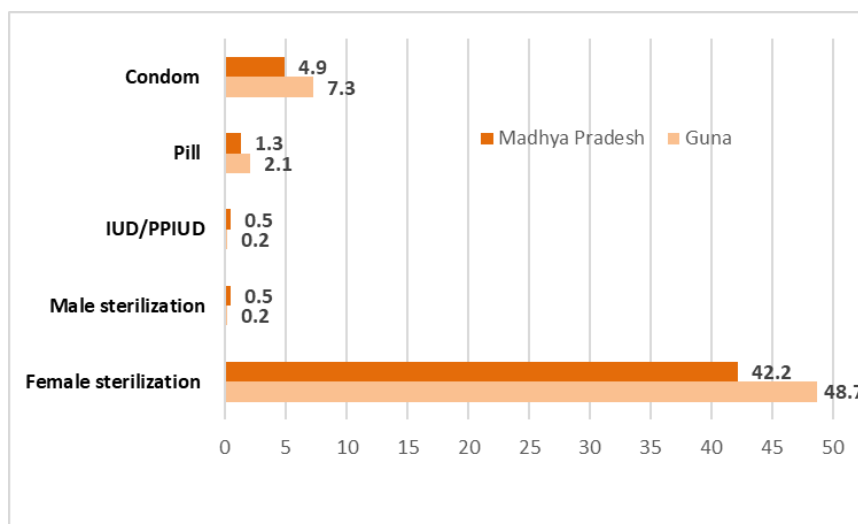
There are 12 RBSK teams sanctioned in the district, however only one team has all the HR in place. There are 12 vehicles available to RBSK teams. On an average, 160 children are screened per month per team. Though the programme is functional in the district but due to COVID no screening has been performed at schools in the last year. The teams that have been constituted for RBSK have been diverted to perform COVID immunization activities.

### 4.1.7 Family Planning

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

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

Figure 4: Current use of Family Planning Methods



### 4.2 Disease Control Programme

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

### **4.2.1 Integrated Disease Surveillance Programme (ISDP)**

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

IDSP has been implemented in the district. The rapid response team comprises of RRT, DIO, Medicine specialist, child specialist, epidemiologist and veterinary officer. The IDSP data is used for surveillance of several communicable diseases through online platform named IHIP.

### **4.2.2 The National Vector Borne Disease Control Programme (NVBDCP)**

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

The micro and macro plan for NVBDCP have been reported to be available at the district level and weekly epidemiological and entomological situations are monitored. There has been an increased boosted surveillance at ward village level. Neither LLIN distribution nor any Indoor Residual Spray (IRS) has been done in the last year.

### **4.2.3 National Leprosy Eradication Programme (NLEP)**

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

### **4.2.4 The National Tuberculosis Elimination Program (NTEP)**

NTEP is functional in the district. A total of 3038 target TB notification was achieved in 2020-21. There are 1830 eligible TB patients with UDST testing. Drugs for both, drug sensitive and drug resistance TB have been reported to be available. A total of 2428 beneficiaries have been paid under Nikshay Poshan Yojana.

CHAPTER **5**

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**Service availability at  
Health facilities**

## **FACILITY WISE OBSERVATIONS**

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

### **5.1 GUNA DISTRICT HOSPITAL**

- The District Hospital is functioning in government building which is more than fifty years old and is scattered. PICU, OT, Labour Room, SNCU and PNC ward are at distant locations which otherwise should be located close to each other for smooth functioning. It is a 400 bedded facility with 10 separate ICU beds.
- In addition to the General OPD, IPD, ANC, Delivery, PNC, Immunization and Laboratory services, the facility also offers Paediatric, General Surgery, Anaesthesiology, Ophthalmology, Dental, Imaging, DEIC, NRC, SNCU, MNCU, CLMC, NICU, Dialysis unit.
- Telemedicine services are also provided with an average of 6 cases per day.
- Blood Bank is available in the hospital and a total of 606 blood transfusions were done in the month of August 2021. Blood is issued free for patients belonging to BPL, elderly and JSSK Beneficiaries.
- Biomedical waste is managed through bio medical waste treatment plant.
- The facility has a total of 27 MBBS Medical Officers, 1 Dentist, 158 Staff nurses, 0 LTs, 2 Pharmacists and 1 Hospital Manager. The specialists include 1 Medicines, 2 ObGy, 1 Paediatricians, 3 Anaesthetists, 2 Surgeons, and no Ophthalmologists, no Orthopaedics, no Radiologist and 1 Pathologist.
- The facility scored 72.9% in Kayakalp for the year 2020-2021. The facility score for NQAS was 60%.
- A total of 461 drugs are listed in the essential drug list displayed in OPD Area. The hospital at times does face minor shortages for some of the enlisted drugs such as injection caffeine ceteate, tab carbamazole, tab diethyl carbenzine etc.
- All of the diagnostic services are free for beneficiaries except for Ultrasound and CT scan which are chargeable for APL beneficiaries. Laboratory tests are done 24\*7. A total of 38 types of tests are being done.

- PM National Dialysis Programme has been implemented with a total of 1870 dialysis performed in 2020-21. Dialysis services are chargeable for those belonging to above poverty line (APL).
- An average of 500 deliveries is performed every month. Number of C-section deliveries performed is around 100 on average. A total of 5 maternal deaths and 481 child deaths were reported in the facility in 2020-21.
- Both JSY and JSSK are functional. The average delay in JSY payments is about 20-25 days and it is attributed to portal glitches. All free entitlements under JSSK are being provided. There is a separate for ANC follow-ups.
- Screening for NCD is done regularly. A total of 52 cases for hypertension, 41 cases of diabetes, 70 cases of oral cancer, 0 of breast cancer and 1 cases of cervical cancer have been confirmed in past 6 months (Mar- Aug 2021).
- The facility received a sum of Rs 49,880,305 in the year 2020-2021, out of which Rs 40,761,205 were spent.



**Figure 5:** Guna District Hospital, Guna, Madhya Pradesh

## 5.2 CHC MAYANA

- It is a 6 bedded facility. The OPD timings are from 9 to 4. Tele-medicine consultation is not available.
- The facility provides services including OPD, IPD, delivery point, COVID vaccination, routine immunisation, family planning, NRC.
- A total of 2 MBBS Medical Officers, 3 Staff Nurses, 2 LTS, 1 Pharmacist, 1 facility manager are posted at the facility.
- The Labour room is not LaQsha certified. NQAS has also not been initiated. The facility does not have functional blood storage unit.
- Medicines and consumables are mostly available with minimal shortage. Shortage in consumables includes that of feeding tube, kallys pad, urinary bag, ECG jelly etc.
- Laboratory tests performed includes that for HB, sugar, blood group, HIV, NDRL, HBSAG, WIDAL etc. Diagnostic services are free for all. X ray service is not available.
- Delivery services are available at the CHC; however, the delivery load is very low. All services under JSY and JSSK are being provided. PMSMA services are provided on 9<sup>th</sup> of every month. No maternal death was reported at the facility in the last year. Adolescent friendly health clinic is not functional. No counselling for adolescents is done.
- Screening for non-communicable diseases is done in the daily OPD.
- Ambulances are available on call from the centralised system. No dedicated ambulance for the CHC.
- Family Planning counselling is given to every mother registered for ANC. Contraceptive pills are more accepted among the mothers. PPIUCD is preferred post-delivery, while Chaya is preferred after C section delivery.
- The facility has a functional 10 bedded Nutritional Rehabilitation Centre. However, the admission rate at the facility is not very high. At the time of the visit, only one NRC bed was occupied.



**Figure 6:** CHC Mayana, Guna

### 5.3 CHC MADHOGARH

- The facility is functioning in a government building. It is a 40 bedded facility. The OPD timings are from 9 to 4. Tele-medicine consultation is not available.
- The facility provides services including OPD, IPD, delivery point, minor operations, COVID vaccination, family planning services, anaesthesiology, routine immunisation, X-ray, pathology, leprosy treatment, dots, paediatric OPD etc
- A total of 2 MBBS Medical Officers, 7 Staff Nurses, 2 LTS and 1 Pharmacist, 1 EmOC trained doctor are posted at the facility.
- Kayakalp score for the facility is 87%. NQAS has also not been initiated. The facility does not have functional blood storage unit.
- The EDL has 238 drugs listed. Medicines and consumables are mostly available with minimal shortage.
- A total of 15-20 types of laboratory tests are performed including that for HB, sugar, blood group, HIV, NDRL, HBSAG, WIDAL etc. Diagnostic services are free for all. X ray service is also available.

- Delivery services are available at the CHC. On an average 150 deliveries are performed monthly. All services under JSY and JSSK are being provided. PMSMA services are provided on 9<sup>th</sup> of every month. No maternal death was reported at the facility in the last year.
- The facility has a 10 bedded NRC. Proper diet is given to children admitted. Breastfeeding and related counselling is done.
- Adolescent friendly health clinic is not functional. No counselling for adolescents is done. Family planning counselling is done by staff nurses and Doctors.
- Screening for non-communicable diseases is done daily. All patients who come for OPD and are above the age of thirty, are tested for non- communicable diseases. A total of 81 cases of hypertension, and 96 cases of diabetes were confirmed in last six months.
- The facility received an amount of Rs 2,50,000 in the year 2020-21 and the entire sum was spent in the same year. RKS meetings were reported to be held regularly.
- Ambulances are available on call from the centralised system. The CHC has one dedicated ambulance.



**Figure 7:** CHC Madhogarh, Guna

## 5.4 PHC RUTHIYAI

- PHC Ratibarah caters to a population of approximately 22,000. Referral cases are sent out to either CHC Madhogarh or DH Guna.
- It is a 6 bedded facility. List of services provided include OPD, NCD Clinic, Vaccination, Routine Immunisation, Deliveries, Laboratory. Tele-medicine is not available.
- Bio medical waste is collected by central collecting vans on alternate days.
- Human Resource posted at the facility includes 2 MOs, 2 Staff Nurses and 3 ANMs.
- Kayakalp score for the facility is 75 percent. NQAS assessment has not been initiated.
- A total of 171 medicines are available in the essential drug list. There is no acute shortage of any major drug or equipment. Medicines for hypertension and diabetic patients are available.



**Figure 8:** PHC Ruthiyai, Guna

- X ray is not available. Diagnostic services are free for all. JSY and JSSK are functioning. All free entitlements under JSSK are available.
- An average of 40 beneficiaries per day for common problem like fever, cold, fungal infection, diabetes, hypertension.
- It is a delivery point and the load is around 100 deliveries per month.
- At present there is no lab technician in the facility. Thus this is hampering the work.

## **5.5 UPHC BUDHE BALAJI**

- The UPHC is functioning in rented building. The complex is less spacious considering the services being offered and the patient load. It covers 5 km area and caters to more than 50,000 populations.
- The facility is managed by 1 MO, 1 Staff nurse, 6 ANM, and 1 ward boy. The facility doesn't have
- The services provided here include OPD, testing, Routine Immunization, ANC, NCD services and adolescent health. It is not a delivery point.
- Laboratory services are not available. Only card tests for HB, HIV Hepatitis, COVID 19 Antigen are done by the LT.
- For Family planning Antara, Chaya and IUCD are promoted. ANM counsels on family planning services.
- Bio-waste are collected by the waste disposal vehicle.
- In 2020-21, 1 Lakh in untied fund has been provided which has been fully utilized.
- Referral register is not properly updated. No data entry operator at the facility.
- There is no shortage in EDL. Medicines reaching their expiry dates are sent to facilities where they have drug shortages for optimum utilization.
- In past year, a total of 580 confirmed cases of hypertension and 47 cases of diabetes have been identified.



**Figure 9: UPHC Budhe Balaji, Guna**

## 5.6 HEALTH & WELNESS CENTRE: GOVINDPURA

- Caters to a population of 5000 scattered over 11 villages. Staff includes 1 ANM, 1 CHO and 9 ASHAs.
- The services provide are care in pregnancy and child birth, RI, Family planning counselling, tele medicine consultation and COVID vaccination. Register is maintained for ANC, RI and Delivery.
- For Family planning, IUCD, Chaya and condoms are actively promoted.
- Telemedicine facility is also provided at the HWC.
- Tests for HB, hypertension, BP, height and weight are done for screening. A total of 37 cases of hypertension, 20 of diabetes and 1 of breast cancer were identified between march to august.
- All patient's health records are individually maintained.
- The ANM has been provided residence inside the HWC, although she doesn't reside there.
- Rs 25,000 were received as untied funds for the year 2020-21 and were fully utilised.



**Figure 10:** HWC, Govindpura, Guna

## 5.7 COMMUNITY RESPONSE

The team visited Village for gathering community perception on provision of health services. Interaction with villagers was done at the Health and Wellness Centre and the Primary health centre. The team interacted with villagers both individually as well as in groups.

With regard to health seeking behaviour, people seemed quite satisfied with the health services being offered. However, it was reported that for any major operations and surgeries, they have to go to other districts such as Bhopal. For Antenatal Care, majority of women resort to public health facilities. These are driven by ASHAs and availability of female ANM at public facilities.

Ambulance service was being utilized by people in the district especially by pregnant women. With regard to behaviour of health service providers, it was reported that health care providers at the subcentre and PHC were very cooperative and friendly. However, the same is not true for those at the district hospital.

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

## **ASHA WORKERS**

There are a total of 1171 ASHA Workers in the district against a requirement of 1350. Out of the total, 1265 are enrolled for PMJJBY scheme. A total of 67 Asha facilitators are enrolled for PMJJBY scheme. For the villagers, the ASHA workers are the source of information for any programme/ scheme running in the district. In the discussion with ASHA workers, they appeared to be well trained. They discussed the issues they face on the field which include difficulty in persuading certain households for institutional deliveries, difficulty in carrying too many registers on field, problems with the mobile sim that has been issued to them. They felt that the incentive that they are getting is very low with respect to the amount of work being done by them. There are 1136 village health sanitation and nutrition committees formed and trained in the district.



**Figure 11: Interaction with ASHA Workers**

CHAPTER 6

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Conclusion &  
Recommendations

## 6.1 CONCLUSION

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in Guna district of Madhya Pradesh, wherein the team carried out the field visit of the district for quality checks and further improvement of the different components of NHM.

The following public health care facilities were visited by the PRC-IEG Team: District Hospital Guna, CHC Madhogarh, CHC Mayana, UPHC Budhe Balaji, PHC Ruthiyai, and HWC Govindpura. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of NHM. A summary of our findings in the district is presented below:

Infrastructure provides health system the foundation to deliver, evaluate and respond to community health needs. It is essential to effectively provide public health services. With regards to Public health infrastructure, Guna has 1 District Hospital, 1 Sub District Hospitals, 5 Community Health Centres (CHCs), 15 Primary Health Centres (PHCs), 3 Urban Primary Health Centres (PHCs), 176 Sub Centres (SCs), 1 SNCU, 6 NRCs, 1 DEIC, 1 Blood Bank and 14 designated Microscopy Centres (DMC). In addition, 2 blood storage unit, 6 Tuberculosis units and 1 CBNAAT Site are functioning in the district. Most of the visited health care facilities such as District Hospitals (DHs), Community Health Centres (CHCs), and Sub-Centres (SCs) are located in government buildings except for UPHC which are functioning in rented buildings.

CMO Meeting and discussions with BPMs unanimously cited manpower crunch as a limiting factor affecting the NHM effectiveness in the district.

With respect to maternal and child health, JSY and JSSK are functional in the district. Institutional deliveries are being carried out at all health facilities including sub centres. In Guna, during interaction with ASHA workers, it was reported that the staff nurses at the district hospital have been demanding money for deliveries. They reportedly misbehave with those unable to pay. Under JSSK, diagnosis, drugs and transport are being provided for free. A total of 28 maternal deaths and 116 infant deaths occurred in the last financial year and 400 still births were reported. Routine immunization is taking place.

In Guna, Male sterilization is very less in comparison to female sterilization despite it being the easier and safer option among the two. Achievements of female sterilization, specifically PPIUCD far outnumbers the targets. Other prevalent methods of Family Planning include Antara and Chaya. Community Process is functional in the district. Currently 1350 ASHAs are working in the district.

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

## **6.2 RECOMMENDATIONS**

- The District Hospital requires a new and separate wing for reproductive and child health services as the existing structure is scattered and is hampering smooth conduct of service provision.
- The concerned authorities must look into the practise of staff nurses asking money for delivery from the beneficiaries. All efforts must be made to stop such mal practices with immediate effect.
- The on call ambulance system is run through a centralised agency for all districts in Madhya Pradesh. If instead the calls are moderated by each district themselves, this might result in better facilitation by saving time.
- Provision for ASHA Supervisors in Urban areas should be facilitated. Supervision and monitoring of ASHA workers raises the efficiency of work being done by them.
- The ANMs must be counselled and motivated to take up the additional work of entering data in the ANMOL portal. Some additional incentives can be provided for the same.
- Efforts need to be made to fill all vacant positions of specialists at the district hospital.
- Since the ASHA workers have contributed enormously to strengthening of primary health care delivery services, their incentive should be reflective of the amount of work being done by them. An increase in the fixed salary component of ASHA workers could be considered.

# ANNEXURES



Ministry of Health & Family Welfare  
Government of India



## Schedule for PIP Monitoring

### District Profile

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

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

|  |  |  |
|--|--|--|
| 3. Community Health Centers (CHC)  |  |  |
| 4. Primary Health Centers (PHC)  |  |  |
| 5. Sub Centers (SC)  |  |  |
| 6. Urban Primary Health Centers (U-PHC)  |  |  |
| 7. Urban Community Health Centers (U-CHC)  |  |  |
| 8. Special Newborn Care Units (SNCU)   |  |  |
| 9. Nutritional Rehabilitation Centres (NRC)  |  |  |
| 10. District Early intervention Center (DEIC)  |  |  |
| 11. First Referral Units (FRU)   |  |  |
| 12. Blood Bank   |  |  |
| 13. Blood Storage Unit (BSU)   |  |  |
| 14. No. of PHC converted to HWC  |  |  |
| 15. No. of U-PHC converted to HWC  |  |  |
| 16. Number of Sub Centre converted to HWC  |  |  |
| 17. Designated Microscopy Center (DMC)   |  |  |
| 18. Tuberculosis Units (TUs)   |  |  |
| 19. CBNAAT/TruNat Sites  |  |  |
| 20. Drug Resistant TB Centres  |  |  |
| 21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> <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   |                              |

| Indicator   | Remarks/ Observation |
|---|----------------------|
| <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 conducting &gt; 50 deliveries /month</li> </ul>  |                      |
| <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> |                      |

| Indicator  | Remarks/ Observation |          |
|--|----------------------|----------|
| <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>  |                      |          |
|  | Inborn               | Out born |
| <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)   |                      |          |
|  | Inborn               | Out born |
| <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> <li>○ HIV</li> <li>○ Fever</li> <li>○ Nutrition related disorder</li> <li>○ Others</li> </ul> </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   |                      |          |

| Indicator   | Remarks/ Observation |            |
|---|----------------------|------------|
| <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>                               |                      |            |
|   | <b>ALS</b>           | <b>BLS</b> |
| <ul style="list-style-type: none"> <li>○ Operational agency (State/ NGO/ PPP)</li> </ul>  |                      |            |
| <ul style="list-style-type: none"> <li>○ If the ambulances are GPS fitted and handled through centralized call centre</li> </ul>                          |                      |            |
| <ul style="list-style-type: none"> <li>○ Average number of calls received per day</li> </ul>  |                      |            |
| <ul style="list-style-type: none"> <li>○ Average number of trips per ambulance per day</li> </ul>   |                      |            |
| <ul style="list-style-type: none"> <li>○ Average km travelled per ambulance per day</li> </ul>  |                      |            |
| <ul style="list-style-type: none"> <li>○ Key reasons for low utilization (if any)</li> </ul>  |                      |            |

| Indicator  | Remarks/ Observation        |                |                   |
|--|-----------------------------|----------------|-------------------|
| <ul style="list-style-type: none"> <li>• No. of transport vehicle/102 vehicle (on the road)</li> </ul>   |                             |                |                   |
| <ul style="list-style-type: none"> <li>○ If the vehicles are GPS fitted and handled through centralized call centre</li> </ul>   |                             |                |                   |
| <ul style="list-style-type: none"> <li>○ Average number of trips per ambulance per day</li> </ul>  |                             |                |                   |
| <ul style="list-style-type: none"> <li>○ Average km travelled per ambulance per day</li> </ul>   |                             |                |                   |
| <ul style="list-style-type: none"> <li>○ Key reasons for low utilization (if any)</li> </ul>   |                             |                |                   |
| 20. Universal health screening   |                             |                |                   |
| <ul style="list-style-type: none"> <li>• If conducted, what is the target population</li> </ul>  |                             |                |                   |
| <ul style="list-style-type: none"> <li>• Number of Community Based Assessment Checklist (CBAC) forms filled till date</li> </ul>   |                             |                |                   |
| <ul style="list-style-type: none"> <li>• 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> </li> </ul> |                             |                |                   |
| 21. If State notified a State Mental Health Authority  |                             |                |                   |
| 22. If grievance redressal mechanism in place  |                             |                |                   |
| <ul style="list-style-type: none"> <li>• Whether call center and toll-free number available</li> </ul>   |                             |                |                   |
| <ul style="list-style-type: none"> <li>• Percentage of complains resolved out of the total complains registered in current FY</li> </ul>   |                             |                |                   |
| 23. If Mera-aaspatal has been implemented  |                             |                |                   |
| 24. Payment status:  | <b>No. of beneficiaries</b> | <b>Backlog</b> | <b>DBT status</b> |
| <ul style="list-style-type: none"> <li>• JSY beneficiaries</li> </ul>  |                             |                |                   |
| <ul style="list-style-type: none"> <li>• ASHA payment:</li> </ul>  |                             |                |                   |
| <ul style="list-style-type: none"> <li>○ A- Routine and recurring at increased rate of Rs. 2000 pm</li> </ul>  |                             |                |                   |
| <ul style="list-style-type: none"> <li>○ B- Incentive under NTEP</li> </ul>  |                             |                |                   |
| <ul style="list-style-type: none"> <li>○ C- Incentives under NLEP</li> </ul>   |                             |                |                   |
| <ul style="list-style-type: none"> <li>• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)</li> </ul>  |                             |                |                   |
| <ul style="list-style-type: none"> <li>• Patients incentive under NTEP programme</li> </ul>  |                             |                |                   |
| <ul style="list-style-type: none"> <li>• Provider's incentive under NTEP programme</li> </ul>  |                             |                |                   |
| <ul style="list-style-type: none"> <li>• FP compensation/ incentive</li> </ul>   |                             |                |                   |
| 25. Implementation of Integrated Disease Surveillance Programme (IDSP)   |                             |                |                   |
| <ul style="list-style-type: none"> <li>• If Rapid Response Team constituted, what is the composition of the team</li> </ul>  |                             |                |                   |
| <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>  |                             |                |                   |

| Indicator   | Remarks/ Observation  |
|---|---|
| <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<br>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:<br>Treatment success rate:<br>No. of MDR TB Patients:<br>Treatment initiation among MDR TB patients: |
| <ul style="list-style-type: none"> <li>Patients notification from private sector</li> </ul>   | No of patients notified:<br>Treatment success rate:<br>No. of MDR TB Patients:<br>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>  |   |

| Indicator   | Remarks/ Observation |
|---|----------------------|
| 29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis  |                      |
| 30. Percent of health workers immunized against Hep B   |                      |
| 31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme  |                      |
| 32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme  |                      |
| 33. Key activities performed in current FY as per ROP under National Tobacco Control Programme  |                      |
| 34. Number of ASHAs <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  |                      |

| Indicator  | Remarks/ Observation |     |               |     |
|--|----------------------|-----|---------------|-----|
| 39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)  |                      |     |               |     |
| 40. Activities performed by District Level Quality Assurance Committee (DQAC)  |                      |     |               |     |
| 41. Recruitment for any staff position/ cadre conducted at district level  |                      |     |               |     |
| 42. Details of recruitment   | Previous year        |     | Current FY    |     |
|  | Regular cadre        | NHM | Regular cadre | NHM |
| <ul style="list-style-type: none"> <li>Total no. of posts vacant at the beginning of FY</li> </ul>                       |                      |     |               |     |
| <ul style="list-style-type: none"> <li>Among these, no. of posts filled by state</li> </ul>                              |                      |     |               |     |
| <ul style="list-style-type: none"> <li>Among these, no. of posts filled at district level</li> </ul>                     |                      |     |               |     |
| 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: <ul style="list-style-type: none"> <li>a. SHC- HWC</li> <li>b. PHC- HWC</li> <li>c. UPHC – HWC</li> </ul>  |         |           |
| 4. Number of individuals screened for: <ul style="list-style-type: none"> <li>a. Hypertension</li> <li>b. Diabetes</li> <li>c. Oral Cancer</li> <li>d. Breast Cancer</li> <li>e. Cervical Cancer</li> </ul> |         |           |
| 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 (%) |
|---|------------|----------|-------------|
| <ul style="list-style-type: none"> <li>ANM</li> </ul>             |            |          |             |
| <ul style="list-style-type: none"> <li>MPW (Male)</li> </ul>      |            |          |             |
| <ul style="list-style-type: none"> <li>Staff Nurse</li> </ul>     |            |          |             |

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

| <b>Indicator</b>   | <b>Budget<br/>Released (in<br/>lakhs)</b> | <b>Budget<br/>utilized (in<br/>lakhs)</b> | <b>Reason for low utilization<br/>(if less than 60%)</b> |
|--|---|---|--|
| <b>1. FMR 1:</b> Service<br>Delivery: Facility<br>Based  |   |   |  |
| <b>2. FMR 2:</b> Service<br>Delivery: Community<br>Based |   |   |  |
| <b>3. FMR 3:</b> Community<br>Intervention               |   |   |  |
| <b>4. FMR 4:</b> Untied<br>grants                        |   |   |  |
| <b>5. FMR 5:</b><br>Infrastructure                       |   |   |  |
| <b>6. FMR 6:</b> Procurement                             |   |   |  |
| <b>7. FMR 7:</b> Referral<br>Transport                   |   |   |  |

|  |  |  |  |
|--|--|--|--|
| <b>8. FMR 8:</b> Human Resource (Service Delivery)                                       |  |  |  |
| <b>9. FMR 9:</b> Training  |  |  |  |
| <b>10. FMR 10:</b> Review, Research and Surveillance                                     |  |  |  |
| <b>11. FMR 11:</b> IEC-BCC   |  |  |  |
| <b>12. FMR 12:</b> Printing  |  |  |  |
| <b>13. FMR 13:</b> Quality   |  |  |  |
| <b>14. FMR 14:</b> Drug Warehouse & Logistic   |  |  |  |
| <b>15. FMR 15:</b> PPP   |  |  |  |
| <b>16. FMR 16:</b> Programme Management  |  |  |  |
| <ul style="list-style-type: none"> <li>• FMR 16.1: PM Activities Sub Annexure</li> </ul> |  |  |  |
| <b>17. FMR 17:</b> IT Initiatives for Service Delivery                                   |  |  |  |
| <b>18. FMR 18:</b> Innovations   |  |  |  |

### Programme Wise

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

| <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> |
|---|-----------------------------------|-----------------------------------|--|
| <b>1. RCH and Health Systems Flexipool</b>                                  |                                   |                                   |  |
| <ul style="list-style-type: none"> <li>• Maternal Health</li> </ul>         |                                   |                                   |  |
| <ul style="list-style-type: none"> <li>• Child Health</li> </ul>            |                                   |                                   |  |
| <ul style="list-style-type: none"> <li>• RBSK</li> </ul>                    |                                   |                                   |  |
| <ul style="list-style-type: none"> <li>• Family Planning</li> </ul>         |                                   |                                   |  |
| <ul style="list-style-type: none"> <li>• RKSK/ Adolescent health</li> </ul> |                                   |                                   |  |
| <ul style="list-style-type: none"> <li>• PC-PNDT</li> </ul>                 |                                   |                                   |  |
| <ul style="list-style-type: none"> <li>• Immunization</li> </ul>            |                                   |                                   |  |
| <ul style="list-style-type: none"> <li>• Untied Fund</li> </ul>             |                                   |                                   |  |

| <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> |
|---|-----------------------------------|-----------------------------------|--|
| • 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                                     |                                   |                                   |  |

| <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> |
|---|-----------------------------------|-----------------------------------|--|
| Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)       |                                   |                                   |  |
| • National Dialysis Programme   |                                   |                                   |  |
| • National Program for Climate Change and Human Health (NPCCHH)       |                                   |                                   |  |
| • National Oral health programme (NOHP)                               |                                   |                                   |  |
| • National Programme on palliative care (NPPC)                        |                                   |                                   |  |
| • National Programme for Prevention and Control of Fluorosis (NPPCF)  |                                   |                                   |  |
| • National Rabies Control Programme (NRCP)                            |                                   |                                   |  |
| • National Programme for Prevention and Control of Deafness (NPPCD)   |                                   |                                   |  |
| • National programme for Prevention and Management of Burn & Injuries |                                   |                                   |  |
| • Programme for Prevention and Control of Leptospirosis (PPCL)        |                                   |                                   |  |

### **Status of trainings**

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

| <b>List of training (to be filled as per ROP approval)</b> | <b>Planned</b> | <b>Completed</b> |
|--|----------------|------------------|
| 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<br>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:<br>Distance:   |

| Indicator  | Remarks/ Observation  |
|--|---|
| 1. OPD Timing  |   |
| 2. Condition of infrastructure/ building                     | Comments:   |
| Please comment on the condition and tick the appropriate box | <input type="checkbox"/> 24*7 running water facility<br><input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.)<br><input type="checkbox"/> Clean functional toilets available (separate for Male and female)<br><input type="checkbox"/> Drinking water facility available<br><input type="checkbox"/> OPD waiting area has sufficient sitting arrangement<br><input type="checkbox"/> ASHA rest room is available<br><input type="checkbox"/> Drug storeroom with rack is available<br><br>Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital<br><br>Last major renovation done in (Year): _____ |

| Indicator  | Remarks/ Observation  |  |     |
|--|---|--|-----|
| 3. Number of functional in-patient beds  | <p>_____</p> <p>No of ICU Beds available:</p>   |  |     |
| 4. List of Services available  |   |  |     |
| <ul style="list-style-type: none"> <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   | <p>General emergency:</p> <p><b>or</b></p> <p>facilities available for:</p> <ol style="list-style-type: none"> <li>1. Triage</li> <li>2. Resuscitation</li> <li>3. Stabilization</li> </ol> |  |     |

| Indicator   | Remarks/ Observation   |                 |      |      |       |    |      |      |       |           |  |  |  |  |             |          |  |  |  |      |  |  |  |              |  |  |  |             |  |  |  |         |  |  |  |                 |  |  |  |            |  |  |  |             |  |  |  |             |  |  |  |        |  |  |  |         |  |  |  |                    |  |  |  |     |  |  |  |            |  |  |  |                              |  |  |  |                            |  |  |  |                     |  |  |  |                     |  |  |  |        |  |  |  |
|---|--|-----------------|------|------|-------|----|------|------|-------|-----------|--|--|--|--|-------------|----------|--|--|--|------|--|--|--|--------------|--|--|--|-------------|--|--|--|---------|--|--|--|-----------------|--|--|--|------------|--|--|--|-------------|--|--|--|-------------|--|--|--|--------|--|--|--|---------|--|--|--|--------------------|--|--|--|-----|--|--|--|------------|--|--|--|------------------------------|--|--|--|----------------------------|--|--|--|---------------------|--|--|--|---------------------|--|--|--|--------|--|--|--|
| 6. Tele-medicine/Consultation services available                      | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If yes, average case per day _____  |                 |      |      |       |    |      |      |       |           |  |  |  |  |             |          |  |  |  |      |  |  |  |              |  |  |  |             |  |  |  |         |  |  |  |                 |  |  |  |            |  |  |  |             |  |  |  |             |  |  |  |        |  |  |  |         |  |  |  |                    |  |  |  |     |  |  |  |            |  |  |  |                              |  |  |  |                            |  |  |  |                     |  |  |  |                     |  |  |  |        |  |  |  |
| 7. Operation Theatre available  | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If yes,<br>Single general OT:<br>Elective OT-Major (General):<br>Elective OT-Major (Ortho):<br>Obstetrics & Gynecology OT:<br>Ophthalmology/ENT OT:<br>Emergency OT:  |                 |      |      |       |    |      |      |       |           |  |  |  |  |             |          |  |  |  |      |  |  |  |              |  |  |  |             |  |  |  |         |  |  |  |                 |  |  |  |            |  |  |  |             |  |  |  |             |  |  |  |        |  |  |  |         |  |  |  |                    |  |  |  |     |  |  |  |            |  |  |  |                              |  |  |  |                            |  |  |  |                     |  |  |  |                     |  |  |  |        |  |  |  |
| 8. Availability of functional Blood Bank                              | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If yes, number of units of blood currently available:<br>_____<br>No. of blood transfusions done in last month:<br>_____  |                 |      |      |       |    |      |      |       |           |  |  |  |  |             |          |  |  |  |      |  |  |  |              |  |  |  |             |  |  |  |         |  |  |  |                 |  |  |  |            |  |  |  |             |  |  |  |             |  |  |  |        |  |  |  |         |  |  |  |                    |  |  |  |     |  |  |  |            |  |  |  |                              |  |  |  |                            |  |  |  |                     |  |  |  |                     |  |  |  |        |  |  |  |
| 9. Whether blood is issued free, or user-fee is being charged         | <input type="checkbox"/> Free for BPL<br><input type="checkbox"/> Free for elderly<br><input type="checkbox"/> Free for JSSK beneficiaries<br><input type="checkbox"/> Free for all  |                 |      |      |       |    |      |      |       |           |  |  |  |  |             |          |  |  |  |      |  |  |  |              |  |  |  |             |  |  |  |         |  |  |  |                 |  |  |  |            |  |  |  |             |  |  |  |             |  |  |  |        |  |  |  |         |  |  |  |                    |  |  |  |     |  |  |  |            |  |  |  |                              |  |  |  |                            |  |  |  |                     |  |  |  |                     |  |  |  |        |  |  |  |
| 10. Biomedical waste management practices                             | 1. Sharp pit<br>2. Deep Burial pit<br>3. Incinerator<br>4. Using Common Bio Medical Treatment plant<br>5.  |                 |      |      |       |    |      |      |       |           |  |  |  |  |             |          |  |  |  |      |  |  |  |              |  |  |  |             |  |  |  |         |  |  |  |                 |  |  |  |            |  |  |  |             |  |  |  |             |  |  |  |        |  |  |  |         |  |  |  |                    |  |  |  |     |  |  |  |            |  |  |  |                              |  |  |  |                            |  |  |  |                     |  |  |  |                     |  |  |  |        |  |  |  |
| 11. Details of HR available in the facility (Sanctioned and In-place) | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:10%; text-align:center;">HR</th> <th style="width:10%; text-align:center;">San.</th> <th style="width:10%; text-align:center;">Reg.</th> <th style="width:10%; text-align:center;">Cont.</th> </tr> </thead> <tbody> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="9">Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surgeon</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ophthalmologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Orthopedic</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Radiologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pathologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </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 |  |  |  |
|   |  | 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  |  |                 |      |      |       |    |      |      |       |           |  |  |  |  |             |          |  |  |  |      |  |  |  |              |  |  |  |             |  |  |  |         |  |  |  |                 |  |  |  |            |  |  |  |             |  |  |  |             |  |  |  |        |  |  |  |         |  |  |  |                    |  |  |  |     |  |  |  |            |  |  |  |                              |  |  |  |                            |  |  |  |                     |  |  |  |                     |  |  |  |        |  |  |  |

| Indicator   | Remarks/ Observation   |  |
|---|--|--|
| 12. 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> <li>Quality/strength of internet connection: _____</li> </ul> |  |
| 13. Kayakalp  | Initiated:<br>Facility score:<br>Award received:   |  |
| 14. NQAS  | Assessment done: Internal/State<br>Facility score:<br>Certification Status:  |  |
| 15. LaQshya   | Labour Room:<br>Operation Theatre:   |  |
| 16. Availability of list of essential medicines (EML)/ drugs (EDL)              | <input type="checkbox"/> Yes/ <input type="checkbox"/> No  |  |
|   | If yes, total number of drugs in EDL _____<br><br>EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br><br>No. of drugs available on the day of visit (out of the EDL) _____  |  |
| 17. Implementation of DVDMS or similar supply chain management system           | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br><br>If other, which one _____   |  |
| 18. Shortage of 5 priority drugs from EDL in last 30 days, if any               | 1  |  |
|   | 2  |  |
|   | 3  |  |
|   | 4  |  |
|   | 5  |  |
| 19. Availability of Essential Consumables:                                      | <input type="checkbox"/> Sufficient Supply<br><input type="checkbox"/> Minimal Shortage<br><input type="checkbox"/> Acute shortage<br><b>List the consumables for with there was shortage</b><br>In last 6 months how many times there was shortage _____                            |  |
| 20. Availability of essential diagnostics                                       | <input type="checkbox"/> In-house<br><input type="checkbox"/> Outsourced/ PPP<br><input type="checkbox"/> Both/ Mixed  |  |
| <ul style="list-style-type: none"> <li>In-house tests (For 2020-21)</li> </ul>  | Timing:<br>Total number of tests performed: _____<br>Details of tests performed:   |  |
| <ul style="list-style-type: none"> <li>Outsourced/ PPP (For 2020-21)</li> </ul> | Timing:<br>Total number of tests performed: _____<br>Details of tests performed:   |  |

| Indicator  | Remarks/ Observation  |
|--|---|
| 21. X-ray services is available  | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If Yes, type & nos. of functional X-ray machine is available in the hospital:<br><br>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<br><br>If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP<br><br>Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan):<br>_____ |
| 23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all                                      | <input type="checkbox"/> Free for BPL<br><input type="checkbox"/> Free for elderly<br><input type="checkbox"/> Free for JSSK beneficiaries<br><input type="checkbox"/> Free for all   |
| 24. Availability of Testing kits/ Rapid Diagnostic Kits  | <input type="checkbox"/> Sufficient Supply<br><input type="checkbox"/> Minimal Shortage<br><input type="checkbox"/> Acute shortage  |
| 25. Implementation of PM-National Dialysis programme   | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br><input type="checkbox"/> In-house<br><input type="checkbox"/> Outsourced/ PPP<br><br>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<br><input type="checkbox"/> Free for elderly<br><input type="checkbox"/> Free for JSSK beneficiaries<br><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>o Previous year_____</li> <li>o 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,</li> </ul>                      | <input type="checkbox"/> Yes/ <input type="checkbox"/> No   |

| Indicator  | Remarks/ Observation  |
|--|---|
| whether C-sections are performed   | Number of normal deliveries performed in last month:<br>_____<br>No. of C-sections performed in last month:<br>_____  |
| <ul style="list-style-type: none"> <li>Comment on the condition of:</li> </ul> | Labour room:<br>OT:<br><br>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<br>Average delay:<br>Payment done till:<br>Reasons for delay:  |
| 30. Availability of JSSK entitlements  | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br><br>If yes, whether all entitlements being provided<br><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)<br><input type="checkbox"/> Free diet<br><input type="checkbox"/> Free drugs and consumables<br><input type="checkbox"/> Free diagnostics<br><input type="checkbox"/> Free blood services<br><input type="checkbox"/> Free referral transport (home to facility)<br><input type="checkbox"/> Free referral transport (drop back from facility to home)<br><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<br><br>If yes, how are high risks identified on 9 <sup>th</sup> ?<br><br>If No, reasons thereof:  |
| 32. Line listing of high-risk pregnancies                                      | <input type="checkbox"/> Yes/ <input type="checkbox"/> No   |
| 33. Practice related to Respectful Maternity Care                              |   |
| 34. Whether facility have registers for entering births and deaths             | <input type="checkbox"/> Yes/ <input type="checkbox"/> No   |
| 35. Number of Maternal Death reported in the facility                          | Previous year:<br>Current year:   |
| 36. Number of Child Death reported in the facility                             | Previous year:<br>Current year:   |

| Indicator   | Remarks/ Observation  |                 |                  |
|---|---|-----------------|------------------|
| 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<br>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<br><input type="checkbox"/> Functional with few vacancies (approx. 20%-30%)<br><input type="checkbox"/> Functional with more than 50% vacancies<br><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<br>If yes, who provides counselling to adolescents:<br>_____<br>Separate male and female counselors available: <input type="checkbox"/> Yes/<br><input type="checkbox"/> No<br><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<br>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  |   |                 |                  |

| Indicator  | Remarks/ Observation  |
|--|---|
| 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  | <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>Availability of CBNAAT/ TruNat: <input type="checkbox"/>Yes/ <input type="checkbox"/>No<br/>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____</p> <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No<br/>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> |
| 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?       | <p>Fund Received last year:</p> <p>Fund utilized last year:</p> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Reasons for underutilization of fund (if any)</p>   |
| 54. Status of data entry in (match with physical records)                    | <p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>   |
| 55. Frequency of RKS meeting (check and obtain minutes of last meeting held) |   |

| Indicator  | Remarks/ Observation   |
|--|--|
| 2. Availability of ambulance services in the area  | <input type="checkbox"/> Own ambulance available<br>(Number) _____<br><input type="checkbox"/> DH/ SDH has contracted out ambulance services<br>(Number) _____<br><input type="checkbox"/> Ambulances services with Centralized call centre<br><input type="checkbox"/> Government ambulance services are not available<br>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:<br>CHC<br>PHC<br>SC<br><br>Types of cases referred in:   |
| <ul style="list-style-type: none"> <li>How many cases were referred out last month?</li> </ul>                 | Number:<br><br>Types of cases referred out:  |
| 3. Key challenges in the facility and the root causes  |  |
| Challenge  | Root causes  |
| a)   |  |
| b)   |  |
| c)   |  |
| d)   |  |
| e)   |  |

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

**Service Delivery:**

| <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<br>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:<br>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<br><br>Please comment on the condition and tick the appropriate box | Comments:<br><br><input type="checkbox"/> 24*7 running water facility<br><input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.)<br><input type="checkbox"/> Clean functional toilets available (separate for Male and female)<br><input type="checkbox"/> Drinking water facility available<br><input type="checkbox"/> OPD waiting area has sufficient sitting arrangement<br><input type="checkbox"/> ASHA rest room is available<br><input type="checkbox"/> Drug storeroom with rack is available<br><br>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  |   |  |     |
| • Specialized services available in addition to General OPD, ANC, Delivery, PNC,                             | Sl.   | Service  | Y/N |
|  | 1   | Medicine   |     |
|  | 2   | O&G  |     |

|  |   |                            |             |             |              |
|--|---|----------------------------|-------------|-------------|--------------|
| Immunization, FP,<br>Laboratory services   | 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<br><input type="checkbox"/> Yes, available only on-call<br><input type="checkbox"/> Not available  |                            |             |             |              |
| <ul style="list-style-type: none"> <li>Emergency</li> </ul>                                    | General emergency:<br><b>or</b><br>facilities available for:<br>1. Triage<br>2. Resuscitation<br>3. Stabilization   |                            |             |             |              |
| 9. Tele-medicine/Consultation services available   | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If yes, average case per day _____   |                            |             |             |              |
| 10. Operation Theatre available  | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If yes,<br>Major:<br>Minor:  |                            |             |             |              |
| 11. Availability of functional Blood Storage Unit  | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If yes, number of units of blood currently available:<br>_____<br>No. of blood transfusions done in last month:<br>_____ |                            |             |             |              |
| 12. Whether blood is issued free, or user-fee is being charged                                 | <input type="checkbox"/> Free for BPL<br><input type="checkbox"/> Free for elderly<br><input type="checkbox"/> Free for JSSK beneficiaries<br><input type="checkbox"/> Free for all   |                            |             |             |              |
| 13. Biomedical waste management practices  | Sharp pit:<br>Deep Burial pit:<br>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> | <b>Cont.</b> |
|  | MO (MBBS)   |                            |             |             |              |
|  | Specialists   | Medicine                   |             |             |              |
|  |   | ObGy                       |             |             |              |
|  |   | Pediatrician               |             |             |              |
|  |   | Anesthetist                |             |             |              |
|  | Dentist   |                            |             |             |              |
|  | SNs/ GNMs   |                            |             |             |              |
| LTs  |   |                            |             |             |              |

|   |   |  |  |  |
|---|---|--|--|--|
|   | Pharmacist  |  |  |  |
|   | Dental Assistant/<br>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:<br>Facility score:<br>Award received:  |  |  |  |
| 17. NQAS  | Assessment done: Internal/State<br>Facility score:<br>Certification Status:   |  |  |  |
| 18. LaQshya   | Labour Room:<br>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 _____<br><br>EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br><br>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<br><br>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<br><input type="checkbox"/> Minimal Shortage<br><input type="checkbox"/> Acute shortage<br>In last 6 months how many times there was shortage _____<br>List the consumables for which there has been shortage _____                  |  |  |  |
| 23. Availability of essential diagnostics                             | <input type="checkbox"/> In-house<br><input type="checkbox"/> Outsourced/ PPP<br><input type="checkbox"/> Both/ Mixed   |  |  |  |
| • In-house tests (for 2020-21)  | Timing:<br>Total number of tests performed: _____<br>Details of tests performed:  |  |  |  |

|  |  |
|--|--|
|  |  |
| <ul style="list-style-type: none"> <li>Outsourced/ PPP (for 2020-21)</li> </ul>  | Timing:<br>Total number of tests performed: _____<br>Details of tests performed:   |
| 24. X-ray services is available  | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If Yes, type & nos. of functional X-ray machine is available in the hospital:<br><br>Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all  | <input type="checkbox"/> Free for BPL<br><input type="checkbox"/> Free for elderly<br><input type="checkbox"/> Free for JSSK beneficiaries<br><input type="checkbox"/> Free for all  |
| 26. Availability of Testing kits/ Rapid Diagnostic Kits  | <input type="checkbox"/> Sufficient Supply<br><input type="checkbox"/> Minimal Shortage<br><input type="checkbox"/> Acute shortage<br>(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<br>Number of normal deliveries performed in last month: _____<br>No. of C-sections performed in last month: _____  |
| <ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>   | Labour room:<br>OT:<br><br>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<br>Average delay:<br>Payment done till:<br>Reasons for delay:   |

|   |   |
|---|---|
|   |   |
| 31. Availability of JSSK entitlements   | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br><br>If yes, whether all entitlements being provided<br><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)<br><input type="checkbox"/> Free diet<br><input type="checkbox"/> Free drugs and consumables<br><input type="checkbox"/> Free diagnostics<br><input type="checkbox"/> Free blood services<br><input type="checkbox"/> Free referral transport (home to facility)<br><input type="checkbox"/> Free referral transport (drop back from facility to home)<br><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<br><br>If yes, how are high risks identified on 9 <sup>th</sup> ?<br><br>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> ____<br>Current year: <b>2020-21</b> __   |
| 37. Number of Child Death reported in the facility  | Previous year:<br>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<br>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__<br>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<br>If yes, who provides counselling to adolescents:<br>_____<br>Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>Number of Adolescents counseled in last 6 months_____  |           |          |           |                 |  |  |             |  |  |                |  |  |                  |  |  |                    |  |  |
| 48. Whether facility has fixed day NCD clinic                          | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>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: | <table border="1"> <thead> <tr> <th></th> <th>Screened</th> <th>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 |          |           |                 |  |  |             |  |  |                |  |  |                  |  |  |                    |  |  |
| a. Hypertension  |  |           |          |           |                 |  |  |             |  |  |                |  |  |                  |  |  |                    |  |  |
| b. Diabetes  |  |           |          |           |                 |  |  |             |  |  |                |  |  |                  |  |  |                    |  |  |
| c. Oral Cancer   |  |           |          |           |                 |  |  |             |  |  |                |  |  |                  |  |  |                    |  |  |
| d. Breast Cancer   |  |           |          |           |                 |  |  |             |  |  |                |  |  |                  |  |  |                    |  |  |
| e. Cervical Cancer   |  |           |          |           |                 |  |  |             |  |  |                |  |  |                  |  |  |                    |  |  |
| 51. Are service providers trained in cancer services?                  | <input type="checkbox"/> Yes/ <input type="checkbox"/> No  |           |          |           |                 |  |  |             |  |  |                |  |  |                  |  |  |                    |  |  |
| 52. Whether reporting weekly data in P, S and L form under IDSP        | <input type="checkbox"/> Yes/ <input type="checkbox"/> No  |           |          |           |                 |  |  |             |  |  |                |  |  |                  |  |  |                    |  |  |
| 53. Status of TB elimination programme                                 | Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____<br>If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____<br>Is there a sample transport mechanism in place for: |           |          |           |                 |  |  |             |  |  |                |  |  |                  |  |  |                    |  |  |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• investigations within public sector for TB testing?<br/><input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/<br/><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/<br/><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:</p> <p>Out of those, how many are having Gr. II deformity:</p> <p>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:</p> <p>Fund utilized last year:</p>  |
|  | <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p>   |
|  | <p>Reasons for underutilization of fund (if any)</p>   |
| 57. Status of data entry in (match with physical records)                    | <p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>  |
| 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<br/>Number_____</p> <p><input type="checkbox"/>CHC has contracted out ambulance services<br/>Number_____</p> <p><input type="checkbox"/>Ambulances services with Centralized call centre</p> <p><input type="checkbox"/>Government ambulance services are not available</p>   |
|  | <p>Comment (if any):</p>   |

|   |   |
|---|---|
|   |   |
| <ul style="list-style-type: none"> <li>How many cases from sub centre/ PHC were referred to this CHC last month?</li> </ul> | Number:<br>Sub centre<br>PHC<br><br>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:<br><br>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)  |   |
|   |   |

### 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<br>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:<br>Distance:   |
| <b>Indicator</b>   | <b>Remarks/ Observation</b>  |  |
| 1. OPD Timing<br><br>• 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<br><br>Please comment on the condition and tick the appropriate box | Comments:<br><br><input type="checkbox"/> 24*7 running water facility<br><input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.)<br><input type="checkbox"/> Clean functional toilets available (separate for Male and female)<br><input type="checkbox"/> Drinking water facility available<br><input type="checkbox"/> OPD waiting area has sufficient sitting arrangement<br><input type="checkbox"/> ASHA rest room is available<br><input type="checkbox"/> Drug storeroom with rack is available<br><input type="checkbox"/> Power backup<br><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<br>If yes, average case per day_____  |             |             |              |
| 8. Biomedical waste management practices                              | Sharp pit:<br>Deep Burial pit:<br>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:<br>_____ |             |             |              |
| 11. Kayakalp  | Initiated:<br>Facility score:<br>Award received:  |             |             |              |
| 12. NQAS  | Assessment done: Internal/State<br>Facility score:<br>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<br><br>No. of drugs available on the day of visit (out of the EDL)<br>_____  |             |             |              |
| 14. Implementation of DVDMS or similar supply chain management system | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If other, which one_____   |             |             |              |
| 15. Shortage of 5 priority drugs from EDL in last 30 days, if any     | 1   |             |             |              |
|   | 2   |             |             |              |
|   | 3   |             |             |              |
|   | 4   |             |             |              |

|   |  |  |
|---|--|--|
|   | 5  |  |
| 16. Drugs Available for Hypertension & Diabetic patients:                   | 1  |  |
|   | 2  |  |
|   | 3  |  |
| 17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days | 1  |  |
|   | 2  |  |
|   | 3  |  |
| 18. Availability of Essential Consumables:                                  | <input type="checkbox"/> Sufficient Supply<br><input type="checkbox"/> Minimal Shortage<br><input type="checkbox"/> Acute shortage<br><br>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<br><input type="checkbox"/> Outsourced/ PPP<br><input type="checkbox"/> Both/ Mixed  |  |
| • In-house tests <b>For 2020-21</b>   | Timing:<br>Total number of tests performed: _____<br>Details of tests performed:   |  |
| • Outsourced/ PPP <b>For 2020-21</b>  | Timing:<br>Total number of tests performed: _____<br>Details of tests performed:   |  |
| 20. X-ray services is available   | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If Yes, type & nos. of functional X-ray machine is available in the hospital:<br><br>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<br><input type="checkbox"/> Free for elderly<br><input type="checkbox"/> Free for JSSK beneficiaries<br><input type="checkbox"/> Free for all  |  |
| 22. Availability of Testing kits/ Rapid Diagnostic Kits                     | <input type="checkbox"/> Sufficient Supply<br><input type="checkbox"/> Minimal Shortage<br><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   |
| • If yes, details  | Comment on condition of labour room:<br><br>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<br>Average delay:<br>Payment done till:<br>Reasons for delay:  |
| 27. Availability of JSSK entitlements  | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br><br>If yes, whether all entitlements being provided<br><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)<br><input type="checkbox"/> Free diet<br><input type="checkbox"/> Free drugs and consumables<br><input type="checkbox"/> Free diagnostics<br><input type="checkbox"/> Free blood services<br><input type="checkbox"/> Free referral transport (home to facility)<br><input type="checkbox"/> Free referral transport (drop back from facility to home)<br><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/ Dakshita trained/SBA trained MO/SN/ANM in Labour Room | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 31. Practice related to Respectful Maternity Care                                |   |
| 32. Number of Maternal Death reported in the facility                            | Previous year:2019-2020<br>Current FY:2020-2021   |
| 33. Number of Child Death reported in the facility                               | Previous year:<br>Current year:   |
| 34. Availability of vaccines and hub cutter                                      | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>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<br>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<br>If yes, who provides counselling to adolescents:<br>_____<br>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<br>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<br>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   | No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/<br><input type="checkbox"/> Others (Specify): _____  |                 |                  |

|  |  |
|--|--|
| nets (LLIN) in high-risk areas   |  |
| 49. Status of TB elimination programme                                 | Facility is designated as Designated Microscopy Centre (DMC):<br><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:<br><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<br>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:<br>Out of those, how many are having Gr. II deformity:<br>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:<br>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<br>MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated<br>IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated<br>HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated<br>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<br>Number_____  |
|  | <input type="checkbox"/> PHC has contracted out ambulance services<br>Number_____  |
|  | <input type="checkbox"/> Ambulances services with Centralized call centre<br><input type="checkbox"/> Government ambulance services are not available<br>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:<br><br>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:<br><br>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)   |  |
| c)   |  |
| d)   |  |
| e)   |  |
| <b>Only for U-PHC</b>  |  |
| 57. Population enumeration initiated for slum population   | <input type="checkbox"/> Not yet initiated<br><input type="checkbox"/> Initiated<br><input type="checkbox"/> Completed   |
| 58. Number of CBAC forms filled (NUHM)   |  |
| 59. Is Specialist services provided at U-PHC?  | <input type="checkbox"/> Yes/ <input type="checkbox"/> No  |
|  | If yes, specialist services are provided through:<br><input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic  |

|                                       |  |
|---------------------------------------|--|
|                                       | Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational<br><br>Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____ |
| 60. UHNDs Conducted:                  | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If yes, no. of UHND conducted per month_____  |
| 61. Special Outreach camps conducted: | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br>If yes, no. of UHND conducted during last quarter_____  |
|                                       | Type of specialties provided during special outreach camps:<br>_____   |



Ministry of Health & Family Welfare  
Government of India



### 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<br>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:<br>Distance:   |

| Indicator  | Remarks/ Observation   |
|--|--|
| 1. List of Services available                                |  |
| 2. Condition of infrastructure/ building                     | Comments:  |
| Please comment on the condition and tick the appropriate box | <input type="checkbox"/> 24*7 running water facility<br><input type="checkbox"/> Facility is geriatric and disability friendly |

| Indicator  | Remarks/ Observation  |             |             |              |
|--|---|-------------|-------------|--------------|
|  | <input type="checkbox"/> Clean functional toilets available (separate for Male and female)<br><input type="checkbox"/> Drinking water facility available<br><input type="checkbox"/> OPD waiting area has sufficient sitting arrangement<br><input type="checkbox"/> ASHA rest room is available<br><input type="checkbox"/> Drug storeroom with rack is available<br><input type="checkbox"/> Branding<br><input type="checkbox"/> Specified area for Yoga / welfare activities<br><input type="checkbox"/> Power backup |             |             |              |
| 3. Biomedical waste management practices                             |   |             |             |              |
| 4. Details of HR available in the facility (Sanctioned and In-place) | <b>HR</b>   | <b>San.</b> | <b>Reg.</b> | <b>Cont.</b> |
|  | ANM/ MPW Female   |             |             |              |
|  | MPW Male  |             |             |              |
|  | MLHP/ CHO   |             |             |              |
|  | ASHA  |             |             |              |
|  | 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<br/> Quality/strength of internet connection: _____</li> </ul>          |             |             |              |
| 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 _____<br><br>EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br><br>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<br><br>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   |             |             |              |

| Indicator   | Remarks/ Observation   |  |
|---|--|--|
| 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<br><input type="checkbox"/> Minimal Shortage<br><input type="checkbox"/> Acute shortage<br>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<br><br><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<br>Current year:2020-21  |  |
| 16. Number of Child Death Review conducted                                  | Previous year:<br>Current year:  |  |
| 17. Availability of vaccines and hub cutter                                 | <input type="checkbox"/> Yes/ <input type="checkbox"/> No<br><br><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<br>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       |  |  |

| Indicator   | Remarks/ Observation   |  |                 |
|---|--|--|-----------------|
| 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:<br>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:  |  |  | <b>Screened</b> |
|   | 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:<br>Medicines for Hypertension:<br>Medicines for Diabetes:<br>Medicines for Others:             |  |                 |
| 29. Source of getting drugs/ medications for individual.<br><br>Number of individuals taking medication for HTN and DM during last six months from which source<br><br>Taking medication for HTN/DM | From SC-HWC:<br>From Linked PHC:<br>From other govt. facilities: (Specify)<br>From pvt. Chemist shop:<br><br>(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<br>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:   | <b>Indicators</b>  |  | <b>2019-20</b>  |
|   | Number of presumptive TB patients identified:  |  |                 |
|   | Number of presumptive TB patients referred for testing   |  |                 |
|   | Number of TB patients diagnosed out of the presumptive patients referred   |  |                 |
|   | Number of TB patients taking treatment under the Sub centre area   |  |                 |
| 34. ASHA Interaction  |  |  |                 |
| <ul style="list-style-type: none"> <li>• Status of availability of Functional HBNC Kits</li> </ul>  |  |  |                 |

| Indicator  | Remarks/ Observation  |
|--|---|
| (weighing scale/ digital thermometer/ blanket or warm bag)   |   |
| <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)   |

| Indicator  | Remarks/ Observation                    |
|--|---|
| 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:<br>Types of cases referred out: |
| 42. Key challenges in the facility and the root causes   |   |
| Challenge  | Root causes                             |
| a)   |   |
| b)   |   |
| c)   |   |
| d)   |   |
| e)   |   |



