
National Health Mission

A REPORT ON
MONITORING OF IMPORTANT COMPONENTS OF NHM
PROGRAMME IMPLEMENTATION
KATNI DISTRICT, MADHYA PRADESH



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List of Acronyms & Abbreviations

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

Executive Summary

The National Health Mission embodies the prime mission of the government of India for the Indian Health scenario holistically. The advancement of NHM is carried out by the Monitoring and Evaluation action which is also a significant determinant. The Ministry of Health and Family Welfare (MoHFW) has assigned the responsibility to Population Research Centres (PRCs) for the evaluation with respect to quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2020-21.

This report is prepared by the Population Research Centre, Madhya Pradesh on the basis of the observation during the field visit and also brings with it significant inputs provided by the key personnel of NHM. The assessment was conducted in October 2021, thus captures the status of NHM activities in the Katni District of Madhya Pradesh. The primary focus of this report is the monitoring of essential components of NRHM i.e. Maternal Health, Child Health, and Family Planning in “Katni District” Madhya Pradesh (2020-21). Furthermore, the status of NHM functioning of the district is highlighted in this report. The major executive summary of the district are as follows:

Maternal & Child Health Programmes

- ⊕ In comparison to the maternal deaths, infant and child deaths are quite higher in the district.
- ⊕ Under JSSK scheme, the utilization of transport services by pregnant women in the district is exceptionally satisfactory and there are no complaints of delay in the services.
- ⊕ There are a total of 14 RBSK teams in the district, while just 2 teams are complete in place with HR as per the composition.

Communicable & Non-Communicable Diseases Control Programmes

- ⊕ The NVBDCP programme for seasonal diseases was effectively implemented in the district.
- ⊕ Data feeding in IHIP portal was observed a major challenge due to some technical issue.
- ⊕ Over 50 numbers of TB patients’ deaths review were reported in the district

Human Resources/ Manpower and Training

- ⊕ The bottlenecks concerning staff availability in the district need dedicated attention.
- ⊕ Chronic shortage of SNs and specialists i.e., Gynae, Medicine, and Pathologist at the District hospital is notably concerning.

- ⊕ Non-availability of the MO was seen a major concern at PHC level.
- ⊕ There is no Block Programme Manager in the district except one block.
- ⊕ COVID has seriously affected the training of staffs as well as their appointment.

Infrastructure, Medicines & Equipment

- ⊕ The district has 1 district hospitals, 1 Sub-district hospital, 6 CHCs, 18 R-PHCs and 186 Sub-centres. There are 2 UPHC & 4 Sanjivini clinics, that all 100% were functioning in rented buildings.
- ⊕ There is no District Early intervention Center (DEIC) in the district.
- ⊕ Overall, shortage of few medicine & equipment's were observed in the district.
- ⊕ At the peripheral level, most of the facility has the drinking water & electricity issues.

Governance, Finance and Accountability

- ⊕ The key drawback of the district was noticed regarding the fund documentation management, particularly at the PHC level. This is a very important aspect and a colossal issue for any district, that needs to be addressed.
- ⊕ Out of the total budget allocation, most of the fund was used for community intervention.
- ⊕ Among all the flexipool, least utilization can be seen in NUHM pool.
- ⊕ Under communicable diseases, the maximum fund utilization has seen in IDSP programme, the entire fund is being utilized in tackling the COVID-19 situation with full force.
- ⊕ In RCH flexipool, minimal fund utilization can be seen on Quality assurance programme.

Access, Equity and Quality Care

- ⊕ Owing to space crunch in rented accommodation (UPHC) and staff shortage, facility is unable to deliver to full range of services.
- ⊕ The district has been markedly lacking in quality care program implementation, particularly at CHC and PHC levels.

ASHAs, Community Processes and Others

- ⊕ Data feeding in ANMOL application is a major challenge in the district, due to some technical problems. ANMOL has led to data disappearance, over reading, double reading, non-connectivity and hanging issues, resulting in data inaccuracy & gaps.
- ⊕ Unavailability of ASHA rest-room was reported a major concern, needs to be addressed.
- ⊕ There are a total of 8 areas in the district that are without ASHA workers.
- ⊕ A delay of more than 6 months was reported in the incentive amount of the CHO.

1 District Profile: Katni District, Madhya Pradesh

Madhya Pradesh is located in the central part of India and is considered as India's 2nd largest state by area covering approximately 308252 square kilometers and it caters a population of more than 7 crores in 2011 with a population density of 236 people per square kilometers. Madhya Pradesh is the 5th largest state of the India by population. It is bordered by five other Indian states: Uttar Pradesh to the north, Chhattisgarh to the east, Gujrat & Rajasthan to the southwest, and Maharashtra to the south. At present, it is divided into fifty-two districts; Katni District being one of them. Katni district is curved out from Jabalpur district, and previously its called as Murwara or Mundwara. It is famous for cement, lime stone, and fireclay industries. It is also one of the largest rail junctions in the country and the second biggest diesel shed in the country is also located here. Katni is also a mineral-rich district, especially known for lime and bauxite. It is one of the districts of north-eastern part of Madhya Pradesh. The map of Katni District is given in figure 1. It is bound on the east by Basadia district, on the west by Damoh district of Madhya Pradesh, on the north by Panna district, and on the south by Jabalpur district. To provide efficient administration, currently the district is administratively divided into 9 sub-divisions/ districts, namely, Badwara, Bahoriband, Barhi, Dhimarkheda, Katni Nagar, Murwara, Rithi, Sleembad, and Vijayraghav Garh. There is total 4 towns in the district and all are stationary towns. As per 2011 census, the district has 947 villages with 288236 number of households.

1.1 Demographic Profile: Size, Density & Growth Rate

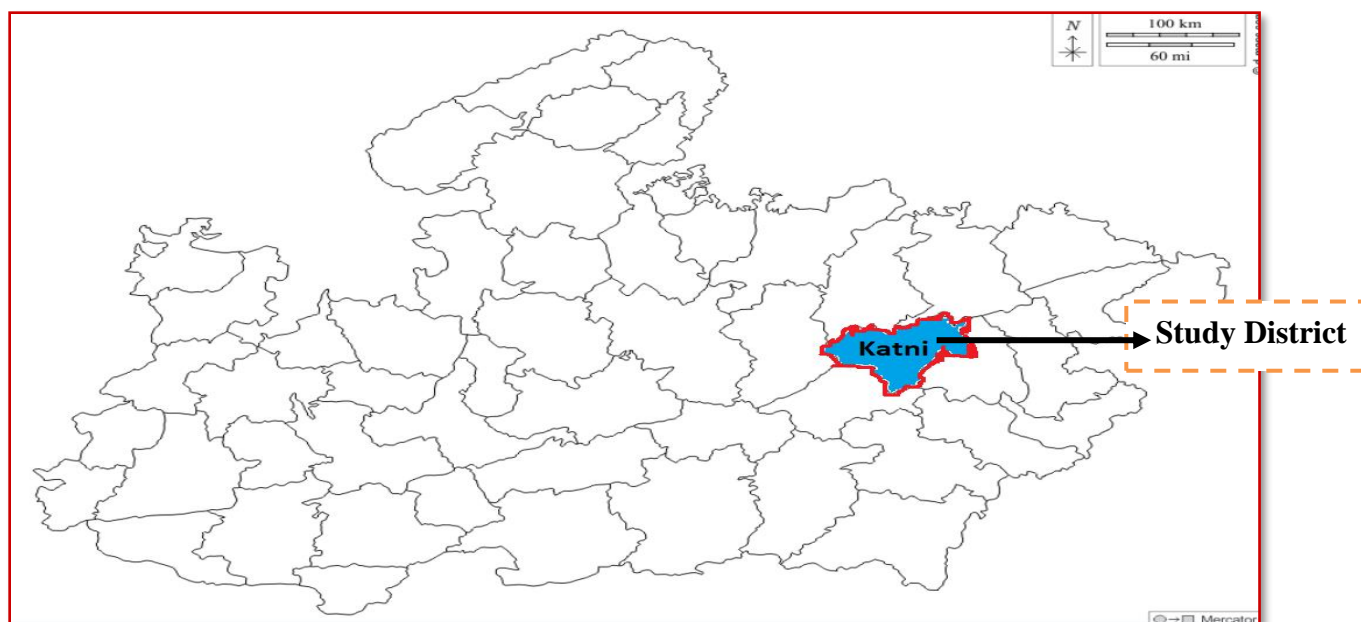
Katni District ranked 30th in the state in terms of size of population, and contributes to 1.78 per cent of the state's population count. The district ranked 35th in terms of area and 15th in terms of population density. The district has a geographical area of 4950 square kilometers, with the density of 261 persons per square kilometer. The district is home to about 12.9 lakhs people, among them about 6.6 lakhs are male and about 6.3 lakhs are female. Of the total female population in Madhya Pradesh, 1.9 per cent resides in Katni District. Majority of the population still resides in the rural area (80 per cent) whereas the remaining minute share occupies the urban sector as depicted in Table 1. As per census 2011, the district records 21.4 per cent decadal growth rate while decadal growth rate of the state is 20.4 per cent. Therefore, decadal growth rate of the said district is slightly higher than the state average. The percentage of child population in Katni is 14.97% which is slightly higher than India's child population (13.58 %).

Table 1: Key Demographic Indicators: All India, Madhya Pradesh & Katni District

| Health Facility | Katni District | Madhya Pradesh | India |
|--|----------------|----------------|-------------|
| Population (Census 2011) | 12.9 (Lakh) | 7.3 (Crore) | 121 (Crore) |
| Male | 662013 | 37612306 | 623,270,258 |
| Female | 630029 | 35014503 | 587,584,719 |
| Decadal growth rate in % (Census 2011) | 21.4 | 20.4 | 17.6 |
| Rural Population (%) | 79.6 | 72.4 | 68.9 |
| Urban Population (%) | 20.4 | 27.6 | 31.1 |
| Child Population (0-6 age) | 14.97 | - | 13.6 |
| Literacy rate (%) | 72 | 69.3 | 73 |
| Male literacy rate (%) | 82 | 78.7 | 80.9 |
| Female literacy rate (%) | 62 | 59.2 | 64.6 |
| Sex ratio | 952 | 931 | 943 |
| Density/km ² | 261 | 236 | 382 |

Source: Census 2011

Katni District has population density of 261 persons per sq. km. which is higher than the state level average of 236 persons per sq. km, however, significantly lower than the country average of 382 persons per sq. km. The sex-ratio of the district is 952 which are pointedly higher than the state (931) as well as country average i.e. 943. Katni District ranks 16th in literacy with 72 % which is higher than the state average 69.3 percent, although, bit less than overall country level i.e., 73 percent. Furthermore, female literacy rate (62%) is found to be very low as compared to that of males' (82%). Therefore, Gender Gap of the literacy rate is 20 % in the district.

Figure 1: Map/ location of Katni District, Madhya Pradesh

1.2 Health Profile: Infrastructure & HMIS Service Delivery Indicators

Table 2: Details of Public Health Infrastructure in Katni Madhya Pradesh, 2020-21

| Health Facility | In Number | Functioning in Govt. Building | Functioning in Rented Building |
|--------------------|-----------|-------------------------------|--------------------------------|
| District Hospitals | 1 | ✓ | × |
| CHC | 6 | ✓ | × |
| PHC | 24 | ✓ | × |
| UPHC | 2 | × | ✓ |
| Sanjivini Clinics | 4 | × | ✓ |
| SCs | 186 | ✓ | × |

Source: HMIS Master Report of Health facilities, 2020-21

Table 2 depicts the details of health infrastructure in Katni District of Madhya Pradesh in the year 2020-21. The district has total 1 DH, 6 CHC & 24 PHC. At present, there are a total 186 SC, and all Sub centre are functioning in the government building. On the contrary, there are 2 UPHC & 4 Sanjivini clinics, and all functioning in rented building.

The following table 3 depicts the health care service delivery indicators in Katni district of Madhya Pradesh with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2020-21. Antenatal Care (Pre-Natal care), is one of the most important components of the Maternal Health. ANC refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the fetus as well. Furthermore, with regular prenatal care, women can reduce the risk of pregnancy complications. According to the HMIS, around 76.8 per cent of women in Katni Madhya Pradesh registered for ANC in the first trimester while 98.2 per cent women have registered for ANC up to 4 or more checkups. According to the HMIS data source, IFA supplementation was given to more than 98.7 per cent of all women who registered for ANC. Total 59 Maternal Deaths recorded in the district.

Delivery care is a vital factor of Infant health. Of the total home deliveries in Katni Madhya Pradesh, 92 % per cent deliveries were conducted by non- SBA worker. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 96 per cent of all reported deliveries were institutional deliveries and of all the

institutional deliveries in Katni Madhya Pradesh, A very few i.e. 8 % women discharged in less than 48 hours of delivery at public institutions.

Table 3: Health Care Service Delivery Indicators in Katni District of Madhya Pradesh, 2020-21

| Indicators | MP | Katni |
|---|----------|--------|
| 1. Maternal Health | | |
| 1.(a)Pre Natal-Care | | |
| % 1st Trimester registration to Total ANC Registrations | 71.7 | 76.8 |
| % Pregnant women received \geq 4 ANC checkups to total ANC Registration | 80.6 | 98.2 |
| % Pregnant women given 180 IFA to Total ANC Registrations | 96.72 | 98.7 |
| 1.(b) Home Deliveries | | |
| Number of Home Deliveries | 59360 | 850 |
| % Deliveries attended by SBA to total home deliveries | 14.7 | 8.1 |
| % Deliveries attended by non-SBA to total home deliveries | 85.3 | 91.9 |
| 1.(c) Institutional Deliveries including C-Section Deliveries | | |
| Total Number of Institutional Deliveries including C-section | 1314011 | 20653 |
| % of Institutional Deliveries to total reported deliveries | 95.7 | 96 |
| % Institutional Deliveries to total ANC Registrations | 68.9 | 74.5 |
| % women discharge in < 48 hours of delivery to total deliveries (Public) | 12.0 | 7.9 |
| % of C-Section deliveries to total institutional deliveries | 11.4 | 4.4 |
| 1.(d) Post Natal Care/New Born Care | | |
| % 1st post-partum checkup between 48 hours & 14 days to total deliveries | 13.8 | 18 |
| % Newborn breast fed within 1 hour of birth to Total Live Birth | 92.0 | 95.2 |
| % Newborn weighed at Birth to Live Birth | 96.4 | 99.2 |
| 2. Child Immunization & Diseases | | |
| Number of Fully Immunized children (9-11 months) | 1737729 | 30151 |
| % Infants received BCG to full immunization | 77.0 | 71.5 |
| % Infants received Measles to full immunization | 99.2 | 100.1 |
| Number of cases of Pneumonia (0-5Age) | 16016 | 670 |
| Number of cases of Diarrhea | 145810 | 1795 |
| Number of cases of Malaria | 3021 | 101 |
| 3. Family Planning | | |
| Total Sterilization conducted | 317272 | 6224 |
| % Male Sterilization (Vasectomies) to Total sterilization | 0.9 | 0.5 |
| % Female Sterilization (Tubectomies) to Total sterilization | 99.1 | 99.5 |
| 4. Facility Service Delivery | | |
| IPD | 3747157 | 62638 |
| OPD (Ayush + Allopathic) | 52710661 | 909457 |
| % IPD to OPD | 7.1 | 6.9 |
| 5. Mortality Indicators | | |
| Maternal Death | 2722 | 59 |
| Child Death | 4109 | 107 |
| Infant Death | 27669 | 202 |
| Still Birth | 24453 | 551 |
| Death due to Sterilization | 3 | 0 |

Source: HMIS Standard Report, 2020-21

Of all women who registered for ANC, 75 per cent went for institutional delivery and 5 per cent of all institutional deliveries were C-section deliveries. With regards to Post Natal Care, around 95 per cent of the newborns were breast fed within 1 hour of delivery and 99 percent newborns were weighed at birth in the district. Approximately 18 per cent of women received the 1st post-partum checkup within 48 hours and 14 days of delivery. Still birth for the district is significantly high i.e. 551.

In the last financial year, 202 Infant death & 107 child deaths were reported in Katni, Madhya Pradesh. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, more than 20 thousand children fully immunized (9-11 months) observed in Katni Madhya Pradesh. The most common childhood disease is reported as diarrhea in the last financial year. The district had 1795 & 670 cases of diarrhea and Pneumonia respectively. Owing to well implementation of NVBDCP programme, very few cases of Malaria were observed in the district.

Female sterilization as a method of permanent family planning dominates the statistics with 99.5 per cent of all sterilization conducted in the year 2020-21 in Katni Madhya Pradesh (Tubectomies). Total sterilization conducted was reported to be 6224 in numbers.

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. Facility Service Delivery with regards to patient services, the OPD patient load is as high as 909457 number of OPD patients in 2020-21 as against 62638 IPD patients. In terms of percentage, IPD to OPD accounts 7 per cent in Katni District.

1.3 State Resource Envelope and District Allocations

For the financial year (FY) 2020-21, against a resource envelope of 3173.2 Crore, state share was noted of 1269.2 Crore. The resource envelope for FY 2020-21 consists of government's support of Rs. 1285.6 Crore for NRHM-RCH flexible pool allocation including cash and kind, Rs. 64.25 Crore under NUHM, and Rs. 403.81 Crore for infrastructure maintenance. The total support from Government of India is Rs. 1903.9 crore whereas the state share of 40% works out to be Rs. 1269.3 Crore. The breakup of the total resource envelope shows that Rs. 399.2 Crore is allocated

for RCH Flexible Pool (including RI, IPPI, and NIDDCP), Rs. 866.4 is allocated for Health System Strengthening (HSS) under NHM. Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 1285.6. The GOI contribution toward NDCP Flexible Pool, and NCD Flexible Pool is Rs. 99.9 Crore, and Rs. 50.4 Crore respectively. Within NDCP Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, around 20 % of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance (including Direction and Administration).

Table 4: Breakup of resource envelope, NHM FY 2020-21, Madhya Pradesh

| Indicators | Amount* (GoI Share) | Percent (GoI share) | State Share |
|---|------------------------|------------------------------|----------------|
| 1.Total NRHM-RCH Flexible Pool (a+b) | 1285.6 | 68% | |
| (a) RCH Flexible Pool (including RI, IPPI, NIDDCP) | 399.2 | 21% | |
| RCH Flexible Pool, Cash Grant Support | 276.9 | - | |
| RCH Flexi Pool (Kind grant support under immunization) | 122.4 | - | |
| (b) HSS under NRHM | 866.4 | 46% | |
| Other HSS covered under NRHM | 727.9 | - | |
| Comprehensive Primary Health Care under HSS | 103.4 | - | |
| ASHA Benefit Package (incl. ASHA facilitators) | 55.1 | - | |
| 2. NUHM Flexible Pool | 64.3 | 3% | |
| Other Health System Strengthening covered under NUHM | 46.8 | - | |
| Comprehensive Primary Health Care under NUHM | 17.5 | - | |
| 3. NDCP Flexible Pool | 99.9 | 5% | |
| NVBDCP (Cash & Kind) | 13.2 | - | |
| RNTCP (Cash & Kind) | 75.2 | - | |
| NVHCP (Cash & Kind) | 7.1 | - | |
| NLEP | 1.98 | - | |
| IDSP | 2.4 | - | |
| 4. NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS) | 50.4 | 3% | |
| 5. Infrastructure Maintenance (Incl. Direction & Administration) | 403.8 | 21% | |
| Total Resource Envelope (1+2+3+4+5) | 1903.9 | 100% | 1269.3 |
| Grand Total Resource Envelope (GOI Allocation + UT Share) | 3173.2 | (GoI 60% + State 40%) | |

Source: Record of Proceedings (NHM Madhya Pradesh 2020-21), MoHFW

*indicated amount in Crore

1.4 List of Visited Healthcare Facilities & AWC

The monitoring report is based on both primary as well as secondary data. Primary data collected from visited health facility and CMO Office while secondary data has been collected from HMIS Web Portal for Katni District of Madhya Pradesh, 2020-21. Therefore, this monitoring and evaluation report concerned with the Katni District where the monitoring was carried out in October 2021. The field team members were Ms. Bindiya Kumari (Field Investigator) & Ms.

Debayanti Bhowmick (Research Fellow) of the same centre. Structure interview schedules were used for nodal officers and health facilities. Hence, qualitative and quantitative data have been used for collecting the relevant data (Annexure). Prior to visiting to Katni District, the monitoring and evaluation team reviewed the Katni PIP document and formulated the semi structured interviews schedules for the DPM, facility staff and beneficiaries. The healthcare facilities visited are listed below:

Table 5: List of Visited Healthcare Facilities & AWC in Katni District, Madhya Pradesh

| Visited Healthcare Facility/ Place | Name of the Facilities / Place |
|------------------------------------|--------------------------------|
| District Hospital | District Hospital, Katni |
| Community Health Centre | CHC Badwara & R-CHC Barhi |
| Primary Health Centre | U-PHC Lakhera & R- PHC, Basadi |
| Health & Wellness Centre/ SC | HWC, Basadi |
| FGD with Community | Barhi |

Before visiting the different level of healthcare facilities, a meeting with key personnel of NHM, Katni District was held. The main motive of the interaction with the officials i.e., CMO, DPMO and Nodal officer, was to know their problems and take their opinions for the improvement of the programmes. Furthermore, the interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The present study would focus on the performance of the Katni District of Madhya Pradesh in NRHM activities. This study would analyze different issues and problems of the district.

2 Public Health Planning & Implementation of National Programmes

This section will attempt to discuss in details public health planning & Implementation of various national programmes related to mother, child neo natal healthcare services under National Health Mission:

2.1 Public Health Planning

This section will attempt to discuss in details District Health Action Plan & National Health Mission fund utilization against the sanctioned amount for the last financial year. The important components that have been highlighted in this section include- DHAP, NHM Fund utilization & physical infrastructure including Ambulance & referral transportation.

2.1.1 District Health Action Plan (DHAP)

District Health Action plan is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process.

Table 6: Submission & Approval Timelines of DPIP/ DHAP, 2020-21 & 2021-22

| Approving Authority | Year | Submit DPIP/ DHAP to state | Approved DHAP | Fund Release |
|---------------------|---------|----------------------------|---------------|---------------|
| State | 2020-21 | 21 January, 2020 | Not Received* | 3 April, 2020 |
| State | 2021-22 | Not submitted | - | 3 April, 2021 |

Source: CMO Office, Katni District, Madhya Pradesh, 2020-21

* Direct fund sanctioned

The above table shows the time process of preparation & approval of PIPs/ DHAP. The district has submitted the DHAP/DPIP in January 2021. The district has received fund on April 3, 2021. It was reported that funds release from state to districts in numerous tranches. Furthermore, one by one activity wise sanctioned are being released by the state. Similarly, state directly releases funds at the block level. The state has developed their own electronic fund management software, namely Evitpravaha. Owing to the aforementioned software, tracking of fund distribution & utilization/ expenses is just a small task. This software offers a dashboard of fund management which can help in resolving many issues by tracking expenditure across districts at regular intervals. Earlier managing funds manually was not an easy task. It was reported that payment of beneficiaries and vendors in PFMS is extremely difficult, particularly in the month of March due to excessive load, was reported to be time consuming. Automated report generation is also another feature of Evitpravaha software. However, problems with regards to compiling reports were observed in this software.

2.1.2 National Health Mission Fund Utilization

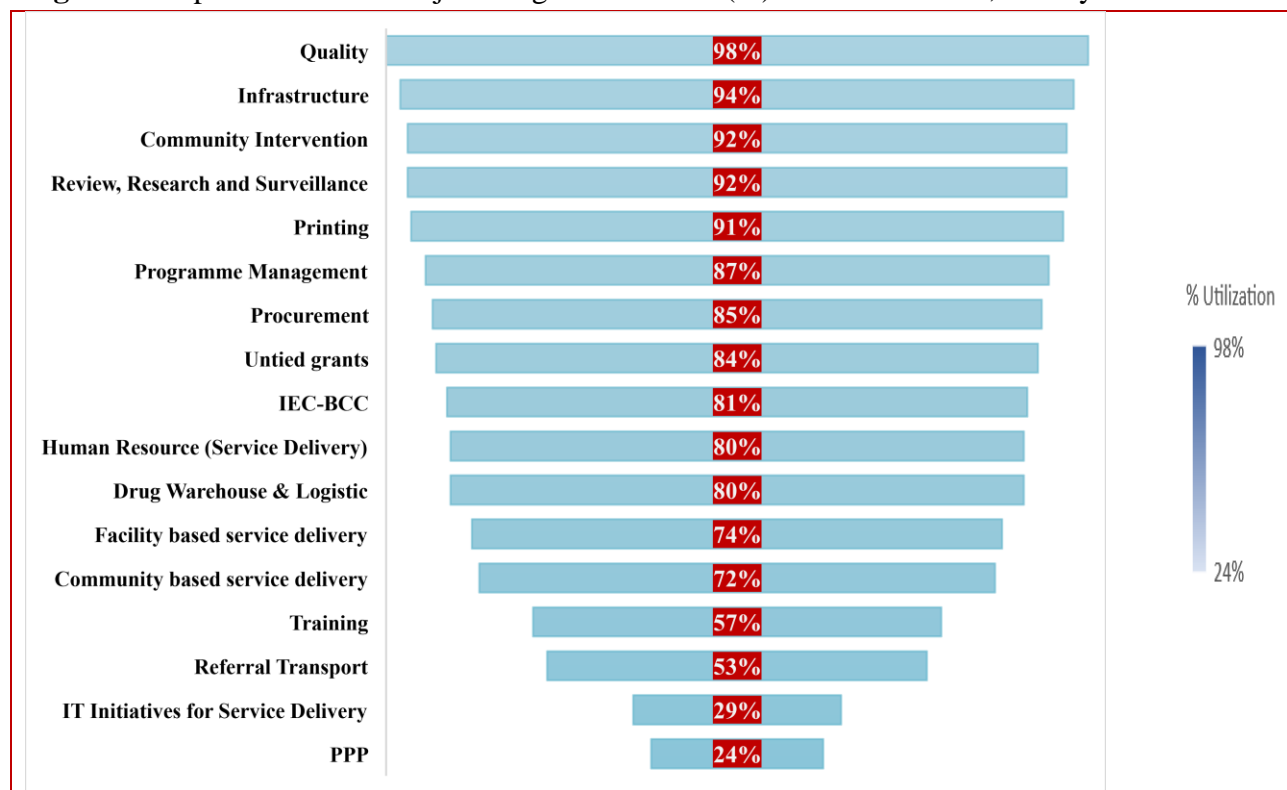
Budgeting plays an important role in the effective utilization of available resources in order to achieve over all objectives. Furthermore, every state's/ district's future will depend upon the efficient utilization of funds like growth, and expanding the facilities. If funds are used effectively then the district has healthy growth in all the ways. The extent of utilization of NHM funds is analyzed here using the utilization ratio. The utilization ratio is defined as the ratio of actual expenditure to total Budget allocation. Overall, around 15 per cent of funds remained unspent at the end of the last financial year.

Table 7: FMR wise Status of Budget Utilization for the year 2020-21, Katni Madhya Pradesh
(In lakhs)

| Indicator (Budget Head) | Budget Released | Budget Utilized | % Utilization |
|--|-----------------|-----------------|---------------|
| FMR 1: Service Delivery: Facility Based | 720.5 | 531.3 | 74% |
| FMR 2: Service Delivery: Community Based | 31.8 | 22.8 | 72% |
| FMR 3: Community Intervention | 932.8 | 862.6 | 92% |
| FMR 4: Untied grants | 144.2 | 121.0 | 84% |
| FMR 5: Infrastructure | 5.0 | 4.7 | 94% |
| FMR 6: Procurement | 499.9 | 424.0 | 85% |
| FMR 7: Referral Transport | 0.3 | 0.2 | 53% |
| FMR 8: Human Resource (Service Delivery) | 970.1 | 778.7 | 80% |
| FMR 9: Training | 42.4 | 24.0 | 57% |
| FMR 10: Review, Research and Surveillance | 2.4 | 2.2 | 92% |
| FMR 11: IEC-BCC | 28.8 | 23.3 | 81% |
| FMR 12: Printing | 47.6 | 43.5 | 91% |
| FMR 13: Quality | 85.6 | 83.5 | 98% |
| FMR 14: Drug Warehouse & Logistic | 33.7 | 26.9 | 80% |
| FMR 15: PPP | 11.1 | 2.6 | 24% |
| FMR 16: Programme Management | 293.8 | 255.0 | 87% |
| FMR 17: IT Initiatives for Service Delivery | 8.2 | 2.4 | 29% |
| FMR 18: Innovations | 0 | 0 | - |
| Total | 3858.0 | 3208.5 | 83% |

Source: CMO Office, Katni District, Madhya Pradesh, 2020-21

Figure 2: Top Two areas of Major Budget Utilization (%) in Katni District, Madhya Pradesh



However, there is significantly least utilization were observed for PPP, IT initiatives for service delivery, referral transport and for training.

Table 8: Programme wise Status of Budget Utilization for the year 2020-21, Katni MP

(In lakhs)

| Indicator | Budget Released | Budget utilized | % Utilization |
|-----------------------------------|-----------------|-----------------|---------------|
| RCH and Health Systems Flexi pool | 2896.89 | 2450.72 | 85% |
| Maternal Health | 422.1 | 352.3 | 83% |
| Child Health | 95.6 | 63.5 | 66% |
| RBSK | 42.1 | 31.7 | 75% |
| Family Planning | 296.7 | 197.1 | 66% |
| RKSK/ Adolescent health | 0.0 | 0.0 | - |
| PC-PNDT | 0.1 | 0.1 | 63% |
| Immunization | 126.5 | 106.9 | 85% |
| Untied Fund | 128.0 | 110.6 | 86% |
| Comprehensive Primary Healthcare | 0.0 | 0.0 | - |
| Blood Services and Disorders | 29.9 | 26.9 | 90% |
| Infrastructure | 4.5 | 4.2 | 94% |
| ASHAs | 881.1 | 820.6 | 93% |
| HR | 780.9 | 666.9 | 85% |
| Programme Management | 49.1 | 44.5 | 91% |
| MMU | 0.0 | 0.0 | - |
| Referral Transport | 0.0 | 0.0 | - |
| Procurement | 0.0 | 0.0 | - |
| Quality Assurance | 40.3 | 25.3 | 63% |
| PPP | 0.0 | 0.0 | - |
| NIDDCP | 0.0 | 0.0 | - |
| NUHM | 46.7 | 25.7 | 55% |
| Communicable Diseases Pool | 59.03 | 47.21 | 80% |
| IDSP | 3.0 | 2.9 | 98% |
| NVBDCP | 45.9 | 34.8 | 76% |
| NLEP | 10.2 | 9.5 | 94% |
| NTEP | 0.0 | 0.0 | - |
| Non-Communicable Diseases Pool | 62.5 | 44.2 | 71% |
| NPCB+VI | 45.9 | 34.8 | 76% |
| NMHP | 0.9 | 0.5 | 61% |
| NPHCE | 0.0 | 0.0 | - |
| NTCP | 2.2 | 0.2 | 7% |
| NPCDCS | 11.1 | 8.7 | 78% |
| National Dialysis Programme | 0.0 | 0.0 | - |
| NPCCHH | 1.9 | 0.0 | 0% |
| NOHP | 0.5 | 0.0 | 0% |
| NPPC | 0.0 | 0.0 | - |
| NPPCF | 0.0 | 0.0 | - |
| NRCP | 0.0 | 0.0 | - |
| NPPCD | 0.0 | 0.0 | - |
| Total (RCH+NUHM+CD+NCD) | 3065.07 | 2567.8 | 84% |

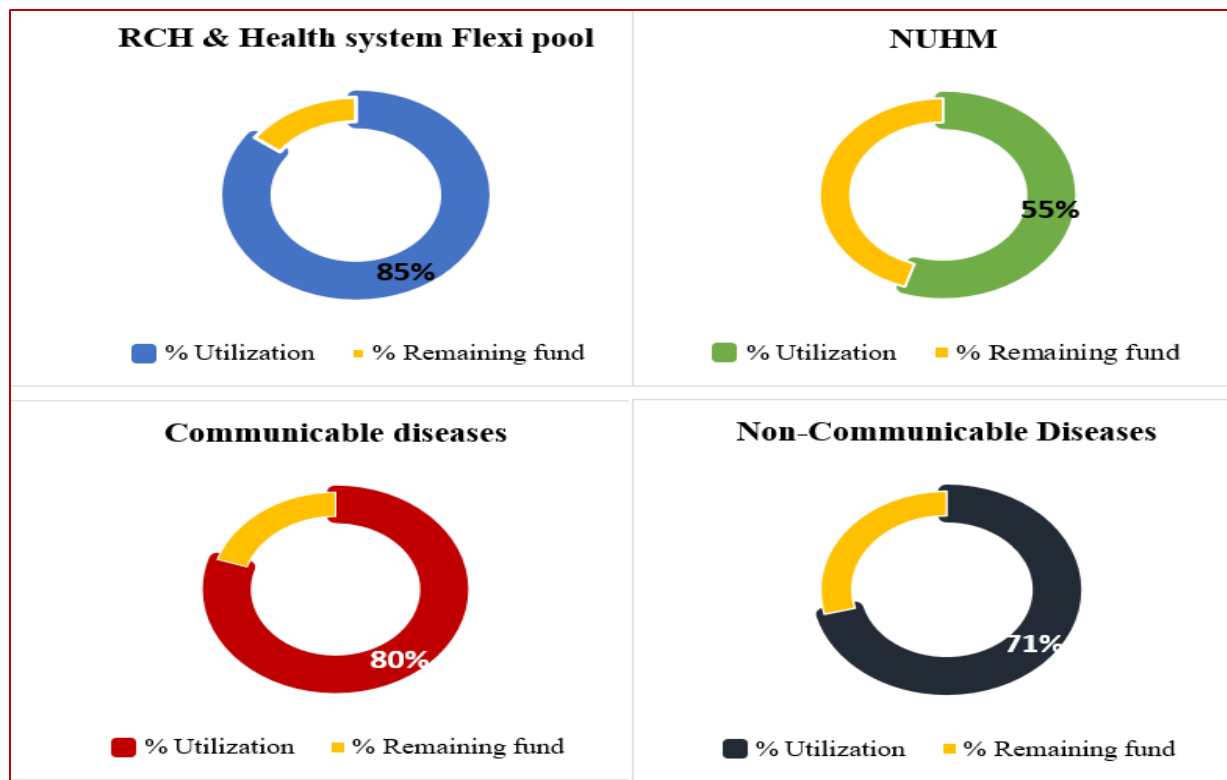
Source: CMO Office, Katni District, Madhya Pradesh, 2020-21

The budget utilization summary for Katni District by the programme wise/different flexi pool and their major components is presented in table 8 & in following figure 3. The table indicates that around 15 per cent of funds remained unspent at the end of the last financial year. The major reason cited for under-utilization of the budget was that fewer activities were performed (i.e. training) in the district due to COVID-19 outbreak in the previous year.

The highest part of the budget accrues to RCH & Health Systems flexipool. In the last financial year, the district was not able to utilize the entire sanctioned amount under all the flexipool i.e. RCH, NCD & Communicable diseases flexipool. Among all the flexipool, least utilization can be seen in NUHM pool.

In RCH flexipool, the least utilization can be seen on Quality assurance programme (63%) & PC-PNDT (63%). Moving forward to the communicable disease pool, the maximum utilization of funds is observed in the Integrated Disease Surveillance Programme (IDSP) i.e. 98%. Under IDSP programme, the entire fund is being utilized in tackling the COVID-19 situation with full force. On the contrary, the least utilization is being in NVBDCP programme nearly 75%. With regards to non-communicable disease, more than 70% fund has been utilized in the NPCDCS and NPCB+VI Programme.

Figure 3: A Snapshot of the Fund Utilization under different Flexi pool



2.1.3 Health Infrastructure, Ambulance & Referral Services

Table 9 depicts the health infrastructure details of the Katni District. The district has one district hospital and one sub-district hospital. It has 6 CHC, 18 R-PHC, 2 UPHC & 4 Sanjivini clinic. There are 186 Sub-centre, out of which 100 per cent are functioning in government buildings. Out of total SCs, 140 SCs have been converted in Health & Wellness Centre (HWC). With regards to UPHC, no PHC have been converted in HWC.

The district has 1 blood bank, however non-availability of blood storage units was reported in the district. In addition, district has 1 Special newborn care units (SNCU) and 7 NRC Centre. However, it must be noted that the district doesn't have District Early Intervention Centre (DEIC) and Designated Microscopy Center (DMC). There are 1 Tuberculosis units (TUs), 2 drug resistant TB centre and 1 CBNAAT/TruNat Sites. In addition, total number of functional NCD clinic is 3 at DH, SDH and CHC level in the district. Out of the total NCD clinic, there is 1 NCD clinic functional at the DH level, 1 at SDH and 2 at CHC level. The total number of institutions providing comprehensive abortion care services (CAC) is reported to be at 4 facilities.

Table 9: Status of Health Infrastructure in Katni District, Madhya Pradesh, 2020-21

| Facility Details | Operational |
|---|-------------|
| District Hospitals | 1 |
| Sub District Hospital | 1 |
| Community Health Centres | 6 |
| Primary Health centre | 18 |
| Sub-Centres | 186 |
| Urban Primary Health Centers (U-PHC) | 2 |
| No. of UPHC converted to HWCs | 0 |
| No. of Sub-centre converted to HWCs | 140 |
| Special Newborn Care Units (SNCU) | 1 |
| Nutritional Rehabilitation Centres (NRC) | 7 |
| District Early intervention Center (DEIC) | 0 |
| First Referral Units (FRU) | 2 |
| Blood Bank | 1 |
| Blood Storage Unit (BSU) | 0 |
| Designated Microscopy Center (DMC) | 0 |
| Tuberculosis Units (TUs) | 1 |
| CBNAAT/TruNat Sites | 1 |
| Drug Resistant TB Centres | 2 |
| Facility with NCD clinics | 3 |
| Facility with Abortion care services | 4 |

Source: CMHO Office (2020-21), Katni District, Madhya Pradesh

Following table 10 clearly depicts that hardly 5 per cent SCs are conducting more than 3 deliveries per month out of total SCs (186) in the district. The situation is extremely bleak in case of urban-PHC. There is no delivery point at UPHC. The district has total 20 PHCs (18 R-PHC, 2 U-PHC), out of which around 70 per cent PHCs are able to conduct more than 10 deliveries per month. Furthermore, all 100 per cent CHC are able to conduct more than 20 deliveries in a month.

Table 10: Status of Delivery Points in Katni District, Madhya Pradesh

| Delivery points | In number |
|--|-----------|
| No. of SC centre conducting > 3 deliveries /month | 10 |
| No. of PHC conducting > 10 deliveries /month | 14 |
| No. of CHC conducting > 20 deliveries /month | 6 |
| No. of DH conducting > 50 deliveries/ month | 1 |
| No. of DH conducting C-section | 1 |
| No. of Medical college conducting C- section in district | NA |
| Total Delivery points in the district | 37 |

Source: CMHO Office (2020-21), Katni District, Madhya Pradesh

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. The district has 2 Advanced Life Support, 12 Basic life support, and 102 Ambulance are 14. There was no Mobile Medical Units (MMU) reported at the district.

Table 11: Status of Ambulance & Referral services in Katni District

| Transport Facility | In Number | GPS fitted | Average calls received /day | Average trips per Ambulance/ day |
|----------------------|-----------|------------|-----------------------------|----------------------------------|
| ALS | 2 | Yes | - | - |
| BLS | 12 | Yes | - | - |
| 102 Ambulance | 14 | Yes | - | - |
| Mobile Medical Units | NA | - | - | - |

Source: CMHO Office (2020-21), Katni District, Madhya Pradesh

All ambulances are GPS fitted and are being handled through centralized call centres. The monitoring team found that community was quite aware of the ambulance services. Community has the information about the toll-free ambulance number and they were using the ambulance services instead of personal vehicle to avail the healthcare services. Hence, it was being utilized on an exceptional good scale.

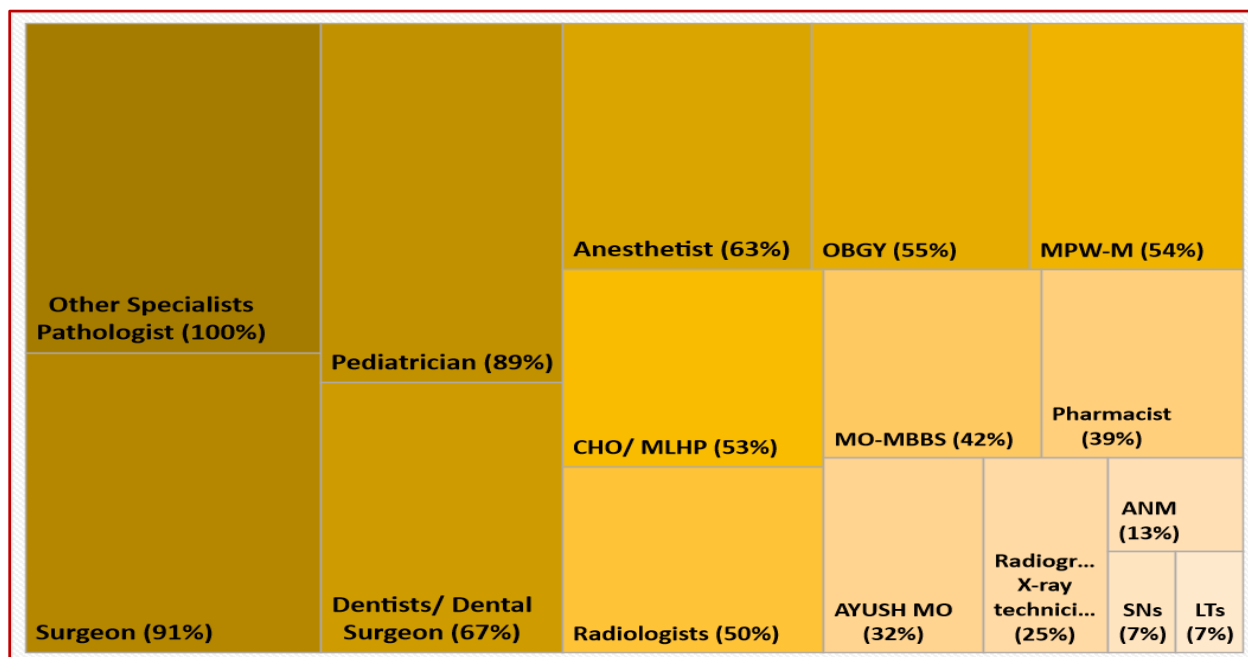
2.1.4 Human Resources

Lack of Human Resource is one of the major concerns of the district; more specifically during the COVID-19 outbreak major issue was reported regarding the Doctors and ANM in the district. Table 12 depicts the status of manpower in the district. Total number of sanctioned post of Gynecologists is 11 out of which only 5 posts has been filled and 6 post is still vacant. The total number of sanctioned posts for medical officers including specialist is 79 out of which only 46 has been filled and 33 posts is still held vacant. It has 1 Pediatrician against the sanctioned post of 11. Against the total number of sanctioned posts for ANM, 40 posts are vacant in the district. Furthermore, sanctioned post for pharmacist and lab technicians are 44 and 45 respectively out of which 17 post and 3 posts are vacant for pharmacist and lab technician, respectively. Position for the Surgeon is radically high in the district. Non-availability of dental technician and hygienist was observed in the district. Figure 4 presents the % vacant position for the various Medical, Paramedical and Administrative in Katni District of Madhya Pradesh. High % vacancy pertains in the district for mostly for Specialist, Surgeon, Pediatrician, Dental, and OBGY.

Table 12: Status of Human Resources in the Katni District, Madhya Pradesh

| Staff Details at Public Facility | Sanctioned | In place | Vacant | % Vacant |
|-------------------------------------|------------|------------|------------|------------|
| ANM | 307 | 267 | 40 | 13% |
| MPW (Male) | 127 | 58 | 69 | 54% |
| Staff Nurse | 130 | 121 | 9 | 7% |
| Lab technician | 45 | 42 | 3 | 7% |
| Pharmacist (Allopathic) | 44 | 27 | 17 | 39% |
| MO (MBBS) | 79 | 46 | 33 | 42% |
| OBGY | 11 | 5 | 6 | 55% |
| Pediatrician | 9 | 1 | 8 | 89% |
| Anesthetist | 8 | 3 | 5 | 63% |
| Surgeon | 11 | 1 | 10 | 91% |
| Radiologists | 2 | 1 | 1 | 50% |
| Other Specialists Pathologist | 5 | 0 | 5 | 100% |
| Dentists/ Dental Surgeon/ Dental MO | 3 | 1 | 2 | 67% |
| Dental technician | 0 | 0 | 0 | - |
| Dental Hygienist | 0 | 0 | 0 | - |
| Radiographer/ X-ray technician | 8 | 6 | 2 | 25% |
| CSSD Technician | 0 | 0 | 0 | - |
| OT Tech. | 1 | 1 | 0 | 0% |
| CHO/ MLHP | 164 | 77 | 87 | 53% |
| AYUSH MO | 28 | 19 | 9 | 32% |
| AYUSH Pharmacist | 1 | 1 | 0 | 0% |
| Total | 983 | 677 | 306 | 31% |

Source: CMHO Office (2020-21), Katni District, Madhya Pradesh

Figure 4: Vacancy of Manpower in Katni, Madhya Pradesh, 2020-21

Against the sanctioned post in the district, 91 % position of Surgeon, 89 % position for Pediatrician, 67% position of Dental, 63 % of Anesthetist, 53 % of CHO and 45 % position of gynecologists, 42 % of MO, and 13% positions are vacant of ANM.

2.1.5 Training

Table 13 shows the training status of Katni district as per the ROP approval in last financial year. The district has conducted 100 per cent trainings of Dastak, HMIS, ANMOL, IDSP, IHIP, COVID-19 and Malaria training against the planned trainings.

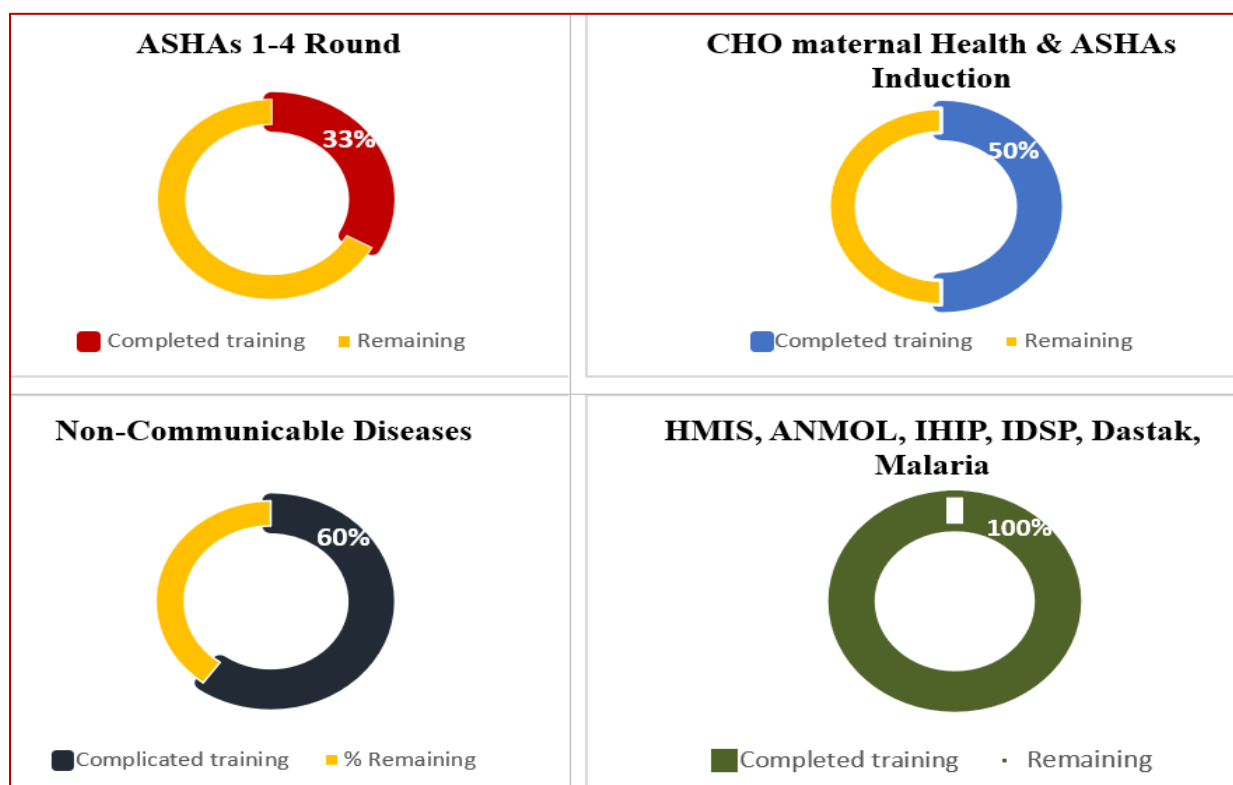
Table 13: Trainings Planned Vs Accomplished (As per ROP approval), Katni, Madhya Pradesh

| S. no. | Training | Planned | Completed | % Completed |
|--------|---------------------|---------|-----------|-------------|
| 1. | Asha Induction | 2 | 1 | 50% |
| 2. | Asha 1 to 4 Round | 9 | 3 | 33% |
| 3. | NCD Asha | 10 | 6 | 60% |
| 4. | CHO Maternal Health | 2 | 1 | 50% |
| 5. | Dastak | 6 | 6 | 100% |
| 6. | HMIS | 6 | 6 | 100% |
| 7. | ANMOL | 6 | 6 | 100% |
| 8. | IDSP | 6 | 6 | 100% |
| 9. | IHIP | 6 | 6 | 100% |
| 10. | COVID 19 | 20 | 20 | 100% |
| 11. | Malaria | 6 | 6 | 100% |

Source: CMHO Office (2020-21), Katni District, Madhya Pradesh

Against the planned training in ROP document, around 50 -60 % of training has been completed for CHO's maternal Health, ASHA's induction, and NCD training. The figure 5 clearly demonstrates that least training (against planned) has been conducted for ASHAs 1-4 round in the last financial year. Furthermore, COVID has seriously affected the training of staffs as well as their appointment.

Figure 5: As per ROP Training status in the district: Completed vs. Remaining



2.2 Service Delivery & Implementation Status of National Programme

This section will attempt to discuss in details service delivery & implementation of various national programmes related to mother, child healthcare services under National Health Mission:

2.2.1 Maternal Health, New Born & Child Health Services/ Programmes

Improving the well-being of mothers, infants and children is an important public health goal for Government of India (GOI). India's Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Strategy, was launched in 2013. The RMNCH+A strategy aim to reduce child and maternal mortality through strengthening of health care delivery system. The following

table depicts the scenario of mortality indicators in Katni District of Madhya Pradesh for two financial years.

Table 14: Mortality Indicators in Katni District, 2019-20 & 2020-21

| Mortality Indicators | 2020-21 | 2021-22* |
|----------------------|---------|----------|
| Maternal Death | 52 | 23 |
| Child Death | 959 | 382 |
| Infant Death | 852 | 326 |
| Still birth | - | - |

Source: CMHO Office (2020-21), Katni District, Madhya Pradesh

* April to September 2021

In last financial year, total number of Infant & Child deaths was observed quite high as compare to maternal deaths. Similarly, same trend can be seen in the current year i.e. 2020-21. Overall, Child deaths can be observed more in both year in the district. The vast majority of these deaths are preventable. To ensure the maternal & Child health, GoI has launched numerous initiative i.e. JSY, JSSK, HBNC & RBSK etc. In this section we will discuss the implementation status of the national programme for mothers & Child Health.

JSY Programme

Janani Suraksha Yojana is an initiative for safe motherhood under NRHM. It aims at reducing maternal and neo mortality rate, promoting institutional deliveries among poor pregnant women by incentivizing them through cash benefits for getting institutional deliveries. The initiative is working well in the district and also the level of awareness among the beneficiaries is satisfactory in the district. Table 15 depicts the disbursement of the JSY entitlements.

Table 15: JSY Payments Status, Katni District, Madhya Pradesh

| No. of Beneficiaries | Backlog | DBT status |
|----------------------|--------------|------------|
| 7332 | 2300 (31.4%) | 5032 |

Source: CMHO Office (2020-21), Katni District, Madhya Pradesh

JSSK Programme

Janani Shishu Suraksha Karyakaram aims to improve maternal and child health by minimizing financial expenses of pregnancy and sick new born child. Furthermore, the aim of this scheme is to promote institutional deliveries. Under this scheme cashless services are provided to the

pregnant woman and new born in form of free drug, free food, free diagnostics, and free transport or any other cost which might be incurred during the process of normal delivery till 3 days after birth, and 7 days in case of caesarean section. Table 16 shows the JSSK status in Katni district for the year 2020-21. The JSSK scheme is well implemented in the Katni District of Madhya Pradesh. Free diet (thrice in a day) was given to 19852 beneficiary mothers. The JSSK fund was being almost completely utilized for the medicine services. The official mentioned that three times meal in a day provide to the pregnant women to ensure quality food.

Table 16: Overall Status of JSSK Program in Katni District, Madhya Pradesh, 2020-21

| Pregnant Women/Children provided - Free Medicines under JSSK | In No. |
|--|--------|
| (Pregnant women + Sick Infants) | |
| Free Diet | 19852 |
| Free Medicine | 21242 |
| Free Diagnostics | 21242 |
| Free Home to facility transport | 16864 |
| Inter-facility transfers when needed | 2512 |
| Free Drop Back home | 9768 |

Source: HMIS (2020-21), Katni District, Madhya Pradesh

Free drugs were given to 19852 mothers and 1390 infants. Free diagnostics was conducted for 19852 beneficiary mothers and 1390 infants. Home to facility transport was availed by solely 16864 beneficiaries and referral transport was availed by total 2512 beneficiaries, facility to home transport was availed by 9768 beneficiaries.

Figure 6: JSSK program in Katni District, 2020-21: Pregnant Women vs. Sick Infants

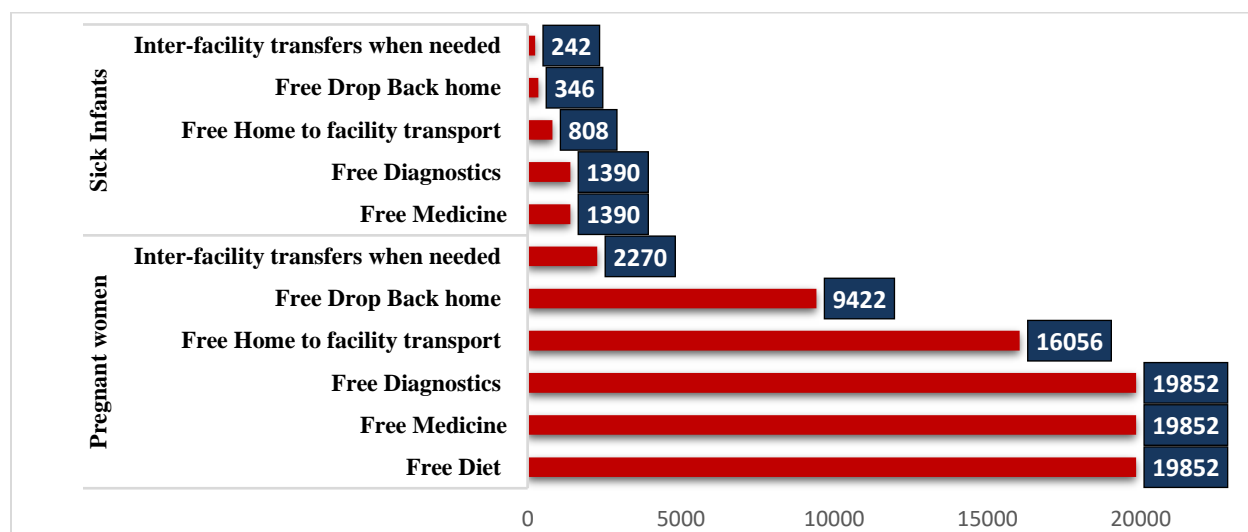


Table 17: Neonatal Health Service Delivery in Katni District, 2020-21

| Neo Natal Facility | In Number |
|----------------------|-----------|
| SNCU | |
| Total number of SNCU | 1 |
| Inborn Admission | 754 |
| Out born Admission | 1135 |
| Referral | 119 |
| LAMA | 81 |
| Died | 249 |
| NBSU | |
| In-born admission | 220 |
| Out born Admission | 30 |
| Discharged | 110 |
| Referral | 140 |
| LAMA | 0 |
| Died | 0 |
| NRC | |
| Total number of NRC | 7 |
| Admission | 330 |

Source: CMHO Office (2020-21), Katni District, Madhya Pradesh

Table 17 depicts the neonatal health service delivery with regard to infrastructure in Katni District of Madhya Pradesh for the year 2020-21. The district has 1 SNCU and 7 NRC. The total numbers of admissions in the SNCU unit were 754 for In-born and 1135 for out-born. The district has New born stabilization units (NBSU) also. The total numbers of admissions in the NBSU unit were 220 for In-born and 30 for out-born. Total 110 new-born were discharged in the last financial year. The table even shows that 140 were referred and zero died in the NBSU.

HBNC Programme

ASHAs are responsible for the HBNC & HBYC visits in the villages or slums. HBNC programme is well implemented in the district. The following table 18 depicts the HBNC programme in the district. During the COVID period, ASHAs were also actively involved in the counseling of Immunization & HBNC visit as well by following all the COVID protocol.

Table 18: Status of HBNC programme in the Katni District of Madhya Pradesh, 2020-21

| Home Based Newborn Care (HBNC) | In number |
|--|-----------|
| Availability of HBNC kit with ASHAs | 1106 |
| % ASHA having HBNC kit, of total ASHAs | 100 |
| Availability of drug kit with ASHAs | 1106 |
| Newborns visited under HBNC | 5000 |

Source: CMHO Office (2020-21), Katni District, Madhya Pradesh

A total of 5000 neonatal visits were conducted by ASHA worker under HBNC programme in the year 2020-21. However, it can be clearly seen from the table that all 100% ASHAs having the complete HBNC kit.

RBSK Program

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. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include, the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened. RBSK programme is well implemented in the district. In Katni district, there are a total of 14 RBSK teams, with 2 teams per block, which ensure coverage of children. Just 2 teams are complete in place as per the composition and 12 numbers of vehicles are on the road for RBSK team. Per day, on an average of 120 children are being screened by the team. More than 7000 children have been screened at the delivery points for defects at birth.

Table 19: Status of RBSK programme in Katni District, Madhya Pradesh

| RBSK | In number |
|--|------------------|
| Total no. of RBSK teams sanctioned | 14 |
| Complete teams with all HR in-place | 2 |
| No. of vehicles for team | 12 |
| No. of Teams / Block | 2 |
| No. of blocks without dedicated teams | 0 |
| Average no of children screened per team/ day | 120 |
| Number of children born in delivery points screened for defects at birth | 7800 |

Source: CMHO Office (2020-21), Katni District, Madhya Pradesh

2.2.2 Communicable & Non- Communicable Diseases Control Programmes

One of the key objectives of NHM programme is prevention and control of most common communicable and non-communicable disease. The important programme for communicable & non-communicable diseases that have been highlighted in this section include- IDSP, NTEP, NVBDP, and NLEP etc.

IDSP Programme

The key objective of the IDSP 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). Data feeding in IHIP portal/ software is a major challenge in the district due to some technical efficiency/ issue. The surveillance units have been well established in the district. Rapid response teams are available/ constituted at district level and team includes- Child & Medicine Specialist, Epidemiologist, DSO, Pathologist, Food Inspector, and Veterinary Doctor. IDSP data utilized properly at the district level to identify/ forecasting the disease, to identify any seasonal diseases, and timely treatment to patient and to control any outbreak. Overall, 100% private hospitals were reporting weekly data of IDSP. Improvement in Integrated Health Information Platform software can play a significant role. Furthermore, national level training to the epidemiologist as well as district official (i.e. DPM, BMO, DIO) can make a significant difference in the effective implementation of IDSP programme.

NTEP Programme

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria. It spreads through air when a person suffering from tuberculosis cough, sneeze or spit. TB remains to be major public health problem in India. TB control efforts are initiated countrywide since 1962 with inception of National TB Control Programme. The programme was reviewed and revised strategy was pilot tested in 1993. The Revised National TB Control Programme (RNTCP) was launched in 1997 with implementation of Directly Observed Treatment, Short Course Strategy, Programme is further renamed as National Tuberculosis Elimination Programme in the year 2020 by Central TB Division, Government of India. Diagnosis of TB through Intermediary UDST testing/lab is established in the district. Around 950 number of the TB patients are eligible for UDST testing.

Table 20: NTEP Programme: Public Vs Private Sector, 2020-21

| NTEP | Public Sector | Private Sector |
|--|---------------|----------------|
| No of patients notified | 1510 | 578 |
| Treatment success rate | - | - |
| No. of MDR TB Patients | 52 | 0 |
| Treatment initiation among MDR TB patients | 46 | 0 |

Source: CMHO Office (2020-21), Katni District, Madhya Pradesh

Total number of TB cases notified under NIKSHYA significantly varies from 1510 in public sector to 578 in private sector. In the last financial year, overall total 52 numbers of TB patient deaths review were reported in the district and all MDR TB patient death was observed in public sector. Total 1547 numbers of beneficiaries paid under Nikshay Poshan Yojana.

NVBDCP Programme

The National Vector Borne Disease Control Programme (NVBDCP) is a focal agency of the Government of India responsible for control of 6 vector-borne diseases, i.e. malaria, visceral leishmaniasis, lymphatic filariasis, dengue, chikungunya and Japanese encephalitis. NVBDCP is a vertical programme due to separate budgets, healthcare cadres, supply chains, health information systems, monitoring, and evaluation frameworks but partially embedded in the existing mainstream healthcare system of the country at the grass root level, especially after the advent of National Rural Health Mission (NRHM). Detection methods for Filariasis include blood survey and filarial test strip. Overall Annual blood examination rate was reported 10.6% per cent in the district, however, in the year 2019-20 it was reported 12.3%. Weekly epidemiological and entomological situations were monitored in the district and no MDR rounds have been observed in the last financial year. There is a proper micro and macro plan available at the district level as to control the vector borne disease prevalent in the district. In the last 3-year, there have been a decrease in the vector borne disease due to early diagnostic, proper treatment, distribution of LLIN, availability of RDT an anti malarials, IRS in High-Risk villages.

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer, etc. are covered under NHM.

Table 21: Status of Non-Communicable Diseases (under CPHC) in Katni District, 2020-21

| Diseases | No. of cases screened |
|-----------------|-----------------------|
| Hypertension | 18385 |
| Diabetes | 15173 |
| Oral Cancer | 146 |
| Breast Cancer | 80 |
| Cervical Cancer | 200 |

Source: CMO Office, Katni District, Madhya Pradesh

Above table 21 depicts the status of Non-Communicable Diseases (NCDs) in Katni District of Madhya Pradesh for the year 2020-21. Numbers of cases of screening have been high for hypertension & diabetes in the last financial year.

2.2.3 Quality of Care/Assurance Programme

To address the challenge of the continuing perception of low-quality services in the public healthcare premises, the policy makers in India introduced a set of quality-oriented programmes i.e. NQAS, KAYAKALP & MERA ASPATAAL under the National Health Mission. Kayakalp programme, which was launched in the year 2015 was a cleanliness and Hygiene drive initiated to promote proper sanitary standard in the public health premises in India. Its main objective was to inculcate a culture for promotion of cleanliness, infection control and hygiene practices in the facilities by incentivizing & recognizing the facilities showing exemplary performance in adherence to Kayakalp guidelines & thereafter sustaining such practices as well. The assessment involves a stepwise procedure i.e. Internal Assessment, Peer Review & External Assessment. After reviewing external assessment, the facilities are ranked based on scores obtained and the facilities acquiring maximum scores are declared the winners and awarded accordingly. The following table 21 undoubtedly demonstrates the alarming figure with respect to quality care programme implementation. Quality care programme implementation is in progress or initial stage. At DH level, Kayakalp programme & NQAS was observed well implement. However, the situation is extremely unwelcoming at PHC & CHC level in the district. There is not a single PHC and CHC in the district, which has scored more than 70% in external assessment in the last financial year. Thus, there is a dire need to implement quality care program in the district for better or quality care services in the facility.

Table 21: Status of Kayakalp Programme in Katni Madhya Pradesh, 2020-21

| Facility Details | Total Public Facilities | Facility Awarded (>70% score in external) | % Awarded |
|-----------------------------|-------------------------|---|-----------|
| District Hospitals/ SDH | 1 | 1 | 100 |
| CHC | 6 | 0 | 0% |
| PHC | 18 | 0 | 0% |
| UPHC (4 E-Sanjivini clinic) | 6 | 0 | 0% |
| SC | 186 | - | - |

Source: Kayakalp Portal (2020-21), Katni District, Madhya Pradesh

Mera-Aspataal Initiative

Apart from Kayakalp programme, Mera-Aspataal initiative is also implemented in Madhya Pradesh. It is Ministry of Health, Government of India initiative to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as Short Message Service (SMS), Outbound Dialing (OBD) mobile application and web portal. Currently, it has been implemented in district hospital of Katni, Madhya Pradesh.

2.2.4 Community Health Worker (CHW) & Programmes

Community health workers like ASHAs play strategic role in the area of public health. ASHAs have been established as the first port of call for all health related and allied activities at the community level. The bottom-up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors. The broad working status of ASHAs is highlighted in following Table 22. At present, a total of 1092 ASHAs (625 sanctioned) are working in the district. According to the population in the district, 14 more ASHAs are required. Salaries of ASHAs were reported to be on time. In district, total 8 no. of villages/ slum areas was reported with unavailability of ASHA worker.

Table 22: Contemporary status of ASHAs Worker, 2020-21

| Status of ASHAs | (In number) |
|--|-------------|
| Total working | 1092 |
| Required as per population | 1106 |
| ASHAs covering more than 1500 rural population | 200 |
| ASHAs covering more than 3000 urban population | 15 |
| No. of villages/ slum areas with no ASHA | 8 |

Source: CMO Office, Katni District, Madhya Pradesh, 2020-21

Table 23: Enrolled status of ASHAs under Different Programme, 2020-21

| Scheme/ Programme | No of ASHAs Enrolled | % Enrolled of total ASHAs: |
|-------------------|----------------------|----------------------------|
| PMJJBY | 800 | 73.3% |
| PMSBY | 800 | 73.3% |
| PMSYMY | 27 | 2.5% |

Source: CMO Office, Katni District, Madhya Pradesh, 2020-21

ASHAs were actively involved in the counseling of ANC, PNC, Immunization and Hygiene and sanitation practices during the COVID period. Overall, 11579 numbers of immunization session

were conducted in the last year where ASHAs were present. They were responsible for the HBNC & HBYC visits in the village/ slum. Community interactions & interaction with ANM indicated that the role of the ASHA is well appreciated as they bridge the gap between health department and community.



Figure 7: Discussion with ASHA Sahyogini, CHC Badwara

MAS (Mahila Arogya Smiti)

MAS is one of the key interventions under National Health Mission aimed at promoting community participation in health at all levels, including planning, implementing and monitoring of health programmes. One MAS covers approximately one ward (2000-2500) in slum like settlements. This Samiti addresses local issues related to any new diseases, local awareness, Health education i.e. Immunization, Family planning, Adolescent Health, National programmes related to women, COVID, Water, and Sanitation at slum level. Total 36 number of Samiti formed & trained in the district. MAS account was opened and it was reported that ANM and one elected woman from the respective area handling the MAS account. Meeting of MAS was held at least once in a month, particularly on UHND day (Tuesday or Friday). It is better if there is a particular date for the meeting, for example 10th of every month or third Saturday of every month. This will ensure that the members are aware beforehand of when the meeting is to be held so that they can plan for participating in it.

3 Service Availability: Focus Group Discussions (FGDs) with Community

3.1 Community Awareness & Health Seeking Behaviors

Community interaction reflected that they are pleased with the public healthcare services provided by the facility. Most of the community prefers public facilities over private clinics/facilities. Beneficiaries were found to be well-counseled about the pregnancy care, institutional delivery incentives including JSY and JSSK. Diet and transport benefits were care taken care of effectively in the district, for mothers.

3.2 Out of pocket expenditure, Access of Medicine & Transportation services:

The beneficiaries at the facilities were largely satisfied with the service availability. It is important to note that availability of drugs was optimal, and outside prescription was extremely rarely resorted to. Panumaria is the tribal belt in Katni. Communities tend to leave in Fatawa hamlets often leading to difficulty in health care accessibility. Distance is however resolved through private and local transport, but communication and network availability can sometime delay ambulance services in these areas. However, acceptance of institutional health care is prominent and road network has also been improved over the years.

3.3 Staff Behavior with the Community

Staff behaviors affect not only their own health but also the provision of health promotion services to their patients. Overall, beneficiaries were quite satisfied with the staff's behavior, and attitude. Furthermore, they were also satisfied about the availability of staff at the facility during the OPD hours. With regards to ASHAs worker, overall community has realized the importance & contribution of ASHAs worker in providing healthcare services i.e. ANC, Immunization and PNC. Community interactions indicated that the role of the ASHA is well appreciated in the community as they bridge the gap between health department and community.

3.4 Key Challenges at Grass root level

Most of the community interacted belonged from the tribal community who were engaged in labor intensive work and their monthly earning of wage is 3000-4000 or 5000-6000. Beneficiary concern was majorly reported with regards to the extremity of patient load at the District Hospital level. Furthermore, the road to the district hospital is in extremely bad condition

& the distance from the nearest CHC, Barhi to District hospital is around 50 km away. The same led to delayed care, sometimes led to deaths, and diversion to private treatment seeking. To address high risk cases CHC Level services in the district must be streamlined & strengthened on a priority basis.



Figure 8: Focus Group Discussion with Beneficiaries/ Community members, PHC Basadi

4 Service Availability: Facility wise Observation

The observations made by the monitoring team during the visit to various health facilities in Katni District are listed below. This section of report summarizes the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc as per the IPHS standard.

4.1 District Hospital, Katni

District Hospital is a 200 bedded facility located on the main road. It was functioning in government old premises where issues pertaining to seepage problem, water logging, parking is under development etc. persist. Currently, the construction work of the new 150 bedded maternity wing is under process. Only the R.c.c. Structure of the building is done & other construction is in process. Furthermore, slab is casted till 3 three floor terrace & handover of the project can be given in coming 6-7 months. Katni district has only one district level hospital. Therefore, average delivery load at this hospital was the reported to be high in the district. It caters to approximately 600 patients in OPD on a daily basis. Monthly around 470-480 deliveries were

conducted at the hospital. Out of the total deliveries, around 100 was C-section & 380 were reported normal Deliveries.



Figure 9: DH, Katni Madhya Pradesh

Meeting with Civil Surgeon, DH Katni

MCH wing Construction work in progress

Table 24 clearly depicts the availability & non-availability of the services at the facility. Overall, non-availability of DEIC, NICU, PICU and skill lab was observed. EDL were well displayed in OPD area. The total 64 types of tests (in house & PPP) have been taken place at the facility. Around 70 thousand numbers of tests were performed at the facility in last financial year, while more than 1.5 lakh tests performed outsourced/ PPP. In last six month, total 674 numbers of people confirmed for hypertension, and more than 1000 cases were confirmed for diabetes. With respect to cancer, 2 Oral, 2 breast and 3 cases of cervical cancer was observed in last six month at the facility. In the last financial year, 12 maternal deaths & 248 child deaths were reported at the facility. Therefore, child deaths were seen quite high in the district hospital. The leading cause of death among children under-five were reported acute respiratory infections and lack of awareness. Similarly, anemia was reported to be the major cause behind maternal deaths in the district. In the previous year 2020-21, the facility was able to utilize the almost entire sanctioned amount under NHM.

Table 24: Infrastructure, Services & Equipment Availability in Government Hospital, Katni

| Physical Infrastructure Availability | Yes/No | Specialized Services Availability | Yes/No |
|--|--------|------------------------------------|--------|
| 24*7 running water facility | √ | O&G | √ |
| Facility is geriatric and disability friendly | √ | Pediatric | √ |
| Hospital located near residential area | √ | Medicine | √ |
| Clean functional toilets (separate for M/F) | √ | General Surgery | √ |
| Drinking water facility available | √ | Anesthesiology | √ |
| OPD waiting area has sufficient sitting space | √ | Ophthalmology | √ |
| ASHA rest room is available | × | Dental | √ |
| Drug storeroom with rack is available | √ | Imaging Services (X – ray) | √ |
| Power backup at Complete Hospital | √ | Imaging Services (USG) | √ |
| Good Condition of Building | √ | DEIC | × |
| Complete Construction Status of Building | × | NRC | √ |
| Diagnostic Services Availability | | SNCU/ MNCU | √ |
| Laboratory Service | √ | CLMC | × |
| X-ray (3) | √ | NICU | × |
| CT Scan (PPP mode) | √ | PICU (Under Construction) | √ |
| Fully Equipped Blood Bank | √ | ICU | √ |
| Physiotherapy | √ | Dialysis Unit | √ |
| Medicine & Instruments Availability | | Burn Unit | √ |
| All Essential Medicine on the day of visit | × | Skill Lab | × |
| Major Instrument Available & Functional | × | Telemedicine Services (E-Sanjivni) | √ |
| All essential consumable | × | Emergency Care | √ |

Table 25: Status of Human Resources in District Hospital, Katni, 2020-21

| DH Manpower | Sanctioned | In position | Vacant | % Vacant |
|-------------------|------------|-------------|--------|----------|
| MO | 23 | 18 | 5 | 22% |
| Medicine | 5 | 0 | 5 | 100% |
| OBGY | 4 | 0 | 4 | 100% |
| Pediatrician | 7 | 1 | 6 | 86% |
| Anesthetist | 5 | 1 | 4 | 80% |
| Surgeon | 4 | 1 | 3 | 75% |
| Ophthalmologist | 2 | 1 | 1 | 50% |
| Orthopedic | 4 | 1 | 3 | 75% |
| Radiologist | 2 | 1 | 1 | 50% |
| Pathologist | 2 | 0 | 2 | 100% |
| Others specialist | 4 | 1 | 3 | 75% |
| Dentist | 2 | 2 | 0 | 0% |
| Staff Nurses | 193 | 132 | 61 | 32% |
| LTs | 15 | 16 | # | # |
| Pharmacist | 9 | 4 | 5 | 56% |
| Hospital Manager | 1 | 0 | 1 | 100% |
| Others | - | - | - | - |

#Surplus

Table 25 presents the vacant positions for the various Medical, and Paramedical positions in Katni District of Madhya Pradesh. There are 5 MO, 5 Medicine, 4 OBGY, 6 Pediatrician, 4 Anesthetist, 3 Surgeon, 1 Ophthalmologist, 3 Orthopedic, 1 Radiologist, 2 Pathologist, 61 Staff Nurses, and 5 Pharmacist positions vacant at the district hospital. High % vacancy pertains in the facility for mostly Medicine, OBGY, Pathologists, SNs and MO.

Key Challenges:

- ⊕ Chronic shortage of SNs and specialists (Gynea, Medicine, and Pathologist) at the District Hospital is notably concerning.
- ⊕ The labour room has crunch in HR. There is no MO available 24 hours in maternity wing. Rational deployment of HR for labour room at this facility would ensure a wider reach.
- ⊕ Non availability of CTG machine was reported a major concern.
- ⊕ There is no health manager at the District Hospital.

4.2 Urban Community Health Centre, Badwara

Community Health Centre Badwara is 30 bedded spacious health facility, caters around 1.2 lakh population. It is 25 kilometers away from the District Hospital, Kota. Overall, the facility witnessed 100 OPD loads per day. Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of respiratory, dehydration, skin diseases, hypertension, and TB. On an average 10-15 number of cases were observed for TB at the facility per month.



Figure 10: CHC, Badwara

With regard to manpower, presently there are 1 MO, 1 Medicine, 5 SNs/ GNMs, 1 LTs, and 2 Pharmacists at the facility. All essential services i.e. General OPDs, IPD, OPD, maternal and child health services, NCD, NBSU, NRC, and diagnosis were provided at the facility. Per month 150 normal delivery was observed at this this facility. This facility is well equipped for the delivery care services, while the critical trauma cases, high-risk cases & pregnant women with COVID positive directly referred to the District Hospital. However, 5-7 cases of COVID, whose delivery was done at this facility.

In the last financial year, 4 maternal deaths & 85 child deaths (due to respiratory infection) were reported at the facility. In the last financial year, the facility has topped in family planning services in the district. Against the 750 targets, around 550 number of sterilizations was conducted in the last year. The following table 26 clearly depicts the availability and non-availability of services at the facility.

Table 26: Infrastructure, Services & Equipment Availability in CHC, Badwara

| Physical Infrastructure Availability | Yes/No | Specialized Services Availability | Yes/No |
|---|--------|---|--------|
| Accessible from nearest road ahead | √ | Medicine | × |
| 24*7 running water facility | √ | O&G | × |
| Facility is geriatric and disability friendly | √ | Pediatric* | × |
| Hospital located near residential area | √ | General Surgery | × |
| Clean functional toilets | √ | Anesthesiology | × |
| Drinking water facility available | √ | Ophthalmology | × |
| Waiting area has sufficient sitting space | √ | Dental | × |
| ASHA rest room is available | × | Imaging Services (X – ray) | √ |
| Drug storeroom with rack is available | √ | Imaging Services (USG) | × |
| Power backup at Complete Facility | × | NBSU | √ |
| Good Condition of Building | √ | Instrument Availability | |
| Services Availability | | Major Instrument Available & Functional | × |
| 24*7 Emergency | × | Medicine & Diagnostic Availability | |
| Tele-ponic Services (Only for COVID) | √ | Essential Medicine | × |
| Delivery Services | √ | Essential diagnostic (In House) | √ |
| OT Available (minor) | √ | Testing kits | √ |
| Blood storage Unit | × | Essential Consumable | √ |

With regards to COVID epidemic, it was managed well at the facility as well as via through telephonic services and IEC promotion. The telephonic services were provided for around one years. The establishment of oxygen plant have been observed a major progress at the facility. In last six month, total 363 cases were screened for hypertension and 233 number cases of diabetes

were screened. All the essential equipment was available at the facility. Currently, CSR power grid has donated an X-RAY Machine to the facility. The facility has machines for phototherapy but no rooms to make it functional. Fund mobilization has been 70%, due to delays during COVID period. It was reported that, lockdown halted a lot of activities including camps and campaigns.

Key Challenges:

- ⊕ Against the sanctioned post, 5 post of MO, 1 of Gynae, 1 of Paediatrician, 1 LT, and 1 position are vacant of ANM.
- ⊕ In the given human resources, it is extremely arduous to provide services round the clock.
- ⊕ The facility has machines for phototherapy but no rooms to make it functional.
- ⊕ Non availability of ASHA rest/meeting room was reported a major concern. Sometimes, patients are escorted for delivery at odd hours. Owing to non-availability of room, ASHAs accompanying them have to wait/ stay for long stretch in the corridors of the facility.

4.3 Rural Community Health Centre, Barhi

CHC Barhi is running in a government old premises. The health facility was easily accessible as located on the main road. It caters around 100600 populations. Heavy OPD load was observed at this facility i.e. 300 per day, while during COVID period it was seen 150-160. With regards to essential services, General OPDs, IPD, MLC, PM, NBSU, NRC, immunization, & emergency care 24*7 were seen at the facility. Furthermore, all essential tests were provided at the facility. The facility has been performing well along the lines of patient satisfaction and optimum care delivery. Monitoring team found that ambulance services are quite satisfactory and there's no complaint of delay in the services. The facility in-charge has taken the voluntary initiative of heading the varied departments, resulting in efficient outcomes and progress. The labour room of the facility was found to be Lakshya certified. The list of essential medicines has a total of 120 medicines, and all 120 type medicines available on the day of the visit. However, EDL was not displayed in the OPD Area. Around 7 types of tests were performed at the facility, and total 1762 no. of test were done at the facility in last financial year. Most of the tests are card read except hemoglobin which is in digital form. X-ray machine was available/ functional at the facility, however it was not AERB certified. In the previous year 2020-21, the facility was able to utilize

the entire sanctioned amount under NHM. However, huge delay was observed in receiving the funds at the facility.



Figure11: CHC, Barhi

Mattresses for the wards were reported to be less as compared to the beds available. Previously, mattresses were brought from RKS. However, with constricted budget, durable mattresses couldn't be brought. Overall non-availability of specialized services i.e. Medicine, O&G, Pediatric, general surgery, Ophthalmology, Blood storage, Imaging services (USG), Dental, and Anesthesiology was observed at the facility as depicted in table 27.

Table 27: Infrastructure, Services, Medicine & Equipment Availability in CHC Barhi

| Physical Infrastructure Availability | Yes/No | Specialized Services Availability | Yes/No |
|---|--------|---|--------|
| Accessible from nearest road ahead | √ | Medicine | × |
| 24*7 running water facility | √ | O&G | × |
| Facility is geriatric and disability friendly | √ | Pediatric | × |
| Hospital located near residential area | √ | General Surgery | × |
| Clean functional toilets (separate for M/F) | √ | Anesthesiology | × |
| Drinking water facility available | √ | Ophthalmology | √ |
| OPD waiting area has sufficient sitting space | √ | Dental | × |
| ASHA rest room is available | × | Imaging Services (X – ray) | √ |
| Drug storeroom with rack is available | √ | Imaging Services (USG) | × |
| Power backup at Complete Facility | √ | NBSU | √ |
| Good Condition of Building | × | Instrument Availability | |
| Services Availability | | Major Instrument Avl. & Functional | × |
| Emergency (General) | √ | Medicine & Diagnostic Availability | |
| Tele-medicine Services | × | Essential Medicine | √ |
| MCH Services (incl. High Risk Pregnant) | √ | Essential diagnostic (In House) | √ |
| OT services (minor) | √ | Testing Kits/ Rapid diagnostic Kits | √ |
| Blood storage Unit | × | Essential Consumable | √ |

Key challenges:

- ⊕ Road connectivity to DH from this facility is in exceptional poor condition. This facility is 50 km from Katni District hospital. This could be a problem for high risk referred cases.
- ⊕ Shortage of Staff nurse was seen as a significant issue at the facility.
- ⊕ Delayed in receiving fund was reported a major concern.
- ⊕ Unavailability of CBC machine was observed at the facility.
- ⊕ In X-ray lab there is a problem of radiation safety due to lead coating. Hence the absence of any lead coating in the unit makes it a problem.

4.4 Urban Primary Health Centre, Lakhera

PHC Lakhera is running in a rented building where issues pertaining to space crunch, Poor internet connectivity, highly unhygienic washroom, electricity issue, staff shortage, etc. persists and significantly hampers quality of care. It is 2 bedded healthcare facility. This facility is not a delivery point, because the DH is just 2-3 km away where the beneficiaries prefer going. All essential services i.e. General OPDs, ANC, Immunization (monthly), COVID Testing, diagnosis, and follow-up for common NCDs were provided at the facility except delivery care services. OPD load around 65 per day was observed at this facility. Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of Skin allergies, and diarrhea.



Figure 11: PHC Lakhera, Katni

With regard to manpower, presently there is 1 staff Nurse, 3 ANM, 1 LDC, and 1 MIS working at the facility. The MO is posted here specifically for COVID (since July) and is on contractual basis. Furthermore, 1 Staff Nurse, and 1 COVID verifier is on contractual basis.

The facility has no regular sweeper to maintain the cleanliness. At a wage of 1500 rupees, one sweeper visits the facility every alternate day of the week. Owing to the same issue, toilet and washroom as monitored were found to be in highly unsanitary condition. These were seen smelly; unclean & few were out of services. Furthermore, the facility has electricity issues in the washrooms. The internet connectivity at the facility isn't very strong and suffers lag of work.

The following table 28 depicts the availability as well as non- availability of the Infrastructure, Diagnostic Services, Medicine & Equipment at the facility. Overall non-availability of delivery care services, 24*7 service delivery, tele-medicine, Imaging Services (X – ray) was observed. All essential medicine were present on the day of the visit, however, EDL were not displayed in OPD area. The provided services list was well displayed in the OPD area of facility. The total 6 types of tests i.e. HB, Sugar, Malaria, COVID, HIV, Widal have been taken place at the facility, and total 1369 number of tests were done at the facility in last six months. Out of the total tests, 591 tests were observed for HB, 364 for sugar, 183 for hypertension, 140 for Malaria, 45 for HIV and 46 for Widal. In terms of family planning, mala is the most accepted method in the given catchment, followed by PPIUCD and Chhaya. The status of documentation management with respect to budget utilization was observed to be exceptionally unfortunate & poor at the facility as assigned staff was not being aware about the same (sanctioned & expenses details). Assistant programme manager of urban look the fund details or management part of this facility due to non- availability of doctors/ MO.

Table 28: Infrastructure, Services, Medicine & Equipment Availability in PHC Lakhera

| Physical Infrastructure Availability | Yes/No | Services Availability | Yes/No |
|---|--------|---|--------|
| Accessible from nearest road ahead | √ | 24*7 Service Delivery | × |
| 24*7 running water facility | × | Availability of Delivery care services | × |
| Facility is geriatric and disability friendly | × | Line listing of High-risk pregnancy | × |
| Facility located near residential area | √ | X-Ray | × |
| Clean functional toilets (separate for M/F) | × | Telemedicine Services | × |
| Drinking water facility available | √ | Instrument Availability | |
| OPD waiting area has sufficient sitting space | √ | Major Instrument Available & Functional | × |
| ASHA rest room is available | × | Medicine & Diagnostic Availability | |
| Drug storeroom with rack is available | √ | Essential Medicine | √ |
| Power backup at the Facility | √ | Essential -diagnostic (In House) | √ |
| Good Condition of Building | × | Essential Consumable | √ |

Key Challenges:

- ⊕ Non-availability of the MO (permanent basis), pharmacist was reported a major concern.
- ⊕ Rented premises again a big challenge for the facility.
- ⊕ BP instrument and Microscope at the facility were reported to be non-functional.
- ⊕ The ANM appointed at the facility is not yet trained as they have newly joined or fresher. Treatment to new-borns visiting the babies is thus a serious heckle.
- ⊕ The facility has no regular sweeper to maintain the cleanliness. At a wage of 1500 rupees, one sweeper visits the facility every alternate day of the week.
- ⊕ Lack of security guard exposes the facility to frequent vandalism by the local drunkards and goons.

4.5 Rural Primary Health Centre, Basadi

It is 5 bedded facility and caters more than 8000 population. OPD load 10-12 patient per day was observed at this facility. R- PHC Basadi is running in a government old premises where issues pertaining to HR crisis, space crunch, power-backup, drinking water issue, internet connectivity, no boundy wall, and theft issue etc. persists.



Figure 12: R- PHC, Basadi

Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of tuberculosis etc. This facility is a delivery point, and the referral point CHC Badwara is around 15 km away from the facility. Mostly refer DH due to road condition (30 KM). All essential services i.e. General OPDs, IPD, COVID vaccination, ANC, Immunization, PNC, and FP were rendered at the facility. Furthermore, all essential tests were not provided at the facility

because of non-availability of LT. Only HIV and pregnancy related test were conducted at the facility. It was reported that one washroom has been converted to store room due to space crunch. Therefore, separate functional toilet was not observed for male and female. Apart from the space crunch, staff crunch was also observed at the facility since last two years. The following table 29 depicts the availability as well as non-availability of the infrastructure, diagnostic services, medicine & equipment at the facility. All the essential medicines were available on the day of the visit. Furthermore, all the essential equipment's were available & functional at the facility Glucometer. In last financial year, total 3-4 types of pregnancy related tests being performed (in-house) at the facility which includes particularly HB, Sugar test, HIV, and Sputum etc. The facility has completely utilized the fund allocated to facility under NHM. With respect to the JSY payments, it is up to date & payment reported to be more than 90 per cent.

Table 29: Infrastructure, Services & Equipment Availability in PHC Basadi

| Physical Infrastructure Availability | Yes/No | Services Availability | Yes/No |
|---|--------|---|--------|
| Accessible from nearest road ahead | √ | 24*7 Service Delivery | √ |
| 24*7 running water facility | √ | Availability of Delivery care services | √ |
| Facility is geriatric and disability friendly | √ | Line listing of High-risk pregnancy | √ |
| Facility located near residential area | √ | X-Ray | × |
| Clean functional toilets (separate for M/F) | × | Tele-medicine services | × |
| Drinking water facility available | × | Instrument Availability | |
| OPD waiting area has sufficient sitting space | √ | Major Instrument Available & functional | √ |
| ASHA rest room is available | × | Medicine & Diagnostic Availability | |
| Drug storeroom with rack is available | √ | Essential Medicine | × |
| Power backup at the Facility | √ | Essential -diagnostic (In House) | × |
| Facility has been converted to HWC | √ | Essential Consumable | √ |

Key Challenges:

- ⊕ The facility has no CHO, no ANM, no LT, no Pharmacist, and no data entry operator. There is just one staff nurse is posted at the facility.
- ⊕ This facility is battling a major crisis insufficient human resource since last two years. Thus, it is highly recommended that priority should be given for immediate filling of vacant posts on time; it will ensure smooth functioning of the activities and also will reduce the wastage of resources.
- ⊕ Shortage of equipment, namely glucometer, weaving machine, BP instrument were seen.

- ⊕ The facility has the drinking water & electricity issues.
- ⊕ The facility does not have any boundary wall. Animals tend to enter the facility due to lack of boundary. Stealing of machines like glucometer and weight machine and other equipment has been a foremost concern as reported by the staff nurse.

Sub-Centre/ Health & Wellness Centre, Basadi

HWC/SC Basadi covers 5 villages with a catchment population of 8824. This facility functioning in a government building where issues pertaining to internet connectivity in ASHAs mobile, drinking water, non- availability of CHO, no boundary walls, flooded in rain, branding issue, etc. persists. Furthermore, the facility premises has seepage issue & even facility's name was not displayed well. The set up seems very inefficient with the existing nearby PHC in function. Community prefers going there over this facility, which is located away just 5-10 minutes walking distance. This facility seems exceptionally likely to non-functional. In the name of service delivery, only a building stood with very few essential services. Hardly 5-6 OPD per day was reported at the facility, who are mostly above 30 years. Total 130 CBAC forms have been filled in the last 6 months, out of which 30 cases observed with more than four score. In last financial year, total 2 maternal deaths & 5 child deaths were reported at the facility, while in the current year child death not observed. However, the health facility was easily accessible and located on the main road.



Figure 13: HWC, Basadi

At present there are 1 ANM & 8 ASHAs workers at the facility. Staff quarter was available at the visited facility and ANM resides in this residential complex. The following table 30 clearly depicts the availability as well as non- availability of the infrastructure, diagnostic services, medicine & equipment at the facility. All the essential medicines were not available on the day of the visit. Therefore, NCD medicine shortage was observed at the facility.

Table 30: Infrastructure, Services & Equipment Availability in SC/ HWC, Basadi

| Physical Infrastructure Availability | Yes/No | Services Availability | Yes/No |
|---|--------|---|--------|
| Accessible from nearest road ahead | √ | Maternal & child health services (few) | √ |
| 24*7 running water facility | × | Availability of Delivery care services | × |
| Facility is geriatric and disability friendly | √ | Line listing of High-risk pregnancy | √ |
| Facility located near residential area | √ | CBAC form filling | √ |
| Clean functional toilets | × | Family planning services | √ |
| Drinking water facility available | × | Instrument Availability | |
| Waiting area has sufficient sitting space | √ | Major Instrument Available & Functional | √ |
| ASHA rest room is available | × | Medicine & Diagnostic Availability | |
| Drug storeroom with rack is available | √ | Essential Medicine | × |
| Branding | × | NCD medicine | × |
| Specified area for Yoga Activities | × | Essential Consumable | √ |
| Power backup at the Facility | × | Testing kits | √ |

Key Challenges:

- ⊕ Non- availability of Community Health Officer was observed at the HWC.
- ⊕ The set up seems very inefficient with the existing nearby PHC in function. Community prefers going there over this facility.
- ⊕ Internet connectivity problem was noticed in the mobile of ASHA worker. Therefore, they were struggling in uploading the data on app.
- ⊕ Power backup & drinking water is another major concern at the facility premises.
- ⊕ The facility faces the issue of medicine shortage; even basic medicine of NCD i.e. BP & Sugar was not available at the facility from the last 30 days.

5 Discussion & Key Recommendations

- ⊕ The district has been markedly lacking in quality care program implementation, particularly at CHC and PHC levels. There is a wide scope of improvement with the execution of the said program.
- ⊕ Lack of co-ordination between CHO and ANM was seen a major concern at ground level, leading to disruption in work. Co-ordination bridge between both health workers is utmost vital for any district. Promoting teamwork and defining key activities with well-defined roles of assigned officials will ensure smooth functioning of the program and activities.
- ⊕ There is no Block Programme Manager in the district except one block. For the effective as well as well-implementation of the programmes, it is imperative that BPM should be assigned in each block.
- ⊕ The bottlenecks concerning staff availability in the district need dedicated attention. Thus, there are dire entails of HR policy, especially for doctors. In order to motivate them or take up rural posting, it is essential that adequate benefits are provided to attract HR. Wage hikes, progressive transfers, and entitlements to doctors can motivate them to take-up public facilities. Private hospitals often offer a better lucrative option than government facilities. This gap needs to be bridged through equal pay levels and working hours.
- ⊕ The key drawback of the district was noticed regarding the fund documentation management, particularly at the PHC level. The fund utilization record was seen to be exceptionally unfortunate and poor as assigned staff were not being aware of it. Owing to the vacant post of MO, the sub-ordinate staffs are seeing a lack of the same. This is a very important aspect and a colossal issue for any district, that needs to be addressed.
- ⊕ Health facilities that are essentially co-located or likely to be non-functional with respect to healthcare services must be identified and worked on it, this includes particularly SCs and PHCs. Therefore, frequent monitoring visits & supervision can play an imperative role for making them functional as well as optimal utilization of resources.
- ⊕ Urban PHC has been observed to be extremely worrisome in the district where the infrastructure & service delivery is questionable. Owing to space crunch in rented accommodation and staff shortage, facility is unable to deliver to full range of services. It has limited physical infrastructure, therefore, many of the activities are undertaken in the same room. To relocate the PHC to a more space providing building where the expected

functioning of the PHC can efficiently take place, or build a new PHC infrastructure thereby preventing the constraints that arises out of rental building.

- ⊕ Non-availability of ASHA rest-room was reported a major concern that needs to be addressed. Sometimes, patients are escorted for delivery at odd hours. Due to unavailability of same, ASHAs have to wait/ stay for long stretches in the corridors of the facility. To ensure the safety of front-line workers, ASHAs rest-room is much essential.
- ⊕ Data feeding in ANMOL application is a major challenge in the district, due to some technical problems. ANMOL has led to data disappearance, over reading, double reading, non-connectivity and hanging issues, resulting in data inaccuracy & gaps. These technical issues are yet to be addressed. Improvement in the application can make a significant difference in the data quality.

Annexure

District level Monitoring Checklist

| Indicator | Remarks/ Observation | | | |
|---|-------------------------|----------|----------------------|----------|
| 1. Name of District | | | | |
| 2. Total number of Blocks | | | | |
| 3. Total number of Villages | | | | |
| 4. Total Population | | | | |
| Rural population | | | | |
| Urban population | | | | |
| 5. Literacy rate | | | | |
| 6. Sex Ratio | | | | |
| 7. Sex ratio at birth | | | | |
| 8. Population Density | | | | |
| 9. Estimated number of deliveries | | | | |
| 10. Estimated number of C-section | | | | |
| 11. Estimated numbers of live births | | | | |
| 12. Estimated number of eligible couples | | | | |
| 13. Estimated number of leprosy cases | | | | |
| 14. Target for public and private sector TB notification for the current year | | | | |
| 15. Estimated number of cataract surgeries to be conducted | | | | |
| 16. Mortality Indicators: | Previous year (2019-20) | | Current FY (2020-21) | |
| | Estimated | Reported | Estimated | Reported |
| Maternal Death | | | | |
| Child Death | | | | |
| Infant Death | | | | |
| Still birth | | | | |
| Deaths due to Malaria | | | | |
| Deaths due to sterilization procedure | | | | |
| 17. Facility Details | Sanctioned/ Planned | | Operational | |
| 1. District Hospitals | | | | |
| 2. Sub District Hospital | | | | |
| 3. Community Health Centers (CHC) | | | | |
| 4. Primary Health Centers (PHC) | | | | |
| 5. Sub Centers (SC) | | | | |
| 6. Urban Primary Health Centers (U-PHC) | | | | |
| 7. Urban Community Health Centers (U-CHC) | | | | |
| 8. Special Newborn Care Units (SNCU) | | | | |
| 9. Nutritional Rehabilitation Centres (NRC) | | | | |
| 10. District Early intervention Center (DEIC) | | | | |
| 11. First Referral Units (FRU) | | | | |
| 12. Blood Bank | | | | |
| 13. Blood Storage Unit (BSU) | | | | |
| 14. No. of PHC converted to HWC | | | | |
| 15. No. of U-PHC converted to HWC | | | | |
| 16. Number of Sub Centre converted to HWC | | | | |
| 17. Designated Microscopy Center (DMC) | | | | |
| 18. Tuberculosis Units (TUs) | | | | |
| 19. CBNAAT/TruNat Sites | | | | |

| | | |
|--|--|--|
| 20. Drug Resistant TB Centres | | |
| 21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> At DH At SDH At CHC | | |
| 22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> Total no. of facilities Providing 1st trimester services Providing both 1st & 2nd trimester services | | |

Overview: DHAP

| Indicator | Remarks/ Observation |
|--|------------------------------|
| 1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify) | |
| 2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify). | If yes, date of release_____ |
| 3. Date of first release of fund against DHAP | |
| 4. Infrastructure: Construction Status | |
| <ul style="list-style-type: none"> Details of Construction pending for more than 2 years Details of Construction completed but not handed over | |

Service Availability

| Indicator | Remarks/ Observation |
|--|----------------------|
| 1. Implementation of Free drugs services (if it is free for all) | |
| 2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> Number of lab tests notified | |
| 3. Status of delivery points | |
| <ul style="list-style-type: none"> No. of SCs conducting >3 deliveries/month No. of 24X7 PHCs conducting > 10 deliveries /month No. of CHCs conducting > 20 deliveries /month No. of DH/ District Women and child hospital conducting > 50 deliveries /month No. of DH/ District Women and child hospital conducting C-section No. of Medical colleges conducting > 50 deliveries per month No. of Medical colleges conducting C-section | |
| 4. Number of institutes with ultrasound facilities (Public+Private) <ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act | |
| 5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed | |
| 6. RBSK <ul style="list-style-type: none"> Total no. of RBSK teams sanctioned No. of teams with all HR in-place (full-team) No. of vehicles (on the road) for RBSK team No. of Teams per Block No. of block/s without dedicated teams | |

| Indicator | Remarks/ Observation | |
|--|----------------------|-----------------|
| <ul style="list-style-type: none"> Average no of children screened per day per team | | |
| <ul style="list-style-type: none"> Number of children born in delivery points screened for defects at birth | | |
| 7. Special Newborn Care Units (SNCU) | | |
| <ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer Stepdown care Kangaroo Mother Care (KMC) unit | | |
| <ul style="list-style-type: none"> Number of non-functional radiant warmer for more than a week | | |
| <ul style="list-style-type: none"> Number of non-functional phototherapy unit for more than a week | | |
| | Inborn | Out born |
| <ul style="list-style-type: none"> Admission | | |
| <ul style="list-style-type: none"> Defects at birth | | |
| <ul style="list-style-type: none"> Discharged | | |
| <ul style="list-style-type: none"> Referral | | |
| <ul style="list-style-type: none"> LAMA | | |
| <ul style="list-style-type: none"> Died | | |
| 8. Newborn Stabilization Unit (NBSU) | | |
| | Inborn | Out born |
| <ul style="list-style-type: none"> Admission | | |
| <ul style="list-style-type: none"> Discharged | | |
| <ul style="list-style-type: none"> Referral | | |
| <ul style="list-style-type: none"> LAMA | | |
| <ul style="list-style-type: none"> Died | | |
| 9. Nutrition Rehabilitation Centers (NRC) | | |
| <ul style="list-style-type: none"> Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 mm <'3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever Nutrition related disorder Others | | |
| <ul style="list-style-type: none"> Referred by <ul style="list-style-type: none"> Frontline worker Self Ref from VCDC/ CTC RBSK Pediatric ward/ emergency | | |
| <ul style="list-style-type: none"> Discharged | | |
| <ul style="list-style-type: none"> Referral/ Medical transfer | | |
| <ul style="list-style-type: none"> LAMA | | |
| <ul style="list-style-type: none"> Died | | |
| 10. Home Based Newborn Care (HBNC) | | |
| <ul style="list-style-type: none"> Status of availability of HBNC kit with ASHAs | | |
| <ul style="list-style-type: none"> Newborns visited under HBNC | | |
| <ul style="list-style-type: none"> Status of availability of drug kit with ASHAs | | |

| Indicator | Remarks/ Observation | |
|---|----------------------|------------|
| 11. Number of Maternal Death Review conducted <ul style="list-style-type: none"> Previous year Current FY | | |
| 12. Number of Child Death Review conducted <ul style="list-style-type: none"> Previous year Current FY | | |
| 13. Number of blocks covered under Peer Education (PE) programme | | |
| 14. No. of villages covered under PE programme | | |
| 15. No. of PE selected | | |
| 16. No. of Adolescent Friendly Clinic (AFC) meetings held | | |
| 17. Weekly Iron Folic Acid Supplementation (WIFS) stockout | | |
| 18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan | | |
| <ul style="list-style-type: none"> No. of trips per MMU per month | | |
| <ul style="list-style-type: none"> No. of camps per MMU per month | | |
| <ul style="list-style-type: none"> No. of villages covered | | |
| <ul style="list-style-type: none"> Average number of OPD per MMU per month | | |
| <ul style="list-style-type: none"> Average no. of lab investigations per MMU per month | | |
| <ul style="list-style-type: none"> Avg. no. of X-ray investigations per MMU per month | | |
| <ul style="list-style-type: none"> Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month | | |
| <ul style="list-style-type: none"> Avg. no. of sputum collected for TB detection per MMU per month | | |
| <ul style="list-style-type: none"> Average Number of patients referred to higher facilities | | |
| <ul style="list-style-type: none"> Payment pending (if any) | | |
| <ul style="list-style-type: none"> If yes, since when and reasons thereof | | |
| 19. Vehicle for Referral Transport | | |
| <ul style="list-style-type: none"> No. of Basic Life Support (BLS) (on the road) and their distribution | | |
| <ul style="list-style-type: none"> No. of Advanced Life Support (ALS) (on the road) and their distribution | | |
| | ALS | BLS |
| <ul style="list-style-type: none"> Operational agency (State/ NGO/ PPP) | | |
| <ul style="list-style-type: none"> If the ambulances are GPS fitted and handled through centralized call centre | | |
| <ul style="list-style-type: none"> Average number of calls received per day | | |
| <ul style="list-style-type: none"> Average number of trips per ambulance per day | | |
| <ul style="list-style-type: none"> Average km travelled per ambulance per day | | |
| <ul style="list-style-type: none"> Key reasons for low utilization (if any) | | |
| <ul style="list-style-type: none"> No. of transport vehicle/102 vehicle (on the road) | | |
| <ul style="list-style-type: none"> If the vehicles are GPS fitted and handled through centralized call centre | | |
| <ul style="list-style-type: none"> Average number of trips per ambulance per day | | |
| <ul style="list-style-type: none"> Average km travelled per ambulance per day | | |
| <ul style="list-style-type: none"> Key reasons for low utilization (if any) | | |
| 20. Universal health screening | | |
| <ul style="list-style-type: none"> If conducted, what is the target population | | |
| <ul style="list-style-type: none"> Number of Community Based Assessment Checklist (CBAC) forms filled till date | | |

| Indicator | Remarks/ Observation | | |
|--|-----------------------------|----------------|-------------------|
| <ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer | | | |
| 21. If State notified a State Mental Health Authority | | | |
| 22. If grievance redressal mechanism in place | | | |
| <ul style="list-style-type: none"> • Whether call center and toll-free number available | | | |
| <ul style="list-style-type: none"> • Percentage of complains resolved out of the total complains registered in current FY | | | |
| 23. If Mera-aaspatal has been implemented | | | |
| 24. Payment status: | No. of beneficiaries | Backlog | DBT status |
| <ul style="list-style-type: none"> • JSY beneficiaries | | | |
| <ul style="list-style-type: none"> • ASHA payment: | | | |
| <ul style="list-style-type: none"> ○ A- Routine and recurring at increased rate of Rs. 2000 pm | | | |
| <ul style="list-style-type: none"> ○ B- Incentive under NTEP | | | |
| <ul style="list-style-type: none"> ○ C- Incentives under NLEP | | | |
| <ul style="list-style-type: none"> • Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) | | | |
| <ul style="list-style-type: none"> • Patients incentive under NTEP programme | | | |
| <ul style="list-style-type: none"> • Provider's incentive under NTEP programme | | | |
| <ul style="list-style-type: none"> • FP compensation/ incentive | | | |
| 25. Implementation of Integrated Disease Surveillance Programme (IDSP) | | | |
| <ul style="list-style-type: none"> • If Rapid Response Team constituted, what is the composition of the team | | | |
| <ul style="list-style-type: none"> • No. of outbreaks investigated in previous year and in current FY | | | |
| <ul style="list-style-type: none"> • How is IDSP data utilized | | | |
| <ul style="list-style-type: none"> • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP | | | |
| 26. Implementation of National Vector Borne Disease Control Programme (NVBDCP) | | | |
| <ul style="list-style-type: none"> • Micro plan and macro plan available at district level | | | |
| <ul style="list-style-type: none"> • Annual Blood Examination Rate | | | |
| <ul style="list-style-type: none"> • Reason for increase/ decrease (trend of last 3 years to be seen) | | | |
| <ul style="list-style-type: none"> • LLIN distribution status | | | |
| <ul style="list-style-type: none"> • IRS | | | |
| <ul style="list-style-type: none"> • Anti-larval methods | | | |
| <ul style="list-style-type: none"> • Contingency plan for epidemic preparedness | | | |
| <ul style="list-style-type: none"> • Weekly epidemiological and entomological situations are monitored | | | |
| <ul style="list-style-type: none"> • No. of MDR rounds observed | | | |
| <ul style="list-style-type: none"> • No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% | | | |
| 27. Implementation of National Tuberculosis Elimination Programme (NTEP) | | | |
| <ul style="list-style-type: none"> • Target TB notification achieved | | | |

| Indicator | Remarks/ Observation |
|--|---|
| <ul style="list-style-type: none"> Whether HIV Status of all TB patient is known | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____ |
| <ul style="list-style-type: none"> Eligible TB patients with UDST testing | |
| <ul style="list-style-type: none"> Whether drugs for both drug sensitive and drug resistance TB available | |
| <ul style="list-style-type: none"> Patients notification from public sector | No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: |
| <ul style="list-style-type: none"> Patients notification from private sector | No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: |
| <ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana | |
| <ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 28. Implementation of National Leprosy Eradication Programme (NLEP) | |
| <ul style="list-style-type: none"> No. of new cases detected | |
| <ul style="list-style-type: none"> No. of G2D cases | |
| <ul style="list-style-type: none"> MDT available without interruption | |
| <ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted | |
| <ul style="list-style-type: none"> MCR footwear and self-care kit available | |
| 29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis | |
| 30. Percent of health workers immunized against Hep B | |
| 31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme | |
| 32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme | |
| 33. Key activities performed in current FY as per ROP under National Tobacco Control Programme | |
| 34. Number of ASHAs <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA | |
| 35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) | |

| Indicator | Remarks/ Observation | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------|----------------------|----------------------|--|---------------|-----|---------------|-----|--|--|--|--|--|--|--|--|--|--|--|--|
| <ul style="list-style-type: none"> Any other state specific scheme _____ | | | | | | | | | | | | | | | | | | | | | |
| 36. Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened | | | | | | | | | | | | | | | | | | | | | |
| 37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> Formed Trained MAS account opened | | | | | | | | | | | | | | | | | | | | | |
| 38. Number of facilities quality certified | | | | | | | | | | | | | | | | | | | | | |
| 39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS) | | | | | | | | | | | | | | | | | | | | | |
| 40. Activities performed by District Level Quality Assurance Committee (DQAC) | | | | | | | | | | | | | | | | | | | | | |
| 41. Recruitment for any staff position/ cadre conducted at district level | | | | | | | | | | | | | | | | | | | | | |
| 42. Details of recruitment | <table border="1"> <thead> <tr> <th colspan="2">Previous year (2019-20)</th> <th colspan="2">Current FY (2020-21)</th> </tr> <tr> <th>Regular cadre</th> <th>NHM</th> <th>Regular cadre</th> <th>NHM</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Previous year (2019-20) | | Current FY (2020-21) | | Regular cadre | NHM | Regular cadre | NHM | | | | | | | | | | | | |
| | Previous year (2019-20) | | Current FY (2020-21) | | | | | | | | | | | | | | | | | | |
| Regular cadre | NHM | Regular cadre | NHM | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Total no. of posts vacant at the beginning of FY Among these, no. of posts filled by state Among these, no. of posts filled at district level | | | | | | | | | | | | | | | | | | | | | |
| 43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place | | | | | | | | | | | | | | | | | | | | | |

Implementation of CPHC

Status as on: _____

| Indicator | Planned | Completed |
|--|---------|-----------|
| 1. Number of individuals enumerated | | |
| 2. Number of CBAC forms filled | | |
| 3. Number of HWCs started NCD screening: <ol style="list-style-type: none"> SHC- HWC PHC- HWC UPHC – HWC | | |
| 4. Number of individuals screened for: <ol style="list-style-type: none"> Hypertension Diabetes Oral Cancer Breast Cancer Cervical Cancer | | |
| 5. Number of HWCs providing Tele-consultation services | | |
| 6. Number of HWCs organizing wellness activities | | |

Status of HRH

Status as on: _____

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

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

State of Fund Utilization

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

Status of Expenditure as on: _____ to _____

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

| | | | |
|--------------------------------|--|--|--|
| Service Delivery | | | |
| 18. FMR 18: Innovations | | | |

Programme Wise

Status of Expenditure as on: _____ to _____

| Indicator | Budget Released (in lakhs) | Budget utilized (in lakhs) | Reason for low utilization (if less than 60%) |
|---|----------------------------|----------------------------|---|
| 1. RCH and Health Systems Flexipool | | | |
| Maternal Health | | | |
| Child Health | | | |
| RBSK | | | |
| Family Planning | | | |
| RKSK/ Adolescent health | | | |
| PC-PNDT | | | |
| Immunization | | | |
| Untied Fund | | | |
| Comprehensive Primary Healthcare (CPHC) | | | |
| Blood Services and Disorders | | | |
| Infrastructure | | | |
| ASHAs | | | |
| HR | | | |
| Programme Management | | | |
| MMU | | | |
| Referral Transport | | | |
| Procurement | | | |
| Quality Assurance | | | |
| PPP | | | |
| NIDDCP | | | |
| NUHM | | | |
| Communicable Diseases Pool | | | |
| Integrated Disease Surveillance Programme (IDSP) | | | |
| National Vector Borne Disease Control Programme (NVBDCP) | | | |
| National Leprosy Eradication Programme (NLEP) | | | |
| National TB Elimination Programme (NTEP) | | | |
| Non-Communicable Diseases Pool | | | |
| National Program for Control of Blindness and Vision Impairment (NPCB+VI) | | | |
| National Mental Health Program (NMHP) | | | |
| National Programme for Health Care for the Elderly (NPHCE) | | | |
| National Tobacco Control Programme (NTCP) | | | |
| National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) | | | |

| Indicator | Budget Released (in lakhs) | Budget utilized (in lakhs) | Reason for low utilization (if less than 60%) |
|---|----------------------------|----------------------------|---|
| National Dialysis Programme | | | |
| National Program for Climate Change and Human Health (NPCCHH) | | | |
| National Oral health programme (NOHP) | | | |
| National Programme on palliative care (NPPC) | | | |
| National Programme for Prevention and Control of Fluorosis (NPPCF) | | | |
| National Rabies Control Programme (NRCP) | | | |
| National Programme for Prevention and Control of Deafness (NPPCD) | | | |
| National programme for Prevention and Management of Burn & Injuries | | | |
| Programme for Prevention and Control of Leptospirosis (PPCL) | | | |

Status of trainings

Status as on: _____

| List of training (to be filled as per ROP approval) | Planned | Completed |
|---|---------|-----------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

DH level Monitoring Checklist

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

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

| Indicator | Remarks/ Observation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----|---------|-----|---|----------|--|---|-----|--|---|-----------|--|---|-----------------|--|---|----------------|--|---|---------------|--|---|--------|--|---|----------------------------|--|---|------------------------|--|----|---|--|----|---|--|----|---|--|----|--|--|----|-------------------------------------|--|----|--------------------------------------|--|----|---------------------|--|----|-----|--|----|---------------|--|----|----------------|--|----|-----------|--|----|--|--|----|-----------|--|
| | Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Number of functional in-patient beds | _____ No of ICU Beds available: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. List of Services available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services | <table border="1"> <thead> <tr> <th data-bbox="649 516 727 550">Sl.</th> <th data-bbox="727 516 1256 550">Service</th> <th data-bbox="1256 516 1377 550">Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> <tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr> <tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr> <tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr> <tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr> <tr><td>16</td><td>Labour Room Complex</td><td></td></tr> <tr><td>17</td><td>ICU</td><td></td></tr> <tr><td>18</td><td>Dialysis Unit</td><td></td></tr> <tr><td>19</td><td>Emergency Care</td><td></td></tr> <tr><td>20</td><td>Burn Unit</td><td></td></tr> <tr><td>21</td><td>Teaching block (medical, nursing, paramedical)</td><td></td></tr> <tr><td>22</td><td>Skill Lab</td><td></td></tr> </tbody> </table> | 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 | |
| Sl. | Service | Y/N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Medicine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | O&G | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Pediatric | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | General Surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Anesthesiology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Ophthalmology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Dental | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Imaging Services (X – ray) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Imaging Services (USG) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | District Early Intervention Centre (DEIC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Nutritional Rehabilitation Centre (NRC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | SNCU/ Mother and Newborn Care Unit (MNCU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Neonatal Intensive Care Unit (NICU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Pediatric Intensive Care Unit (PICU) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Labour Room Complex | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | ICU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Dialysis Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Emergency Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Burn Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Teaching block (medical, nursing, paramedical) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Skill Lab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Emergency | General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Tele-medicine/Consultation services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Operation Theatre available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Indicator | Remarks/ Observation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|------|------|-------|------|-------|-----------|--|--|--|--|-------------|----------|--|--|--|------|--|--|--------------|--|--|-------------|--|--|---------|--|--|-----------------|--|--|------------|--|--|-------------|--|--|-------------|--|--|--------|--|--|---------|--|--|--|--|--------------------|--|--|--|--|-----|--|--|--|--|------------|--|--|--|--|------------------------------|--|--|--|--|----------------------------|--|--|--|--|---------------------|--|--|--|--|---------------------|--|--|--|--|--------|--|--|--|--|
| | Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Availability of functional Blood Bank | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Whether blood is issued free, or user-fee is being charged | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Biomedical waste management practices | 1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Details of HR available in the facility (Sanctioned and In-place) | <table border="1"> <thead> <tr> <th colspan="2" data-bbox="649 653 1036 680">HR</th> <th data-bbox="1036 653 1167 680">San.</th> <th data-bbox="1167 653 1304 680">Reg.</th> <th data-bbox="1304 653 1437 680">Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="649 680 1036 709">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="649 709 808 739" rowspan="9">Specialists</td> <td data-bbox="808 709 1036 739">Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 739 1036 768">ObGy</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 768 1036 798">Pediatrician</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 798 1036 827">Anesthetist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 827 1036 856">Surgeon</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 856 1036 886">Ophthalmologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 886 1036 915">Orthopedic</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 915 1036 945">Radiologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 945 1036 974">Pathologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="808 974 1036 1003">Others</td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1003 1036 1033">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1033 1036 1062">Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1062 1036 1092">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1092 1036 1121">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1121 1036 1150">Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1150 1036 1180">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1180 1036 1209">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1209 1036 1239">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="649 1239 1036 1268">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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. IT Services | <ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Kayakalp | Initiated: Facility score: Award received: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. NQAS | Assessment done: Internal/State Facility score: Certification Status: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. LaQshya | Labour Room: Operation Theatre: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Availability of list of essential medicines (EML)/ drugs (EDL) | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Implementation of DVDMS or similar supply chain management | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Indicator | Remarks/ Observation |
|--|---|
| system | If other, which one _____ |
| 18. Shortage of 5 priority drugs from EDL in last 30 days, if any | |
| 19. Availability of Essential Consumables: | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____ |
| 20. Availability of essential diagnostics | <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed |
| <ul style="list-style-type: none"> In-house tests (For 2020-21) | Timing: Total number of tests performed: _____ Details of tests performed: |
| <ul style="list-style-type: none"> Outsourced/ PPP (For 2020-21) | Timing: Total number of tests performed: _____ Details of tests performed: |
| 21. X-ray services is available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 22. CT scan services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____ |
| 23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all |
| 24. Availability of Testing kits/ Rapid Diagnostic Kits | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage |
| 25. Implementation of PM-National Dialysis programme | <input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____ |
| <ul style="list-style-type: none"> Whether the services are free for all | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all |
| <ul style="list-style-type: none"> Number of patients provided dialysis service (for 2020-21) | <input type="radio"/> Previous year _____ <input type="radio"/> Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i> |
| 26. If there is any shortage of major instruments/ equipment (List the Equipments) | |
| 27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days | |

| Indicator | Remarks/ Observation |
|--|---|
| 28. Availability of delivery services | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| <ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____ |
| <ul style="list-style-type: none"> Comment on the condition of: | Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 29. Status of JSY payments | Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay: |
| 30. Availability of JSSK entitlements | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges |
| 31. PMSMA services provided on 9 th of every month | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof: |
| 32. Line listing of high-risk pregnancies | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 33. Practice related to Respectful Maternity Care | |
| 34. Whether facility have registers for entering births and deaths | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 35. Number of Maternal Death reported in the facility | Previous year: Current year: |
| 36. Number of Child Death reported in the facility | Previous year: Current year: |
| 37. If Comprehensive Abortion Care (CAC) services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 38. Availability of vaccines and hub cutter | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 39. Number of newborns immunized with birth dose 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 |

| Indicator | Remarks/ Observation | | |
|--|--|-----------------|------------------|
| | <input type="checkbox"/> Functional with few vacancies (approx. 20% -30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant | | |
| 42. Number of sterilizations performed in last one month | | | |
| 43. Availability of trained provider for IUCD/ PPIUCD | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 44. Who counsels on FP services? | | | |
| 45. Please comment on utilization of other FP services | | | |
| 46. FPLMIS has been implemented | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 47. Availability of functional Adolescent Friendly Health Clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____ | | |
| 48. Whether facility has fixed day NCD clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days | | |
| 49. Are service providers trained in cancer services? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 50. Number of individuals screened for the following in last 6 months: | | Screened | Confirmed |
| | a. Hypertension | | |
| | b. Diabetes | | |
| | c. Oral Cancer | | |
| | d. Breast Cancer | | |
| 51. Whether reporting weekly data in P, S and L form under IDSP | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 1. Status of TB elimination programme | Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ | | |
| | If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ | | |
| | Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____ | | |
| 52. Maintenance of records on | <ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No | | |

| Indicator | Remarks/ Observation |
|--|--|
| 53. How much fund was received and utilized by the facility under NHM? | Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any) |
| 54. Status of data entry in (match with physical records) | HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated |
| 55. Frequency of RKS meeting | |
| 2. Availability of ambulance services in the area | <input type="checkbox"/> Own ambulance available (Number)_____ |
| | <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____ |
| | <input type="checkbox"/> Ambulances services with Centralized call centre |
| | <input type="checkbox"/> Government ambulance services are not available |
| | Comment (if any): |
| • How many cases from CHC, PHC, SC, referred to in last month? | Number: CHC PHC SC Types of cases referred in: |
| • How many cases were referred out last month? | Number: Types of cases referred out: |
| 3. Key challenges in the facility and the root causes | |
| Challenge | Root causes |
| a) | |
| b) | |

CHC/ UCHC level Monitoring Checklist

| Name of facility visited | |
|--|--|
| Facility Type | <input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC |
| FRU | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| Standalone/ Co-located | <input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable): |
| Accessible from nearest road head | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| Date of Visit | |
| Next Referral Point | Facility: Distance: |
| Indicator | Remarks/ Observation |
| 4. OPD Timing | |
| 5. Whether the facility is functioning in PPP mode | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 6. Condition of infrastructure/ building | Comments: <input type="checkbox"/> 24*7 running water facility |

| Please comment on the condition and tick the appropriate box | <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----|---------|-----|---|----------|--|---|-----|--|---|-----------|--|---|-----------------|--|---|----------------|--|---|---------------|--|---|--------|--|---|----------------------------|--|---|------------------------|--|----|----------------------------|--|
| 7. Number of functional in-patient beds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. List of Services available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services | <table border="1"> <thead> <tr> <th data-bbox="630 573 711 604">Sl.</th> <th data-bbox="711 573 1174 604">Service</th> <th data-bbox="1174 573 1421 604">Y/N</th> </tr> </thead> <tbody> <tr> <td data-bbox="630 615 711 646">1</td> <td data-bbox="711 615 1174 646">Medicine</td> <td data-bbox="1174 615 1421 646"></td> </tr> <tr> <td data-bbox="630 657 711 688">2</td> <td data-bbox="711 657 1174 688">O&G</td> <td data-bbox="1174 657 1421 688"></td> </tr> <tr> <td data-bbox="630 699 711 730">3</td> <td data-bbox="711 699 1174 730">Pediatric</td> <td data-bbox="1174 699 1421 730"></td> </tr> <tr> <td data-bbox="630 741 711 772">4</td> <td data-bbox="711 741 1174 772">General Surgery</td> <td data-bbox="1174 741 1421 772"></td> </tr> <tr> <td data-bbox="630 783 711 814">5</td> <td data-bbox="711 783 1174 814">Anesthesiology</td> <td data-bbox="1174 783 1421 814"></td> </tr> <tr> <td data-bbox="630 825 711 856">6</td> <td data-bbox="711 825 1174 856">Ophthalmology</td> <td data-bbox="1174 825 1421 856"></td> </tr> <tr> <td data-bbox="630 867 711 898">7</td> <td data-bbox="711 867 1174 898">Dental</td> <td data-bbox="1174 867 1421 898"></td> </tr> <tr> <td data-bbox="630 909 711 940">8</td> <td data-bbox="711 909 1174 940">Imaging Services (X – ray)</td> <td data-bbox="1174 909 1421 940"></td> </tr> <tr> <td data-bbox="630 951 711 982">9</td> <td data-bbox="711 951 1174 982">Imaging Services (USG)</td> <td data-bbox="1174 951 1421 982"></td> </tr> <tr> <td data-bbox="630 993 711 1024">10</td> <td data-bbox="711 993 1174 1024">Newborn Stabilization Unit</td> <td data-bbox="1174 993 1421 1024"></td> </tr> </tbody> </table> | Sl. | Service | Y/N | 1 | Medicine | | 2 | O&G | | 3 | Pediatric | | 4 | General Surgery | | 5 | Anesthesiology | | 6 | Ophthalmology | | 7 | Dental | | 8 | Imaging Services (X – ray) | | 9 | Imaging Services (USG) | | 10 | Newborn Stabilization Unit | |
| Sl. | Service | Y/N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Medicine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | O&G | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Pediatric | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | General Surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Anesthesiology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Ophthalmology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Dental | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Imaging Services (X – ray) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Imaging Services (USG) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Newborn Stabilization Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> If any of the specialists are available 24*7 | <input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Emergency | General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Tele-medicine/Consultation services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Operation Theatre available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Availability of functional Blood Storage Unit | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Whether blood is issued free, or user-fee is being charged | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Biomedical waste management practices | Sharp pit: Deep Burial pit: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | Other System, if any: | | | |
|---|---|-----------------------|------|------|-------|
| | | HR | San. | Reg. | Cont. |
| 14. Details of HR available in the facility (Sanctioned and In-place) | MO (MBBS) | | | | |
| | Specialists | Medicine | | | |
| | | ObGy | | | |
| | | Pediatrician | | | |
| | | Anesthetist | | | |
| | Dentist | | | | |
| | SNs/ GNMs | | | | |
| | LTs | | | | |
| | Pharmacist | | | | |
| | Dental Assistant/ Hygienist | | | | |
| | Hospital/ Facility Manager | | | | |
| | EmOC trained doctor | | | | |
| | LSAS trained doctor | | | | |
| Others | | | | | |
| 15. IT Services | <ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ | | | | |
| 16. Kayakalp | Initiated: Facility score: Award received: | | | | |
| 17. NQAS | Assessment done: Internal/State Facility score: Certification Status: | | | | |
| 18. LaQshya | Labour Room: Operation Theatre: | | | | |
| 19. Availability of list of essential medicines (EML)/ drugs (EDL) | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | | |
| | If yes, total number of drugs in EDL _____ | | | | |
| | EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____ | | | | |
| 20. Implementation of DVDMS or similar supply chain management system | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____ | | | | |
| 21. Shortage of 5 priority drugs from EDL in last 30 days, if any | | | | | |
| 22. Availability of Essential Consumables: | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____ | | | | |
| 23. Availability of essential diagnostics | <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed | | | | |
| <ul style="list-style-type: none"> In-house tests (for 2020-21) | Timing: Total number of tests performed: _____ Details of tests performed: | | | | |
| <ul style="list-style-type: none"> Outsourced/ PPP (for 2020-21) | Timing: Total number of tests performed: _____ Details of tests performed: | | | | |
| 24. X-ray services is available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | | |

| | |
|--|---|
| 25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all |
| 26. Availability of Testing kits/ Rapid Diagnostic Kits | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage) |
| 27. If there is any shortage of major instruments/ equipment | |
| 28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days | |
| 29. Availability of delivery services | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| <ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____ |
| <ul style="list-style-type: none"> Comment on condition of: | Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 30. Status of JSY payments | Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay: |
| 31. Availability of JSSK entitlements | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges |
| 32. PMSMA services provided on 9 th of every month | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof: |
| 33. Line listing of high-risk pregnancies | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 34. Practice related to Respectful Maternity Care | |
| 35. Whether facility have registers for entering births and deaths | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 36. Number of Maternal Death reported in the facility | Previous year: 2019-20 ____ Current year: 2020-21 __ |
| 37. Number of Child Death reported in the facility | Previous year: Current year: |
| 38. If Comprehensive Abortion Care (CAC) services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 39. Availability of vaccines and hub | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |

| | | | |
|--|--|-----------------|------------------|
| cutter | 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 | | | |
| 42. Number of sterilizations performed in last one month | Male__ Female_____ | | |
| 43. Availability of trained provider for IUCD/ PPIUCD | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 44. Who counsels on FP services? | | | |
| 45. Please comment on utilization of other FP services | | | |
| 46. FPLMIS has been implemented | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 47. Availability of functional Adolescent Friendly Health Clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____ | | |
| 48. Whether facility has fixed day NCD clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days | | |
| 49. Are service providers trained in cancer services? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 50. Number of individuals screened for the following in last 6 months: | | Screened | Confirmed |
| | a. Hypertension | | |
| | b. Diabetes | | |
| | c. Oral Cancer | | |
| | d. Breast Cancer | | |
| 51. Are service providers trained in cancer services? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 52. Whether reporting weekly data in P, S and L form under IDSP | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 53. Status of TB elimination programme | Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ | | |
| | If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ | | |
| | Is there a sample transport mechanism in place for: | | |
| | <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No | | |
| | Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____ | | | |
| 54. Status on Leprosy eradication Programme | Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: | | |

| | |
|---|--|
| | Frequency of Community Surveillance: |
| 55. Maintenance of records on | <ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No |
| 56. How much fund was received and utilized by the facility under NHM? | Fund Received last year: |
| | Fund utilized last year: |
| | Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: |
| | Reasons for underutilization of fund (if any) |
| 57. Status of data entry in (match with physical records) | HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated |
| 58. Frequency of RKS meeting | |
| 59. Availability of ambulance services in the area | <input type="checkbox"/> CHC own ambulance available Number_____ |
| | <input type="checkbox"/> CHC has contracted out ambulance services Number_____ |
| | <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available |
| | Comment (if any): |
| <ul style="list-style-type: none"> • How many cases from sub centre/ PHC were referred to this CHC last month? | Number: Sub centre PHC Types of cases referred in: |
| <ul style="list-style-type: none"> • How many cases from the CHC were referred to the DH last month? | Number: Types of cases referred out: |
| 60. Key challenges in the facility and the root causes | |
| Challenge | Root causes |
| a) | |
| b) | |

PHC/ U-PHC level Monitoring Checklist

| | |
|---|--|
| Name of facility visited | |
| Facility Type | <input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC |
| Whether the facility has been converted to HWC | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| Standalone/ Co-located | <input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable): |
| Accessible from nearest road head | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| Date of Visit | |
| Next Referral Point | Facility: Distance: |
| Indicator | Remarks/ Observation |
| 1. OPD Timing | |

| | | | | |
|--|---|-------------|-------------|--------------|
| For U-PHC, check if evening/morning OPD/Clinics being conducted | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| 2. Whether the facility is functioning in PPP mode | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| 3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box | Comments | | | |
| | <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding | | | |
| 4. Number of functional in-patient beds | | | | |
| 5. List of Services available | | | | |
| 6. If 24*7 delivery services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| 7. Tele-medicine/Consultation services available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| 8. Biomedical waste management practices | If yes, average case per day_____ | | | |
| | Sharp pit: Deep Burial pit: Other System, if any: | | | |
| 9. Details of HR available in the facility (Sanctioned and In-place) | HR | San. | Reg. | Cont. |
| | MO (MBBS) | | | |
| | MO (AYUSH) | | | |
| | SNs/ GNMs | | | |
| | ANM | | | |
| | LTs | | | |
| | Pharmacist | | | |
| | Public Health Manager | | | |
| | LHV/PHN | | | |
| | Others | | | |
| 10. IT Services | <ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • All ANMs have functional Tablets: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____ | | | |
| 11. Kayakalp | Initiated: Facility score: Award received: | | | |
| 12. NQAS | Assessment done: Internal/State Facility score: Certification Status: | | | |
| 13. Availability of list of essential medicines (EML)/ drugs (EDL) | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| | If yes, total number of drugs in EDL_____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____ | | | |

| | |
|--|--|
| 14. Implementation of DVDMS or similar supply chain management system | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____ |
| 15. Shortage of 5 priority drugs from EDL in last 30 days, if any | |
| 16. Drugs Available for Hypertension & Diabetic patients: | |
| 17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days | |
| 18. Availability of Essential Consumables: | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage) |
| 19. Availability of essential diagnostics | <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed |
| • In-house tests For 2020-21 | Timing: Total number of tests performed: _____ Details of tests performed: |
| • Outsourced/ PPP For 2020-21 | Timing: Total number of tests performed: _____ Details of tests performed: |
| 20. X-ray services is available | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 21. Whether diagnostic services (lab, X-ray etc.) are free for all | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all |
| 22. Availability of Testing kits/ Rapid Diagnostic Kits | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage |
| 23. If there is any shortage of major instruments/ equipment | List of Equipment |
| 24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days | |
| 25. Availability of delivery services | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| • If yes, details | Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 26. Status of JSY payments | Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay: |
| 27. Availability of JSSK entitlements | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics |

| | | | |
|---|---|-----------------|------------------|
| | <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges | | |
| 28. Line listing of high-risk pregnancies | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 29. Number of normal deliveries in last three month | | | |
| 30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 31. Practice related to Respectful Maternity Care | | | |
| 32. Number of Maternal Death reported in the facility | Previous year:2019-2020 Current FY:2020-2021 | | |
| 33. Number of Child Death reported in the facility | Previous year: Current year: | | |
| 34. Availability of vaccines and hub cutter | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 35. Number of newborns immunized with birth dose at the facility in last 3 months | | | |
| 36. Newborns breastfed within one hour of birth | | | |
| 37. Number of sterilizations performed in last one month | Male Female | | |
| 38. Availability of trained provider for IUCD/ PPIUCD | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 39. Who counsels on FP services? | | | |
| 40. Please comment on utilization of other FP services | | | |
| 41. FPLMIS has been implemented | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 42. Availability of functional Adolescent Friendly Health Clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 43. Whether facility has fixed day NCD clinic | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days | | |
| 44. Are service providers trained in cancer services? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 45. Number of individuals screened for the following in last 6 months: | | Screened | Confirmed |
| | a. Hypertension | | |
| | b. Diabetes | | |
| | c. Oral Cancer | | |
| | d. Breast Cancer | | |
| e. Cervical Cancer | | | |
| 46. Whether wellness activities are performed | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency: | | |
| 47. Whether reporting weekly data in P and L form under IDSP | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas | No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____ | | |
| 49. Status of TB elimination programme | Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |

| | |
|--|---|
| | <p>If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____</p> <p>If anti-TB drugs available at the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____</p> <p>Is there a sample transport mechanism in place for:</p> <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____</p> |
| 50. Status on Leprosy eradication programme | <p>Nos. of new case detected by Field Worker in last 12 months: _____</p> <p>Out of those, how many are having Gr. II deformity: _____</p> <p>Frequency of Community Surveillance: _____</p> |
| 51. Maintenance of records on | <ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No |
| 52. How much fund was received and utilized by the facility under NHM? | <p>Fund Received last year: _____</p> <p>Fund utilized last year: _____</p> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: _____</p> <p>Reasons for underutilization of fund (if any): _____</p> |
| 53. Status of data entry in (match with physical records) | <p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> |
| 54. Frequency of RKS meeting (check and obtain minutes of last meeting held) | |
| 55. Availability of ambulance services in the area | <p><input type="checkbox"/>PHC own ambulance available Number _____</p> <p><input type="checkbox"/>PHC has contracted out ambulance services 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"> • How many cases from sub centre were referred to this PHC last month? | <p>Number: _____</p> <p>Types of cases referred in: _____</p> |
| <ul style="list-style-type: none"> • How many cases from the PHC were referred to the CHC last month? | <p>Number: _____</p> <p>Types of cases referred out: _____</p> |
| 56. Key challenges in the facility and the root causes | |

| Challenge | Root causes |
|--|--|
| a) | |
| b) | |
| Only for U-PHC | |
| 57. Population enumeration initiated for slum population | <input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed |
| 58. Number of CBAC forms filled (NUHM) | |
| 59. Is Specialist services provided at U-PHC? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others _____ |
| 60. UHNDs Conducted: | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month _____ |
| 61. Special Outreach camps conducted: | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter _____ Type of specialties provided during special outreach camps: _____ |

Sub-Centre (SC) Level Checklist

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

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

| Indicator | Remarks/ Observation | | | |
|---|---|--|--|--|
| | MPW Male | | | |
| | MLHP/ CHO | | | |
| | ASHA | | | |
| | Others | | | |
| 5. IT Services | <ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ | | | |
| 6. Availability of list of essential medicines (EML)/ drugs (EDL) | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____ | | | |
| 7. Are anti-TB drugs available at the SHC? | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| 8. Shortage of 5 priority drugs from EDL in last 30 days, if any | | | | |
| 9. Drugs Available for Hypertension & Diabetic patients: | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| 10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days | 1 | | | |
| | 2 | | | |
| 11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| 12. Availability of Testing kits/ Rapid Diagnostic Kits | <input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage | | | |
| 13. Availability of: | <ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No | | | |
| 14. Line listing of all Pregnant women in the area | <input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No | | | |
| 15. Number of Maternal Death Review conducted | Previous year: Current year: | | | |
| 16. Number of Child Death Review conducted | Previous year: Current year: | | | |
| 17. Availability of vaccines and hub cutter | <input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No | | | |
| 18. Availability of micro-plan for immunization | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| 19. Follow up of: | SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |
| 20. Line listing of all eligible couple in the | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | | |

| Indicator | Remarks/ Observation | | |
|---|--|------------------|---------------------|
| area | | | |
| 21. Availability of trained provider for IUCD/ PPIUCD | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 22. Please comment on utilization of other FP services | | | |
| 23. Number of individuals above 30 years of age in the HWC population | | | |
| 24. NO. of CBAC forms filled in last 6 months | | | |
| 25. Report for number of individuals for whom CBAC form has been filled in last six months. | Score with below 4: 4 and above score: | | |
| 26. Whether universal screening of NCD has started | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 27. Number of individuals screened for the following in last 6 months: | | Screened | Confirmed |
| | a. Hypertension | | |
| | b. Diabetes | | |
| | c. Oral Cancer | | |
| | d. Breast Cancer | | |
| e. Cervical Cancer | | | |
| 28. Number of individuals who had initiated treatment for HTN, DM and others during last six months | Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others: | | |
| 29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM | From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month) | | |
| 30. Status of use of: | <ul style="list-style-type: none"> • Tele-consultation services • HWC App Details: | | |
| 31. Whether wellness activities are performed | <input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency: | | |
| 32. Whether reporting weekly data in S form under IDSP | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| 33. Status of Tuberculosis in the area: | Indicators | Last year | Current year |
| | No. of presumptive TB patients identified: | | |
| | No. of presumptive patients referred for testing | | |
| | No. of TB patients diagnosed out of the presumptive patients referred | | |
| No. of TB patients taking treatment under the Sub centre area | | | |
| 34. ASHA Interaction | | | |
| • Status of availability of Functional HBNC Kits | | | |
| • Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) | | | |
| • ASHA Incentives: Any Time lag /Delay | | | |

| Indicator | Remarks/ Observation |
|--|---|
| in Payment after submission of voucher. | |
| <ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP | |
| 35. Number of Village Health & Sanitation days conducted in last 6 months | |
| 36. Incentives: | <ul style="list-style-type: none"> Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No |
| 37. Frequency of VHSNC/ MAS meeting | |
| 38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| 39. Maintenance of records on | <ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No |
| 40. How much fund was received and utilized by the facility under NHM? | Fund Received last year: |
| | Fund utilized last year: |
| | Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: |
| | Reasons for underutilization of fund (if any) |
| 41. Availability of ambulance services in the area | |
| <ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? | Number: Types of cases referred out: |
| 42. Key challenges observed in the facility and the root causes | |
| Challenge | Root causes |
| | |

Community level Monitoring Checklist

| | |
|--|---|
| Name of Village/ slum visited | |
| Whether the sub centre/ U-PHC is in the same village/ slum area | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| Details of nearest public health facility | Facility name: Facility type: Distance: |
| Accessible from nearest road head | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| Date of Visit | |

| Indicator | Please comment |
|---|----------------|
| 43. Health seeking behavior Preferred health facility for primary, secondary and tertiary healthcare services <ul style="list-style-type: none"> Public or Private? | |

| Indicator | Please comment |
|---|--------------------|
| <ul style="list-style-type: none"> If private, reason for not preferring public facilities | |
| 44. Lifestyles (tobacco, alcohol, substance abuse and physical activity level) and living conditions (Indoor air pollution, use of solid fuel, use of iodized salt, drinking water, hygiene and sanitation, ODF Status) | |
| 45. Access to health: drugs, diagnostics, referral transport | |
| 46. Behavior of health service providers | |
| 47. Out of Pocket expenditure in public health facilities | |
| 48. Coverage, Knowledge and skills of ASHA as perceived by the community | |
| 49. Support, supervision, training and payment of incentives of ASHA (as per discussion with ASHAs) | |
| 50. Availability of services for Immunization, ANC, PNC, AH counselling, Contraceptive services, Nutrition counselling and preferred facilities for each | |
| 51. Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment | |
| 52. Screening for Leprosy, TB and preferred facilities for seeking treatment | |
| 53. Availability of services for treatment of Malaria, Dengue, Kala-azar, Chikungunya, JE, Filariasis, Fluorosis, rabies etc. | |
| 54. Preferred facilities for emergency services (Burn, Accidents etc.) | |
| 55. Preferred facilities for: <ul style="list-style-type: none"> Eye ailments (eg. Cataract) Dental ailments (e.g. for toothache, denture, RCT etc.) | |
| 56. Screening for 4Ds (by RBSK Team) at schools and Anganwadi centre | |
| 57. Key challenges observed in the community and the root causes | |
| Challenge | Root causes |
| a) | |
| b) | |