

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



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## LIST OF ABBREVIATIONS

ANC	Ante Natal Care	F- IMNCI	Facility base IMNCI
ANM	Auxiliary Nurse Midwife	GOI	Government of India
ASHA	Accredited Social Health Activist	HIV	Human Immunodeficiency Virus
AYUSH	Ayurveda, Yoga& Naturopathy, Unani, Siddha and Homeopathy	HMIS	Health Management Information System
BB	Blood Bank	ICDS	Integrated Child Development Services
BMOC	Basic Emergency Obstetric Care	ICTC	Integrated Counseling and Testing Centre
BCC	Behaviour Change Communication	IEC	Information Education &Communication
BCG	Bacillus Calmette Guerin	IFA	Iron & Folic Acid
BPL	Below Poverty Line	IMNCI	Integrated Management of Neonatal and Childhood Illness
BSU	Blood Storage Unit	IPD	Indoor-Patients Department
CDO	Computer Data Entry Operator	IPHS	Indian Public Health Standards
CDMO	Chief District Medical Officer	IUCD	Intra Uterine Contraceptive Device
CGHS	Central Government Health Services	JSY	Janani SurakshaYojna
EMOC	Emergency Obstetric Care	JSSK	JananiShisuSurakshaKaryakram
ESIC	Employee State Insurance Corporation	LHV	Lady Health Visitor
EVA	Equine Viral Arthritis	MCH	Maternal and Child Health
DGD	Delhi Government Dispensary	MCTS	Mother and Child Tracking System
DOTS	Directly Observed Treatment Strategy	MH	Maternity Home
DPMU	District Program Management Unit	MIS	Management Information System
DPT	Diphtheria, Pertussis (whooping cough), Tetanus	MO	Medical Officer
OBG	Obstetrics Gynecology	MTP	Medical Termination of Pregnancy
PHN	Public Health Nurse	NBCC	New Born Care Corner
PIP	Programme Implementation Plan	NBSU	New Born Special Unit
PPIUCD	Post- Partum IUCD	NHM	National Health Mission
PNC	Post Natal Care	NGO	Non-Government Organisation
RCH	Reproductive & Child Health	NRHM	National Rural Health Mission
RKS	RogiKalyanSamiti	NUHM	National Urban Health Mission
RTI/STI	Reproductive tract infection/Sexually transmitted infection	NSSK	NavjatShishuSurkshaKaryakram
SBA	Skilled Birth Attendant (Special training course is available for SBA).	NSV	Non Scalpel Vasectomy
TT	Tetanus Toxoid	VHND	Village Health and Nutrition Day

## **EXECUTIVE SUMMARY**

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

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

The following public health care facilities were visited by the PRC-IEG Team: DH Shivpuri, CHC Pichhore, UPHC Kamlaganj, PHC Khod, and HWC UmariKala. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of NHM.

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

The report therefore summarises the status of Public Health Care in Shivpuri, Madhya Pradesh during the financial year 2020-21 with regards to NHM and its components. Listed below are the key challenge being faced by the district with respect to health service delivery.

### **KEY CHALLENGES**

The complexity of assessing healthcare services efficacy in rural areas is paralleled by the complexities of multitude interventions and programmes. Whereas, the sustainability of impact assessment must require a longer-term perspective, following key challenges have been noted at status quo:

## Maternal Health

- JSY portal has some technical problem and that is the major reason of lack of payment which starts at the very initial stage i.e., from the field and also incomplete entries done by ASHAs. Beneficiaries who didn't have MPID are not eligible for the incentives and the maximum number of beneficiaries were not having the IDs. Even the ASHA of is not educated, so it is hard to them also to convey the correct information to the patient.
- A total of 41 maternal deaths, 637 child deaths, 426 infant deaths and 637 still births were reported in the last financial year 2020-21.
- ASHAs and ANMs are less active in the block as it was noted that only 20-25 percent of all pregnancies accorded for 1<sup>st</sup> trimester ANC registration. The beneficiaries visit to facility during the 7<sup>th</sup> or 8<sup>th</sup> month of pregnancy which is a leading contributor to the anemic status of pregnant women in the district. Due to this, about 10-15 percent home deliveries have been noted in some areas. Effective counselling by ASHAs need priority strengthening.
- In the Pichhore block, maximum number of pregnant women were facing a major issue of iron deficiency. As it's a tribal belt, so is very difficult for ASHAs, ANMs and the MOI to counsel the beneficiaries.

## Family Planning

- In the last financial year, CHC Pichhore observed relatively higher rates of male sterilization. The reason behind such situation is that the facility provided gifts and dresses for men. Also, the motivator gave his own incentives to the people in order to get male sterilization done.
- Many women have opted for Antara which is the injectable contraceptives. It was reported that, some women have complained about side effects such as excessive bleeding or amenorrhea, late menstrual cycle and weight gain. The drop out for Antara doses is not being captured as such, but many women do discontinue the dosage on account of irregular menstrual cycle.
- The district observes a large proportion of the tribal population. Counselling for family planning remains a challenge with the said population group.
- Family planning acceptance is poor in the district, especially among the tribal groups, given their fear of children succumbing to early childhood mortality. Male child preference was also reported in the district, which contributes to the high TFR among women.

## Adolescent Health

- In RBSK, only male doctor team is available, so adolescent girls couldn't share the personal details to the male doctor. As such no AFHC has been set-up and the counselling were carried by the FP counsellor wherein most girls came seeking reproductive health counselling and for distribution of sanitary napkins.

## Human Resources for Health

- There is an acute shortage of specialists in the districts. Shortage of LT/LA was also reported in the district resulting to which the beneficiaries have to avail the services from private facilities due to crunch of technicians.
- To implement the programme such as Kayakalp, there is a vacant position of an Assistant and Quality Manager due to which the programme is affected overall as much facilities haven't been awarded and somehow, the district is lacking behind in the programme.
- However, it must be noted that the sanctioned posts were estimated long back and the IPHS guidelines have not been updated or revised as per the patient load. Therefore, given the work load there is an immense shortage of HR.
- CHOs of all the HWCs have been deployed in the COVID-19 duty since they have been posted due to which they are unable to complete the due targets.
- The data entry operators are also over-burdened with COVID-19 data feeding. Shortage of data entry operators caused problems in reporting and piling up of work load on the data entry operator.

## AYUSH

- The annual demand of the AYUSH medicines were not given from the very long time and as such the supply is also not coming at the district. However, AYUSH OPD is being reported regularly in the HMIS portal as this is not showing the true picture. Although, as per the district officials AYUSH doctor can prescribe some allopathic medicines and they are currently prescribing the same.
- Despite crunch of staff, all the district officials are quite efficient and giving their double efforts to shape the health system of the district in a better way. The entire district administration is quite supportive and full co-operation is maintained.
- ANMOL Tablet is functional in the district but ANMs are not happy with tablet because from the past 3-4 years they are using the same tablet. Now the tablets are getting old and require to be repaired. Also the data entry operation is not willing to do entry in the portal because of its portal issue and internet problems.

## INTRODUCTION

### 1.1 Background

The National Health Mission (NHM), which is our flagship health systems reform programme, provides a robust platform for implementation of a range of interventions focused on primary and secondary health care in rural and urban areas. NHM's efforts in strengthening health systems in States by allocating additional financial resources, flexibility in design and implementation, ensured sharper focus on particularly marginalized and vulnerable populations and enabled us to achieve impressive improvements in several key indicators of RMNCH+A and communicable diseases. NUHM seeks to improve the health status of urban population particularly urban poor and other vulnerable sections by facilitating their access to quality primary healthcare.

The broad national parameters and priorities, states would have the flexibility to plan and implement state specific action plans. The state PIP would spell out the key strategies, activities undertaken, budgetary requirements and key health outputs and outcomes. The State PIPs would be an aggregate of the district health action plans, and include activities to be carried out at the state level. The state PIP will also include all the individual district plans. This has several advantages: one, it will strengthen local planning at the district level, two, it would ensure approval of adequate resources for high priority district action plans, and three, enable communication of approvals to the districts at the same time as to the state.

PRC Delhi Team visited the district office of Shivpuri to interact with CM&HO, DPM and other nodal officers of the district. A brief profile on health scenario of the district has been discussed intensively and officers were questioned on broader areas under NHM like Family Planning, Immunization, Training Status, Awareness Program etc. and also on the gaps in infrastructure and human resources and a brief discussion on the loopholes of the programme and their major recommendations to improve the overall efficiency of the scheme.

Specific goals for the states will be based on existing levels, capacity, and context. State specific innovations would be encouraged. Process and outcome indicators will be developed to reflect equity, quality, efficiency, and responsiveness. Targets for communicable and non-communicable diseases will be set at state level based on local epidemiological patterns and taking into account the financing available for each of these conditions.

### 1.2 Objectives of the Monitoring

- I. To assess the current condition of physical infrastructure of availability in the selected health facilities CHCs, PHCs, HWC of the district.
- II. To examine the status and the availability and efficiency of human resource required for better service at the selected health facilities.
- III. To understand the gap between Demand and supply of health service delivery under NHM programme.
- IV. To assesses functionality of equipment, supply and essential drugs, essential consumables etc.at the selected facilities.
- V. To review the status of implementation and performance of different scheme under NHM such as maternal health, child health, family planning, JSSK, RBSK, ARSH, etc.
- VI. To analyses other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- VII. To assess the availability of finance for the NHM activities in the district.

### 1.3 Methodology

The report is based on Primary data collected from health facility visits as well secondary data collected from DPM and CMHO office as well as information collected from HMIS Web Portal for Shivpuri District. Structure interview schedules were used for nodal officers and health facilities. The Team interacted with key programme officials at District Programme Management Unit (DPMU) office of Shivpuri District and examined the status of the key activities. Apart from rigorous interactions with the District Programme Manager, the Team visited at District Hospital, CHC, PHC and HWC to interact with Block Medical Officer-in-Charge, medical officers, staff, ASHAs, ANMs and beneficiaries in the district.

The attempt was to find solutions and support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their designated capacities.

The assessment is based on observations made and information collected during the round table meeting with CMHO, DPM and other Nodal officers and NHM staff also visits to health facilities and beneficiary interactions. Interviews with the beneficiaries who were present during visits to health facilities were also conducted to obtain information from the beneficiaries' perspective about the functioning of National Health Mission. The field visits to health facilities in the district were planned and implemented with the consultation with NHM officials. The main motive of the team was to have a fruitful interaction with officials such as CM&HO, DPM and block development officer, to identify the major problems faced by them and recommendations on their part to improve the overall efficacy of the NHM program. Health facilities from all the three levels

(at district, block and village level) were selected for supportive supervision after consultations with the CMO and the DPM.

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Shivpuri was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The DPM further elaborated the plan of visit to the health facilities.

Table 1 reports the list of institutions and facilities visited in the Shivpuri districts. The Team interacted with key programme officials at the office of the CMHO, the DPM and discussed the status of the key activities. Apart from detailed interactions with the District Nodal Officers and DPMU staff, the Team visited selected health facilities in the districts. The health care facilities visited to accomplish the objective of the visits are enlisted in the table below:

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

Institution and Facilities	Nodal Officers
Office of the Chief Medical Officer	CMHO, Dr. Narinder Singh
District Programme Management Unit	DPM, Dr. Sheetal Vyas
District Hospital, Shivpuri	R.M.O, Dr Dunil Kumar Pandolia
Rural Community Health Centre, Pichhore	B.M.O, Dr. S.K Sanedey
Urban Primary Health Centre, Kamlganj	MO, Dr.Madhav
Rural Primary Health Centre, Khod	MOI, Dr. Anurag Tiwari
Health and Wellness Centre, UmariKala	CHO, Dr. Narendra Singh

## 2. AN OVERVIEW OF KEY DEMOGRAPHIC AND HEALTH INDICATORS: SHIVPURI DISTRICT, MADHYA PRADESH

### 2.1. Demographic Profile

Shivpuri district in Madhya Pradesh is mostly laid out over small hilltops. These hilltops are covered with deciduous forests where the slope is gentle with verdant vegetation. The landscape is generally pleasing. The district has Narwar town (Princely State of Narwar) of historical importance just east of the Kali Sind River. The town Shivpuri is the head quarter of the district.

In Madhya Pradesh, there are 333 blocks and 54903 villages. Out of which 8 blocks and 1326 villages are in Shivpuri district. As per Census 2011, Madhya Pradesh has population of 7.27 Crores. Total population of Madhya Pradesh as per 2011 census is 72,626,809 of which male and female are 37,612,306 and 35,014,503 respectively. In 2011, Shivpuri had population of 1,726,050 of which male and female were 919,795 and 806,255 respectively (Table 2).

**Table 2:** Key Demographic Indicators: Shivpuri District & Madhya Pradesh

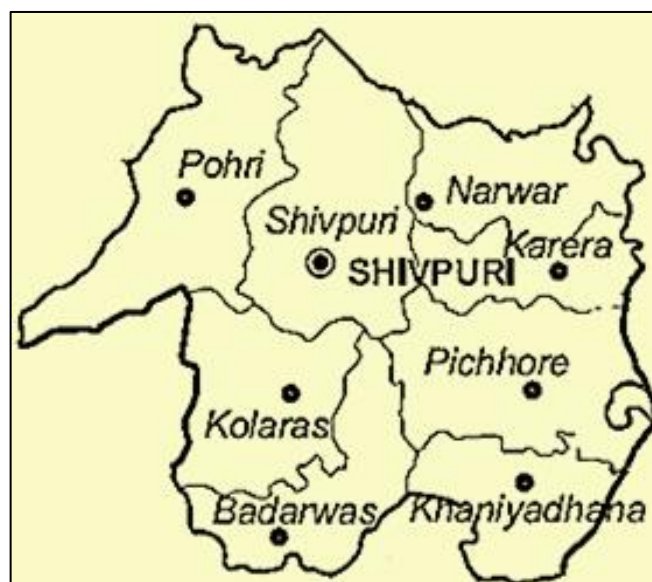
Indicators	Madhya Pradesh (State)	Shivpuri (District)
Number of blocks	333	08
Number of villages	54903	1326
Actual Population	72626809	1726050
Urban population	20069405	295423
Rural population	52557404	1430627
Male	37612306	919795
Female	35014503	806255
Population Growth Rate (%)	18.4	22.76%
Density/km <sup>2</sup>	236	171
Child Population (0-6 age)	10809395	285770
Area (sq. km)	308252	10066
Literates	42851169	900846
Male Literates	25174328	573242
Female Literates	17676841	327604
Sex Ratio (per/1000)	931	877
Child Sex Ratio (0-6 age)	918	893

Source: Census of India, 2011

Population living in urban areas is 20,069,405 and population of rural areas of Madhya Pradesh state was 52,557,404. In total 295,423 people lives in urban areas and are 1430627 in rural areas of Shivpuri district of Madhya Pradesh. The total population growth of Madhya Pradesh in this decade was 20.35 percent and in Shivpuri was 22.76 percent. Density of Madhya Pradesh is 236

per sq. km and in Shivpuri is 171 per sq. km. In actual numbers, total literates in Madhya Pradesh stands at 42,851,169 of which males were 25,174,328 and females were 17,676,841. In total, 900,846 people were literate of which males and females were 573,242 and 327,604 respectively in Shivpuri district. Sex Ratio in Madhya Pradesh is 931 i.e. for each 1000 male, which is below national average of 940 as per census 2011. For child (0-6) sex ratio is 918 girls per 1000 boys. Sex Ratio in Shivpuri, it stood at 877 per 1000 male. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate. In 2011 census, child sex ratio is 893 girls per 1000 boys.

**Figure 1:** Outline map of Shivpuri district in Madhya Pradesh



Not to Scale

## 2.2 Key Health Issues in the Shivpuri District- Case Study

Exact rates of morbidity or affliction of diseases are difficult to estimate. Information on morbidity rates for diseases handled through vertical programmes of Government of India is available through their management information systems (MISs). Some of these diseases are malaria, tuberculosis, leprosy and blindness.

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH – II National Programme Implementation Plan. It is an important strategy to improve the quality of obstetric care and reduce maternal mortality and morbidity. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used

to adopt measures to fill the gaps in service. There were 41 maternal deaths in the Shivpuri. The reason been MDR has been conducted as an established intervention for the district took look after the issues.

The status of infant (children up to the age of one year) and child mortality (upto age group of 5 years) is considered to be indicators for the assessment of the state of basic health care, quality and reach of health delivery, general environment for health and facilities of crucial health determinants such as nutrition, sanitation, safe drinking water etc. It also helps as good determinants of the performance of development initiatives that focus on poverty, backwardness, gender equity and empowerment.

Infants and children up to age of five years die prematurely due to diseases such as measles, diphtheria, tetanus, diarrhoea, pneumonia etc. due to combination of factors including poor nutrition for their mother while pregnant, lack of haemoglobin in their bodies, poor sanitation and health care conditions at birth, poor care during delivery, overall unhygienic conditions, poor level of awareness, unclean environment, poor health delivery system; and environment from which respiratory and water-borne diseases could be contacted etc. These are preventable through simple vaccination, nutritious diet and health care provisions and measures.

Government of India has decided to take up Community based maternal death review (CBMDR) and the Facility based maternal death review (FBMDR) which help in identifying the gaps in the existing health care delivery systems, prioritize and plan for intervention strategies and to reconfigure health services.

The mortality indicator of the district is evident from the graph (figure 2) below that the highest numbers of cases in the district were in case of still birth; however there has been an increase in the number of cases of still birth from 596 in 2019-2020 to 637 in 2020-2021. Similarly, there is an increase in maternal death cases from 22 in 2019-2020 to 41 maternal deaths in 2020-2021. But for child death there is a hike, 596 in 2019-2020 to 637 child deaths in the last financial year. There has been a significant rise in the cases of infant deaths which stands to be 426 infant deaths in 2020-21 as against 386 cases in 2019-20. No deaths were reported due to malaria and sterilization procedure.

The women health in the district is majorly affected. Maximum number of women during their ANCs and PNCs suffers from Anemia. According to the discussion with the health personnel & observations during the Visit it can be concluded that being a tribal region the women are less educated and aware about the family planning methods and proper ANC during her initial days.

**Figure 2: Mortality indicators of the Shivpuri District**

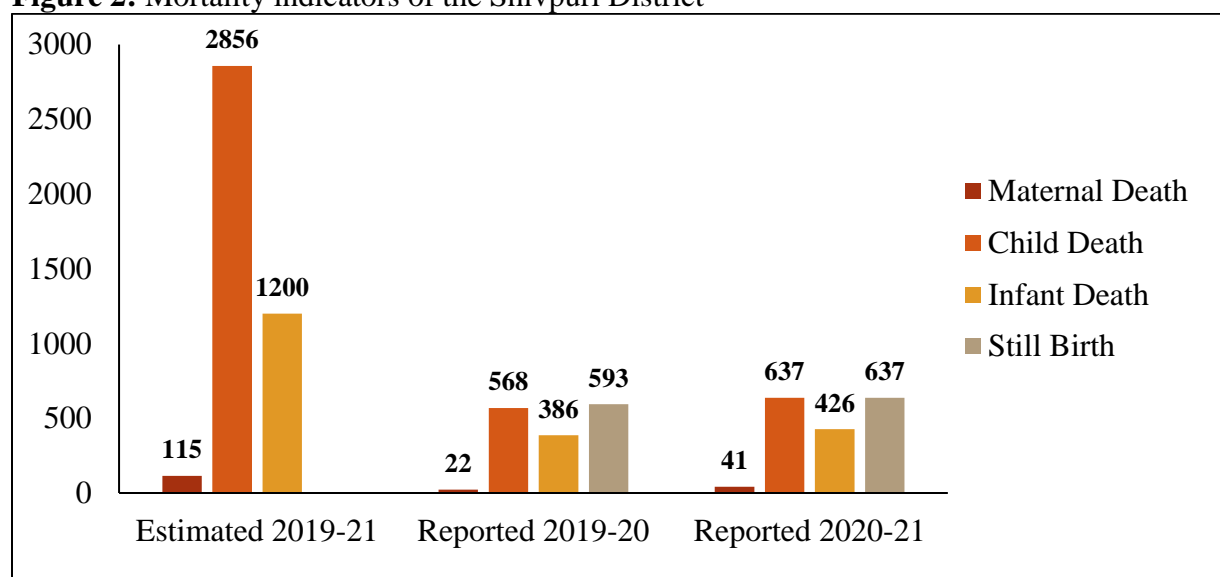


Table 3 depicts the estimated indicators of the Shivpuri district. The numbers of estimated deliveries were reported 38000 followed by C-section deliveries 3000 and live births were 36000. The total numbers of eligible couples in the last financial year were report 48000. Target for public and private sector TB notification were 5200 but for leprosy cases 34 in comparison was less. Estimated numbers of cataract surgeries to be conducted in the Shivpuri district were 9000.

**Table 3: Estimated indicators of the Shivpuri District**

Estimated Indicators	Numbers
Estimated number of deliveries	38000
Estimated number of C-section	3000
Estimated numbers of live births	36000
Estimated number of eligible couples	48000
Estimated number of leprosy cases	34
Target for public and private sector TB notification for the current year	5200
Estimated number of cataract surgeries to be conducted	9000

Source: CMHO, Shivpuri 2020-21

### 2.3 Progress on Health Indicators by Shivpuri district

In Shivpuri district, Block Khod is leading the way in the battle against COVID-19 through heroic acts of goodwill and support in their families and communities. Through some of the harshest times, the district health officials have stepped up for promoting health and safety. Their courage and relentless determination to help those around them is a reminder of how we can achieve a healthier, safer and equal world. ASHAs, ANMs and AWWs continue to showcase their

adaptability and resilience in this challenging time, it is important for the rest of us to recognize, support and champion their skills development.

To tackle the fear, myths and misconceptions on the COVID-19 pandemic and vaccination, along with the health department and the National Health Mission (NHM), creative skills to plan for village people a vaccine door to door survey had been organized in which ASHAs and AWW were going door to door house and convincing people to get vaccinated for both the doses. And after getting vaccination done for the whole family member outside the household gate green color sticker were pasted which implies that all the members of the family is fully vaccinated and if some family members left then they put green and red sticker which implies some of the family members are still left for vaccination. Creating such kind of innovation in the district, this is helping the community to better understand the importance of vaccines.



**Figure 3:** Awareness for COVID vaccine

#### 2.4 Health Care Service Delivery Indicators of Shivpuri District

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

Table 4 presents the health profile of Shivpuri district for the year 2020-2021. It highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output and outcomes of the public health delivery system in Shivpuri with respect to various domains such as Maternal Health, Delivery Care, Child Health, Immunisation Coverage, Family Planning, Facility Service Delivery and Mortality Indicators. In Shivpuri district 59 percent of the women register for ANC in the first trimester while less than half of women (70.4 percent) who register for ANC received 4 or more checkups. Early registration of pregnancy allows for adequate care during the cycle. IFA supplementation was given to 101.5 percent of all women who registered for ANC.

Delivery Care is important component of Infant health. The numbers of total home deliveries in Madhya Pradesh are 59360, out of which 1960 home deliveries were in Shivpuri district. Of the total home deliveries in Shivpuri, 6 percent were SBA attended. Government of India recognizes an SBA as someone who can handle common obstetric and neonatal emergencies. Thus presence of SBA in cases home delivery is essential to combat maternal death. Of all women who registered for ANC, 69 percent went for institutional delivery and 21.8 percent women discharge in less than 48hours of delivery to total reported deliveries at public institutions. For C-section deliveries, 7.3 percent of all institutional deliveries were C-section deliveries.

With regards to Post Natal Care, 25.4 percent women getting 1<sup>st</sup> post-partum check-up between 48 hours and 14 days to total reported deliveries. Only 91 percent of newborns were breast fed within 1 hour of delivery while 94 percent of newborns were weighed at birth.

Child Mortality is a threat facing India since decades. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant under five mortality rates. The total live birth in Shivpuri is 36076. With regards to the service delivery for Child Health, Shivpuri observes 15891 full immunisation coverage rate and full coverage of BCG is 73 percent and 99 percent of children received measles to full immunization.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilisation as a method of permanent family planning dominates the statistics with 100 percent of all sterilisation conducted in 2020-2021 in Shivpuri being Tubectomies.

In Shivpuri district, there were 28 maternal deaths, 87 child deaths, 98 infant deaths and still birth is 638. There is not a single death due to sterilization in Shivpuri district of Madhya Pradesh. The prospect of IMR needs to be seen with respect to maternal and child health care. Encouraging progress in ante natal care, institutional deliveries, mother's education and immunization is highly recommended to achieve remarkable improvements in IMR in district. To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. The OPD patient load is

as high as 856235 number of OPD patients in 2020-2021 as against 75091 IPD patients.

**Table 4:** Health Care Service Delivery Indicators of Shivpuri District, Madhya Pradesh, 2020-2021

Health and Health Care Service Delivery Indicators	HMIS (2020-2021)	
	Madhya Pradesh	Shivpuri
<b>Maternal Health</b>		
% 1st Trimester registration to Total ANC Registrations	71.8	58.7
% Pregnant Women received 4 or more ANC checkups to Total Registration	80.6	70.4
% Pregnant women given 180 IFA to Total ANC Registrations	96.7	101.5
<b>Institutional Deliveries and Home Deliveries</b>		
Number of Home Deliveries	59360	1960
% SBA attended Home Deliveries to Total Reported Home Deliveries	14.6	6.0
% of Institutional Deliveries to Total Reported Deliveries	95.7	94.6
% Institutional Deliveries to total ANC Registrations	68.9	68.7
% Women discharge in less than 48hours of delivery to Total Reported Deliveries at Public Institutions	11.9	21.8
% C-section Deliveries (Public + Private) to reported Institutional (Public+ Private) Deliveries	11.4	7.3
<b>Post Natal Care</b>		
% Women getting 1 <sup>st</sup> Post-Partum Check-up between 48 hours and 14 days to Total Reported Deliveries	13.7	25.4
% Newborn breast fed within 1 hour of birth to Total Live Birth	91.8	91.0
% Newborn weighed at Birth to Live Birth	96.4	93.9
<b>Child Immunization</b>		
Number of Fully Immunized children (9-11 months)	1737729	46314
% of children received measles to full immunization	0.05	98.9
% of children received BCG to full immunization	76.9	73.1
<b>Family Planning</b>		
Total Sterilization conducted	317272	9423
% Male Sterilization (Vasectomies) to Total sterilization	0.9	0.2
% Female Sterilization (Tubectomies) to Total sterilization	99.1	100.2
<b>Mortality Indicators</b>		
Maternal Death	2722	28
Child Death	4109	87
Infant Death	27669	98
Still Birth	24453	638
<b>Other Services</b>		
IPD	3747157	75091
OPD (AYUSH + Allopathic)	52710661	856235
% IPD to OPD	7.1	8.8

Source: HMIS Standard Reports, 2020-21

### 3. PUBLIC HEALTH PLANNING AND IMPLEMENTATION OF NATIONAL PROGRAMME

#### 3.1 District Action Plan

### 3.1.1 State Resource Envelope and District Allocations

For the financial year (FY) 2020-21, against a resource envelope of 3173.20 Crore (calculated assuming state share of 40%), Madhya Pradesh received administrative approval for an amount of Rs. 4417.49 Crore. The resource envelope for FY 2020-21 consists of union government's support of Rs. 1235.71 Crore for flexible pool allocation including cash and kind, Rs. 264.40 Crore for incentive pool based on last year's performance and Rs. 403.81 Crore for infrastructure maintenance. The total support from Government of India is Rs. 1903.92 Crore whereas the state share of 40% works out to be Rs. 1269.28 Crore.

**Table 5:** Details of Resource Envelope, Shivpuri District, 2020-21

Particulars	Rs. in Crore
1. GoI Support (Flexible Pool allocation including Cash and Kind)	1235.71
2. GoI Support for Incentive Pool based on the last year's performance (assuming no incentive/ reduction on account of performance)	264.40
3. GoI Support (under Infrastructure Maintenance)	403.81
Total GoI support	1903.92
State Share (40%)	1269.28
Total Resource Envelope	3173.20

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

It may be noted that the Madhya Pradesh received approvals of Rs. 4417.25 Crore for NHM. The state has received the full proposed amount of Rs.1903 Crore for infrastructure maintenance during 2020-21. Similarly, the state also proposed and received immunization kind grants of 122.36 Crore.

The breakup of the total resource envelope shows that Rs. 399.22 Crore is allocated for RCH Flexible Pool (including RI, IPPI, NIDDCP), Rs. 866.40 is allocated for Health System Strengthening (HSS) under NHM. Thus the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 1285.26. The GOI contribution toward NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is Rs. 64.25 Crore, Rs. 99.87 Crore and Rs. 50.36 Crore, respectively. Within NDCP Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, over Rs. 403.81crore of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance (including Direction and Administration).

**Table 6:** Breakup of resource envelope, NHM FY 2020-21, Madhya Pradesh

S.No.	Particulars	Amount (GoI Share)	Percent (GOI Share)	State share
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	399.22	12.6%	1269.28

(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	276.68	-
(ii)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	122.36	-
2	Health System Strengthening (HSS) under NRHM	866.40	27.3%
(i)	Other Health system Strengthening covered under NRHM	727.88	-
(ii)	Comprehensive Primary Health Care under HSS	103.47	-
(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	55.06	-
	Total NRHM-RCH Flexible Pool	1285.62	-
3	NUHM Flexible Pool	64.25	2.0%
(i)	Other Health System Strengthening covered under NUHM	46.75	-
(ii)	Comprehensive Primary Health Care under NUHM	17.50	-
4	NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP)	99.87	3.1%
(i)	NVBDCP (Cash & Kind)	13.21	-
(ii)	RNTCP (Cash & Kind)	75.15	-
(iii)	NVHCP (Cash & Kind)	7.12	-
(iv)	NLEP	1.98	-
(v)	IDSP	2.41	-
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	50.36	1.6%
6	Infrastructure Maintenance (including Direction and Administration)	403.81	12.7%
	Total Resource Envelope	1903.92	100% 1269.28
	Grand Total Resource Envelope (Central Allocation + State Share)	3173.20	

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

### 3.1.2 Budget Utilization

NHM consists of the following six major financing components: The RCH Flexipool to fund maternal and child health, family planning, and the Janani Suraksha Yojana (JSY). This now also

includes the erstwhile ‘Immunisation’ Flexipool for financing routine immunisation and pulse polio immunisation, as well as the National Iodine Deficiency Disorders Control Programme (NIDDCP). The Health Strengthening System(HSS)/NRHM Mission Flexipool (MFP) which finances untied funds, annual maintenance grants, and Hospital Strengthening. The NUHM Flexipool addresses the healthcare needs of the urban poor with a special focus on vulnerable sections. The Communicable Diseases (CD) Flexipool for financing the National Disease Control Programme (NDCP) is an important component for the Shivpuri district. This includes programmes such as the Revised National Tuberculosis Control Programme (RNTCP), National Vector Borne Disease Control Programme (NVBDCP), Integrated Disease Surveillance Programme (IDSP), and National Leprosy Eradication Programme (NLEP). The Non-Communicable Diseases(NCD) Flexipool for financing programmes such as the National Programme for Control of Blindness (NPCB), National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), National Tobacco Control Programme (NTCP), National Programme for the Healthcare of the Elderly (NPHCE) and, National Mental Health Programme (NMHP). Lastly, the Direction and Administration funds (formerly known as Infrastructure Maintenance) which are allotted across various programmatic divisions of NHM in the district to overlook the performance.

Budget utilisation under NHM is to operationalise an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. The detail of the budget utilisation is given in table 7 as per the Financial Management Report (FMR).

Maximum budget for untied funds and programme management has been utilized. The highest under-utilization rates are for infrastructure, transport and trainings. For these, more than 50 percent sanctioned budget lies unutilized. One of the major reasons cited for underutilization during the meeting with district officials was the delay in receipt of funds. It was also reported that the untimely disbursement of funds fails to cover the pre sanctioned loans due to audit loops, owing to which 100% utilisation has not been possible. The fund sanctioned to the district is always less, what the district demands. As per the given records it can be observed that, the maximum number of utilizations as per the FMR is in Human resources. Followed by Quality assurance in which health facilities is monitored. No budget is utilized for Tobacco control Programme and there is no dialysis programme is running in the district because no budget is released. The fund utilized under NUHM is 60 percent.

**Table 7:** Financial Management Report, Shivpuri District, 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	% utilization
1. FMR 4: Untied grants	15292	11089	75.51

2. FMR 5: Infrastructure	33251	8922	26.83
3. FMR 9: Training	1639	713	43.52
4. FMR 11: IEC-BCC	947	491	51.90
5. FMR 16: Programme Management	5954	4869	81.79

Source: CMHO, Shivpuri 2020-21

Moreover, if we observe programme wise which is depicted in the figures 4 shown, out of the RCH and Health Systems Flexi Pool in which 100% utilization of PC-PNDT. Funds for ASHA (87.4%) have been utilised, as all the payments and incentives have been given on time. Funds utilised for HR (83%) followed by Programme management (82%), Immunization (79%), Maternal Health (79%), United Fund (76%), Family Planning (70%), Blood Services and Disorder (64%), Child Health (60%), RBSK (28%) and Infrastructure (27%). No fund received under Comprehensive Primary Health care (CPHC), MMU, Referral Transport, Procurement, Quality Assurance, PPP and NIDDCP in Shivpuri district.

**Figure 4:** Utilization of Funds Programme Wise, Shivpuri District, 2020-21

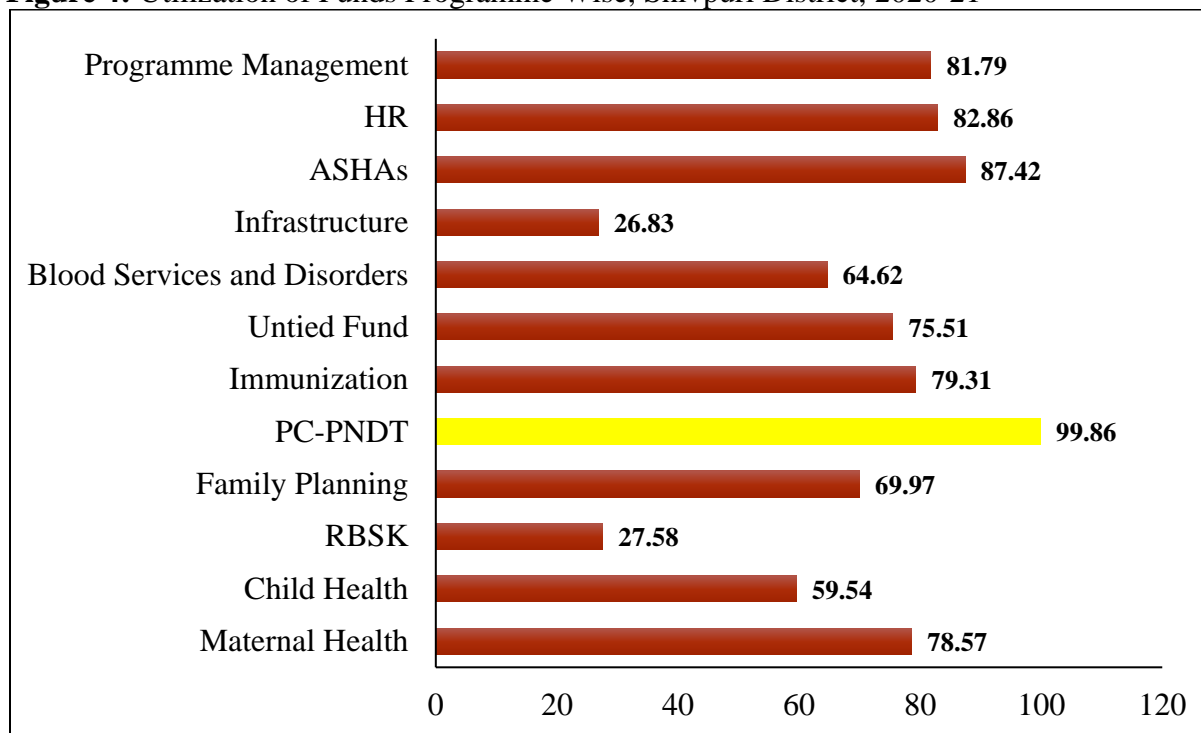


Figure 5 depict the fund utilisation under communicable disease in Shivpuri. The communicable disease pool, the maximum number of utilization of funds is observed in the Integrated Disease Surveillance Programme (IDSP) at 86 percent. The reason being all the fund is being utilized in tackling the COVID-19 situation with full force. On the contrary, the least utilization is being in National TB Elimination Programme (NTEP) nearly 60 percent.

**Figure 5: Fund Utilisation under Communicable Diseases, Shivpuri district, 2020-21**

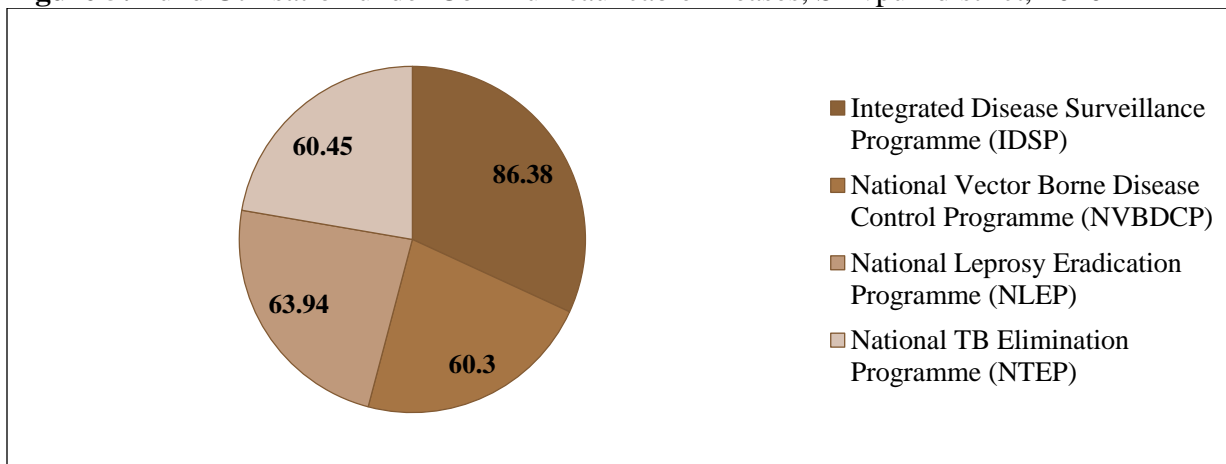
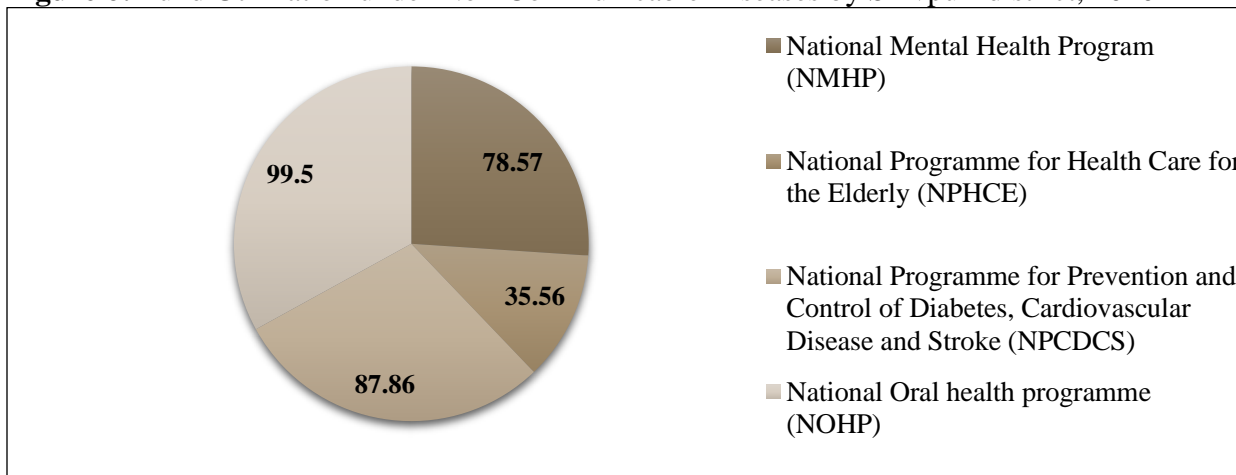


Figure 6 illustrates fund utilisation under non-communicable diseases in Shivpuri district. The case of non-communicable disease 100% utilization of fund under National Oral Health Program (NOHP). The funds utilized for National Programme for Prevention and Control of Diabetes, Cardiovascular Disease, and Stroke (NPCDCS) (89%) followed by National Mental Health Program (NMHP) (79%) and National Programme for Health care for the Elderly Care (NPHCE) (36%). There was no fund utilisation for National Tobacco Control Programme in the district.

**Figure 6: Fund Utilization under Non-Communicable Diseases by Shivpuri district, 2020-21**



### 3.2 Status of Service Delivery

#### 3.2.1 Health Infrastructure

Health infrastructure of a district has a significant role in ensuring effective provision of all the services to the beneficiaries. All public health services depend on the presence of basic

infrastructure. Every public health program—such as immunizations, infectious disease monitoring, cancer and asthma prevention, maternal health—requires health professionals who are competent in cross-cutting and technical skills, up-to-date information systems, and public health organizations with the capacity to assess and respond to community health needs. Public health infrastructure has been referred to as the nerve centre of the public health system. Strengthening the Public Health Care Institutions and put in their best efforts to achieve high quality of health care across the district.

Under National Health Mission (NHM), financial support is provided to States to strengthen the public health system including upgradation of existing or construction of new infrastructure. Under NHM high focus states can spend upto 33% and other States upto 25% of their NHM funds on infrastructure. The population Norms for setting up of public health facilities are as under:

- Sub Centre: 1 per 5,000 population in general areas and 1 per 3,000 population in difficult/tribal and hilly areas
- Primary Health Centre: 1 per 30,000 population in general areas and 1 per 20,000 population in difficult/tribal and hilly areas
- Community Health Centre: 1 per 1,20,000 population in general areas and 1 per 80,000 population in difficult/tribal and hilly areas.

A new norm has also been adopted for setting up a SHC based on ‘time to care’ within 30 minutes by walk from a habitation has been adopted for selected district of hilly and Desert areas. It has also been decided to strengthen Sub-Health Centres based on 'time to care' within minutes by walk from habitations has been adopted in selected districts of hilly States and desert areas as per the Rural Health Statistics (RHS) 2020, the status of public health facilities.

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

Table 8 presents the details of Health Infrastructure in Shivpuri. With regards to Public health infrastructure, there is 1 District Hospital, 9 Community Health Centres (CHCs), 13 Primary Health Centres (PHCs), 3 Urban Primary Health Centres (PHCs), and 272 Sub Centres (SCs) in Shivpuri. In addition, 1 blood storage unit, 3 Tuberculosis units and 1 CBNAAT Site are functioning in the district. The total numbers of UPHC’s present in the district are 3 and no UHC’s are available. One Special New-Born Care Unit (SNCU) and three Nutrition Rehabilitation Centres are present at the DWH. Moreover, there are 2 first referral units (FRUs), 1 blood bank, and 1 blood storage unit. Almost all the Urban Primary Health Centres have been transformed into HWCs. Furthermore, out of 272 SC’s, only 244 SCs have been converted into HWC’s the proportion is less. In addition, the number of functional NCD clinic is found to be at

the DH only 1 and CHC level 9 clinics. The total number of institutions providing comprehensive abortion care services (CAC) is reported to be at 3 facilities. Only 1 facility are providing 1st trimester services i.e., at DH, District Combined Hospital (DCH) and PHC. The total numbers of facilities providing both 1st and 2nd trimester services are also 2 at the facility. However, it must be noted that the district doesn't have District Early Intervention Centre (DEIC) and Microscopy centre (DMC).

**Table 8:** Facility Details, Shivpuri District, 2020-21

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	1/1	1
2. Sub District Hospital	0/0	0
3. Community Health Centers (CHC)	9/9	9
4. Primary Health Centers (PHC)	13/13	13
5. Sub Centers (SC)	272/272	272
6. Urban Primary Health Centers (U-PHC)	2/2	3
7. Urban Community Health Centers (U-CHC)	0/0	0
8. Special Newborn Care Units (SNCU)	1/1	1
9. Nutritional Rehabilitation Centres (NRC)	9/9	9
10. District Early intervention Center (DEIC)	1/1	1
11. First Referral Units (FRU)	4/4	2
12. Blood Bank	1/1	1
13. Blood Storage Unit (BSU)	3	1
14. No. of PHC converted to HWC	13/13	13
15. No. of U-PHC converted to HWC	2/2	2
16. Number of Sub Centre converted to HWC	272/244	244
17. Designated Microscopy Center (DMC)	17/17	17
18. Tuberculosis Units (TUs)	1/1	1
19. CBNAAT/TruNat Sites	1/1	1
20. Drug Resistant TB Centres	0/0	0
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	1/1	1
• At SDH	0/0	0
• At CHC	9/9	9
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	3	3
• Providing 1st trimester services	1	1
• Providing both 1st & 2nd trimester services	2	2

Source: CMHO, Shivpuri 2020-21

Table 9 represents the details on referral transport services in Shivpuri District. Health infrastructure also includes the transport facilities provided by the district for safe and timely movement of patients. These include ambulances or any other form/mode of transport used to commute by the people of the community. Shivpuri District had 15 Basic Life Support (BLS) ambulances and 1 advance life support ambulances. And the ambulance were having GPS fitted and handled through centralized call centre. The district received average number of calls and trips per day were 8 and the average kilometres travelled per ambulance were 400 per day. The numbers

of transport vehicle 102 on road were 20. The average numbers of trips per ambulance were 6 per day and average kilometre travelled per ambulance were 500 per day.

**Table 9:** Details on Referral Transport service provision in Shivpuri District, 2020-21

Vehicle for Referral Transport	
No. of Basic Life Support (BLS) (on the road) and their distribution	15
No. of Advanced Life Support (ALS) (on the road) and their distribution	1
Operational agency (State/ NGO/ PPP)	State
If the ambulances are GPS fitted and handled through centralized call centre	YES
Average number of calls received per day	4
Average number of trips per ambulance per day	4
Average km travelled per ambulance per day	400
No. of transport vehicle/102 vehicle (on the road)	20
If the vehicles are GPS fitted and handled through centralized call centre	Yes
Average number of trips per ambulance per day	6
Average km travelled per ambulance per day	500

Source: CMHO, Shivpuri 2020-21

### 3.2.2 Human Resource

The component of Human Resources under NHM is to ensure availability of adequate manpower at the public health facilities in the rural and remote areas of the district. Human Resources are largely based on the requirements. The component/scheme of Human Resources under NHM includes different interventions to ensure recruitment, deployment, continued capacity building and functioning of adequate health care man power. Interventions for increasing the generation of health Human Resources to meet the demands in the public sector like Contractual appointment of HR for service delivery including Doctors, Consultant, Staff nurses, Lab technicians, ANMs, other paramedical staff and support staff for filling short term gaps at public facilities. Provision of incentives for ensuring service delivery in rural and remote areas, Multi-skilling and skill up-gradation of existing staff such as doctors and staff nurses to overcome the shortage of specialists and skilled manpower interventions for effective management of existing HR, including measures for quality assurance, Measures for assessing the competencies of service delivery staff including nurses, ANM and Lab Technicians etc.

**Table 10:** Human Resource of Shivpuri District, 2020-21

Staff details at public facility (Regular+ NHM+ other sources)	Regular Sanctioned/in place	Contractual In-place	Vacancy (%)
ANM	221/200	89	
MPW (Male)	164/48	0	
Staff Nurse	242/214	46	
Lab technician	28/16	3	
Pharmacist (Allopathic)	35/16	16	
MO (MBBS)	68/60	24	

OBGY	4/0 (pgmo-3)	1	
Pediatrician	7/0(pgmo-6)	1	
Anesthetist	5/1(pgmo-2)	0	
Surgeon	4/1(pgmo-2)	0	
Radiologists	1/1	0	
Other Specialists	4/1(ortho)	0	
Dentists/ Dental Surgeon/ Dental MO	3/1	0	2
Dental technician	1/0	0	
Dental Hygienist	0/0	0	
Radiographer/ X-ray technician	3/3	0	
CSSD Technician	-	0	
OT technician	6/6	-	
CHO/ MLHP	-	129	
AYUSH MO (RBSK)	-	16	
AYUSH Pharmacist	-	-	

Source: CMHO, Shivpuri 2020-21

The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. Table 10 provides the Human Resource Availability in Shivpuri District. In the district at present 110 ANMs, 26 MPW (Male), 105 Staff Nurse, 10 Lab Technician, 6 pharmacist, 24 MO, 2 OBGY, only 1 Paediatrician, anaesthetist, radiologist, Dentist and OT technician. In the district, there is no dental clinical, dental hygienist, CSSD technician and AYUSH Pharmacist.

**Table 11:** Performance of EmOC/LSAS trained doctors in Shivpuri district, 2020-21

Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
LSAS trained doctors	1	1	1
EmOC trained doctors	2	1	1

Source: CMHO, Shivpuri 2020-21

Table 11 illustrates the performance of EmOC/LSAS trained doctors in Shivpuri district. In the district only one LSAS doctor is trained and 2 EmOC doctors have been trained of which they are posted in the FRU and performing C-section as well. The status of trainings received in the last financial year i.e., 2020-21 as per the ROP approval in the Shivpuri district. The numbers of trainings were conducted across various programs and sub-divisions which include IMNCI, NCD, NDD, IDCF and ASHA 6-7 module.

### 3.2.3 Status of Training

ASHA is volunteer health activists in the communities, who is creating awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing public health services. She is a promoter of good health practices. ASHA will be entitled for Performance Based Incentives fixed by the NRHM State HQ for prefixed activities only. The performance based incentives required to be given on

monthly basis to ASHA. The roles and responsibilities of an ASHA include the functions of a healthcare facilitator, a service provider and a health activist. Broadly, her functions involve providing preventive, promotive and basic curative care in a role complementary to other health functionaries; educating and mobilizing communities particularly those belonging to marginalized communities, for adopting behaviours related to better health and create awareness on social determinants, enhancing better utilization of health services; participation in health campaigns and enabling people to claim health entitlements. She is also providing a minimum package of curative care as appropriate and feasible for that level and making timely referrals for further treatment.

ASHA (Accredited Social Health Activist) is health activists in the communities who creates awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. They act as a 'bridge' between the rural people and health service outlets and would play a central role, in achieving national health and population policy goals. The effectiveness of ASHA worker largely depends on the training and support from both the health system and the community.

The table 12 provides a brief of trainings received in the last financial year i.e., 2020-21 as per the ROP approval. In total, 15 trainings were conducted across various programs and sub-divisions which include maternal health, child health, family planning, RKSK, NCD, RI, and child deaths. Maximum number of trainings that were conducted in the last financial year was ASHAs 6-7 Module. The trainings were imparted under various heads to various health personnel's such as on safe abortions to MOs, training on safe abortions for Obs & Gynae followed by quarter review/orientation meeting at block level for 57 "Mission Parivar Vikas" (MPV) districts which were given to ANMs. In addition, a district level dissemination workshop was also conducted. Moreover, training on injectable contraceptives were given to MOs, AYUSH doctors and staff nurses/ANM/LHV. In case of, trainings given to RNTCP training SN & CHO it was planned to impart 10 sessions, however, due to the pandemic only 3 sessions were completed.

**Table 12:** Training Status of ROP in Shivpuri district, 2020-21

List of training (to be filled as per ROP approval)	Planned	Completed
1. DAKSHTA	3	2
2. PPIUCD	3	3
3. RBSK TEAM 4D TRAINING	1	1
4. NCD TRAINING	5	5
5. IMMUNIZATION	3	3

6. DASTAK TRAINING	5	5
7. NDD TRAINING	1	1
8. RNTCP TRAINING SN & CHO	10	3
9. NPCDCS TRAINING	1	1
10. NVBDCP- DENGUE CHIKUNGUNIYA ASHA TRAINING	5	5
11. IHIP	8	8
12. CERVICAL CANCER	3	3
13. ASHA 6-7 Module	16	16
14. ASHA induction Module	4	4
15. ASHA NCD Module	10	10

Source: CMHO, Shivpuri 2020-21

Table 13 describes the number of ASHA's and their training status in Shivpuri district. The requirement as per population by the district was reported to be 2190 ASHA workers and 2145 were selected. 63 ASHA workers are covering more than 1500 population in rural area and in case of coverage of 3000 population. There are 28 villages and the slum area with no ASHA is 7.

ASHAs are the foremost health workers in the field. Our Honourable Prime Minister had set forth social security benefits for ASHAs and ASHA facilitator as to double the incentives for routine activities. Those who meet the said criteria are to be enrolled in these schemes implemented by GoI namely, the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY). The maximum numbers of ASHAs and ASHA facilitator have been given the benefit of PMJJBY with 1003 and 89 workers. Followed by 1088 ASHAs and 93 ASHA facilitator in PMSBY. The numbers of ASHA enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) were 439 and 40 workers

**Table 13:** Number of ASHA's and its Training Status, Shivpuri District, 2020-21

ASHA's Status	Number
Number of ASHAs	
• Required as per population	2190
• Selected	2145
• No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	63/0
• No. of villages/ slum areas with no ASHA	28/7

Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	
• No. of ASHAs enrolled for Pradhan Mantri Jeevan JyotiBima Yojana (PMJJBY)	1003
• No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan JyotiBima Yojana (PMJJBY)	89
• No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	1088
• No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	93
• No. of ASHAs enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY)	439
• No. of ASHA Facilitators enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY)	40

Source: CMHO, Shivpuri 2020-21

Table 14 depicts RBSK team status and its transport facilities availability in the Shivpuri district. The total number of RBSK team sanctioned in the district were 18 but due to the COVID 19 pandemic all the teams were indulged into monitoring to the Corona patients. Only One full team with all HR in place in the district and the rest 14 teams are incomplete. The availability of vehicles for RBSK teams was 15 and the numbers of teams per block were 2. In the district, there were no blocks which were left out by the RBSK team to monitor. In the Shivpuri district, there were 2 blocks where single HR team were posted. The average numbers of children screened per day per team by RBSK were 74.

**Table 14:** RBSK Team Status and Transport Facilities in Shivpuri, 2020-21

RBSK Status	Numbers
Total no. of RBSK teams sanctioned	18
No. of teams with all HR in-place (full-team)	15
No. of vehicles (on the road) for RBSK team	15
No. of Teams per Block	02
No. of block/s without dedicated teams	0
Average no of children screened per day per team	74
Number of children born in delivery points screened for defects at birth	189

Source: CMHO, Shivpuri 2020-21

Although in the beginning of the COVID 19 pandemic the RBSK team screening after a lot but later on the team achieved its targets. Numbers of children born at the delivery points screened for defects at birth were 189.

**Table 15:** Availability of Free Drugs and Diagnostics Services, Shivpuri District, 2020-21

Indicators	Remarks
Implementation of Free drugs services (if it is free for all)	Yes
Implementation of diagnostic services (if it is free for all)	Yes
• Number of lab tests notified	

Status of delivery points	39
• No. of SCs conducting >3 deliveries/month	12
• No. of 24X7 PHCs conducting > 10 deliveries /month	12
• No. of CHCs conducting > 20 deliveries /month	9
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	1
• No. of DH/ District Women and child hospital conducting C-section	1
• No. of Medical colleges conducting > 50 deliveries per month	Na
• No. of Medical colleges conducting C-section	Na
Number of institutes with ultrasound facilities (Public+Private)	(2 +4) = 6
• Of these, how many are registered under PCPNDT act	6
Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	PMSMA organize at DH & 8 CHCs on 9 <sup>th</sup> of every month for ANC & High risk PW checkup/ Treatment

Source: CMHO, Shivpuri 2020-21

Table 15 represents availability of free drugs and diagnostics services in Shivpuri District. It was observed that implementation of free drugs and diagnostics were there in all the facilities visited and the number of notified lab test in the district. There were 39 delivery points in Shivpuri. In the district there were 12 HWC were delivery were operational. All the 12 PHC, 9 CHC and 1 DH were having delivery points and were functional properly. In the Shivpuri District only 2 ultrasound facility is available at DH and 4 private centers. Numbers of cases registered under PCTNDT in the district were 6. Under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) activities performed all HRPW checkup/Treatment given by MO at facility-DH, CHC and HWC-SHC by CHO on 9<sup>th</sup> of every month for ANC & High risk PW checkup/ Treatment.

## 4. IMPLEMENTATION OF NATIONAL PROGRAMME

There are several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes have come under the umbrella of National Health Mission.

### 4.1 Reproductive, Maternal, New-born, Child and Adolescent Health (RMNC+A)

Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Health Mission (NHM). SDG Goal 3 also includes the focus on reducing maternal, newborn and child mortality. In the past years, innovative strategies evolved under the national programme to deliver evidence-based interventions to various population groups. Maternal Health is an important aspect for the development of any country in terms of increasing equity & reducing poverty. The survival and well-being of mothers is not only important in their own right but are also central to solving large broader, economic, social and developmental challenges. Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. The RMNCH+A strategy aim to reduce child and maternal mortality through strengthening of health care delivery system.

#### 4.1.1 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme is under implementation in the district. The scheme has been effective in increasing institutional deliveries over a period of time. The scheme incentivizes both mother and ASHA.

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

In the Shivpuri district, the health officials have made admirable determination in promoting institutional deliveries by equipping facilities at all levels to handle deliveries. While meeting with officials (CMHO) they said that they had proper records for ASHA payments of their incentives and there is no pending record.

#### 4.1.2 Janani Shishu Suraksha Karyakaram (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) to eliminate out of pocket expenditure for pregnant women and sick newborn and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section.

Out of pocket expenditure on diagnostics and transport was reported and observed in the district. JSSK beneficiaries were observed to be spending on pick-up transportation/ ambulance due to the far reach or extremely scattered peripheral location of beneficiaries in the district. However, beneficiaries were aware of the drop-back from facility to the home. No beneficiary in the facilities visited reported spending on drugs. It is an initiative with a hope that states would come forward and ensure that benefits under JSSK would reach every needy pregnant woman coming to government institutional facility. All the States and UTs have initiated implementation of the scheme.

JSSK has been implemented and is functional in Shivpuri District. Beneficiaries are being provided free of cost consultation, drugs and referral transport. However, with respect to diet, only the one's delivering at CHC level is being given food. For the deliveries taking place at sub centres and PHCs, there is no provision of free diet. A recommendation was made to provide nutritious dry food packets containing milk, fruits etc. to mothers with costs equivalent to diet cost under JSSK.

#### 4.1.3 Maternal Death Review (MDR)

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

In Shivpuri district, it was observed that 41 Maternal deaths in the year 2020-21. However, it was reported that MDR is properly functional in the district. It is not listed in the district health action plan and fund is received funds on the time. In the district, 41 maternal deaths occurred due to Haemorrhage refers to excessive loss of blood during the delivery which could have been avoided if the High-Risk Pregnancies are monitored better. Another cause of maternal death is during the commute from the home to hospital, which has been aimed to improve through JSSK but the scheme needs to be implemented effectively. The deaths at home could have been avoided if the

pregnant would have reached an institution with proper supervision to deliver. Also some death deaths were occurred due breathlessness at the time of COVID 19 and there were many mothers in the district who were anaemic.

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

The programme has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India with aim to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. PMSMA guarantees a minimum package of antenatal care services to women in their 2nd / 3rd trimesters of pregnancy at designated government health facilities. PMSMA guarantees a minimum package of antenatal care services to women in their 2nd / 3rd trimesters of pregnancy at designated government health facilities. The programme follows a systematic approach for engagement with private sector which includes motivating private practitioners to volunteer for the campaign developing strategies for generating awareness and appealing to the private sector to participate in the Abhiyan at government health facilities.

The programme is running in the district. ANC checkups are being provided on 9th of every month. Mothers who are found to be severely anaemic during the checkups are given Injectable iron supplements (iron sucrose). Also the district has initiated to provide milk and bananas to such mothers, instructing them to take similar nutritious diet on daily basis. Also, an elaborate ANC record card is provided to every mother wherein records are being maintained. PMSMA organize at DH & 8 CHCs on 9TH of every month for ANC and High risk PW check-up/treatment.

#### 4.1.5 Home Based New Born Care (HBNC)

Under National Rural Health Mission, Home Based New Born Care is being implemented since 2011 for reduction of neonatal mortality in rural areas. The guidelines on Home Based Newborn Care were revised in 2014. Home Based Newborn Care scheme for reduction of neonatal mortality, has incentivized Accredited Social Health Activist (ASHA) for making visits to all newborns and their mothers according to specified schedule up to 42 days of life. The incentive amounts to a total of Rs. 250 for six visits in case of institutional delivery and seven visits in case of home delivery, subject to the following recording of weight of the newborn in Mother Child Protection (MCP) card, ensuring BCG, 1st dose of OPV and DPT vaccination, both the mother and the newborn are safe till 42 days of the delivery, and registration of birth has been done.

This will be confirmed through recording in MCP cards & ASHA visit form. Special training is being provided to ASHA on Module 6 & 7 in this regards and a kit consisting of required equipment and medicine is also being provided. HBNC is functioning in Shivpuri District. In the

year 2020-21 (table 16), a total of 1389 kits were available with ASHAs. Number of newborns visited in the same year are 23600.

**Table 16:** Status of Home Based Newborn Care (HBNC) in Shivpuri, 2020-21

Home Based Newborn Care (HBNC)	Numbers
Availability of HBNC kit with ASHAs	1389
Newborns visited under HBNC	23600
Availability of drug kit with ASHAs	1632

Source: CMHO, Shivpuri 2020-21

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

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

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

The programme is functional in the district but due to COVID no screening has been performed at schools in the last financial year because of the COVID pandemic. The number of children born in delivery points screened for defects at birth is 8. The teams that have been constituted for RBSK have been diverted to perform COVID immunization activities.

#### 4.1.7 Family Planning (FP)

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. A woman's freedom to choose "When to become pregnant" has a direct impact on her health and well-being as well as the neonate. This could be achieved only by providing basket of choices for contraceptive methods. Family planning and its various methods allow the couples to determine their favourable family size and the spacing they want between pregnancies. Needless to say, that family planning is enabling women to choose the number of children they want to raise without letting it take a toll on their physical health. Various family planning methods and techniques exist. Family planning is also important from the perspective of an increasing population.

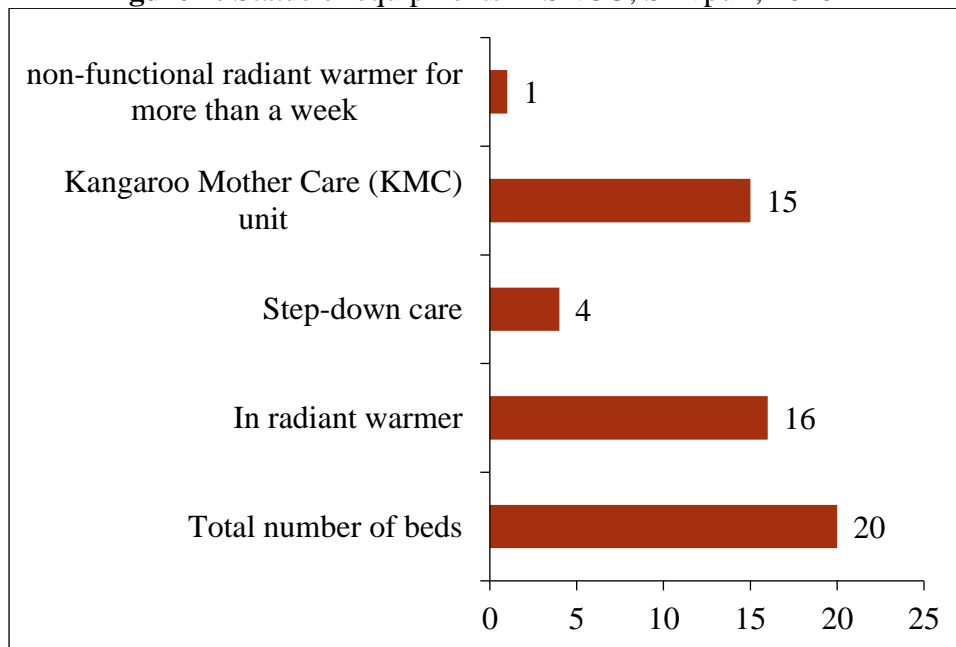
By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions. Activities under family planning are functioning in the district. Female sterilization is noted to be the dominate method under permanent sterilization. PPIUCD, Antara and Chaya are

being promoted at all facilities. Other prevalent methods like condoms were distributed by ASHAs and also available at the facilities visited.

#### 4.1.8 Special Newborn Care Unit (SNCU)

Special Newborn Care Units (SNCUs) have been established at district hospitals which provide care for sick newborns, that is, all type of neonatal care except assisted ventilation and major surgeries. It is a separate unit in close proximity to the labour room with 12 or more beds, and managed by adequately trained doctors, staff nurses and support staff to provide 24x7 services. This report provides a comprehensive overview of the progress made by the country in terms of establishment and functionality of SNCUs during the two year period from April 2011 to March 2013. It describes the progress in the operational status, bed strength, human resource availability, and service utilization of the units.

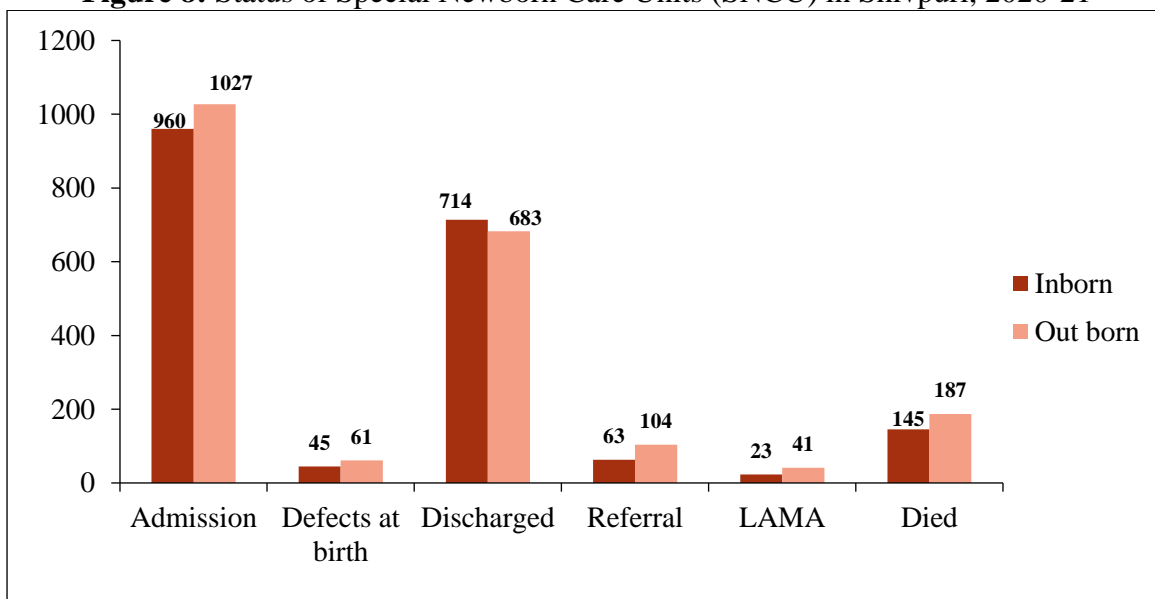
**Figure 7: Status of equipments in SNCU, Shivpuri, 2020-21**



The figure 7 illustrates the status of equipments in SNCU in Shivpuri district of Madhya Pradesh. In the district, total number of beds available in the SNCU is 20, number of radiant warmer is 16, number of Kangaroo Mother Care (KMC) unit is 15 and number of step-down care is 4. In the district only one radiant warmer who is not functional for more than a week and there is no phototherapy unit in the district.

The figure 8 depicts the status of Special Newborn Care Units (SNCU) in Shivpuri. In the district the number of Inborn and Outborn admission is 960 and 10277. The number of defect at birth in inborn admitted in the facility is 45 and for outborn is 61. The children are discharged from the city were 714 (in born) and 683 (outborn). The number of children referred in the SNCU is 63 inborn and 104 outborn. The number of children had LAMA 23 were inborn and 41 were outborn. The numbers of children died in SNCU 145 were inborn and 187 were outborn.

**Figure 8: Status of Special Newborn Care Units (SNCU) in Shivpuri, 2020-21**

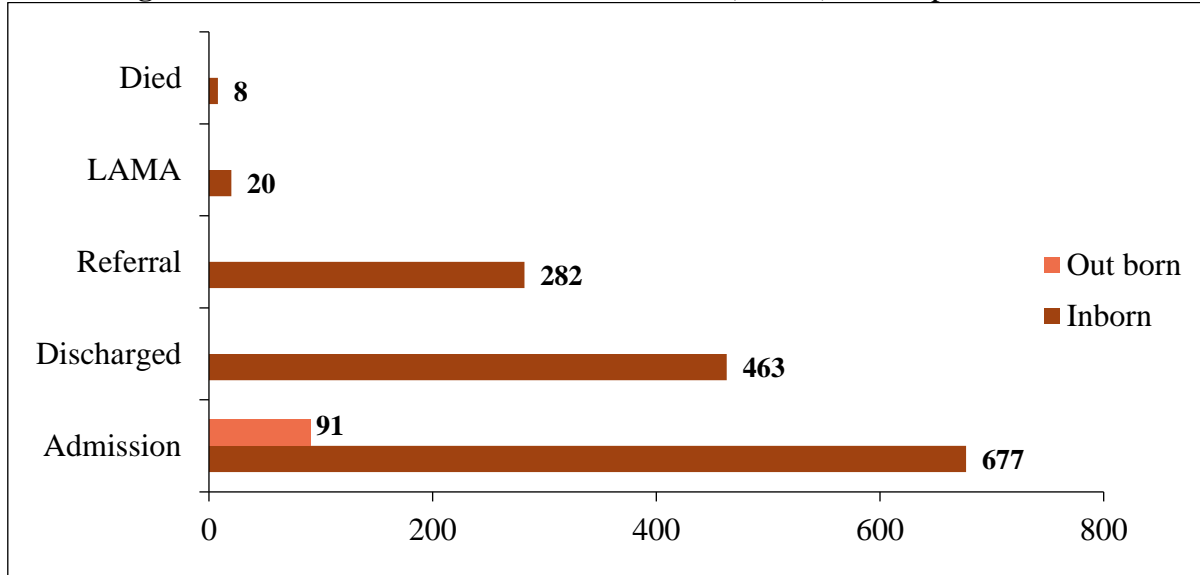


#### 4.1.9 Newborn Stabilization Unit (NBSU)

Newborn Stabilization Units (NBSU) are an important part of the facility based newborn care. They have been established at the sub district level (First Referral Unit/Community Health Centre) in order to provide facility based newborn care to babies delivered at the same health facility and to sick and small babies delivered at other health facilities closer to FRU/CHC. The advantage of a functional NBSU is that it adds to the total bed capacity available in the district for newborn care, while making provision for newborn care closer to home for many sick and small babies. Current data shows that the mortality is higher in babies referred from home/other health facilities (out born), as compared to the facility born babies (inborn). This could be due to the fact that currently newborns are referred to Special Newborn Care Unit (SNCU), without adequate pre referral management. This gap can be addressed at an optimally functioning NBSU. NBSUs have an important role of stabilizing these sick & small newborns before they reach SNCU and managing not so seriously sick newborns so that the limited SNCU beds are utilized for those who need advanced care. To fulfill your role as quality service provider for newborn care in the FRU/CHC,

this course will help you in acquiring essential knowledge and skills for optimal management of newborns presenting at NBSU.

**Figure 9:** Status of Newborn Stabilization Unit (NBSU) in Shivpuri, 2020-21



The figure 9 depicts the status of Newborn Stabilization Units (NBSU) in Shivpuri. In the district the number of Inborn and Outborn admission is 677 and 91. The children are discharged were 463. The number of children referred in the NBSU is 282. The number of children had LAMA were 20. The numbers of children died in SNCU were 8.

#### 4.1.10 Nutrition Rehabilitation Centre (NRC)

Nutrition Rehabilitation Center (NRC) is a in a health facility where children with Severe Acute Malnutrition (SAM) are admitted and managed. A steady linkage with ICDS identifies and refers severely malnourished children in the community using MUAC tape. Children are admitted in NRC as per the defined admission criteria adopted in line with IAP 2006 and new WHO 2009 recommendations and provided with medical and nutritional therapeutic care.

Malnutrition, as a major public health and nutrition challenge faced by many developing countries, stands as a consequence of several key social and economic factors such as lack of education, inadequate health care services and ill-informed cultural behaviors. Underpinning all these is the fact that poverty, by and large, is the principal cause of poor feeding habits. In order to holistically address the issues surrounding malnutrition, a comprehensive understanding of the multidimensional complexities at play in society is crucial.

Child under nutrition encompasses stunting (chronic malnutrition), wasting (acute malnutrition) and deficiencies of micronutrients (essential vitamins and minerals). It significantly contributes to under5 mortality as undernourished children have increased susceptibility to infections and hence frequent episodes of diarrhoea, acute respiratory infections, malaria and measles. It also leads to growth retardation and impaired psychosocial and cognitive development. This has impact on education attainment. The degree of cognitive impairment is directly related to the severity of stunting and iron deficiency anaemia. Screening for Malnutrition is done in the community as well as by Health Staff by measuring weight and height in a given population. Management of these severely malnourished children does not require sophisticated facilities & equipments or highly qualified personnel. It does require that each child be treated with proper care & affection, and that each phase of treatment be carried out properly by approximately trained and dedicated health personnel. When this is done, the risk of death can be substantially reduced and the opportunity for full recovery greatly improved.

Once discharged from the NRC, the child continues to be in the Nutrition Rehabilitation program till she/he attains the defined discharge criteria from the program. In addition to curative care special focus is given on timely, adequate and appropriate feeding for children; and on improving the skills of mothers and caregivers on complete age appropriate caring and feeding practices. In addition, efforts are made to build the capacity of mothers/caregivers through counseling and support to identify the nutrition and health problems in their child.

**Table 17: Status of Nutrition Rehabilitation Center (NRC) in Shivpuri, 2020-21**

Nutrition Rehabilitation Centers (NRC)	Numbers
Admission	898
○ Bilateral pitting oedema	44
○ MUAC<115 mm	92
○ <' -3SD WFH	145
○ with Diarrhea	576
○ Others	41
Referred by	
○ Frontline worker	798
○ RBSK	57
○ Pediatric ward/ emergency	43
Discharged	687
Referral/ Medical transfer	58
LAMA	115
Died	0

Source: CMHO, Shivpuri 2020-21

The table 17 represent the Status of Nutrition Rehabilitation Center (NRC) in Shivpuri. It was observed that the 898 children got admitted in the NRC, in which 44 were Bilateral pitting oedema, 92 were from MUAC<115 mm, 145 were from<' -3SD WFH, 576 were from Diarrhea and 41 were

from others. The numbers of children referred by frontline worker were 798, 57 by RBSK and 43 by Pediatric ward/ emergency. The children are discharged were 687. The number of children referred/ Medical transfer in the NRC were 282. The number of children had LAMA was 115. No children died in NRC.

## 4.2 Disease Control Programme

### 4.2.1 Integrated Disease Surveillance Programme (ISDP)

The key objective of the programme is to strengthen/maintain decentralized laboratory based IT enabled disease surveillance system for epidemic prone diseases to monitor disease trends and to detect and respond to outbreaks in early rising phase through trained Rapid Response Team (RRTs). In the Shivpuri district, there is a rapid response team working very efficiently and monitoring after all the diseases.

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

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

The micro and macro plan for NVBDCP have been reported to be available at the district level. The annual blood examination rate for the diseases has been 9 percent test conducted for last year due to lab technicians and lab assistants been shifted to COVID duties. LLIN distribution and Indoor Residual Spray (IRS) has been done in the last year in 192 villages with 116950 LLIN. The method which is used for Anti-larval is house to house larva survey, temiphose and oil feeling. In the district no contingency plan for epidemic is prepared but weekly, day report of all health facility epidemiologist and entomological situation is monitored.

### 4.2.3 National Leprosy Eradication Programme (NLEP)

It is a chronic infectious disease caused by Mycobacterium leprae. It usually affects the skin and peripheral nerves, but has a wide range of clinical manifestations. The National Leprosy Eradication Programme is a centrally sponsored Health Scheme of the Ministry of Health and Family Welfare, Govt. of India. The NLEP's mission is to provide quality leprosy services free of cost to all sections of the population, with easy accessibility, through the integrated healthcare system, including care for disability after cure of the disease.

NLEP is functioning in the district. In last year, 34 new cases were reported and 2 cases for G2D. Multi Drug Therapy (MDT) and MCR footwear and self-care kit have been reported to be available

without interruption. No reconstructive surgery for G2D cases being conducted in the district. A MCR footwear and self-care kit is available in the Shivpuri.

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

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria. It spreads through air when a person suffering from tuberculosis cough, sneeze or spit. TB remains to be major public health problem in India. TB control efforts are initiated countrywide since 1962 with inception of National TB Control Programme. It aims at diagnosing and caring for TB cases both in the public as well as in the private sector. The Drug sensitive is treated using Fixed Drugs Combinations through Directly Observed Treatment (DOTS) strategy.

NTEP is functional in the district. A total of 92 percent target TB notification was achieved in 2020-21. There are 2677 eligible TB patients with UDST testing and out of which 4078 were HIV positive. Drugs for both, drug sensitive and drug resistance TB have been reported to be available. Out of 4147 patients notified from public sector, 95 percent have been reported to have been successfully cured. The number of patients notified from public sector is 4147, out of these 95 percent have been successfully cured. The number of MDR TB patients is 90 and the initiation for the treatment among MDR TB patients were 90. The number notified from private sector is 431, out of these 61 percent have been successfully cured. A total of 5825 beneficiaries have been paid under Nikshay Poshan Yojana.

#### 4.2.5 Comprehensive Primary Health Care (CPHC)

Over the years, the emergence of Universal Health Coverage has arisen as a key objective for assuring accessible, affordable, and quality health care services. One such target is being achieved through the recently launched programme that is the Ayushman Bharat-Health and Wellness Centres (HWCs). The prime aim of HWCs is to provide all the health care services under one umbrella by covering majority of the population.

The Ministry of Health and Family Welfare (MoHFW) has rolled-out the programme with a view to furnish wide and expanded range of services through Comprehensive Primary Health Care (CPHC) and cater the needs specifically at the peripheral level.

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

With regards to the allotment and functional HWCs across various tiers it is quite visible from the figure that after 2018-19 no such HWCs has been functional since the allotment. Almost all the

HWCs have been transformed in the year 2018-19. However, out of the 13 PHC's, all the 13 PHC's have been converted into HWCs in 2019-20 and same is the case of SC's.

**Table 18: Status of Comprehensive Primary Health Care, Shivpuri, 2020-21**

Indicator	Planned	Completed
Number of individuals enumerated	468313	191146
Number of CBAC forms filled	468313	115008
Number of HWCs started NCD screening:	266	144
a. SHC- HWC	-	129
b. PHC- HWC	-	13
c. UPHC – HWC	-	2
Number of individuals screened for:		
a. Hypertension	-	1907
b. Diabetes	-	829
c. Oral Cancer	-	4
d. Breast Cancer	-	2
e. Cervical Cancer	-	2
Number of HWCs providing Tele-consultation services	-	129
Number of HWCs organizing wellness activities	-	61

Source: CMHO, Shivpuri 2020-21

As per the plan 468313 individuals have been enumerated of which 191146 enumerations have been completed. Till now, 115008 CBAC forms have been completed but some are still pending as majority of the CHOs have been deployed in the COVID-19 duty due to which they are unable to update the portal and fill the CBAC forms on time.

Out of 244 SC-HWC's, 129 SC-HWCs have started their NCD screening followed by 13 PHC-HWC and 2 UPHC that have been transformed into HWC. Out of the planned individuals who are screened through CBAC forms the majority of the cases were observed for hypertension, diabetes, oral cancer, breast cancer and cervical cancer. A total of 129 HWCs are providing tele-consultation services and 144 HWCs organizes wellness activities are being performed such as yoga etc.

## 5. SERVICE AVAILABILITY AT HEALTH FACILITIES- FACILITY WISE OBSERVATION

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

### 5.1 DISTRICT HOSIPTAL, SHIVPURI

- The monitoring team visited district hospital of Shivpuri- District Hospital. The facility has an average OPD load of 200 patients per day and 40-45 deliveries per day.
- The facility was 400 bedded Hospital and out of that 30 beds were in the ICU.
- The district hospital building was old and the infrastructure needs to be renovated.
- Maternity ward has 80 beds and all the equipments have being working. Due to over load of OPD in the hospital which create a major issue, which is the crunch of HR in the facility but they manage to work.
- The facility has 24 by 7 running water and availability of drinking water all the time. Clean and functional toilets separate for male and female.
- The facility were having geriatric and disability friendly ramp and sufficient arrangement of OPD waiting area for the patients.
- Availability of all the drugs and proper storeroom with rack and well maintained data for the expiry medicine.
- All the services were available in the hospital for the beneficiaries like JSSY, PSY, NCD, Trauma, Aayushman, RMNCHA, E- Sanjivani, ANMOL, E- Hospital, E- RaktKosh, Lab, CT-Scan, Dialysis, SNCU, Vaccination, etc.
- All the specialized services were available in addition General OP, ANC, Delivery, Immunization, FP, and Laboratory services like medicine, O&G, Pediatric, General Surgery, Anesthesiology, Ophthalmology, Dental, Imaging Services (X-Ray), USG, DEIC, NRC, MNCU, NICU, PICU, Labour Room Complex, ICU, Dialysis Unit and Emergency Care.
- The facility having telemedicine services and about 70 average cases per day in the OPD.
- The operation theatre is available in the hospital with all the services like single general OT, electric OT-Major general, electric OT-Major ortho, obstetrics & Gynecology OT, Ophthalmology/ENT OT and Emergency OT.



Figure 10: District Hospital, Shivpuri

- In the hospital blood bank were functioning properly and availability of all the blood group and at the time of requirement free blood is given to BPL patients.
- The laundry service is available at the facility. Proper cleanliness in the hospital and also bed sheet was cleaned. In the facility, they were having proper machines for washing and only 7 people for washing and the staff were getting full support and effective work were showing.
- Lot of Issues related to portal as JSY portal has some technical problem and that is the major reason of lack of payment starts at the very initial stage i.e., from the field and also incomplete entries done by ASHAs. Beneficiaries who didn't have MPID are not eligible for the incentives and the maximum number of beneficiaries were not having the IDs.
- Many of the ANMs were not aware of proper functioning of ANMOL tablet. In the last 2 years, 3-4 versions have been changed in the ANMOL tablet, due to lack of knowledge and understanding they were unable to operate it.
- A single wrong entry in the tablet will generate back lock for the payments of ASHAs and beneficiaries both.
- According to MO and CMHO the ANMOL software need to be simple so that ANMS can operate it easily because of its complication wrong entry is done which suffers the beneficiaries and ASHAs at that time of their payments. There is no option to rectify the error if a mistake done by ANMs.
- MO suggested that they have to fill the data in 31 portals for data entry, instead of them only 1 portal would be enough to update the details.
- The labour room was clean, with shoe covers, slippers masks and head cover are readily available outside. But most of the time there is a shortage of mask and clothes in the facility.
- The district hospital has sufficient staff (table 19). It was observed, that while monitoring at the facility there was proper work going in the hospital.

**Table 19:** Details of HR available in the District Hospital, Shivpuri, 2020-21

Human Resource	Sanctioned	Regular
MO (MBBS)	25	26
Specialists		
Medicine	05	-
ObGy	04	-
Pediatician	07	-
Anesthetist	04	01
Surgeon	05	02
Ophthalmologist	02	-
Orthopedic	04	01
Radiologist	02	01
Pathologist	01	-
Dentist	03	01
Staff Nurses/ GNMs	175	168
Pharmacist	10	08

Source: District Hospital, Shivpuri 2020-21

- At the time of monitoring, the facility have all the supply of Emergency contraceptive pills, sugar testing kits and pregnancy testing kits and maintained proper records for the follow up.
- In the district hospital previous year there were 12 maternal deaths and in the current year it is 9. Similarly, if we see number of child death reported in the facility in the previous year was 332 and in the current year it is 173.
- Staff nurse of the DH is participating actively in CCP- “Care Campaign Programme” in ANC ward to aware the women and its family about the proper planning and care of the mother at the time of her pregnancy. They had Martyr trainer and Catalogs to support the campaign on daily basis (Figure 11).
- Consumables like gloves were observed to be re-used which can foster various infections.
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc. were well maintained and updated.
- In the district hospital 102 in house test is conducted and 102 outsourced like CBC, LFT, RFT, PT, APTT, Liquid Profile amd Thyroid.
- The availability of X-Ray machine with proper AERB certified. Also availability of sufficient amount of testing kits and rapid diagnostic kits.
- Services delivery in the post-natal wards was fully efficient. All beneficiaries were provided with diet services free of charge and were asked to stay for more than 48 hours post-delivery. On interaction with the beneficiaries, they cited that no cost was borne by them for the diet, drugs, or diagnostics and timely doctor rounds were observed. They were fully satisfied with the services being rendered at the facility (Figure 12).
- The beneficiary interaction surfaced that no cost was borne by them for the delivery and timely doctor rounds were observed.
- There is a huge OPD in the hospital, to manage the people there is a required of security guard.



Figure 11: Care Campaign Programme, DH



Figure 12: Interaction with Beneficiaries about the service deliveries, DH

## 5.2 URBAN PRIMARY HEALTH CENTRE, KAMLAGANJ

- The health facility was easily accessible from the nearest road. It is a 2 bedded facility. The OPD load remains is 50-80 cases per day. It used to be approx. 100 before COVID.

- The facility has 24 by 7 running water and availability of drinking water all the time. Clean and functional toilets separate for male and female and availability of both suggestion/complaint box.

- No staff quarters are available for any Medical Officers or Staff Nurses.



**Figure 13: Urban PHC, Kamlaganj**

- No shortage of tablets was observed. The overall cleanliness at the facility was up to the mark.
- Record maintenance with regards OPD, IPD, ANC, PNC registers was proper and complete.
- The IEC material, Citizen Charter was also efficient displayed at the PHC with regards to visibility as well as coverage of schemes/programmes.
- The facility is managed by 1 MO, 6 ANMs, 2 Pharmacist and 1 ward boys.
- The bio-medical waste is dispose by on call vehicle.
- Most of the patients come for fever, cough, cold and fungal infection. Most of the patients for skin infection because water infection and dusty area.
- The services provided here include OPD, testing, Routine Immunization and ANC. The facility does not having any delivery.
- For Family planning Antara, Chaya and IUCD are promoted. Mostly female preferred Antara and condoms were also distributed to males. Family Planning counselling regularly done by ANM.
- Tele-medicine consultation service is not operation at the facility.
- A laptop has been provided to record NCDs, after screening and recording the daily OPDs. Screening of diabetes and hypertension is done with high risks found mostly in the age group falling above 45. The maximum number of confirmed cases for hypertension are 672 and confirmed cases for diabetes are 480.
- Yoga is done at the facility in every 10 days in a month and around 7-8 people come for the yoga exercise at the facility.

### 5.3 COMMUNITY HEALTH CENTRE, PICHHORE

- The Community Health Centre Pichhore cater to a catchment population of 22 lakh people at the block level health provision cater by 6 TB unit and total 17 DMC.
- CHC Pichhore is a 30 bedded facility and per day OPD is 350 and 20 deliveries per day which means 300 deliveries taken place per month, out of which 50 C-Section deliveries per month.
- The delivery status and ANC status is good at the facility because of 2 gynecologist available at the CHC all the time.



Figure 14: CHC, Pichhore

- The maximum number of load of ANC and pregnant women at the facility as the MO wants the facility to be 100 plus bedded because of it's over load.
- This CHC is working like a district hospital as so much of beneficiaries load all the time.
- The maximum number of patients coming to the facility were for hypertension, diabetes and women for iron sucrose.
- Currently the major OPD as the beneficiary is coming for viral fever, cold and cough and fungal infection.
- ASHAs and ANMs are less active in the block and only 20-25 percent registered for ANC by ASHAs for 1<sup>st</sup> trimester. The beneficiaries visit to facility on their 7<sup>th</sup> or 8<sup>th</sup> month which is the major cause of their anemic mothers. Due to tis 10-15 percent home deliveries are there in this area.
- Ineffective counselling done by ASHA and lack of awareness in the family as they are not education enough to understand about the family planning process.
- CHC Pichhore has only 1 ambulance 108 in the block and recently they had received 2 more ambulance. There is a network issue in the area which create problem at the time of calling the ambulance.
- In the Pichhore blocks maximum number of pregnant women were facing a major issue of iron deficiency. As it's a tribal belt, so is very difficult for ASHAs, ANMs and the MOI to counsel the beneficiary.
- In the facility, all mothers were asked to stay for 48 hours after birth and provided diet free of cost. However JSY payments weren't made before discharged. Such payments were initiated through PFMS.

- CHC Pichhore is having in house kitchen and all provisions under JSSK including diet is provided timely.
- CHC were having cold chain and records were properly maintained.
- Many of the beneficiaries come by their own vehicle as they don't use ambulance. Although they have full information about JSY services at the time of the 1<sup>st</sup> ANC registration but they are using their own transport.
- Within 30 minutes the breastfeed is done on the table of delivery at the facility.
- All essential drugs and supplies were available and proper registered is maintained at the time of supply. Also there is no storage issue for keeping the medicines.
- From the last 5 years there is no institutional maternal deaths at the facility. But there is 7-8 child death at the facility due to lack of ANC.
- CHC Pichhore is the only facility in the whole Madhya Pradesh who had qualified for both Kayakalp and LAQSHYA. Awarded Kayakalp from the last 3 years and for LAQSHYA it is certified. The score of the labor room was 87 and for OT it was 86.
- At the facility there is no provision for dental checkup and the beneficiaries are referred to district hospital.
- In the last financial year rate of sterilization of male is 17-18 people. The reason behind such situation is that the facility provided gifts and dresses for the men. Also, the motivator gave his own incentives to the people in order to get male sterilization done.
- Regular VHND Programme is rural areas for those people who were unable to reach the facility.
- The staff nurse regularly gave counselling to women and her family members in the ANC ward and also in the labor room.
- Every Wednesday ASHAs monitor specifically to pregnant and high risk pregnancies to guide them, where to go for delivery.
- CHC has only 1 data entry operator. His position has changed now he has is BPM/operator and DCM which creates a huge bulk of over load of work and he as to do the data entry work which creates backlog in the entries.
- All the specialized services were available in addition General OP, ANC, Delivery, Immunization, FP, and Laboratory services at the facility like medicine, O&G, Anesthesiology, Imaging Services (X-Ray), USG, New born Stabilization Unit except Pediatric, General Surgery, Ophthalmology and Dental.
- NRC is available at the facility with proper diet given to the children and their mother.
- Bio-medical waste management as the van came to the facility at very alternative days.
- AYUSH is functional at the facility and all the required drugs is also available.
- In RBSK only male doctor team is available, so adolescent girls couldn't share the personal details to the male doctor.
- 100 test per day for COVID as the target for the 1<sup>st</sup> dose of the age group 18 plus to 45 years was 1,26,000 and achieved 1,16,000.

- In the facility, all mothers were asked to stay for 48 hours after birth and provided diet free of cost. However JSY payments weren't made before discharged. Such payments were initiated through PFMS.
- CHC having all the equipment's, sufficient essential drugs and its supplies was on time. Overall the CHC were very actively performing activity and were doing their jobs enthusiastically.
- All records were available, updated and correctly filled in line listing Performa. Also all IEC materials were correctly displayed.
- The IEC materials were displayed effectively informing about all the new schemes and updated programs under NHM and all the registers were updated and well-maintained.
- 24/7 running water, availability of complaint and suggestion box, electricity back up, functional and clean toilet for both male/ female and also washroom was attached to the labor room. CHC having staff quarters for MO, staff nurse and was not properly maintained.
- There was proper waiting area and sitting arrangement was also ample for the public.
- Tele-medicine consultation service is also available and an average of 1-2 cases arrive per day.
- The block has majority of the cases of diabetes (230) than hypertension (164) when screened. The confirmed number of cases of hypertension are 28 and that of diabetes are 8.



**Figure 15: Well Equipped Facility, Pichhore**

## 5.4 PRIMARY HEALTH CENTRE, KHOD

- The Primary Health Centre Khod distance from district headquarter is 25 km. The health facility was easily accessible from the nearest road. It is 11 bedded facility.
- The facility cater 33,448 population.
- Staff quarters are available for Medical Officers and Staff Nurses but it was in a bad conditions.
- No shortage of tablets was observed. The overall cleanliness at the facility was up to the mark.



Figure 16: PHC, Khod

- Record maintenance with regards OPD, IPD, ANC, PNC registers was proper and complete.
- There was electricity power backup; 24/7 running water, clean toilet separate for male/female, functional and clean labor room with attached washroom and availability of both suggestion/ complaint box.
- The IEC material, Citizen Charter was also efficient displayed at the PHC with regards to visibility as well as coverage of schemes/programmes.
- The OPD load remains is 100 cases per day. The maximum number of patients come for cough, cold and fever. The facility is managed by 1 MO, 2 Staff nurses and 1 LT.
- In the last financial year the most wide spread diseases was Dengue and Malaria. But this year no such cases were there.
- The services provided here include OPD, testing, Routine Immunization, ANC, PNC and delivery. Delivery rate is high with 100 deliveries per month.
- Consecutively, from the last 3 years, PHC KHOD awarded for Kayakalp.
- In PHC Khod, JSY payments is not on time as the beneficiaries don't have their documents and at time there is a network issue. The diet under JSSK scheme is being provided as the facility having in-house kitchen.
- The new building is not functional yet, as the architecture of the building is not correct. The building flooring is low from the old infrastructure. At the time of rainfall water lodging in the new building.
- The bio-medical waste is dispose of in pits. No van come to collect the biomedical waste.
- Referral register is properly updated. No data entry operator at the facility. Medicines reaching their expiry dates are sent to facilities where they have drug shortages for optimum utilization.

- A laptop has been provided to record NCDs, after screening and recording the daily OPDs. The maximum number of cases that were screening are of hypertension i.e., 68 followed by diabetes with 12 cases. The confirmed after screening for hypertension were 12 and for diabetes were 3.

## 5.5 HEALTH WELLNESS CENTRE, UMARIKALA

- HWC UmariKala cater 4,500 population and the maximum number of population is Lodhi's (OBC).
- The branding of the facility was not done because only 1 organization for the tender of branding in the whole block, which took enough time to reach the facility and complete the work.
- In the facility 3 room were available, out of which 1 room is permanently locked, one room is used by ANM as she is living with her family and he third room operational for the beneficiaries.



Figure 17: HWC, UmariKala

- Record maintenance was found to be up to the mark in the facility.
- Equipments in the SC were functional and well maintained. Supply of essential contraceptives was also observed.
- All the procured IEC material was not properly displayed.
- Availability of all the drugs and their supply.
- No issues were reported with regards to the procurement of untied funds.
- There was no complain/suggestion box in the sub centre.
- The CHO is busy on COVID duty, so OPD was in process at the near mid-school in the village. As the daily OPD is 10-15 patients per day.
- The maximum number of patients come for the OPD were hypertension, body ache and the 30 years old plus age group people come for their checkup.
- The facility didn't have water and electricity connection.
- The CHOs have a functional tablet for data feeding in the HWC portal.
- All the essential instruments were available at the facility such as thermometer, BP instrument, contraceptives and glucometer.
- Teleconsultation services have been started and majorly the cases that are being observed by the CHO are skin issues, fever, abdomen pain etc.
- Regular counselling for family planning by ASHAs and ANMs.

## 5.6 COMMUNITY INTERACTION

The team visited UmariKala Village for gathering community perception on provision of health services. Villagers were gathered at the Health and Wellness Centre UmariKala and the team interacted with villagers both individually as well as in groups.

- ◆ With regard to health seeking behaviour, it was reported that along with the existing public facilities, there is no private clinics in the surrounding area and people are satisfied with the facilities. CHO are no available at the centre because of the COVID duty but whenever they free from the duty OPD was in process at the near mid-school in the village. ASHAs are locals and are closely connected to rural families. And these facts help them in helping and empowering other women. ASHAs are formed to serve as a significant communication mechanism connecting the wide-ranging healthcare system to the rural areas. The contribution of ASHAs towards the attainment of female sterilization showcases their fruitful work done in these areas, and their performance levels have been ever increasing with time.



Figure 18: Community Interaction, UmariKala Village

- ◆ The village people were satisfied with the work of ASHAs and Anganwadi workers, as Anganwadi worker probably know the whole of the village because she goes to homes to meet people and talk to women. Same is the case with ASHA; she also go to houses, meet people, counsel, and converse with them on their problems. Both the Anganwadi and ASHA workers hold a position of respect in the village. They inspire confidence amongst the ones they live in, which means that people will listen to them. Furthermore, discussion with the village people, they said that both the workers create awareness amongst themselves by gathering and discussing their problems and discussion on various useful topics. They bring the natives of the villages close and therefore form a strong network of people, which can assist in accomplishing the rural campaigns effectively.
- ◆ However, for Antenatal Care, majority of women resort to public health facilities. These are driven by ASHAs and availability of female ANM at public facilities. Health interventions

designed to reduce the risk of ill-health and promote feelings of well-being in a community must consider many social and environmental factors. These factors will vary in importance between communities, because of differences in the current services, facilities, priorities and needs of the communities, and because communities change over time. If health interventions are needed in several areas, they may need to be prioritized before they are implemented. Several programmes, such as primary health care or the Basic Development Needs programme, address the factors that influence the health and well-being of communities. Advice on these programmes is available from a number of sources.

- ◆ ANMs and ASHAs work at all levels of rural families as well as their communities. They advise parents about the nutrition they give to their children; they also guide pregnant women about self-love and care along with nutrition-based suggestions. They advise couples about family planning and healthy living. This assistance makes them very closely involved in the household of the people. Healthy communication levels and a close relationship is the first step in enhancing rural campaigns. These groups and volunteers can help in promoting rural campaigns as they know better about the working style and psychology of the people aimed for local campaigns.
- ◆ They already have an established network of local professionals, familiar people, and they meet up regularly. The ANMs and ASHAs have a strong bond with the locals and therefore have a considerable number of people who listen to their pieces of advice and instructions. They have spoken to families and have been an integral part of many family groups. The extra monetary contribution will help them grow their centers better and therefore is the right drive for them to work harder for a rural campaign. ANMs don't just know one family; they know multiple families who make the outreach even bigger and better.
- ◆ Many factors influence health and some may have both good and bad influences. For example, surface water bodies can be beneficial as they can supply water for domestic and agricultural work, may be used for fishing and recreation, and can create a pleasant environment. However, they can also be breeding areas for insects and snails that transmit diseases such as malaria, dengue fever and schistosomiasis. Pollution of water bodies by humans also increases the risks to health. With regard to behaviour of health service providers, it was reported that ANM and CHO at the HWC at UmariKala were very cooperative and friendly but due to COVID duty CHO is not able to attend the community people in the morning but after the duty in the COVID centre he attends the patients in the village school premises.
- ◆ Personal hygiene is essential both for improving health and for sustaining the benefits of interventions. For example, if injuries and minor cuts are not kept clean, they may become infected and lead to further health problems. And even though water supplies and sanitation facilities may be constructed in a community, unless people use these facilities properly and

wash their hands after defecation, store water safely, bathe, and clean clothes and utensils properly, diseases caused by poor water and sanitation may still exist.

- ◆ All people suffer from disease at some point in their lives and may need to seek medical advice and treatment. Small children in particular may be prone to illnesses that require treatment and there are several infectious diseases for which immunization is recommended as ASHA and ANM daily went for the field visit. In all cases, the health outcomes are profoundly affected by whether health care facilities are available to the people.
- ◆ None of the villagers in the gathered group reported to have incurred any out of pocket expenditure in the public health facilities. Ambulance service was being utilized by people in the district especially by pregnant women. With regard to behaviour of health service providers, it was reported that ANM and CHO at the HWC at UmariKala were very cooperative.
- ◆ In the community many diseases are caused by food, water and hands that are contaminated by disease-causing organisms. These diseases, which include dysentery, cholera, giardiasis, typhoid and intestinal worm infections, are responsible for much sickness. In the community good quality drinking-water and good personal hygiene in food preparation and handling are therefore of utmost importance in preventing the spread of these diseases. Diseases transmitted closely linked to the characteristics of the local ecology like standing water or irrigation systems, human behaviour and socioeconomic status in which capacity to maintain a clean environment.
- ◆ To improve the health of people in a community a number of problems may need to be resolved. While it is better to address these problems in an integrated way, it may be necessary to establish priorities and deal with the most pressing issues immediately. This situation could arise, communities or service providers have limited resources and can tackle only a few problems at a time. Community members of UmariKala village also have different perceptions of the main problems: people living in low-lying areas prone to flooding may feel that drainage is the major problem to be resolved, whereas those living in higher areas may be more concerned with water supply.
- ◆ When asked about lifestyle and living conditions in the village, it was reported that the village environment clean and to reduce health risks, solid waste should be disposed of properly in the community. Untreated refuse is unsightly and smelly and degrades both the quality of the environment and the quality of life in the community. It also provides a breeding ground for disease vectors, such as mosquitoes, flies and rats. The waste is not properly disposed of, animals can bring it close to the home and children can come into contact with disease vectors. The community, solid waste disposal programmes require action at both household and community levels - if only a few households dispose of waste properly, the village environment may remain dirty and contaminated. It was advised to the Community members should decide

how important solid waste management is and determine the best ways to achieve waste-management goals.

- ◆ The ANMs, Anganwadi and ASHA are firmly rooted in the social network of the local people and the villagers. Social networks and public relations are the backbones of every successful rural marketing campaign, and this network plays a crucial role in promoting rural campaigns too. Further, these workers have the advantage over specialists as they live in the same rural areas, which offer them insights into the locality and helps in identifying the root of issues and in solving them swiftly. Additionally, these are in constant need of monetary help, so if the motivation is high, they will perform better and be enthusiastic about rural campaigns. They also have superior social skills and can, therefore, more effortlessly interact with the local people. They are an integral part of a village's social set-up, and as locals, they know and are at ease with the local languages, approaches, and ways, familiar with the people, and are so highly trusted, which further promotes all categories of rural campaigns.

## 6. CONCLUSION AND RECOMMENDATION

### 6.1 CONCLUSION

Population Research Centre, Delhi has been assigned various states of the country by the Ministry of Health and Family Welfare for evaluation and monitoring of NHM Programme Implementation Plans (PIPs). The team is expected to carry out field visits for quality checks and improvements of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Shivpuri District of Madhya Pradesh. The team visited health facilities viz: District Hospital, Shivpuri, UPHC Kamlaganj, CHC Pichhore, PHC Khod and HWC, UmariKala. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of NHM. A summary of our findings in the district is presented below:

With regards to Public health infrastructure, there is 1 District Hospital, 9 Community Health Centres (CHCs), 13 Primary Health Centres (PHCs), 3 Urban Primary Health Centres (PHCs), and 272 Sub Centres (SCs) in Shivpuri. In addition, 1 blood storage unit, 3 Tuberculosis units and 1 CBNAAT Site are functioning in the district. The total numbers of UPHC's present in the district are 3 and no UCHC's are available. One Special New-Born Care Unit (SNCU) and three Nutrition Rehabilitation Centres are present at the DWH. Moreover, there are 2 first referral units (FRUs), 1 blood bank, and 1 blood storage unit. Almost all the Urban Primary Health Centres have been transformed into HWCs. Furthermore, out of 272 SC's, only 244 SCs have been converted into HWC's the proportion is less. In addition, the number of functional NCD clinic is found to be at the DH only 1 and CHC level 9 clinics. The total number of institutions providing comprehensive abortion care services (CAC) is reported to be at 3 facilities. Only 1 facility are providing 1st trimester services i.e., at DH, District Combined Hospital (DCH) and PHC. The total numbers of facilities providing both 1st and 2nd trimester services are also 2 at the facility. However, it must be noted that the district doesn't have District Early Intervention Centre (DEIC) and Microscopy centre (DMC).

Meeting CMHO, DPM and all the respective nodal of the district there is a major crunch of staff in the district but they are still managing with the less staff. According to CMHO the ANMOL software need to be simple so that ANMS can operate it easily because of its complication wrong entry is done which suffers the beneficiaries and ASHAs at that time of their payments. There is no option to rectify the error if a mistake done by ANMs. CMO suggested that they have to fill the data in 31 portals for data entry, instead of them only 1 portal would be enough to update the details.

ASHA is volunteer health activists in the communities, who is creating awareness on health and its social determinants and mobilize the community towards local health planning and increased

utilization and accountability of the existing public health services. She is a promoter of good health practices. ASHA will be entitled for Performance Based Incentives fixed by the NRHM State HQ for prefixed activities only. The performance based incentives required to be given on monthly basis to ASHA. The roles and responsibilities of an ASHA include the functions of a healthcare facilitator, a service provider and a health activist. Broadly, her functions involve providing preventive, promotive and basic curative care in a role complementary to other health functionaries; educating and mobilizing communities particularly those belonging to marginalized communities, for adopting behaviours related to better health and create awareness on social determinants, enhancing better utilization of health services; participation in health campaigns and enabling people to claim health entitlements. She is also providing a minimum package of curative care as appropriate and feasible for that level and making timely referrals for further treatment.

Trainings of health personnel like medical officers, staff nurses, ANMs, ASHAs and others act as an essential ground for providing quality healthcare services. The lack of training of human resources was evident in the district for instance ANMs were lacking training in HMIS, immunisation and others. The JSY payments were being often delayed as beneficiaries did not have their own account and as per new rules, payments have to be transferred only in beneficiaries account and not in any family member's account. Verification of the beneficiary was also a problem as they were generally not equipped with identification documents like Aadhaar card and others. Under JSSK, the beneficiaries were receiving free diet and free medicines.

In Shivpuri district, CHC Pichhore in the last financial year rate of sterilization of male is 17-18 people. The reason behind such situation is that the facility provided gifts and dresses for the men. Also, the motivator gave his own incentives to the people in order to get male sterilization done. Regular VHND Programme is rural areas for those people who were unable to reach the facility. The staff nurse regularly gave counselling to women and her family members in the ANC ward and also in the labor room. Every Wednesday ASHAs monitor specifically to pregnant and high risk pregnancies to guide them, where to go for delivery.

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH – II National Programme Implementation Plan. It is an important strategy to improve the quality of obstetric care and reduce maternal mortality and morbidity. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service. There were 41 maternal deaths in the Shivpuri. The reason been MDR has been conducted as an established intervention for the district took look after the issues.

The status of infant (children up to the age of one year) and child mortality (up to age group of 5 years) is considered to be indicators for the assessment of the state of basic health care, quality and

reach of health delivery, general environment for health and facilities of crucial health determinants such as nutrition, sanitation, safe drinking water etc. It also helps as good determinants of the performance of development initiatives that focus on poverty, backwardness, gender equity and empowerment.

Infants and children up to age of five years die prematurely due to diseases such as measles, diphtheria, tetanus, diarrhoea, pneumonia etc. due to combination of factors including poor nutrition for their mother while pregnant, lack of haemoglobin in their bodies, poor sanitation and health care conditions at birth, poor care during delivery, overall unhygienic conditions, poor level of awareness, unclean environment, poor health delivery system; and environment from which respiratory and water-borne diseases could be contacted etc. These are preventable through simple vaccination, nutritious diet and health care provisions and measures.

The mortality indicator of the district is evident from the graph below that the highest numbers of cases in the district were in case of still birth; however there has been an increase in the number of cases of still birth from 596 in 2019-2020 to 637 in 2020-2021. Similarly, there is an increase in maternal death cases from 22 in 2019-2020 to 41 maternal deaths in 2020-2021. But for child death there is a hike, 596 in 2019-2020 to 637 child deaths in the last financial year. There has been a significant rise in the cases of infant deaths which stands to be 426 infant deaths in 2020-21 as against 386 cases in 2019-20. No deaths were reported due to malaria and sterilization procedure.

The major reason for high still birth was prevalence of home deliveries in absence of SBA and missing or not undertaking ANC checkups as large number of tribal population in the district. But efforts were being made by the doctors, ANMs and ASHAs to convince their respective catchment population for institutional deliveries and undertaking complete ANC and PNC checkups. In the district, there is less first trimester registration in as women did not want to tell anyone that they are pregnant. The beneficiary tell to ASHA or the ANM about their pregnancy when it cross to 4<sup>th</sup> month.

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

## **6.2 RECOMMENDATIONS**

- Recommendation register for each facility may be provided, this would be a very helpful tool for the improvement and betterment of the district, ensuring continuity of services in the

district.

- Detailed agenda notes to be prepared and circulated to the members well in advance, at least 2 days before the DHS meeting. DPM should collate all the materials for agenda and should alone be responsible for writing and getting the minutes signed, not others to take over this role.
- Meetings should be organized to follow up the 'previous action taken' report on decisions. One time approval of district action plan to be taken at the beginning of the financial year and then implemented. Training in office procedure needed for better and faster implementation. Strengthening Health and Wellness Centre through an untied fund to enable local planning and action and more multi-purpose workers (MPWs).
- Preparation and implementation of an inter-sectoral District Health Plan prepared by the District Health Mission, including drinking water, sanitation & hygiene and nutrition. Integrating vertical health and family welfare programmes at national, State, district, and block levels. Strengthening capacities for data collection, assessment and review for evidence based planning, monitoring and supervision.
- National level meetings of SPMs and State level meetings of DPMs needed for the improvements in systems for increasing effectiveness of the meetings. There is need for linking up the training institutes and monitoring of the quality. Comprehensive Continued Medical Education & training plan should be developed and have public health training institute in the state.
- Better utilization of specialists, power to post doctors and other staff may be given to districts and proper display of essential drug stock on the walls.
- Helpline for post-SBA training ANM/MOs as a handholding and the expansion of Community monitoring from pilot districts to rest of the state in a planned manner with budgetary allocation through NRHM PIP.
- ASHA support structure & ASHA resource center needs to be strengthened and ASHA selection and deployment needs to be looked into- norm of same village candidate and not related to any government post holders may be included
- Strengthen community based nutrition and train ASHAs on nutrition and new born care. Emphasis on family planning, specially spacing methods, needs to be increased. IEC bureau infrastructure and staffing needs to be strengthened.

- Enhancement of Delegation of Financial and Administrative Powers to the Districts and lower institutions. And Public disclosure of RKS funds and institution of social audit mechanism. Bringing Untied Grant and Annual Maintenance Grant under the purview of RKS.
- There are delays in JSY payments as beneficiaries do not have their own account or there are verification problems. Thus, some steps should be taken to solve the issue.
- A dire need exists to improve the staff quarters for the medical staff at the health facilities. It is especially important owing to the geographical distribution of the district and the commute issue after evening hours. Geographical reason is the major reason for the weak health system in the district which must be monitored by the nodal officers daily.
- Formulation of transparent policies for deployment and career development of human resources for health. Developing capacities for preventive health care at all levels for promoting healthy life styles, reduction in consumption of tobacco and alcohol etc. promoting non-profit sector particularly in underserved areas.
- Regulation of private sector including the informal rural practitioners to ensure availability of quality service to citizens at reasonable cost. Promotion of Public Private Partnerships for achieving public health goals. Mainstreaming AYUSH - revitalizing local health traditions. Reorienting medical education to support rural health issues including regulation of Medical care and Medical Ethics.
- A critical issue in delivering health care in the outreach areas, particularly in hilly and desert areas is the “time-to-care”. Health care delivery facilities should be within 30 minutes of walking distance, from habitation, implying that additional Sub Centres where population is dispersed would need to be created. Though there is the assured sub centre team per population of 5000 for tribal areas, where the population is dense, the gap can be met by positioning multiple service provider teams at existing Sub Centres/ UPHCs.

## ANNEXURES



Ministry of Health & Family Welfare  
Government of India



Schedule for PIP Monitoring

District Profile

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

30. Special Newborn Care Units (SNCU)		
31. Nutritional Rehabilitation Centres (NRC)		
32. District Early intervention Center (DEIC)		
33. First Referral Units (FRU)		
34. Blood Bank		
35. Blood Storage Unit (BSU)		
36. No. of PHC converted to HWC		
37. No. of U-PHC converted to HWC		
38. Number of Sub Centre converted to HWC		
39. Designated Microscopy Center (DMC)		
40. Tuberculosis Units (TUs)		
41. CBNAAT/TruNat Sites		
42. Drug Resistant TB Centres		
43. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> <li>• At DH</li> <li>• At SDH</li> <li>• At CHC</li> </ul>		
44. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> <li>• Total no. of facilities</li> <li>• Providing 1st trimester services</li> <li>• Providing both 1st &amp; 2nd trimester services</li> </ul>		

Overview: DHAP

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

Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	

Indicator	Remarks/ Observation	
2. Implementation of diagnostic services (if it is free for all) • Number of lab tests notified		
3. Status of delivery points		
• 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)		
• Of these, how many are registered under PCPNDT act		
5. Details of Pradhan MantriSurakshitMatritvaAbhiyan PMSMA activities performed		
6. RBSK		
• Total no. of RBSK teams sanctioned		
• No. of teams with all HR in-place (full-team)		
• No. of vehicles (on the road) for RBSK team		
• No. of Teams per Block		
• No. of block/s without dedicated teams		
• Average no of children screened per day per team		
• Number of children born in delivery points screened for defects at birth		
7. Special Newborn Care Units (SNCU)		
• Total number of beds		
○ In radiant warmer		
○ Stepdown care		
○ Kangaroo Mother Care (KMC) unit		
• Number of non-functional radiant warmer for more than a week		
• Number of non-functional phototherapy unit for more than a week		
	Inborn	Out born
• Admission		
• Defects at birth		
• Discharged		
• Referral		

Indicator	Remarks/ Observation	
• LAMA		
• Died		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
• Admission		
• Discharged		
• Referral		
• LAMA		
• Died		
9. Nutrition Rehabilitation Centers (NRC)		
<ul style="list-style-type: none"> <li>• Admission <ul style="list-style-type: none"> <li>○ Bilateral pitting oedema</li> <li>○ MUAC&lt;115 mm</li> <li>○ &lt;' -3SD WFH</li> <li>○ with Diarrhea</li> <li>○ ARI/ Pneumonia</li> <li>○ TB</li> <li>○ HIV</li> <li>○ Fever</li> <li>○ Nutrition related disorder</li> <li>○ Others</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Referred by <ul style="list-style-type: none"> <li>○ Frontline worker</li> <li>○ Self</li> <li>○ Ref from VCDC/ CTC</li> <li>○ RBSK</li> <li>○ Pediatric ward/ emergency</li> </ul> </li> </ul>		
• Discharged		
• Referral/ Medical transfer		
• LAMA		
• Died		
10. Home Based Newborn Care (HBNC)		
• Status of availability of HBNC kit with ASHAs		
• Newborns visited under HBNC		
• Status of availability of drug kit with ASHAs		
11. Number of Maternal Death Review conducted		
<ul style="list-style-type: none"> <li>• Previous year</li> <li>• Current FY</li> </ul>		
12. Number of Child Death Review conducted		
<ul style="list-style-type: none"> <li>• Previous year</li> <li>• Current FY</li> </ul>		
13. Number of blocks covered under Peer Education (PE) programme		
14. No. of villages covered under PE programme		
15. No. of PE selected		
16. No. of Adolescent Friendly Clinic (AFC) meetings held		

Indicator	Remarks/ Observation	
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout		
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan		
• No. of trips per MMU per month		
• No. of camps per MMU per month		
• No. of villages covered		
• Average number of OPD per MMU per month		
• Average no. of lab investigations per MMU per month		
• Avg. no. of X-ray investigations per MMU per month		
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month		
• Avg. no. of sputum collected for TB detection per MMU per month		
• Average Number of patients referred to higher facilities		
• Payment pending (if any)		
• If yes, since when and reasons thereof		
19. Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution		
• No. of Advanced Life Support (ALS) (on the road) and their distribution		
	ALS	BLS
○ Operational agency (State/ NGO/ PPP)		
○ If the ambulances are GPS fitted and handled through centralized call centre		
○ Average number of calls received per day		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
• No. of transport vehicle/102 vehicle (on the road)		
○ If the vehicles are GPS fitted and handled through centralized call centre		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
20. Universal health screening		
• If conducted, what is the target population		

Indicator	Remarks/ Observation		
<ul style="list-style-type: none"> <li>Number of Community Based Assessment Checklist (CBAC) forms filled till date</li> </ul>			
<ul style="list-style-type: none"> <li>No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> <li>Hypertension</li> <li>Diabetes</li> <li>Oral cancer</li> <li>Breast Cancer</li> <li>Cervical cancer</li> </ul> </li> </ul>			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
<ul style="list-style-type: none"> <li>Whether call center and toll-free number available</li> </ul>			
<ul style="list-style-type: none"> <li>Percentage of complains resolved out of the total complains registered in current FY</li> </ul>			
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> <li>JSY beneficiaries</li> </ul>			
<ul style="list-style-type: none"> <li>ASHA payment: <ul style="list-style-type: none"> <li>A- Routine and recurring at increased rate of Rs. 2000 pm</li> <li>B- Incentive under NTEP</li> <li>C- Incentives under NLEP</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)</li> </ul>			
<ul style="list-style-type: none"> <li>Patients incentive under NTEP programme</li> </ul>			
<ul style="list-style-type: none"> <li>Provider's incentive under NTEP programme</li> </ul>			
<ul style="list-style-type: none"> <li>FP compensation/ incentive</li> </ul>			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
<ul style="list-style-type: none"> <li>If Rapid Response Team constituted, what is the composition of the team</li> <li>No. of outbreaks investigated in previous year and in current FY</li> </ul>			
<ul style="list-style-type: none"> <li>How is IDSP data utilized</li> </ul>			
<ul style="list-style-type: none"> <li>Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP</li> </ul>			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
<ul style="list-style-type: none"> <li>Micro plan and macro plan available at district level</li> </ul>			
<ul style="list-style-type: none"> <li>Annual Blood Examination Rate</li> </ul>			
<ul style="list-style-type: none"> <li>Reason for increase/ decrease (trend of last 3 years to be seen)</li> </ul>			
<ul style="list-style-type: none"> <li>LLIN distribution status</li> </ul>			
<ul style="list-style-type: none"> <li>IRS</li> </ul>			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>• Anti-larval methods</li> </ul>	
<ul style="list-style-type: none"> <li>• Contingency plan for epidemic preparedness</li> </ul>	
<ul style="list-style-type: none"> <li>• Weekly epidemiological and entomological situations are monitored</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of MDR rounds observed</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate &lt;1%</li> </ul>	
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> <li>• Target TB notification achieved</li> </ul>	
<ul style="list-style-type: none"> <li>• Whether HIV Status of all TB patient is known</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____
<ul style="list-style-type: none"> <li>• Eligible TB patients with UDST testing</li> </ul>	
<ul style="list-style-type: none"> <li>• Whether drugs for both drug sensitive and drug resistance TB available</li> </ul>	
<ul style="list-style-type: none"> <li>• Patients notification from public sector</li> </ul>	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> <li>• Patients notification from private sector</li> </ul>	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> <li>• Beneficiaries paid under NikshayPoshan Yojana</li> </ul>	
<ul style="list-style-type: none"> <li>• Active Case Finding conducted as per planned for the year</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> <li>• No. of new cases detected</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of G2D cases</li> </ul>	
<ul style="list-style-type: none"> <li>• MDT available without interruption</li> </ul>	
<ul style="list-style-type: none"> <li>• Reconstructive surgery for G2D cases being conducted</li> </ul>	
<ul style="list-style-type: none"> <li>• MCR footwear and self-care kit available</li> </ul>	
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under 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	

Indicator	Remarks/ Observation			
34. Number of ASHAs <ul style="list-style-type: none"> <li>• Required as per population</li> <li>• Selected</li> <li>• No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population</li> <li>• No. of villages/ slum areas with no ASHA</li> </ul>				
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> <li>• No. of ASHAs enrolled for Pradhan Mantri Jeevan JyotiBima Yojana (PMJJBY)</li> <li>• No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan JyotiBima Yojana (PMJJBY)</li> <li>• No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>• No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>• No. of ASHAs enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY)</li> <li>• No. of ASHA Facilitators enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY)</li> <li>• Any other state specific scheme _____</li> </ul>				
36. Status of MahilaArogyaSamitis (MAS)- <ol style="list-style-type: none"> <li>a. Formed</li> <li>b. Trained</li> <li>c. MAS account opened</li> </ol>				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> <li>a. Formed</li> <li>b. Trained</li> <li>c. MAS account opened</li> </ol>				
38. Number of facilities quality certified				
39. Status of Kayakalp and SwachhSwasthSarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	Previous year (2019-20)		Current FY (2020-21)	
	Regular cadre	NHM	Regular cadre	NHM
<ul style="list-style-type: none"> <li>• Total no. of posts vacant at the beginning of FY</li> </ul>				
<ul style="list-style-type: none"> <li>• Among these, no. of posts filled by state</li> </ul>				
<ul style="list-style-type: none"> <li>• Among these, no. of posts filled at district level</li> </ul>				

Indicator	Remarks/ Observation
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: d. SHC- HWC e. PHC- HWC f. UPHC – HWC		
4. Number of individuals screened for: f. Hypertension g. Diabetes h. Oral Cancer i. Breast Cancer j. Cervical Cancer		
5. Number of HWCs providing Teleconsultation services		
6. Number of HWCs organizing wellness activities		

#### Status of HRH

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

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

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

### State of Fund Utilization

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

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

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

• FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

Programme Wise

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
2. NUHM			
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			
• National programme for Prevention and Management of Burn & Injuries			

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

Status of trainings

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

List of training (to be filled as per ROP approval)	Planned	Completed
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		



Ministry of Health & Family Welfare  
Government of India



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

#### Service Delivery:

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

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

Indicator	Remarks/ Observation		
	<input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital  Last major renovation done in (Year): _____		
3. Number of functional in-patient beds	_____  No of ICU Beds available:		
4. List of Services available			
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	21	Teaching block (medical, nursing, paramedical)	

Indicator	Remarks/ Observation				
	22	Skill Lab			
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____				
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:				
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.				
11. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.	Cont.
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
	Pathologist				
Others					
Dentist					
Staff Nurses/ GNMs					
LTs					

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

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>Outsourced/ PPP (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP  Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National 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"> <li>Whether the services are free for all</li> </ul>	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service (for 2020-21)</li> </ul>	<ul style="list-style-type: none"> <li>○ Previous year _____</li> <li>○ Current FY _____</li> </ul> <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (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"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>Comment on the condition of:</li> </ul>	Labour room: OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  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

Indicator	Remarks/ Observation		
35. Number of Maternal Death reported in the facility	Previous year: Current year:		
36. Number of Child Death reported in the facility	Previous year: Current year:		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months_____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		

Indicator	Remarks/ Observation
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
1. Status of TB elimination programme	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 NikshayPoshan Yojana in the last 6 months: _____
52. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number) _____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services

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



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

Service Delivery:

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

Indicator	Remarks/ Observation			
4. OPD Timing				
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
6. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments:  <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital			
7. Number of functional in-patient beds				
8. List of Services available				
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl. 1 2 3 4 5 6 7 8 9 10	Service Medicine O&G Pediatric General Surgery Anesthesiology Ophthalmology Dental Imaging Services (X – ray) Imaging Services (USG) Newborn Stabilization Unit	Y/N           	
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available			
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization			

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

	No. of drugs available on the day of visit (out of the EDL) _____
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1
	2
	3
	4
	5
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• 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:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)

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

34. Practice related to Respectful Maternity Care			
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
36. Number of Maternal Death reported in the facility	Previous year: 2019-20____ Current year:2020-21__		
37. Number of Child Death reported in the facility	Previous year: Current year:		
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month	Male__ Female_____		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			

51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan 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"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		
57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		

	HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____ <input type="checkbox"/> CHC has contracted out ambulance services Number_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>How many cases from sub centre/ PHC were referred to this CHC last month?</li> </ul>	Number: Sub centre PHC  Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the CHC were referred to the DH last month?</li> </ul>	Number:  Types of cases referred out:
<b>60. Key challenges in the facility and the root causes</b>	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



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

Service Delivery:

Name of facility visited	
Facility Type	<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC

Whether the facility has been converted to HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):			
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Date of Visit				
Next Referral Point	Facility: Distance:			
Indicator	Remarks/ Observation			
1. OPD Timing				
<ul style="list-style-type: none"> <li>For U-PHC, check if evening/morning OPD/Clinics being conducted</li> </ul>	<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	Comments:			
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding			
4. Number of functional in-patient beds				
5. List of Services available				
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, average case per day _____			
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	MO (MBBS)			
	MO (AYUSH)			
	SNs/ GNM			
	ANM			

	LTs				
	Pharmacist				
	Public Health Manager (NUHM)				
	LHV/PHN				
	Others				
10. IT Services	<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____				
11. Kayakalp	Initiated: Facility score: Award received:				
12. NQAS	Assessment done: Internal/State Facility score: Certification Status:				
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____				
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____				
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
16. Drugs Available for Hypertension & Diabetic patients:	1				
	2				
	3				
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1				
	2				
	3				
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage  In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)				

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

27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year:2019-2020 Current FY:2020-2021
33. Number of Child Death reported in the facility	Previous year: Current year:
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of newborns immunized with birth dose at the facility in last 3 months	
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
37. Number of sterilizations performed in last one month	Male Female
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Who counsels on FP services?	
40. Please comment on utilization of other FP services	
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency: _____		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: _____ Out of those, how many are having Gr. II deformity: _____ Frequency of Community Surveillance: _____		
	_____		
51. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		

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

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



Ministry of Health & Family Welfare  
Government of India



## Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

Indicator	Remarks/ Observation																								
1. List of Services available																									
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	<p>Comments:</p> <p><input type="checkbox"/> 24*7 running water facility</p> <p><input type="checkbox"/> Facility is geriatric and disability friendly</p> <p><input type="checkbox"/> Clean functional toilets available (separate for Male and female)</p> <p><input type="checkbox"/> Drinking water facility available</p> <p><input type="checkbox"/> OPD waiting area has sufficient sitting arrangement</p> <p><input type="checkbox"/> ASHA rest room is available</p> <p><input type="checkbox"/> Drug storeroom with rack is available</p> <p><input type="checkbox"/> Branding</p> <p><input type="checkbox"/> Specified area for Yoga / welfare activities</p> <p><input type="checkbox"/> Power backup</p>																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">HR</th> <th style="width: 10%;">San.</th> <th style="width: 10%;">Reg.</th> <th style="width: 10%;">Cont.</th> </tr> </thead> <tbody> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASHA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> <li>Functional Tablet/ laptop with CHO: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Electronic Tablets with MPWs (ANM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>																								

Indicator	Remarks/ Observation										
	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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px; text-align:center;">1</td><td style="width:300px;"></td></tr> <tr><td style="text-align:center;">2</td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td></tr> <tr><td style="text-align:center;">4</td><td></td></tr> <tr><td style="text-align:center;">5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px; text-align:center;">1</td><td style="width:300px;"></td></tr> <tr><td style="text-align:center;">2</td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px; text-align:center;">1</td><td style="width:300px;"></td></tr> <tr><td style="text-align:center;">2</td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No										
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____										
13. Availability of:	<ul style="list-style-type: none"> <li>• BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>										
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>• High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>										
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21										

Indicator	Remarks/ Observation		
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"> <li>• Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management:		
	Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual.  Number of individuals taking medication for HTN and DM during last six months from which source  Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop:  (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> <li>• Tele-consultation services</li> <li>• HWC App</li> </ul> Details:		

Indicator	Remarks/ Observation		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	2019-20	2020-21
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
<ul style="list-style-type: none"> <li>Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</li> </ul>			
<ul style="list-style-type: none"> <li>Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</li> </ul>			
<ul style="list-style-type: none"> <li>ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> <li>Average delay</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and NikshayPoshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment)</li> </ul>			
35. Number of Village Health & Sanitation days conducted in last 6 months			
36. Incentives:	<ul style="list-style-type: none"> <li>Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)			
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Maintenance of records on	<ul style="list-style-type: none"> <li>TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both</li> </ul>		

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year:
	Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
41. Availability of ambulance services in the area	Reasons for underutilization of fund (if any)
<ul style="list-style-type: none"> <li>• How many cases from the Sub Centre were referred to PHC in last month?</li> </ul>	Number:  Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	