Ministry of Health & Family Welfare
Government of India

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

Prof. Suresh Sharma
Ms. Purva Bhalla

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

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Dr. Suresh Sharma

Ms. Purva Bhalla

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	Rogi Kalyan Samiti	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 Sheopur 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 Sheopur, CHC Karahal, CHC Badoda, UPHC Bargawa, PHC Premsar, and HWC Makdavada. 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 Sheopur, 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

Maternal Health

- 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. Even the ASHA of is not educated, so it is hard to them also to convey the correct information to the patient.

- There is no staff nurse at 14 delivery centres. It was observed that less amount of deliveries were being conducted in the majority of the PHCs and the entire load was on CHC and District Hospital.
- Besides this, JSSK was not at all being provided at the community health centres despite the provision is made available only at DWH.
- In the district, Maternal and Child death review are sanctioned in the district PIP. A total of 31 maternal deaths, 671 child deaths and 198 still births were reported in the last financial year 2020-21.
- Due to maximum number of tribal population CHC Karahal having maximum number of home deliveries. The reason behind is as it's a tribal belt women preferred to get delivered the baby at home by their relatives or any other women. Another issue is network, as the ambulance cannot reach on time.
- In the block, there are some Aadiwasi women, who don't even know whether it's their 8^{th} or 9^{th} month, which creates problem to the facility as well as to the beneficiaries and its family to tackle with the situation.

Family Planning

- District headquarters reported maximum number of female sterilisations were done at the district hospital and male sterilization being almost negligible.
- 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 gain weight. The drop out of Antara is not being captured as such, but many women do discontinue the dosage on account of irregular menstrual cycle. It would be too early to declare these schemes a success, since they haven't even progressed much beyond the second and third dose.
- The district having maximum number of tribal population. So it is very difficult to make them understand about family planning and also to use protection.
- Ineffective counselling done by ASHA and lack of trust on the life as people do believe that if 1 or 2 children die due to any disease or for any reason at least they would have few other left who will look after their family. Another issue is demand for the male child.

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 target.
- 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.
- It was even reported at the DWH that at times, doctors are engaged with unnecessary activities/meetings which are not even needed for which many doctors have left the posts.

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.

Governance, Finance, and Accountability

- 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 required to get it repaired. Also the data entry operation is not willing to do entry in the portal because of its portal issue and internet problems.

1. 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 Sheopur to interact with CM&HO, DPM and other nodal officers of the district. A brief profile oh 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 Sheopur 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 Sheopur 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, Sheopur 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 Sheopur 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, Sheopur 2020-21

Institution and Facilities	Nodal Officers
Office of the Chief Medical Officer	CMHO, Dr. B.L. Yadav
District Programme Management Unit	DPM, Mr. Soumitra
District Hospital, Sheopur	Civil Surgeon, Dr. R.B. Goyal
Community Health Centre, Karahal	B.M.O, Dr.Rajender Singh Verma
Rural Community Health Centre, Baroda	B.M.O, Dr. S.R Meena
Urban Primary Health Centre, Bargawa	MO, Dr.Radhav Singh
Rural Primary Health Centre, Premsar	MOI, Dr. Praveen Sharma
Health and Wellness Centre, Makdavada	CHO, Dr. Priyanka Vyas

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

2.1. Demographic Profile

Sheopur, the district headquarter is situated on the right bank of the Sip river. Sheopur District is a district of Madhya Pradesh state in central India. The district is located in the north of the state and forms part of Chambal Division. Sheopur is situated on the western part of the state. In Sheopur district the important rivers like Chambal, Seep, Paravali, Kuwari and Kunoare the life of the district. The Sheopur district lies on main trunk narrow gauge railway route of central railway joining Gwalior.

Sheopur district lies in the Gwalior revenue commissioner's division. The district is surrounded by Rajasthan's Sawai Madhopur in the west, Kota in the south-west and Bara in the south whereas Shivpuri and Morena in the east and the north respectively. It extends from 250 15' to 250 45' north latitude and 760 22' to 770 22' east longitude. As per census 2011, its geographical area is 6606 sq. km (reported by Surveyor General of India). It is 19th largest district of the state in respect of area and occupies 2.14 % of the total area of Madhya Pradesh.

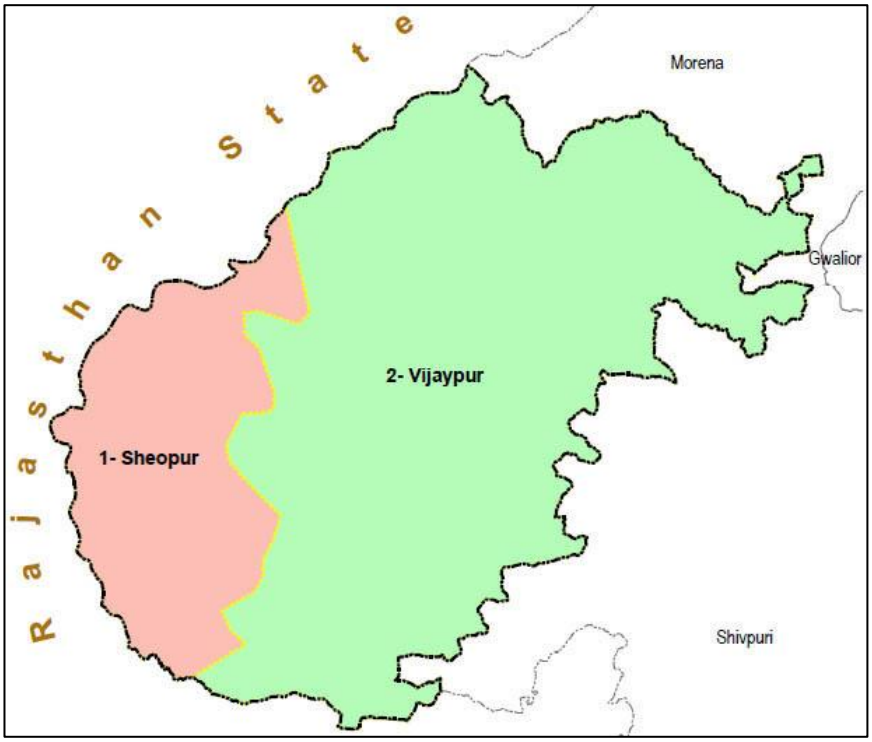
Table 2: Key Demographic Indicators: Sheopur District & Madhya Pradesh

Indicators	Madhya Pradesh (State)	Sheopur (District)
Number of blocks	333	02
Number of villages	54903	175
Actual Population	72626809	687861
Urban population	20069405	580509
Rural population	52557404	107352
Male	37612306	361784
Female	35014503	326077
Population Growth Rate (%)	18.4	22.94
Density/km2	236	104
Child Population (0-6 age)	10809395	897
Area (sq. km)	308252	6606
Literates	42851169	328025
Male Literates	25174328	208201
Female Literates	17676841	119824
Sex Ratio (per/1000)	931	901
Child Sex Ratio (0-6 age)	918	897

Source: Census of India, 2011

In Madhya Pradesh, there are 333 blocks and 54903 villages. Out of which 2 blocks and 234 villages are in Sheopur 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, Sheopur had population of 6,87,861 of which male and female were 361784 and 326077 respectively (Table 2).

Figure 1: Outline map of Sheopur district in Madhya Pradesh



Not to Scale

Population living in urban areas is 20,069,405 and population of rural areas of Madhya Pradesh state was 52,557,404. In total 580,509 people lives in urban areas and are 107,352 in rural areas of Sheopur district of Madhya Pradesh. The total population growth of Madhya Pradesh in this decade was 18.4 percent and in Sheopur was 22.9 percent. Density of Madhya Pradesh is 236 per sq. km and in Sheopur is 104 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.

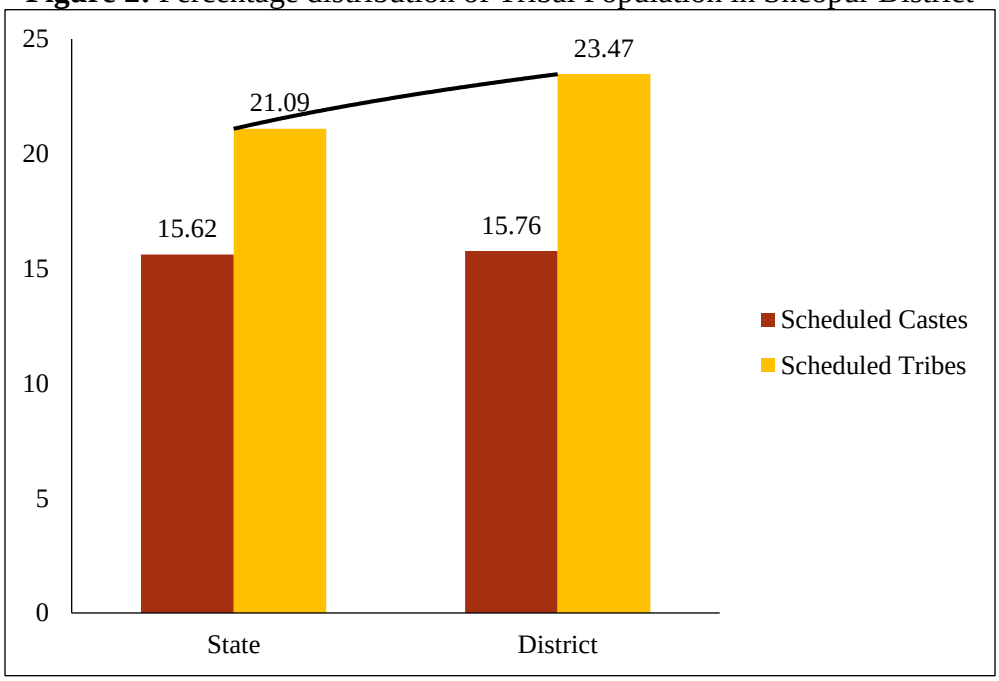
In total, 328,025 people were literate of which males and females were 208,201 and 119,824 respectively in Sheopur district. Sex Ratio in Madhya Pradesh is 931 i.e. for each 1000 male, which is below national average of 940 as per census 2011.For child (0-6) sex ratio is 918 girls per 1000 boys. Sex Ratio in Sheopur, it stood at 901 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 897 girls per 1000 boys.

2.2 Sheopur District with Tribal Population

Sheopur district in northern Madhya Pradesh is witnessing large scale migration of tribal population in search of employment to neighbouring districts of Gujarat, Uttar Pradesh and Rajasthan that bordering the tribal dominated district. Sheopur is located at northern part of Madhya Pradesh. The district is well connected by Road & Railways network. Around 21% of the total population of the district belongs to scheduled tribe groups. Migration of Saharia tribe is also taking place from neighbouring Shivpuri, Morena and Bhind districts. They take up menial jobs at construction sites and farm lands. Maximum migration has been reported from Karahal and Vijaypur tehsils of Sheopur from where working population in dozens of villages from the two tehsils have already migrated.

This table depicts the distribution of Scheduled Castes and Scheduled Tribes population of the district. Of the 687,861 total population of the district 15.8 percent belongs to the Scheduled Castes and 23.5 percent to Scheduled Tribes. The percentage of Scheduled Castes population constitutes 15.8 percent in rural population and 15.5 percent in urban population of the district. The highest percentage of Scheduled Castes population is recorded in Beerpur tehsil while the lowest is found in Karahal tehsil.

Figure 2: Percentage distribution of Tribal Population in Sheopur District



Source: Census of India, 2011

Tribal constitute 8.61% of the total population of the country, numbering 104.28 million (2011 Census) and cover about 15% of the country's area. The proportion during the last Census was

8.2%. There has been an increase of 0.4% during the last decade. The fact that tribal people need special attention can be observed from their low social, economic and participatory indicators. Whether it is maternal and child mortality, size of agricultural holdings or access to drinking water and electricity, tribal communities lag far behind the general population.

2.3 Key Health Issues in the Sheopur District- Case Study

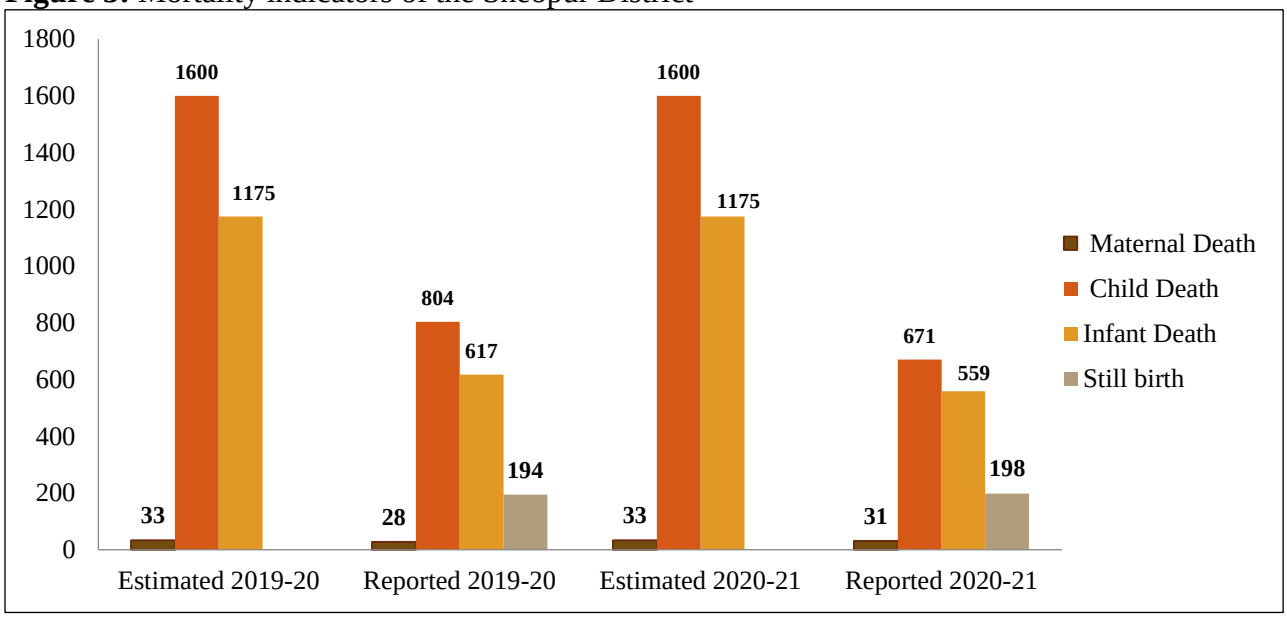
Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH – II National Programme Implementation Plan. It is an important strategy to improve the quality of obstetric care and reduce maternal mortality and morbidity. The importance of MDR lies in the fact that it provides detailed 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 17 maternal deaths in the Sheopur. The reason been MDR has been conducted as an established intervention for the district took look after the issues.

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 below that the highest number 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 194 in 2019-2020 to 198 in 2020-2021. Similarly, there is an increase in maternal death cases from 28 in 2019-2020 to 31 maternal deaths in 2020-2021. But for child death there is a decline from 804 in 2019-2020 to 617 child deaths in the last financial year. There has been a significant drop in the cases of infant deaths which stands to be 559 infant deaths in 2020-21 as against 617 cases in 2019-20. No deaths were reported due to sterilization procedure.

It is observed that in the Sheopur district maternal mortality and female literacy rates are negatively correlated. Furthermore, it is also discerned that MMR is negatively associated with district level coverage of institutional delivery and ANC check-up. It emerges that improving access and availability of basic health facilities can be a critical aspect in reducing maternal deaths among backward blocks of the districts.

Figure 3: Mortality indicators of the Sheopur District



A Case Study on Maternal Death in Sheopur District in the last Financial Year

- Mamta came to the District Hospital along with her husband as she had started having labour pain. Due to repeated seizures and severe labor pain she became unconscious. The nursing staff took her to the labour room and she delivered a baby girl in the unconscious stage. The doctor sensed the complication and referred her to Government Hospital Gwalior. The woman died on the day of her delivery in Gwalior.

- Chhoti Bai came to district hospital Sheopur as she was having breathlessness issue. All the examination was done related to COVID 19 and her result came out to be negative. The major cause of her death was ARDS and viral and pneumonia.

- Shashi Sharma cause of her death was Jaundice/Hepatic coma and liver failure.

- Swarna kaur was her 2nd pregnancy and she had come to her parents' house a few days prior to the lockdown. Late in the night she went into labour and her family members called for the ambulance. Post-midnight she started feeling breathless and died after some time.

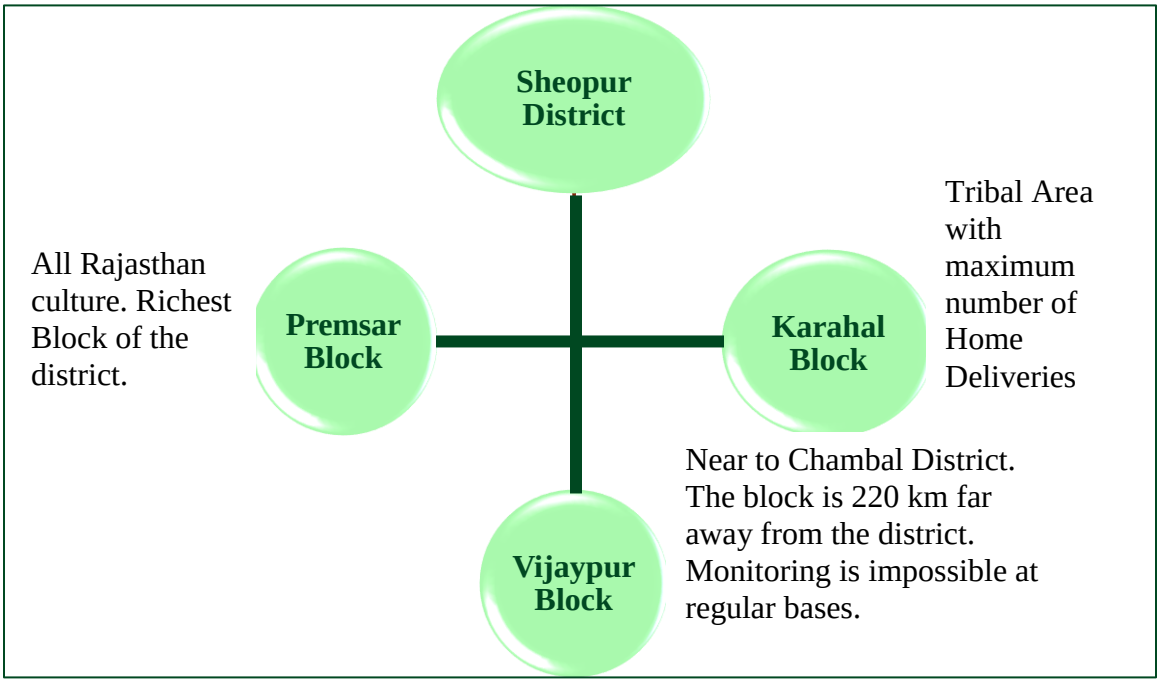
- Somvati, Amanti, Ganga and Rachna were the beneficiaries, who was severely anemic and delivered her baby at home and later died because of undernourishment.
- Nisha was pregnant woman and was admitted to the Sanjay Gandhi Medical Hospital as her labour pains had begun. She had a little discomfort in breathing as well. The doctors started her treatment but her condition did not improve and in sometime the baby died inside the

womb itself. The woman's condition started deteriorating and her difficulty in breathing increased. With suspicion of her suffering from COVID19 pandemic the doctors shifted her to the isolation ward and sent her sample for testing. However, with no improvement in her condition the woman died on the morning. She was found to be Corona negative as per her reports which came the next day.

- Sonam's husband is stuck in Delhi due to the lockdown and therefore she decided to go to her parent's house for childbirth. However, she died post childbirth in the absence of healthcare facilities. The doctor who was on duty at the Pichhor health centre said that Sonam was alone at home when her labour pains started and by the time her family members came back from their day's work in the field she had already given birth to the baby. Seeing her condition they immediately took her and the newborn to the health centre but she died by the time she reached the hospital. As per the doctor the cause of death was excessive bleeding. The newborn is reported to be doing fine.

- 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 4: Flow Chart three different regions on the basis of culture in Sheopur District, 2020-21



- The population in Sheopur is divided into three different regions on the basis of culture they followed.
  1. Rajasthani Culture, as very large area of the district lies at the border of the Rajasthan.
  2. Tribal & Adivasi Culture, who are migrated here from some other places and are very less educated also believes in home remedies.
  3. People belong to Chambal, at the distance of 220km from the center of the district.

- The majorly reported anemic women are those who belong to tribal region and could not her ANCs on time because of migration (the families migrated or went to some other place to earn their livelihood).

- The district has total 17 maternal deaths in last financial year. Among which 5 are due to COVID and other are anemic, the women & their families are not aware of proper family planning methods, they conceived with their first child at the age of 16 and also with second child with no gap or maximum gap of 2 years.

Table 3: Estimated indicators of the Sheopur District

Estimated Indicators	Numbers
Estimated number of deliveries	16798
Estimated number of C-section	1680
Estimated numbers of live births	15271
Estimated number of eligible couples	116936
Estimated number of leprosy cases	70
Target for public and private sector TB notification for the current year	2500
Estimated number of cataract surgeries to be conducted	3000

Source: CMHO, Sheopur 2020-21

Table 3 depicts the estimated indicators of the Sheopur district. The number of estimated deliveries were reported 16798 followed by C-section deliveries 1680 and live birth were 15271. The total number of eligible couples in the last financial year were report 116936. Target for public and private sector TB notification were 2500 but for leprosy cases 70 in comparison was less. Estimated number of cataract surgeries to be conducted in the Sheopur district were 3000.

2.4 Progress on Health Indicators by Sheopur district

Sheopur district has gone through the massive flood last month due to continuous heavy rainfall for more than 10 days, which destroyed the infrastructure of the district including the building of health facilities and all equipments. The people faced a lot of difficulties during the tribulation. Hence, it could be possible that the large number of people would suffer from chronic diseases spread due to continuous rainfall. But the DM, CMO & other health personnel of the state together worked so hard they took the responsibility to make available all the necessities to

maximum number of people in very short period of time so that, they may not suffer from any diseases or at least could survive in the difficult times. The medicines, food packets, water & other essentials were made available to all the individuals.

They worked with enthusiasm, their efforts pays off in a way that being a naturally effected zone it had no dengue, malaria and cholera cases which could be there if the Health Personnel & State officials were not active in their harsh time.

As per the meeting with the CMO, he reported zero cases of any particular endemic spread in the district due to the natural calamity there in last few months.

2.5. Health Care Service Delivery Indicators of Sheopur 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 Sheopur 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 Sheopur with respect to various domains such as Maternal Health, Delivery Care, Child Health, Immunisation Coverage, Family Planning, Facility Service Delivery and Mortality Indicators. In Sheopur district 65.2 percent of the women register for ANC in the first trimester while less than half of women (78 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 89.1 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 2307 home deliveries were in Sheopur district. Of the total home deliveries in Sheopur, 1.2 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, 72.7 percent went for institutional delivery and 13.7 percent women discharge in less than 48hours of delivery to total reported deliveries at public institutions. For C-section deliveries, 6.3 percent of all institutional deliveries were C-section deliveries.

With regards to Post Natal Care, 21.5 percent women getting 1stpost-partum check-up between

48 hours and 14 days to total reported deliveries. Only 93.8 percent of newborns were breast fed within 1 hour of delivery while 99.8 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 Sheopur is 14676. With regards to the service delivery for Child Health, Sheopur observes 15891 full immunisation coverage rate and full coverage of BCG is 94.5 percent and 3.5 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 Sheopur being Tubectomies.

In Sheopur district, there were 36 maternal deaths, 114 child deaths, 198 infant death and still birth is 198. There is not a single death due to sterilization in Sheopur 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 526143 number of OPD patients in 2020-2021 as against 40322 IPD patients.

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

Health and Health Care Service Delivery Indicators	HMIS (2020-2021)	
	Madhya Pradesh	Sheopur
Maternal Health		
% 1st Trimester registration to Total ANC Registrations	71.8	65.3
% Pregnant Women received 4 or more ANC checkups to Total Registration	80.6	78.0
% Pregnant women given 180 IFA to Total ANC Registrations	96.7	89.1
Institutional Deliveries and Home Deliveries		
Number of Home Deliveries	59360	2307
% SBA attended Home Deliveries to Total Reported Home Deliveries	14.6	1.2
% of Institutional Deliveries to Total Reported Deliveries	95.7	84.3
% Institutional Deliveries to total ANC Registrations	68.9	72.7
% Women discharge in less than 48hours of delivery to Total Reported Deliveries at Public Institutions	11.9	13.7
% C-section Deliveries (Public + Private) to reported Institutional (Public+ Private) Deliveries	11.4	6.3
Post Natal Care		
% Women getting 1st Post-Partum Check-up between 48 hours and 14 days to Total Reported Deliveries	13.7	21.5
% Newborn breast fed within 1 hour of birth to Total Live Birth	91.8	93.8
% Newborn weighed at Birth to Live Birth	96.4	99.8
Child Immunization		
Number of Fully Immunized children (9-11 months)	1737729	15891
% of children received measles to full immunization	0.05	3.5
% of children received BCG to full immunization	76.9	94.5
Family Planning		
Total Sterilization conducted	317272	4062
% Male Sterilization (Vasectomies) to Total sterilization	0.9	0.1
% Female Sterilization (Tubectomies) to Total sterilization	99.1	100.1
Mortality Indicators		
Maternal Death	2722	36
Child Death	4109	114
Infant Death	27669	198
Still Birth	24453	198
Other Services		
IPD	3747157	40322
OPD (Ayush + Allopathic)	52710661	526143
% IPD to OPD	7.1	7.7

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, Sheopur 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.44.17.25 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%	
(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	-	1269.28
(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

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 disbursal of funds fails to cover the pre sanctioned loans due to audit loops, owing to which 100% utilisation has not been possible. The funds 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.

Table 7: Financial Management Report, Sheopur District, 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	% of utilization
1. FMR 4: Untied grants	6973395	4467786	64.1
2. FMR 5: Infrastructure	314790	0	0
3. FMR 8: Human Resource (Service Delivery)	46704270	40447476	86.6
4. FMR 9: Training	4178300	478300	11.4
5. FMR 11: IEC-BCC	795700	638373	80.2
6. FMR 13: Quality	1627261	1403967	86.3
7. FMR 16: Programme Management	3564000	2933446	82.3

Source: CMHO, Sheopur 2020-21

Moreover, if we observe programme wise which is depicted in the table 8 shown, out of the RCH and Health Systems Flexi Pool in which 100% utilization of RBSK and Family Planning followed by Child Health (91.5%), HR (86.6%), Quality Assurance (86.3%), Immunization (85.9%), Blood service and disorder (84.9%), Programme Management (82.3%), Comprehensive Primary Healthcare (79.1%) and Maternal Health (72.9%) funds. Only 64% of the united fund have been utilised because of the delay in the funds. Funds for ASHA (93.5%) have been utilised, as all the payments and incentives have been given on time. No utilization of funds under the flexi pool can be identified under PC-PNDT and infrastructure.

Table 8: Utilization of Funds Programme Wise, Sheopur District, 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
❖ RCH and Health Systems Flexipool			
Maternal Health	27,135,133.00	19,781,691.00	72.90
Child Health	4,366,021.00	3,992,941.00	91.45
RBSK	4,026,000.00	4,026,000.00	100.00
Family Planning	12,509,848.00	12,509,848.00	100.00
PC-PNDT	3,555.00	0	0
Immunization	8,391,497.00	7,209,469.00	85.91
Untied Fund	6,973,395.00	4,467,786.00	64.07
Comprehensive Primary Healthcare	21,278,112.00	16,841,858.00	79.15
Blood Services and Disorders	983,750.00	835,347.00	84.91
Infrastructure	314,790.00	0	0.00
ASHAs	54,610,341.00	51,069,098.00	93.52
HR	46,704,270.00	40,447,476.00	86.60
Programme Management	3,564,000.00	2,933,446.00	82.31
Quality Assurance	1,627,261.00	1,403,967.00	86.28
❖ NUHM	1,477,400.00	530,171.00	35.89

Source: CMHO, Sheopur 2020-21

Figure 5 depict the fund utilisation under communicable disease in Sheopur. The communicable disease pool, the maximum number of utilization of funds is observed in the Integrated Disease Surveillance Programme (IDSP) at 90 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 Leprosy Eradication Programme (NLEP) nearly 8 percent.

Figure 5: Fund Utilisation under Communicauncable Dieases, Sheopur district, 2020-21

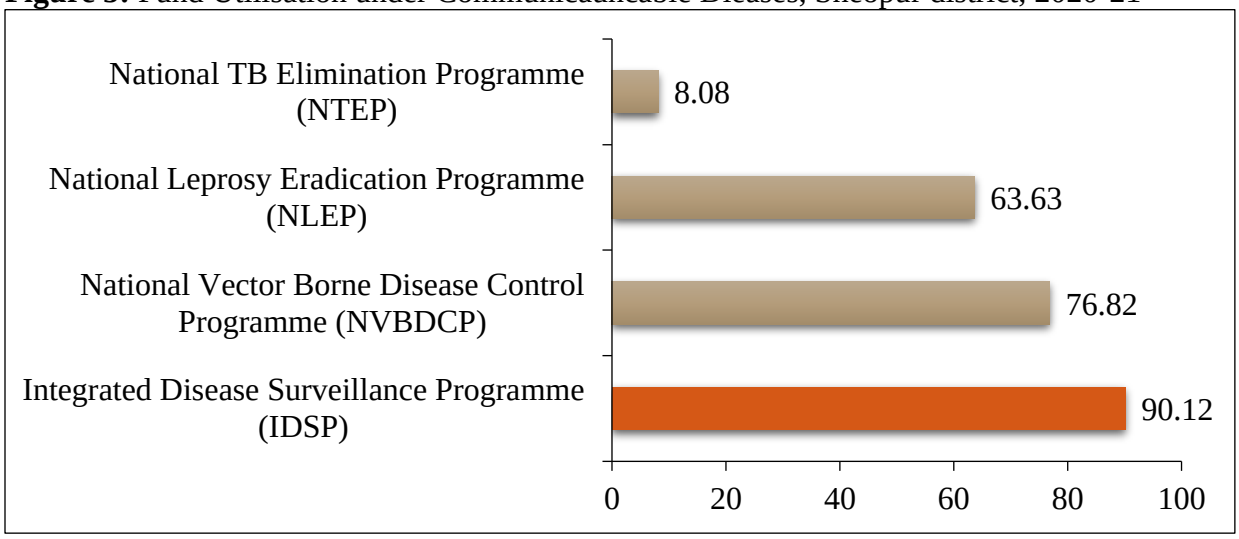


Figure 6 illustrates fund utilisation under non-communicable diseases in Sheopur district. The case of non-communicable disease 100% utilisation of fund under National Mental Health Program (NMHP). The funds utilized for National Programme for Prevention and Control of Diabetes, Cardiovascular Disease, and Stroke (NPCDCS) (78.4%) followed by National Program for Control of Blindness and vision Impairment (NPCB+VI) (76.3%) and National Programme for Health care for the Elderly Care (NPHCE) (71.3%). There was no fund utilisation for National Tobacco Control Programme in the district.

Figure 6: Fund Utilisation under Non-Communicable Diseases by Sheopur district, 2020-21

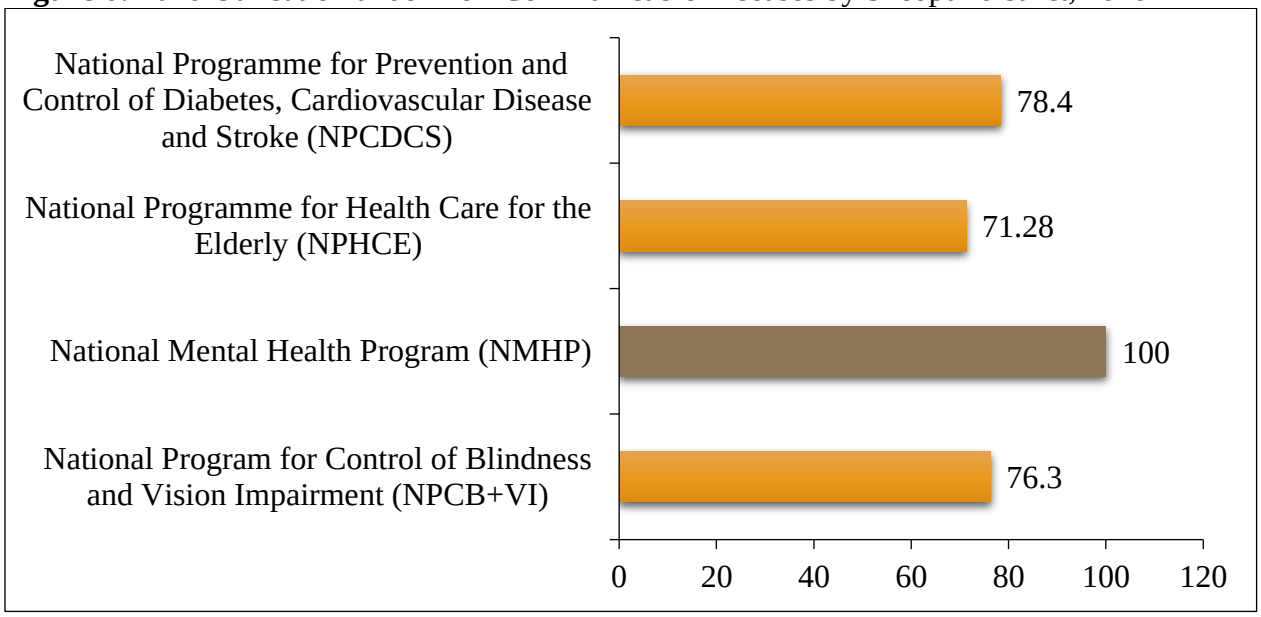


Table 9 show utilization of funds for other programmes in Sheopur district. The maximum percentage of fund were utilised in National Oral Health Program (NOHP) which were 99.2 percent. The less utilization under the flexi pool can be identified under National Program for Climate Change and Human Health (NPCCHH) which were 80 percent and National Program on Palliative Care (NPPC) which were 71.3 percent respectively.

Table 9: Utilization of Funds for other Programmes, Sheopur, 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
National Program for Climate Change and Human Health (NPCCHH)	50,000.00	39,942.00	79.88
National Oral health programme (NOHP)	30,000.00	29,750.00	99.17
National Programme on Palliative Care (NPPC)	362,800.00	258,600.00	71.28

Source: CMHO, Sheopur 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 10 presents the details of Health Infrastructure in Sheopur. With regards to Public health infrastructure, there is 1 District Hospital, 3 Community Health Centres (CHCs), 11 Primary Health Centres (PHCs), 1 Urban Primary Health Centres (PHCs), 105 Sub Centres(SCs), 61 Health and Wellness Centres in Shamli. In addition, 1 blood storage unit, 3 Tuberculosis units

and 2 CBNAAT Site are functioning in the district. The total numbers of UPHC's present in the district are 1 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 one 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 105 SC's, only 61 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 only 3 clinics. The total number of institutions providing comprehensive abortion care services (CAC) is reported to be at 1 facility. 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 1 at the facility. However, it must be noted that the district doesn't have District Early Intervention Centre (DEIC) and Microscopy centre (DMC).

Table 10: Facility Details, Sheopur District, 2020-21

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	1/1	1
2. Sub District Hospital	0/1	0
3. Community Health Centers (CHC)	3/6	3
4. Primary Health Centers (PHC)	11/21	11
5. Sub Centers (SC)	105/132	105
6. Urban Primary Health Centers (U-PHC)	1/1	1
7. Urban Community Health Centers (U-CHC)	0	0
8. Special Newborn Care Units (SNCU)	1/1	1
9. Nutritional Rehabilitation Centres (NRC)	3/3	3
10. District Early intervention Center (DEIC)	1/1	1
11. First Referral Units (FRU)	1/ 2	1
12. Blood Bank	1/1	1
13. Blood Storage Unit (BSU)	1/1	1
14. No. of PHC converted to HWC	9/11	9
15. No. of U-PHC converted to HWC	1/1	1
16. Number of Sub Centre converted to HWC	102/105	61
17. Designated Microscopy Center (DMC)	8/8	8
18. Tuberculosis Units (TUs)	3/3	3
19. CBNAAT/TruNat Sites	2/2	2
20. Drug Resistant TB Centres	1/1	1
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	1/1	1/1
• At SDH	Na	Na
• At CHC	3/3	3/3
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	1/1	1
• Providing 1st trimester services	1/1	1
• Providing both 1st & 2nd trimester services	1/1	1

Source: CMHO, Sheopur 2020-21

Table 11 depicts details of Mobile Medical Unit (MMU) services in Sheopur district. A total of 2 Mobile Medical Units (MMU) are available in the district. Each MMU makes 30 trips per month in the district and the villages covered by MMU 424 population. They are strategically sent to areas where the facilities where service provision is poor due to lack of staff.

Table 11: Details on Mobile Medical Units service in Sheopur District, 2020-21

Mobile Medical Unit Details	Numbers
No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	2
No. of trips per MMU per month	30
No. of camps per MMU per month	30
No. of villages covered	424
Average number of OPD per MMU per month	1500
Average no. of lab investigations per MMU per month	1100
Avg. no. of X-ray investigations per MMU per month	0
Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month	8456
Avg. no. of sputum collected for TB detection per MMU per month	0
Average Number of patients referred to higher facilities	400
Payment pending (if any)	No

Source: CMHO, Sheopur 2020-21

Table 12 represents the details on referral transport services in Sheopur 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. Sheopur District had 6 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 number of transport vehicle 102 on road were 9. The average number of trips per ambulance were 72 per day and average kilometre travelled per ambulance were 1324 per day.

Table 12: Details on Referral Transport service provision in Sheopur District, 2020-21

Vehicle for Referral Transport	
No. of Basic Life Support (BLS) (on the road) and their distribution	6
No. of Advanced Life Support (ALS) (on the road) and their distribution	1
Operational agency (State/ NGO/ PPP)	PPP
If the ambulances are GPS fitted and handled through centralized call centre	YES
No. of transport vehicle/102 vehicle (on the road)	9
If the vehicles are GPS fitted and handled through centralized call centre	Yes
Average number of trips per ambulance per day	72
Average km travelled per ambulance per day	1324

Source: CMHO, Sheopur 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 13: Human Resource of Sheopur District, 2020-21

Staff details at public facility (Regular+ NHM+ other sources)	**In-place**
ANM	110
MPW (Male)	26
Staff Nurse	105
Lab technician	10
Pharmacist (Allopathic)	6
MO (MBBS)	24
OBGY	2
Paediatrician	1
Anaesthetist	1
Surgeon	2
Radiologists	1
Other Specialists	2
Dentists/ Dental Surgeon/ Dental MO	1
Dental technician	0
Dental Hygienist	0
Radiographer/ X-ray technician	2
CSSD Technician	0
OT technician	1
CHO/ MLHP	61
AYUSH MO	6
AYUSH Pharmacist	0

Source: CMHO, Sheopur 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 13 provides the Human Resource Availability in Sheopur 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 14: Performance of EmOC/LSAS trained doctors in Sheopur district, 2020-21

Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
LSAS trained doctors	1	1	306
EmOC trained doctors	2	2	306

Source: CMHO, Sheopur 2020-21

Table 14 illustrates the performance of EmOC/LSAS trained doctors in Sheopur 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 Sheopur district. The number of trainings were conducted across various programs and sub-divisions which includes IMNCI, NCD, NDD, IDCF and ASHA 6-7 module.

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.

Table 15 describes the number of ASHA's and their training status in Sheopur district. In the Sheopur District, there are 806 ASHA's working. The requirement as per population by the district was reported to be 790 ASHA workers and 240 were selected. 16 ASHA workers are covering more than 1500 population in rural area and in case of coverage of 3000 population.

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 number of ASHAs and ASHA facilitator have been given the benefit of PMJJBY with 563 and 46 workers. Followed by 1671 ASHAs and 107 ASHA facilitator in PMSBY. The number of ASHA enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) were 244 and 26 workers.

Table 15: Number of ASHA's and its Training Status, Sheopur District, 2020-21

ASHA's Status	Number
Number of ASHAs	806
• Required as per population	790
• Selected	240
• No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	16
• No. of villages/ slum areas with no ASHA	-
Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	
• No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	563
• No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	46
• No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	563
• No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	46
• No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	244
• No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	26

Source: CMHO, Sheopur 2020-21

Table 16 depicts RBSK team status and its transport facilities availability in the district. The total number of RBSK team sanctioned in the district were 6 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. The availability of vehicles for RBSK teams were 4 and the number of teams per block were 2. In the district, there were no block which were left out by the RBSK team to monitor. In the Sheopur district, there were 2 blocks- Karahal and Vijaypur were single HR team were posted. The average number of children screened per day per team by RBSK were 74. The target were given to RBSK team for the screening of child per day were 60.

Table 16: RBSK Team Status and Transport Facilities in Sheopur, 2020-21

RBSK Status	Numbers
Total no. of RBSK teams sanctioned	6
No. of teams with all HR in-place (full-team)	1
No. of vehicles (on the road) for RBSK team	4
No. of Teams per Block	2
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	8

Source: CMHO, Sheopur 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. Number of children born at the delivery points screened for defects at birth were 8.

Table 17: Availability of Free Drugs and Diagnostics Services, Sheopur 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)	48
• Number of lab tests notified	
Status of delivery points	
• No. of SCs conducting >3 deliveries/month	2/2
• No. of 24X7 PHCs conducting > 10 deliveries /month	10/10
• No. of CHCs conducting > 20 deliveries /month	3/3
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	1/1
• No. of DH/ District Women and child hospital conducting C-section	1/1
• 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)	(1 +2)
• Of these, how many are registered under PCPNDT act	3
Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	All HRPW checkup/Treatment given by MO at facility-DH, CHC and HWC-SHC by CHO

Source: CMHO, Sheopur 2020-21

Table 17 represents availability of free drugs and diagnostics services in Sheopur 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 were 48. In the district there were only 2 HWC were delivery were operational. All the 10 PHC, 3 CHC and 1 DH were having delivery points and were functional properly. In the Sheopur District only 1 ultrasound facility is available at DH and 2 private centres. Number of cases registered under PCTNDT in the district were 3. 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.

4. IMPLEMENTATION OF NATIONAL PROGRAMME

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 aims 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 Sheopur 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. Also, payment procedure was also followed up in Bhopal.

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 Sheopur 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 are 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

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 Sheopur district, it was observed that 31 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, 31 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 anemic.

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 anemic 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.

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 Sheopur District. In the year 2020-21, a total of 710 kits were available with ASHAs. Number of new-borns visited in the same year are 9635.

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

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 Sheopur 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 marginalised sections benefit from the delivery of services so that the desired National Health Policy and Rural Health Mission goals are achieved.

The micro and macro plan for NVBDCP have been reported to be available at the district level. The annual blood examination rate for the diseases has been 12 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 27 villages in Vijaypur blocks. The method which is used for Anti-larval is temiphose and oil feeling. In the district proper contingency plan for epidemic is prepared and weekly 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, 6 new cases were reported and no cases for G2D. Multi Drug Therapy (MDT) and MCR footwear and self-care kit have been reported to be available without interruption.

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 2212 target TB notification was achieved in 2020-21. There are 102.5 percent eligible TB patients with UDST testing. Drugs for both, drug sensitive and drug resistance TB have been reported to be available. Out of 2212 patients notified from public sector, 79 percent have been reported to have been successfully cured. The number of patients notified from public sector is 2057, out of these 83 percent have been successfully cured. The number of MDR TB patients is 79 and the initiation for the treatment among MDR TB patients were 3. The number notified from private sector is 155, out of these 93 percent have been successfully cured. A total of 2013 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.

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

Indicator	Planned	Completed
Number of individuals enumerated	-	25338
Number of CBAC forms filled	2094420	124062
Number of HWCs started NCD screening:		
a. SHC- HWC	102	102
b. PHC- HWC	9	9
c. UPHC – HWC	1	1
Number of individuals screened for:		
a. Hypertension	-	54767
b. Diabetes	-	51154
c. Oral Cancer	-	48499
d. Breast Cancer	-	19539
e. Cervical Cancer	-	13743
Number of HWCs providing Teleconsultation services	102	61 (Where CHO are posted)
Number of HWCs organizing wellness activities	61	61

Source: CMHO, Sheopur 2020-21

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 5 PHC's, 4 PHC's have been converted into HWCs in 2019-20 and same is the case of SC's. The status is still pending in the last financial year of both the PHC and SC.

As per the plan 4,67,100 individuals have been enumerated of which 1,33,134 enumerations have been completed. Till now, 13193 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 117 SC-HWC's 35 SC-HWCs have started their NCD screening followed by 29 PHCHWC and 5 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 and diabetes. A total of 151 HWCs are providing tele-consultation services and 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 Sheopur 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, SHEOPUR

Figure 7: District Hospital, Sheopur

- The monitoring team visited district hospital of Sheopur- District Hospital. The facility has an average OPD load of 1200 patients per day.
- The facility was a 200 bedded Hospital but the requirement of more beds due to daily load at the hospital. The MOs was planning to make ICU of 20 bedded and in PICU of extra 10 beds in the hospital.
- In the district hospital some part of the building side were getting renovated and at one corner new block was constructing.
- Maternity ward has 90 beds and all the equipments has 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.
- The district hospital has only 8 staff nurse who are working in the hospital where as they should have 23 nurses as per the sanctioned post. It was observed, that while monitoring at the facility there was no staff nurse in the PNC ward to look after the beneficiaries.
- The laundry services is not appropriate at the facility. Lack of cleanliness in the hospital and also bed sheet was no clean and was torn. Mismanagement between the staff nurses was found.

- In the facility, they were having only 3 people for washing and the staff not getting any mechanical support for an effective work.
- 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.
- 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 required to get it repaired. Also the data entry operation is not willing to do entry in the portal because of its portal issue and internet problems.
- A single wrong entry in the tablet will generate back lock for the payments of ASHAs and beneficiaries both.
- The chain or steps followed for the payments of JSY is very long and rectification is required at every level. According to MOs, in administrative language is not appropriate.
- The District hospital has 133 anemic women till now in the present financial year and every women dipping with iron sucrose.
- The average daily normal delivery load in the district hospital is 15-20 per day and for C-section the average monthly load 80-85 per month.
- 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 cloves in the facility.
- 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.
- There was functional/ clean toilets attached to the labour rooms in the hospital. And New born care corner (NBCC) was functional in each of the labour rooms.
- There is an effective provision for electricity, the district hospital having 24*7 running supply of water.
- 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.
- 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.
- The beneficiary interaction surfaced that no cost was borne by them for the delivery and timely doctor rounds were observed.
- Through the present under-supply of services and non-availability of doctors, a huge demand gap must exist for the OPD, IPD and diagnostic services in the district.
- Dental checkup were also takes place in the district hospital for all the age group and all the equipment and required medicines were available at the facility. All dental checkups are done

at school but due to COVID 19 pandemic the school are closed, so now no checkup camps at school level are in process.

5.2 COMMUNITY HEALTH CENTRE, KARAHAL

- The Community Health Centre Karahal cater to a catchment population of 1 lakh 37 thousand approx. people at the block level health provision. CHC Karahal is a 30 bedded facility and per day OPD is 150 and 100 deliveries taken place per month.
- 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.
- 70 percent of ASHAs were active in the district. NRC staff also very active.

Figure 10: CHC, Karahal

- In the Karahal 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. The average family size of the people living in the Karahal block is 5-7 children per family.
- Karahal block having maximum number of tribal population in the whole Sheopur district. So it is very difficult to make them understand about family planning and also to use protection.
- Ineffective counselling done by ASHA and lack of trust on the life as people do believe that if 1 or 2 children die due to any disease or for any reason at least they would have few other left who will look after their family. Another issue is demand for the male child.
- 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.
- CHC Karahal organize "Saas-Bahu Samelan" programme to make them aware and guide the women and her mother-in-law about family planning methods. Counselling for both beneficiaries and her mother-in-law is important because at times the beneficiary mother-in-law forces her to bear more children for the sake of boy child.

- Due to maximum number of tribal population CHC Karahal having maximum number of home deliveries. The reason behind is as it's a tribal belt women preferred to get delivered the baby at home by their relatives or any other women. Another issue is network, as the ambulance cannot reach on time.
- No gynecologist at the facility. The maternal death rate MDR also effected by home deliveries.
- Karahal block reported 10 maternal death in the last financial year and the major cause of their death is the mother were severely anemic. Initiative taken for anemic women by the facility as they arranged Health Camps in the block. They divided the HR into 4 teams and provided iron folic to the patients.
- In the block maximum number of women found to be anemic during their ANC check-up. ASHAs couldn't convince them for regular check-up and take healthy diet. There is very less gap better the first and second child which effect the health of mother as well as the baby. Most preferred contraceptive is ANTARA.
- In the block, there are some Aadiwasi women, who don't even know whether it's their 8^{th} or 9^{th} month, which creates problem to the facility as well as to the beneficiaries and its family to tackle with the situation.
- Even the ASHA of this block is not educated, so it is hard to them also to convey the correct information to the patient. Only 50 percent ASHAs are trained. Out of which some left the facility, few got transferred and 40 percent of them just joined.
- There were 5 ANMs at the centre but all are transferred 2 years back and the facility has no replacement of ANMs till now.
- In CHC Karahal 4-5 ambulance were arranged by NGOs at the centre in the last 2 months.
- Maximum number of labour class population and even the women also worked as Labour, so couldn't get good care for themselves. ANC is also affected due to the migration of beneficiaries. There are 8-10 catchment areas were ambulance cannot even go because of no roads, or network issue.
- 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.
- Number of TB screening OPD at the facility is 25-30 patients per month.
- No guard is available at night in the facility. The facility also get lot of trauma emergency cases as the facility lies at the Sheopur-Shivpuri highway.
- In RBSK only male doctor team is available, so adolescent girls couldn't share the personal details to the male doctor. From the past 5 years lady doctor post is vacant.
- On daily bases 210 samples for COVID test conducted at the facility. The area was 94 percent COVID vaccinated with its 1^{st} dose. For COVID vaccination the facility BMO and other staff done forceful vaccination by saying people that if they don't get vaccinated they will not be able to avail the benefits of medical which given free of cost by the government.

- 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.
- CHC Karahal had "Deepak Foundation" for TB programme and also a foundation for Malaria.

5.3 COMMUNITY HEALTH CENTRE, BADODA

- The facility is situated in the main city area and was easily accessible by everyone. It was functioning in a government building and is a 30 bedded facility- 10 beds for ANC, 10 beds for PNC and10 for General OPD.
- The daily OPD at the facility is more than 120 after COVID but before pandemic it was around 150.
- Ambulance service is centralized via 108/102. The facility also has 2 personal ambulances. There are a total of 4 functional ambulances.

Figure 11: CHC, Badoda

- The facility has 7 Medical Officers, 1 Paediatrician, 1Anesthist, 1 Dentist, 7 staff Nurses, 2 Pharmacists and 2 LT. In the facility BCM, BPM, BAM is never present at the head quarter.
- There was a temporary halt in Routine Immunization due to COVID, however now it is being conducted timely. There is shortage of manpower in the CHC owing to which most specialized doctors are unavailable, there is no LT and AYUSH OPD is currently non-functional
- The building of the facility was not running smoothly with all the essential amenities such as having 24-hour water supply, backed with electricity connection because of the flood.

- The facility has very bad infrastructure with water lodging everywhere.
- All the equipments and the documents were destroyed due to the recent flood taken place in the Sheopur district.
- No budget is functioned for the improvement of the infrastructure.
- Pharmacist is available at the facility who is also looking the AYUSH OPD also.
- 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 hypertension than diabetes when screened. The confirmed number of cases of hypertension are 52 and that of diabetes are 35.
- In-house test are performed in the facility and various tests have been taken care of such as ANC, Sputum, Malaria, typhoid.
- In the last financial year there is no training provided in the facility.
- No maternal and child deaths have been reported at the facility in both the years i.e., 2019-20 and 2020-21.
- 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.
- There is a backlog in JSY payment. As the payments is not on time as the beneficiaries don't have their documents and at time there is a network issue.
- CHC Badoda is having in house kitchen and all provisions under JSSK including diet is provided timely. Though there have been maternal deaths in the area, there is none in the facility.
- Facility has dedicated Cold Chain for child vaccines and Covid Vaccines.
- 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 1st ANC registration but they are using their own transport.
- Under family planning programme one counsellor is available. She provides counselling during ANC check-ups. Mostly women in the district prefer Antra and Chhaya methods for family planning and vey less number of women prefer PPIUCD and IUCD.
- In the hospital counsellor give proper information related to contraception and pills to married couples. Married women also receive IFA tablets during the visit.
- There was lack of cleanliness in the new building of the CHC Badoda as there was lack of housekeeping staff who could maintain the facility cleanliness.
- Facility is conducting COVID vaccination campaign and beneficiaries have increased post second wave of the infection. COVID testing was simultaneously taking place in the facility at the time of visit.

5.4 PRIMARY HEALTH CENTRE, BARGAWA

Figure 12: PHC, Bargawa

- The Primary Health Centre Bargawa distance from district headquarter is 25 km. The health facility was easily accessible from the nearest road. It is a 6 bedded facility.
- No staff quarters are available for any Medical Officers or Staff Nurses.
- 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.
- 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 20-25 cases per day. It used to be approx. 100 before COVID. The facility is managed by 1 MO, 2 Staff nurses, 1 Pharmacist, 1 LT and 2 ward boys.
- The services provided here include OPD, testing, Routine Immunization, ANC, PNC and delivery. Delivery rate is high with 100 deliveries per month.
- The bio-medical waste is dispose of in pits.
- For Family planning Antara, Chaya and IUCD are promoted. Mostly female preferred Antara as there are many complaints against its side effect but still women come for the next dose with no objection.
- In 2020-21, 1 Lakh 75 thousand untied fund has been provided which has been fully utilized.
- Referral register is properly updated. No data entry operator at the facility.

- In PHC Bargawa, 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 not being provided.
- In the last financial year, 1 child death at the facility because the beneficiary was anemic and also consumption of tobacco by the beneficiary which maximum effect the child health.
- Medicines reaching their expiry dates are sent to facilities where they have drug shortages for optimum utilization.
- The facility has a fixed day for NCD clinic and in a week 6 days the clinic is being operated.
- The maximum number of cases that were confirmed after screening are of hypertension i.e., 115 followed by diabetes with 105 cases and oral cancer with 2 cases. No cases were screened for breast, and cervical cancer.
- Various In-house tests are being performed such as Hb, Blood sugar, Malaria, HIV, Urine Albmum, CBC, Sputum, COVID-19 RT-PCR tests.

5.5 PRIMARY HEALTH CENTRE, PREMSAR

- The OPD load is 20-25 cases per day. It used to be approx. 110 before COVID. The facility is managed by 1 MO, 1 Staff nurses, 1 Pharmacist 1 ANM, 1 LT, 1 sweeper and 1 ward boys.
- OPD is quite low. An average of 15-20 beneficiary per day for common problem like fever, cold, fungal infection, diabetes, hypertension.
- There is no seasonal outbreak of any specific diseases in the block.

Figure 13: PHC, Premsar

- PHC Premsar awardee for Kayakalp from last two consecutive financial year.
- The facility had very less delivery rate before 2019 because non availability of health personal or birth attendant. If the facility want to increase the delivery rate only when the staff nurse will get staff quarter to stay near the facility and also will their at night.
- The services provided here include OPD, testing, Routine Immunization, ANC, PNC and delivery.
- No women stayed in the facility after or until 48 hours of the delivery because no diet is available at the facility.

- Payment of JSY is due from the last one year because of technical error, error during entry done by ASHA or by spelling mistake or by incomplete documentation.
- All the payment of ASHA are done at CHC Badoda.
- Bio-medical waste is disposed of in the pits. There is no systematic way of collecting waste by any agency, due to geographical reason. The DCM or health personal itself complaints many times but no collection is done on regular bases.
- Very few beneficiaries come to PHC Premsar for their treatment because they found better health facility nearby in Kota and Sawai Madhopur. According to them they found Rajasthan has better health facilities then Madhya Pradesh.
- Centralised 108 and 102 services are used.
- There is only one medicine shortage at the facility which is folic acid 5 mg, as the shortage is occurred from the last 3 month 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 300 and confirmed cases for diabetes are 200.
- COVID vaccination is at the peak in the last two months and COVISHIELD vaccine is given to almost all the people in the village. COVAXIN is given to pregnant ladies who had taken 1st dose of COVAXIN.

5.6 HEALTH WELLNESS CENTRE, MAKDAVADA

- 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 properly displayed.
- Availability of all the drugs and their supply.
- No issues were reported with regards to the procurement of untied funds.
- The labor room at the Sub-centre was in accordance with the majority of the labor room guidelines and cleanliness was up to the mark.
- There was no complain/suggestion box in the sub centre.

Figure 14: HWC, Makdavada

- The CHO is busy on COVID duty, so she is available at the facility after 5pm. Due to which patients or the community people were not coming for their treatment.

- The facility didn't have water and electricity connection.
- The facility is armed by 1 CHO, 1 ANM and 6 ASHA workers.
- 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.
- The facility has 3-4 deliveries per month and 7-10 deliveries annually.
- Teleconsultation services have been started and majorly the cases that are being observed by the CHO are skin issues, fever, abdomen pain etc.
- ASHAs are very well aware about the incentives being given under NTEP and Nikshay Poshan Yojana as such no delay has been reported also.
- In case of TB and complicated pregnancies, CHC Badoda is the referred unit.
- Yoga practices had held on Saturday only with the gathering of 20-25 people.
- Regular counselling for family planning by ASHAs and ANMs.
- ANTARA was opted by maximum ladies, as they reported for their side effects after 1st dose but they still go for second dose. The side effects of ANTARA as they had excessive bleeding, late menstrual cycle and gain weight. There were few cases of side after second dose.

5.7 COMMUNITY INTERACTION

The team visited Makdavada Village for gathering community perception on provision of health services. Villagers were gathered at the Health and Wellness Centre Makdavada 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. But the people are not satisfied with the facilities. CHO are no available at the centre whenever they required. 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.

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 Makdavada were very cooperative and friendly but due to COVID duty CHO is not able to attend the community people in the morning.

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 Makdavada 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 Makdavada 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.

Figure 15: Community Interaction, Makdavada

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 Sheopur District of Madhya Pradesh. The team visited health facilities viz: District Hospital, Sheopur; CHC Karahal, CHC Badoda, UPHC Bagrgava, PHC Premsar and HWC, Makdavada. 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, 3 Community Health Centres (CHCs), 11 Primary Health Centres (PHCs), 1 Urban Primary Health Centres (PHCs), 105 Sub Centres(SCs), 61 Health and Wellness Centres in Shamli. In addition, 1 blood storage unit, 3 Tuberculosis units and 2 CBNAAT Site are functioning in the district. The total numbers of UPHC's present in the district are 1 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 one 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 105 SC's, only 61 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 only 3 clinics. The total number of institutions providing comprehensive abortion care services (CAC) is reported to be at 1 facility. 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 1 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. The district having enough ambulances but to run those ambulances there is no staff. They were getting complaints from the last 6 months continuously.

The district embraces resettlement colonies and migratory population. It was impacting the district's performance as it is difficult to track the immunisation, ANC and PNC check-up status and others for migratory population. The facilities like the district hospital, PHC, CHC, HWC of the district were adequately maintained. The premises were generally found clean except the CHC Badoda which was not cleaned and not properly maintained. All vital equipments and

drugs were available in all the facilities.

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 Sheopur district, Male sterilization is very less in comparison to female sterilization despite it being the easier and safer option among the two. Achievements of female sterilization, specifically PPIUCD far outnumbers the targets. Other prevalent methods of Family Planning include Antara and Chaya.

Maternal deaths and still births were high in the district numbering 30 and 16 respectively in 2020-21 and 2021-22. 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^{th} month.

ARSH was found to be functional. The adolescents were being given counselling in the areas of delay of marriages, prevention of teenage pregnancies, safe abortions and so on. Counselling was also being given to young girls for their menstrual issues. The facilities where response was not adequate for ARSH, counselling was being undertaken in OPD itself. On field counselling was also being given by the doctors and ANMs. The amount utilised is consistently lower than the total funds sanctioned for the programme in the year. This may be due to delays in the receipt of funds. Community Process is functional in the district. Currently 806 ASHAs are working in the district.

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

- The employment under NHM is on contractual basis resulting in lack of motivation among the employees to work. Also, it was reported that there was enormous salary differentials along with minimal hike between NHM employees and other medical employees. Thus rational appointments are a priority concern. Performance based salary can offer a solution by proving an opportunity to NHM employees to increase their salary by improving their performance.

- The number of still births is high in the district. This infers the lack of acceptance of available health care services in the community. Thus, some new initiatives should be taken to encourage the people to undertake institutional services like deliveries, ANC and PNC checkups, immunisation and others.

- Clarity in Human resource guidelines was lacking for instance, regarding sanctioning of holiday of the employees, working hours of resident employees under NHM and other issues.

- Some steps should be taken for speedy recruitments. Suggestions were made to decentralise recruitments for lower positions like ANMS, data entry operators and others while key position can continue to be centralised.

- 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.

- Family planning services need to spread by increasing the number of awareness camps and counselling sessions. Pregnant mothers can be given counselling in their ANC and PNC stages and be motivated to adopt birth control measures.

- 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 week health system in the district which must be monitored by the nodal officers daily.

- Training with respect to HMIS data reporting as well as transfer of beneficiaries entitlement via DBT and/or PFMS is essential. The district suffers a serious crunch of manpower with respect to Medical Specialists, Data entry operators, Accountants and class IV workers. In order to ensure smooth functioning of the activities and minimize the wastage of resources, essential manpower should be bought into the system. Timely and appropriate payment of frontline workers must be ensured.

- Strengthening of District Quality Assurance committee is advised, considering the wide scope of improvement that exits with regards to infection control practices. Inadequacy in Biomedical equipment maintenance must be eliminated. Access to essential drugs must be prioritized by the district.

- Supervisory visits by CMO, DPM, etc. should be conducted in regular intervals to ensure adherence to the standards and norms with respect to various activities. This will bring the existing lacunae to the surface and also streamline the redressal system. Systematic review may be conducted to understand the existing demand-supply gaps in public health facilities and must be timely rectified.

- Promote access to improved healthcare at household level through the female health activist (ASHA). Health Plan for each village through Village Health, Sanitation & Nutrition Committee of the Panchayat.

- 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.

- 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 • At DH • At SDH • At CHC		
44. Institutions providing Comprehensive Abortion Care (CAC) services • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services		

Overview: DHAP

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release_____
3. Date of first release of fund against DHAP	
4. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	
• Details of Construction completed but not handed over	

Service Availability

Indicator	Remarks/ Observation

Indicator	Remarks/ Observation	
1. Implementation of Free drugs services (if it is free for all)		
2. Implementation of diagnostic services (if it is free for all) • 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 Mantri Surakshit Matritva Abhiyan PMSMA activities performed		
6. RBSK		
• Total no. of RBSK teams sanctioned		
• No. of teams with all HR in-place (full-team)		
• No. of vehicles (on the road) for RBSK team		
• No. of Teams per Block		
• No. of block/s without dedicated teams		
• Average no of children screened per day per team		
• Number of children born in delivery points screened for defects at birth		
7. Special Newborn Care Units (SNCU)		
• Total number of beds o In radiant warmer o Stepdown care o 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		

Indicator	Remarks/ Observation	
• Referral		
• LAMA		
• Died		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	**Out born**
• Admission		
• Discharged		
• Referral		
• LAMA		
• Died		
9. Nutrition Rehabilitation Centers (NRC)		
• Admission o Bilateral pitting oedema o MUAC<115 mm o <'-3SD WFH o with Diarrhea o ARI/ Pneumonia o TB o HIV o Fever o Nutrition related disorder o Others		
• Referred by o Frontline worker o Self o Ref from VCDC/ CTC o RBSK o Pediatric ward/ emergency		
• 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 • Previous year • Current FY		
12. Number of Child Death Review conducted • Previous year • Current FY		
13. Number of blocks covered under Peer Education (PE) programme		
14. No. of villages covered under PE programme		
15. No. of PE selected		
16. No. of Adolescent Friendly Clinic (AFC) meetings		

Indicator	Remarks/ Observation	
held		
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**
o Operational agency (State/ NGO/ PPP)		
o If the ambulances are GPS fitted and handled through centralized call centre		
o Average number of calls received per day		
o Average number of trips per ambulance per day		
o Average km travelled per ambulance per day		
o Key reasons for low utilization (if any)		
• No. of transport vehicle/102 vehicle (on the road)		
o If the vehicles are GPS fitted and handled through centralized call centre		
o Average number of trips per ambulance per day		
o Average km travelled per ambulance per day		
o Key reasons for low utilization (if any)		

Indicator	Remarks/ Observation		
20. Universal health screening			
• If conducted, what is the target population			
• Number of Community Based Assessment Checklist (CBAC) forms filled till date			
• No. of patients screened, diagnosed, and treated for: o Hypertension o Diabetes o Oral cancer o Breast Cancer o Cervical cancer			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
• Whether call center and toll-free number available			
• Percentage of complains resolved out of the total complains registered in current FY			
23. If Mera-aaspatal has been implemented			
24. Payment status:	**No. of beneficiaries**	**Backlog**	**DBT status**
• JSY beneficiaries			
• ASHA payment:			
o A- Routine and recurring at increased rate of Rs. 2000 pm			
o B- Incentive under NTEP			
o C- Incentives under NLEP			
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)			
• Patients incentive under NTEP programme			
• Provider's incentive under NTEP programme			
• FP compensation/ incentive			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
• If Rapid Response Team constituted, what is the composition of the team • No. of outbreaks investigated in previous year and in current FY			
• How is IDSP data utilized			
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
• Micro plan and macro plan available at district level			
• Annual Blood Examination Rate			
• Reason for increase/ decrease (trend of last 3 years to be seen)			

Indicator	Remarks/ Observation
• LLIN distribution status	
• IRS	
• Anti-larval methods	
• Contingency plan for epidemic preparedness	
• Weekly epidemiological and entomological situations are monitored	
• No. of MDR rounds observed	
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
• Target TB notification achieved	
• Whether HIV Status of all TB patient is known	☐ Yes/ ☐No If No, no. of TB patients with known HIV status_____
• Eligible TB patients with UDST testing	
• Whether drugs for both drug sensitive and drug resistance TB available	
• Patients notification from public sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
• Patients notification from private sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
• Beneficiaries paid under Nikshay Poshan Yojana	
• Active Case Finding conducted as per planned for the year	☐ Yes/ ☐No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
• No. of new cases detected	
• No. of G2D cases	
• MDT available without interruption	
• Reconstructive surgery for G2D cases being conducted	
• MCR footwear and self-care kit available	
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control	

Indicator	Remarks/ Observation			
Programme				
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme				
34. Number of ASHAs • Required as per population • Selected • No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population • No. of villages/ slum areas with no ASHA				
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • Any other state specific scheme_____ _____				
36. Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened				
38. Number of facilities quality certified				
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	**Previous year (2019-20)**		**Current FY (2020-21)**	
	Regular cadre	**NHM**	**Regular cadre**	**NHM**
• Total no. of posts vacant at the beginning of FY				

Indicator	Remarks/ Observation			
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

Implementation of CPHC

Status as on: _____

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: 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)			
• National Leprosy			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
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			
• Programme for Prevention and Control of Leptospirosis (PPCL)			

Status of trainings

Status as on: _____

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

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

Service Delivery:

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

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

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td></td></tr>
<tr><td>• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</td><td>
<table>
<tr><th>Sl.</th><th>Service</th><th>Y/N</th></tr>
<tr><td>1</td><td>Medicine</td><td></td></tr>
<tr><td>2</td><td>O&G</td><td></td></tr>
<tr><td>3</td><td>Pediatric</td><td></td></tr>
<tr><td>4</td><td>General Surgery</td><td></td></tr>
<tr><td>5</td><td>Anesthesiology</td><td></td></tr>
<tr><td>6</td><td>Ophthalmology</td><td></td></tr>
<tr><td>7</td><td>Dental</td><td></td></tr>
<tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr>
<tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr>
<tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr>
<tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr>
<tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr>
<tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr>
<tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr>
<tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr>
<tr><td>16</td><td>Labour Room Complex</td><td></td></tr>
<tr><td>17</td><td>ICU</td><td></td></tr>
<tr><td>18</td><td>Dialysis Unit</td><td></td></tr>
<tr><td>19</td><td>Emergency Care</td><td></td></tr>
<tr><td>20</td><td>Burn Unit</td><td></td></tr>
<tr><td>21</td><td>Teaching block (medical, nursing, paramedical)</td><td></td></tr>
<tr><td>22</td><td>Skill Lab</td><td></td></tr>
</table>
</td></tr>
<tr><td>5. Emergency</td><td>General emergency:
or
facilities available for:
1. Triage
2. Resuscitation
3. Stabilization</td></tr>
<tr><td>6. Tele-medicine/Consultation services available</td><td>☐ Yes/ ☐No

If yes, average case per day_____</td></tr>
<tr><td>7. Operation Theatre available</td><td>☐ Yes/ ☐No
If yes,
Single general OT:</td></tr>
</table>

<table>
<tr><th>Indicator</th><th>Remarks/ Observation</th></tr>
<tr><td></td><td>Elective OT-Major (General):
Elective OT-Major (Ortho):
Obstetrics & Gynecology OT:
Ophthalmology/ENT OT:
Emergency OT:</td></tr>
<tr><td>8. Availability of functional Blood Bank</td><td>☐ Yes/ ☐No
If yes, number of units of blood currently available: _____
No. of blood transfusions done in last month: _____</td></tr>
<tr><td>9. Whether blood is issued free, or user-fee is being charged</td><td>☐Free for BPL
☐Free for elderly
☐Free for JSSK beneficiaries
☐Free for all</td></tr>
<tr><td>10. Biomedical waste management practices</td><td>1. Sharp pit
2. Deep Burial pit
3. Incinerator
4. Using Common Bio Medical Treatment plant
5.</td></tr>
<tr><td>11. Details of HR available in the facility (Sanctioned and In-place)</td><td>
<table>
<tr><th colspan="2">HR</th><th>San.</th><th>Reg.</th><th>Cont.</th></tr>
<tr><td colspan="2">MO (MBBS)</td><td></td><td></td><td></td></tr>
<tr><td rowspan="9">Specialists</td><td>Medicine</td><td></td><td></td><td></td></tr>
<tr><td>ObGy</td><td></td><td></td><td></td></tr>
<tr><td>Pediatrician</td><td></td><td></td><td></td></tr>
<tr><td>Anesthetist</td><td></td><td></td><td></td></tr>
<tr><td>Surgeon</td><td></td><td></td><td></td></tr>
<tr><td>Ophthalmologist</td><td></td><td></td><td></td></tr>
<tr><td>Orthopedic</td><td></td><td></td><td></td></tr>
<tr><td>Radiologist</td><td></td><td></td><td></td></tr>
<tr><td>Pathologist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Dentist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Staff Nurses/ GNMs</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">LTs</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Pharmacist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Dental Technician/ Hygienist</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Hospital/ Facility Manager</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">EmOC trained doctor</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">LSAS trained doctor</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Others</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>12. IT Services</td><td>• Desktop/ Laptop available: ☐Yes/ ☐No
• Internet connectivity: ☐Yes/ ☐No
Quality/strength of internet connection: _____</td></tr>
<tr><td>13. Kayakalp</td><td>Initiated:
Facility score:
Award received:</td></tr>
<tr><td>14. NQAS</td><td>Assessment done: Internal/State
Facility score:</td></tr>
</table>

Indicator	Remarks/ Observation
	Certification Status:
15. LaQshya	Labour Room: Operation Theatre:
16. Availability of list of essential medicines (EML)/ drugs (EDL)	☐Yes/ ☐No
	If yes, total number of drugs in EDL_____ EDL displayed in OPD Area: ☐Yes/ ☐No No. of drugs available on the day of visit (out of the EDL) _____
17. Implementation of DVDMS or similar supply chain management system	☐Yes/ ☐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:	☐Sufficient Supply ☐Minimal Shortage ☐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	☐In-house ☐Outsourced/ PPP ☐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:
21. X-ray services is available	☐Yes/ ☐No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐Yes/ ☐No
22. CT scan services available	☐Yes/ ☐No If yes: ☐In-house/ ☐PPP

Indicator	Remarks/ Observation
	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	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☐Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	☐Sufficient Supply ☐Minimal Shortage ☐Acute shortage
25. Implementation of PM-National Dialysis programme	☐Yes/ ☐No
	☐In-house ☐Outsourced/ PPP Total number of tests performed: _____
• Whether the services are free for all	☐Free for BPL ☐Free for elderly ☐Free for JSSK beneficiaries ☐Free for all
• Number of patients provided dialysis service **(for 2020-21)**	○ Previous year_____ ○ Current FY_____ **Calculate the approximate no. of patients provided dialysis per day*
26. If there is any shortage of major instruments/ equipment **(List the Equipments)**	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	☐Yes/ ☐No
• If the facility is designated as FRU, whether C-sections are performed	☐Yes/ ☐No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on the condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No
29. Status of JSY payments	Payment is up to date: ☐Yes/ ☐No Average delay: Payment done till: Reasons for delay:

Indicator	Remarks/ Observation
30. Availability of JSSK entitlements	☐Yes/ ☐No If yes, whether all entitlements being provided ☐Free delivery services (Normal delivery/ C-section) ☐Free diet ☐Free drugs and consumables ☐Free diagnostics ☐Free blood services ☐Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐No user charges
31. PMSMA services provided on 9th of every month	☐Yes/ ☐No If yes, how are high risks identified on 9th? If No, reasons thereof:
32. Line listing of high-risk pregnancies	☐Yes/ ☐No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	☐Yes/ ☐No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	☐Yes/ ☐No
38. Availability of vaccines and hub cutter	☐Yes/ ☐No Nurses/ ANM aware about open vial policy: ☐Yes/ ☐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	☐Fully functional with all staff in place ☐Functional with few vacancies (approx. 20%-30%) ☐Functional with more than 50% vacancies ☐Not functional/ All posts vacant

Indicator	Remarks/ Observation		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	☐Yes/ ☐No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	☐Yes/ ☐No		
47. Availability of functional Adolescent Friendly Health Clinic	☐Yes/ ☐No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐Yes/ ☐No **Total No of Adolescents counseled in last 6 months____**		
48. Whether facility has fixed day NCD clinic	☐Yes/ ☐No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	☐Yes/ ☐No		
50. Number of individuals screened for the following in last 6 months:		**Screened**	**Confirmed**
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	☐Yes/ ☐No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐Yes/ ☐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: ☐Yes/ ☐No If yes, are there any patients currently taking anti-TB drugs from the facility: ☐Yes/ ☐No		
	Availability of CBNAAT/ TruNat: ☐Yes/ ☐No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? ☐Yes/ ☐No Are all TB patients tested for Diabetes Mellitus: ☐Yes/ ☐No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:		
52. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐Yes/ ☐No • TB Notification Registers: ☐Yes/ ☐No • Malaria cases: ☐Yes/ ☐No • Palliative cases: ☐Yes/ ☐No		

Indicator	Remarks/ Observation
	• Cases related to Dengue and Chikungunya: ☐Yes/ ☐No • Leprosy cases: ☐Yes/ ☐No
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: ☐Updated/ ☐Not updated MCTS: ☐Updated/ ☐Not updated IHIP: ☐Updated/ ☐Not updated HWC Portal: ☐Updated/ ☐Not updated Nikshay Portal: ☐Updated/ ☐Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	☐Own ambulance available (Number)_____ ☐DH/ SDH has contracted out ambulance services (Number)_____ ☐Ambulances services with Centralized call centre ☐ Government ambulance services are not available
	Comment (if any):
• How many cases from CHC, PHC, SC, referred to in last month?	Number: CHC PHC SC Types of cases referred in:
• How many cases were referred out last month?	Number: Types of cases referred out:

3. Key challenges in the facility and the root causes

Challenge	Root causes
a)	
b)	

Indicator	Remarks/ Observation
c)	
d)	
e)	