

REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN AGRA DISTRICT, UTTAR PRADESH



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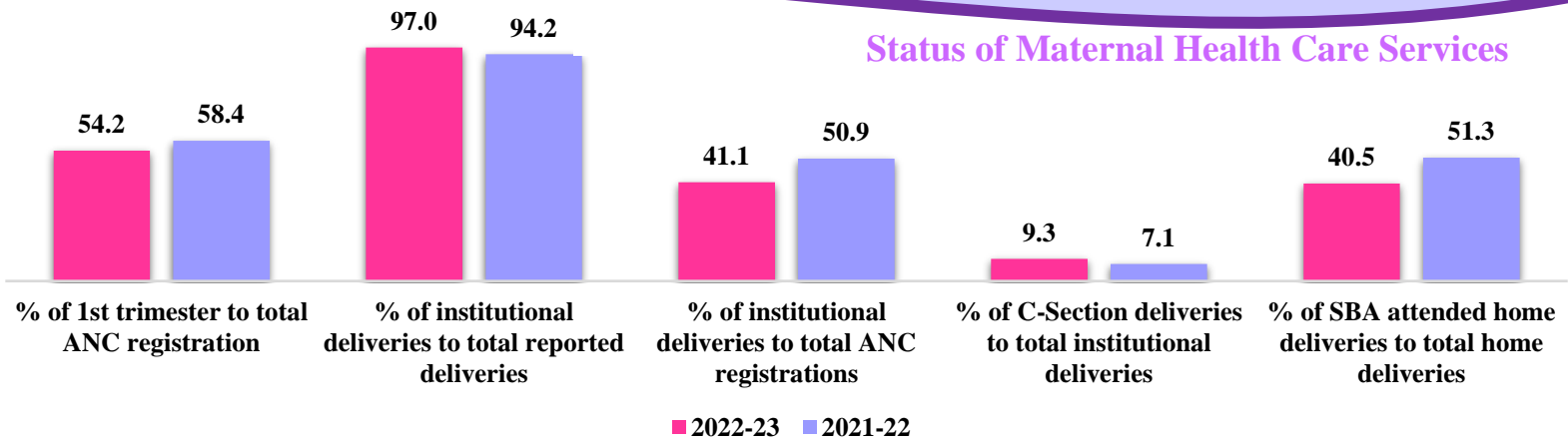
Last but not the least; we would like to thank the research and administrative staff of the Population Research Centre (PRC Delhi, IEG) for extending all the necessary support and coordination for the completion of this report.

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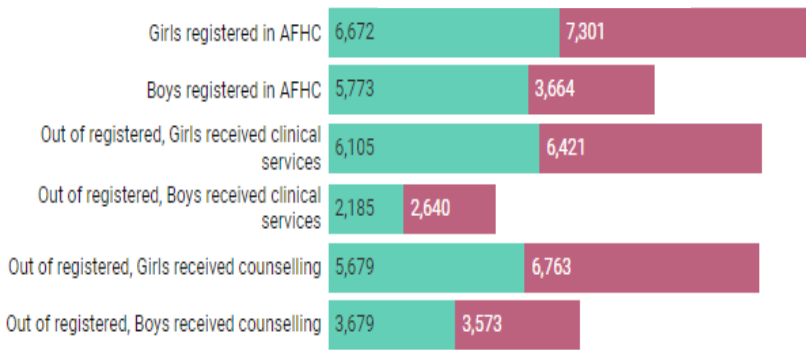
Key Highlights of Agra District 2022-23

Status of Maternal Health Care Services



Status of AFHC Services

2022-23 2021-22



Quality Certified



NQAS- DWH
LaQshya- DWH
Kayakalp
DH- 2
CHC- 9
PHC- 9 (7 rural+ 2 urban)
SC- 2

Quality Assurance

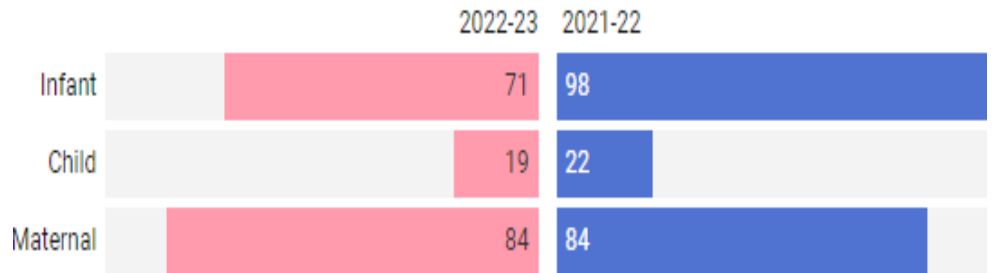
Facilities-wise Maternal Deaths

Facility Type	Number of Deaths
DH	46
CHC	36
PHC & SC	0

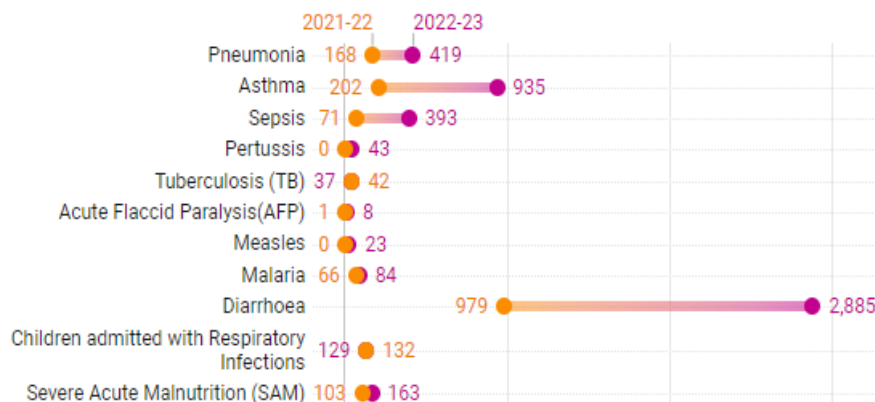
Reason for Maternal Deaths

PPH- 27%
Pre-Eclampsia- 15%
Cardiac- 14%
Anemia- 9%
Sepsis- 8%
Others- 11%

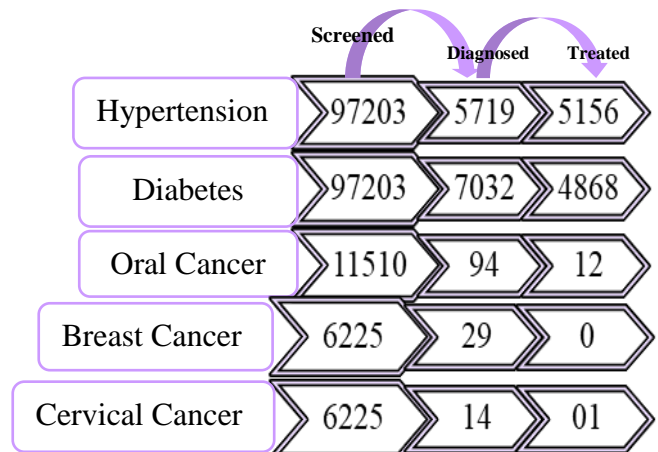
Number of Deaths



Childhood Diseases



Status of Non-Communicable Diseases



EXECUTIVE SUMMARY

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan for the year 2023-24. This report of Population Research Centre, Institute of Economic Growth, PRC- IEG Delhi presents the key findings from the concurrent monitoring of essential components under NHM in Agra district of Uttar Pradesh. The report provides information on coverage of services, constraints in service delivery and utilization of health services by the population in the catchment area.

The report is prepared on the basis of visits to the following public health care facilities visited by the PRC-IEG Team: District Women Hospital, District Men Hospital, CHC Fatehpur Sikri, CHC Baroli Ahir, PHC Bahrawati, PHC Midakur and HWC Dignar. Meetings were held with the Chief District Medical Officer (CDMO) and the nodal programme officers, the Medical Officer-in-Charge (MOIC), facility (MOs, ANMs, etc.) and community level health care providers (ASHAs, Anganwadi workers etc.) and other supporting staff. Interactions were conducted to understand the strengths and weakness of the facilities in service provisioning. Health Management System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

KEY FINDINGS

Status of RMCH+A Programme:

- In the district, there are 42 delivery points but only 19 facilities are providing diet to the beneficiaries. JSSK diets are available for patients at the delivery points, but the district also offers diets to non-JSSK patients at the CHC. There is an availability of Mera-Aspatal in the district. All the ASHAs incentives are being provided to them on time but there is a backlog in JSY payment for the beneficiaries as they are not willing to open their account or they don't have their ID proof. In Agra, MAS programme is not functioning effectively because MAS programme budget is only Rs 5000 which is not sufficient to conduct district level meetings.
- One NRC is functional in district male hospital. One SNCU is available at the district women hospital. In the district, there is no availability of District Early Intervention Centre (DEIC). Patients are referred to adjunct district.
- Adolescent friendly health clinic is available at health facilities and counselling is provided by staff nurse. There is no WIFS stock-out reported in the district during 2022-23. There was no Peer Education Programme for adolescent health running in the district. At the community level, awareness regarding physical abuse, access and use of napkins are provided by ANM and ASHAs in their respective areas.

HMIS Data Quality Status:

- The district encountered numerous challenges while attempting to get data from private facilities about the deliveries they had conducted.
- Training has been provided in the district regarding new HMIS portal and data has been uploaded on the new HMIS portal.

Status of Communicable and Non-Communicable Diseases:

- National Tuberculosis Elimination Programme (NTEP)- Programme is running successfully in the district and through Nikshay Poshan Yojana benefits are provided to all the beneficiaries.
- National Leprosy Eradication Programme (NLEP) -Reconstructive surgery for G2D cases has been conducted. MCR and footwear kits are available in the district.
- National Viral Hepatitis Control Programme (NVHCP)- In the district, 45% of the health workers were immunized against Hep B. There is only one Model Treatment Center (MTC) for viral hepatitis in the district.
- National Tobacco Control Programme - There is no staff available to look after for National Tobacco programme.

Quality Assurance Status:

- For quality assurance programme, the district hospital is awarded with Kayakalp, LaQshya and NAQS. In the district, 8 CHC is qualified for Kayakalp, 3 CHC assessment pending for NAQS and now the district is planning for HWC to qualify for NAQS.

Shortage of Human Resource:

- In the district, there are 30 UPHC and 60 HWC but only 24 doctors are available. All the buildings of NUHM in the district are on rent. In six UPHC there is no availability of LT.
- In the district, there is a huge shortage of specialists like OB&GY, MO (MBBS), Pedestrian, Surgeon, and Radiologist posts. In HWC with CHO, 2-3 male workers are required.
- For HR position 120 staffs, are required in the district. In the district for past so many years there is no DAM posted.
- There are 2 RBSK teams operational in the district but only one doctor is available in each team. There is no epidemiologist in the district for the past 2 years.

Ambulance Services Status:

- In the district, one ambulance is dedicated for urban areas and that ambulance is for identify the area. The ambulance will go 4 times in the area. For the 1st time for TB testing, 2nd time for health and wellness, 3rd time for NCD screening and 4th time for the people who are left out in the first three visits.

CHAPTER 1 INTRODUCTION

1.1 Background

The Ministry of Health and Family Welfare (MoHFW) has assigned the task to Population Research Centers (PRCs) for quality monitoring of important components of NHM Programmes for the year 2022-23. While engaging with the work, PRCs would observe critical concerns in the implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. This PIP monitoring report would specifically focus on the performance of the Agra District of Uttar Pradesh

The report aims to capture the demographic indicators, health indicators, healthcare financing, and public health planning of the district and also discuss the healthcare programme such as RMNCAH+N, diseases control programmes and other health programs.

Meetings were held with the Chief Medical Officer (CMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weaknesses of the facilities in service provisioning. Review of relevant programmatic data and information available from the NHM nodal officials were also conducted. Besides this, Health Management Information System (HMIS) data was also verified for the District Women Hospital Ranking data validation purposes. The health care facilities visited to accomplish the objectives of the visits are enlisted in the table below:

Table 1: List of health care facilities visited in Agra District, Uttar Pradesh

Healthcare Facility	Name of the Facilities
District Hospital	District Women Hospital, Agra
District Hospital	District Men Hospital, Agra
Community Health Centre	CHC Baroli
Community Health Centre	CHC Fatehpuri Sikri
Primary Health Centre	PHC Bahrawati
Primary Health Centre	PHC Midakur
Health Wellness Centre	HWC Dignar

1.2 District Profile

In 2011, Agra had population of 4,418,797 of which male and female were 2,364,953 and 2,053,844 respectively. Agra District population constituted 2.21 percent. Average literacy rate of Agra in 2011 were 71.58 percent and out of which male and female literacy were 80.62 and 61.18 respectively. Total literate in Agra District were 2,680,510 of which male and female were

1,614,594 and 1,065,916 respectively. With regards to Sex Ratio in Agra, it stood at 868 female per 1000 male.

Table 2: Key Demographic Indicators: Uttar Pradesh & Agra District

Health Facility	Uttar Pradesh	Agra
Population (Census 2011) Lakhs	19.98 cr	44.19
Male	104,480,510	2,364,953
Female	95,331,831	2,053,844
Decadal Growth Rate In % (Census 2011)	20.23	22.05
Rural Population (%)	22.27	54.19
Urban Population (%)	77.73	45.81
Child Population (%)	30,791,331	673,955
Literacy Rate (%)	67.68	71.58
Male Literacy Rate (%)	77.28	80.62
Female Literacy Rate (%)	57.18	61.18
Sex Ratio	912	868
Density/Km2	829	1093

Source: Census 2011

1.3 HMIS Service Delivery Indicators

In Agra, out of the total number of pregnant women who registered for ANC, 54.2 percent of them were registered in the first trimester. The percentage of pregnant women who underwent 4 or more ANC check-ups to total ANC registration was 103.6 percent. IFA supplementation was given to 137.5 percent of all women who registered for ANC while 360 Calcium tablets were distributed to total ANC registrations which is 135.7 percent.

In Agra district of Uttar Pradesh, it was observed that 40.5 of the home deliveries were attended by the SBA. Institutional deliveries are an important initiative by NHM for both mother and child care. It was found that 97 percent of all deliveries were observed to be institutional deliveries. In the district, 9.2 percent C-section deliveries are reported and 121.8 percent women getting 1st Post-partum check-up after their delivery.

With regards to Post Natal Care, 93.6 percent of the newborns were breast fed within 1 hour of delivery and only 11.9 percent of newborns weighted less than 2.5kgs at birth. Female sterilization (Tubectomies) as a method of permanent family planning dominates the statistics with 99.5 percent of all sterilization. Total Sterilization Conducted was 8488 in the district. The district reported a total of 84 maternal deaths, 498 still births, 19 child deaths and 71 infant deaths in the year 2022-23.

Table 3: Health Care Service Delivery Indicators of Agra District, Uttar Pradesh, 2022-23

HealthCare Service Delivery Indicator	Uttar Pradesh	Agra
1. Maternal Health-Delivery Care		
% of beneficiaries registered for 1st trimester to total ANC registration	78.9	54.2
% Pregnant Women received 4 or more ANC checkups to Total Registration	88.7	103.6
% Pregnant women given 180 IFA to Total ANC Registrations	99.5	137.5
% Pregnant women given 360 Calcium tablets to Total ANC Registrations	97.8	135.7
% SBA attended Home Deliveries to Total Reported Home Deliveries	18.3	40.5
% of Institutional Deliveries to Total Reported Deliveries	88.6	97.0
% Institutional Deliveries to total ANC Registrations	36.0	41.1
% C-section Deliveries to reported Institutional Deliveries	5.8	9.2
% Women getting 1 st Post-Partum Check-up after delivery	123.2	121.8
2. Newborn and Child Health		
% Newborn weighed at Birth to Live Birth	98.0	95.3
% Newborn breast fed within 1 hour of birth to Total Live Birth	96.1	93.6
% of newborns having weight less than 2.5 kg to total live birth	11.8	11.9
% of children discharged with target weight gain from NRC	64.8	38.2
Number of Fully Immunized children (9-11 months)	5586355	110950
3. Family Planning		
Number of emergency contraceptive pills distributed	2147373	55074
% Female Sterilization to Total sterilization	98.8	99.5
% of IUCD insertion to total institutional deliveries	28.1	23.7
Total Sterilization conducted	248077	8488
4. Mortality Indicators		
Maternal Death	3397	84
Child Death	1748	19
Infant Death	10186	71
Still Birth	28915	498

Source: HMIS Standard Reports, 2022-23

1.4 Burden of Diseases among Childhood in Agra District

The table 4 depict burden of diseases among children in the year 2022-23 and 2021-22. There is a significant increase in the number of cases, for Pneumonia it is 419 (168), Asthma 935 (202), Sepsis 393 (71), Diarrhea 2885 (979) and SAM 163 (103) Measles 23 and Malaria 84 (66) in the last financial year 2022. There is an increase in number of cases for Tuberculosis which is 37 (42) in the last financial year 2022 in Agra district.

Table 4: Burden of Diseases among Childhood in Agra District, 2022-23

Childhood Diseases	2022-23	2021-22
Pneumonia	419	168
Asthma	935	202
Sepsis	393	71
Diarrhoea	2885	979
Children admitted with Respiratory Infections	129	132
Severe Acute Malnutrition (SAM)	163	103
Pertussis	43	0
Tuberculosis (TB)	37	42
Acute Flaccid Paralysis (AFP)	8	1
Measles	23	0
Malaria	84	66

Source: HMIS Standard Reports, 2022-23

CHAPTER 2 PUBLIC HEALTH FINANCING

2.1 Resource Envelope and Budget Allocation

The NHM PIP for the State of Uttar Pradesh has been approved for the FY 2022-23 & FY 2023-24 with discussion in the NPCC meeting held on 2nd April 2022. The ROP includes approval of work plan and budget for the two years. For the financial year (FY) 2022-23, against a resource envelope of Rs. 15,106.21 Crore (calculated assuming state share of 40%) and unspent balance of Rs. 5813.74 crores, Uttar Pradesh received administrative approval for an amount of Rs. 18,498.55 Crore (including IM, Immunization Kind Grants and unspent committed liabilities). For FY 2023-24, against a resource envelope of Rs. 9,676.61 crores (calculated assuming state share of 40% and an increase of 5% over the allocation of 2023-24). State received an administrative approval for an amount of Rs. 13,423.27 crores. The resource envelope for FY 2022-23 consists of Government of India support of Rs. 4,596.96 Crore for flexible pool allocation including cash and kind, Rs.3,064.64 Crore by State share (40%) and Rs. 877.93 Crore for infrastructure maintenance in Uttar Pradesh. The total support from Government of India is Rs. 4,596.96 Crore whereas the state share of 40% works out to be Rs.4782.91 Crore.

The breakup of the total resource envelope shows that Rs. 935.59 crore is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 2349.67 crore is allocated for Health System Strengthening (HSS) under NHM. Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 3285.27 crore. The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and Non-Communicable Disease (NCD) Flexible Pool is Rs. 108.65 crore, Rs. 217.85 crore and Rs. 107.26 crore, respectively in Uttar Pradesh. Within NDCP Flexible Pool, bulk of the resources is allocated for NTEP (cash & kind) activities which is 141.93 crore (Table 5).

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 6, 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 fund sanctioned to the district is always less, what the district demands. As per the given records it can be observed that, the maximum number of utilizations as per the FMR is in service delivery community based,

followed by United funds and procurement. No budget is utilized for drug warehouse and logistics.

Table 5: Breakup of resource envelope (in crores), NHM FY 2022-23, Uttar Pradesh

S.No.	Particulars	Amount (GOI Share)	Percent (GOI Share)	State Share
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	935.59	12.2	
1(I)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	675.40	-	
1(II)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	260.19	-	
2	Health System Strengthening (HSS) under NRHM	2349.67	30.7	
2(I)	Other Health system Strengthening covered under NRHM	1929.74	-	
2(II)	Ayushman Bharat Health and Wellness centres under NRHM	271.37	-	
2(III)	Additional ASHA Benefit Package including support to ASHA facilitators	148.56	-	
	Total NRHM-RCH Flexible Pool	3285.27	42.9	
3	NUHM Flexible Pool	108.65	1.4	
3(I)	Other Health System Strengthening covered under NUHM	80.52	-	
3(II)	Ayushman Bharat Health and Wellness centres under NRHM	28.13	-	3,064.64
4	NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)	217.85	2.8	
4(I)	NVBDCP (Cash & Kind)	31.09	-	
4(II)	NTEP (Cash & Kind)	141.93	-	
4(III)	NVHCP (Cash & Kind)	31.65	-	
4(IV)	NLEP	4.41	-	
4(V)	IDSP	6.56	-	
4 (VI)	NRCP	2.05	-	
4 (VII)	Programme for Prevention and Control of Leptospirosis (PPCL)	0.17	-	
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	107.26	1.4	
6	Infrastructure Maintenance (including Direction and Administration)	877.93	11.5	
	Total Resource Envelope	4596.96	-	
	Grand Total Resource Envelope (Central Allocation + State Share)	7661.60	100.0	

Source: Record of Proceedings, Uttar Pradesh 2022-24, MoHFW

Table 6: Summary of budget approval, 2021-22, (Rs. in Lakhs) – District specific

Indicator	Budget Released (in Lakhs)	Budget Utilized (in Lakhs)
1. FMR 1: Service Delivery: Facility Based	2,082.396	1,819.598
2. FMR 2: Service Delivery: Community Based	2,562.419	2,837.449
3. FMR 3: Community Intervention	763.931	762.834
4. FMR 4: Untied Grants	187.389	219.770
5. FMR 5: Infrastructure	1,164.039	266.622
6. FMR 6: Procurement	223.281	230.177
7. FMR 8: Human Resource (Service Delivery)	3,294.288	2,908.689
8. FMR 9: Training	629.034	496.155
9. FMR 10: Review, Research and Surveillance	5.547	1.243
10. FMR 11: IEC-BCC	161.308	149.341
11. FMR 12: Printing	204.605	152.090
12. FMR 13: Quality	540.176	399.104
13. FMR 14: Drug Warehouse & Logistic	70.710	-
14. FMR 15: PPP	497.413	197.602
15. FMR 16: Programme Management	83.295	73.359

Source: District Level Checklist, DPMU Office, Agra district, 2022-23

Table 7 shows programme wise fund utilization in Agra district for the FY 2022-23. A total budget of Rs. 12,469.83 lakhs were released for NHM programme and Rs. 10,514.03 lakhs were spent on these programmes during this year, which is nearly 84% utilization of the total released budget for Agra district. Under RCH and Health Systems Flexi-pool, utilization was highest united funds (117%), maternal health (101%) followed by community process (99%), child health (96%) and HR (88%). Some of the budget heads have lower utilization against total allotments like National Vector Borne disease control programme (20.2%), blood services and disorder (5.3%) and National Viral Hepatitis Control Programme (1%) in FY 2022-23.

Maternal health budget has been utilized about 101% of their fund and 96% amount has been incurred on child health programmes. District did not receive the amount for Comprehensive Primary Healthcare (CPHC), medical mobile unit, referral transport, PPP, National Dialysis Programme, National Programme for Prevention and Control of Deafness and Programme for Prevention and Control of Leptospirosis (PPCL) activities during 2022-23. A total amount of Rs. 78.14 lakh was received for RSKS programme and utilization was Rs. 16.91 lakh during the 2022-23, which was meagre amount has been incurred on adolescent activities in the district. It was also noted that more than 87% amount was spent on ASHAs activities. Agra received an amount of Rs. 521.31 lakh for NUHM programme, of which Rs 908.15 lakh was spent during 2022-23.

Table 7: Programme wise budget expenditure (in lakhs) in Agra district, 2022-23

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool	10378.57	8221.82	79.2
· Maternal Health	858.69	868.08	101.1
· Child Health	115.02	110.08	95.7
· RBSK	164.17	127.32	77.6
· Family Planning	495.38	398.99	80.5
· RKSK/ Adolescent health	78.14	16.91	21.6
· PC-PNDT	2.45	-	-
· Immunization	267.6	226.72	84.7
· Untied Fund	187.39	219.77	117.3
· Comprehensive Primary Healthcare (CPHC)	-	-	-
· Blood Services and Disorders	186.74	9.97	5.3
· Infrastructure	1,164.04	266.62	22.9
· ASHAs	2,082.40	1,819.60	87.4
· HR	3,294.29	2,908.69	88.3
· Programme Management	83.29	73.36	88.1
· Procurement	70.71	-	-
· Quality Assurance	540.18	399.1	73.9
· NIDDCP	8.15	0.2	2.5
· AYUSH	16	13.58	84.9
· Community Process	763.93	762.83	99.9
2. NUHM	521.31	908.15	174.2
3. Communicable Diseases Pool	1061.31	825.31	77.8
· Integrated Disease Surveillance Programme (IDSP)	6.1	2.68	43.9
National Vector Borne Disease Control Programme (NVBDCP)	74.3	15.04	20.2
· National Leprosy Eradication Programme (NLEP)	39.7	38.72	97.5
· National TB Elimination Programme (NTEP)	916.64	763.97	83.3
· National Rabies Control Programme (NRCP)	6.5	4.72	72.6
· National Viral Hepatitis Control Program(NVHCP)	18.07	0.18	1.0
4. Non-Communicable Diseases Pool	508.64	558.75	109.9
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	95.99	80.07	83.4
· National Mental Health Program (NMHP)	234.51	226.43	96.6
National Programme for Health Care for the Elderly (NPHCE)	4.1	2.67	65.1
· National Tobacco Control Programme (NTCP)	33.88	20.09	59.3
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	110.37	216.04	195.7
· National Program for Climate Change and Human Health (NPCCHH)	3.7	-	-
· National Oral health programme (NOHP)	13.35	8.43	63.1
· National Programme on palliative care (NPPC)	3	-	-
National Programme for Prevention and Control of Fluorosis (NPPCF)	3.9	-	-
National Programme for Prevention and Control of Deafness (NPPCD)	5.84	5.02	86.0
Total	12,469.83	10,514.03	84.3

Source: District Level Checklist, DPMU Office, Agra district, 2022-23

Under the Communicable Diseases Pool, district has received a total amount of Rs. 1061.31 lakhs and incurred amount of Rs.825.31 lakhs during FY 2022-23, which recorded about 78% utilization against total received budget. However, large chunk of the funds is allotted to National TB Elimination Programme (NTEP) which is Rs. 916.64 lakh and utilization were Rs. 763.97 lakh during 2022-23 which is more utilization (83.3%) against the funds released. However, National Leprosy Eradication Programme (NLEP) has better utilization rate (97.5%) against the total fund received followed by National Rabies Control Programme (NRCP) (72.6%) and Integrated Disease Surveillance Programme (IDSP) (43.9%) during the FY 2022-23.

On the other hand, under the Non-Communicable Disease pool, the district was allotted total amount of Rs.508.64 lakh for 10 selected programmes which are operational in the district. Out of total fund, 558.75 lakhs have been utilized on these programmes which shows about 109.9% fund utilized against total allotted fund to the NCD pools. These programmes are; NPCB+VI, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, NOHP, NPPC, NPPCF and NPPCD.

CHAPTER 3 PUBLIC HEALTH PLANNING & IMPLEMENTATION

3.1 Health Infrastructure

In Agra District, two district hospitals separately for male and female was functioning in the district. No sub-district hospital was available in the Agra district. At the block level 18 Community Health Centres (CHC), 45 primary health centres and 30 U-PHC are operational in the district. Ten PHCs have facilities for providing delivery care services and 14 sub-centres were conducting more than three deliveries per month against 418 SCs were functional in the district.

Table 8: Operational health facilities in Agra district, 2023

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	1	1
1a) No. of DH conducting > 50 deliveries /month		1
1b) No. of DH conducting C-section		1
2. Sub District Hospital	0	0
3. Community Health Centers (CHC)	18	18
3a) No. of CHCs conducting > 20 deliveries /month		18
4. Primary Health Centers (PHC)	45	45
4a) No. of 24X7 PHCs conducting > 10 deliveries /month		10
5. Sub Centers (SC)	418	418
5a) No. of SCs conducting >3 deliveries/month		14
6. Urban Primary Health Centers (U-PHC)	30	30
7. Special Newborn Care Units (SNCU)	2	2
8. Nutritional Rehabilitation Centres (NRC)	1	1
9. District Early intervention Center (DEIC)	1	0
10. First Referral Units (FRU)	6	6
11. Blood Bank	2	2
12. Blood Storage Unit (BSU)	5	2
13. No. of PHC converted to HWC	45	44
14. No. of U-PHC converted to HWC	30	30
15. Number of Sub Centre converted to HWC	273	273
16. Designated Microscopy Center (DMC)	52	52
17. Tuberculosis Units (TUs)	26	26
18. CBNAAT/TruNat Sites	4/9	3/9
19. Drug Resistant TB Centres	1	1
20. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	1	1
• At SDH	0	0
• At CHC	16	16
21. Institutions providing Comprehensive Abortion Care (CAC)services		
• Total no. of facilities	239	239
• Providing 1st trimester services	16	16
• Providing both 1st & 2nd trimester services	2	2

Source: District Checklist Agra district, NHM PIP Monitoring, 2023

District has no infrastructure for Early Intervention Centre (DEIC). One Nutritional Rehabilitation Center is available and two Special Newborn Care Unit (SNCU) service is available at district hospital for providing child health care services. Two Blood bank and two blood storage units were available at district as well as block level. However, a total of 45 primary health centers and 273 sub-

centers have been converted into HWC in the district during 2022-23. District was functioning with 52 Designated Microscopy Center (DMC) which provide screening and medicine to the TB patient in the district including public and private facility. District was running with 26 Tuberculosis Unit with 3/9 CBNAAT/TruNAT sites functioning in the district.

3.2 Human Resources for Healthcare

A total of 1141 posts were filled against 1733 posts have been sanctioned which shows that 592 posts are vacant in the district. The large number of posts were vacant for specialist doctors and Radiologists noted in the district. Specialist posts like OB&GY, MO (MBBS), Pediatrician, Surgeon, and Radiologist posts were vacant. One Gynecologist doctor was posted in the district against three sanctioned posts.

Table 9: Details of human resources in Agra district, 2023

Staff (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM	484	385	80
MPW (Male)	114	13	11
Staff Nurse	155	94	61
Lab technician	39	13	33
Pharmacist (Allopathic)	125	112	90
MO (MBBS)	241	132	55
OBGY	29	5	17
Pediatrician	27	6	22
Anesthetist	27	4	15
Surgeon	18	1	6
Radiologists	18	0	0
Other Specialists	-	-	-
Dentists/ Dental Surgeon/ Dental MO	22	14	64
Dental technician	-	-	-
Dental Hygienist	18	4	22
Radiographer/ X-ray technician	20	07	35
CSSD Technician	-	-	-
OT technician	5	5	10
CHO/ MLHP	314	298	95
AYUSH MO	62	37	60
AYUSH Pharmacist	15	11	73
Total	1733	1141	-

Source: District Level Checklist, DPMU Office, Agra district, Uttar Pradesh, 2023

Six pediatricians were working at district hospital against 27 sanctioned post which shows 22% doctors posts were vacant. Similar condition was observed in case of Surgeon and Radiologist, where, one doctor posted for both specialist against 18. No Radiologist, dental technician and CSSD technician were available in the district. Five OT technician were working in the district. In case of para-medical staff, 61 posts were vacant against 155 posts sanctioned for staff nurses. Most of the staff nurses are engaged through NHM. Total 13 posts of lab technicians were filled and 26 posts were vacant. While 112 pharmacists were posted at the hospital against 125 posts sanctioned. There was huge shortage of ANM at health centres in urban areas in the district. There were 78 ANMs posts were lying vacant. A total of 298 Community Health Officers were posted at HWC centres against 314 posts were sanctioned in the district. For AYUSH MO 37 posts are filled out of 62 posts and 11 AYUSH pharmacists were occupied in the district under NHM.

3.2 Capacity Building- Training Status

Table 9 provides a brief of trainings received in the last financial year i.e., 2022-23 as per the ROP approval. In total, 34 trainings were conducted across various programs and sub-divisions which include maternal health, child health, family planning, RKSK, NCD, RI, and child deaths. Maximum number of trainings conducted in the last financial year were NPCDCS, NCD followed by NPCCHH, NPPCD etc.





Table 10: List of Training as per ROP, Agra District, 2022-23

List of training	Planned	Completed
1. HBYC TOT	Yes	Yes
2. RBSK Training of Technique & Managerial for MHT	Yes	Yes
3. Training Under RNTCP	Yes	Yes
4. NPPCD Training	Yes	Yes
5. NMHP Training	Yes	Yes
6. Training on Universal Screening (NCD)	Yes	Yes
7. Training on ICT Application	No	No
8. Urban ASHA HBNC 6 th & 7 th Module Training	Yes	Yes
9. Training on MAS	Yes	No
10. Urban ANM Training	Yes	Yes
11. ASHA Induction Training	Yes	Yes
12. Training on Expanded services packages at HWCs	Yes	No
13. Maternal Health Training	Yes	Yes
14. Training of Medical Officers in Safe abortion	Yes	Yes
15. Training of Medical Officers in safe abortion-For Obs&Gynae	Yes	Yes
16. Training of Staff Nurses/ANMs /LHVs in SBA	Yes	Yes
17. Child Death Review Trainings	Yes	Yes
18. New Born Stabilization Training Package for Medical Officers and Staff nurses	Yes	No
19. Training of Medical officers (PPIUCD insertion training)	Yes	Yes
20. Training of Nurses (Staff Nurse/LHV/ANM) (PPIUCD insertion training)	Yes	Yes
21. Training of Medical officers (Injectable Contraceptive Trainings)	Yes	Yes
22. Training of AYUSH doctors (Injectable Contraceptive Trainings)	Yes	Yes
23. Training of Nurses (Staff Nurse/LHV/ANM) (Injectable Contraceptive Trainings)	Yes	Yes
24. FP-LMIS training-Urban Staffs and others	Yes	Yes
25. FP-LMIS training- ASHA Sangini Refresher	Yes	Yes
26. Training of Cold Chain Handler, Data Handler, Health Worker, & Medical Officers under Immunisation-	Yes	Yes
27. Kayakalp Training of MOICs, BPMs, Nodal etc	Yes	Yes
28. Training cum review meeting for HMIS & MCTS at District level	Yes	Yes
29. Training on CPCH for CHOs	Yes	No
30. Training / Capacity Building (Malaria)	Yes	Yes
31. Trainings for District Tobacco Control Centre	Yes	Yes
32. Trainings of Medical Officers, Health Workers and Programme officers under NPCCHH	Yes	Yes
33. Counselling training for Service Provider	Yes	Yes
34. RKS Refresher Training	Yes	No

Source: District Level Checklist, DPMU Office, Agra district, Uttar Pradesh, 2023

CHAPTER 4 NATIONAL HEALTH MISSION PROGRAMME

4.1 Key Implementation Programme

NHM Components	Major Observations
 RMNCHA+	
 Maternal Health	<p>Agra district has two district hospitals and 18 CHCs were providing delivery care services in the district. District women hospital has SNCU facility with 28 radiant warmers and two KMCs unit available.</p> <p>C-section facility is available at district women hospital. Maternity, OT and labour ward with equipments are available in district hospital.</p> <p>Total 62101 MCP card and Safe Motherhood Booklet issued were issued in the district during 2022-23. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is conducted on 9th of every month at one DWH, 18 CHC/UHC and 30 PHC/UPHC.</p> <p>Ante-natal care services are available at primary care health facilities like CHCs, Urban-CHC and HWC-SC at village level.</p> <p>Total 84 Maternal Death Review had been conducted in 2021-22 and 64 MDR in 2022-23 in the district. There were 84 Child Deaths Review had been conducted in 2021-22 and 64 CDR in 2022-23 in the district.</p>
 Child Health	<p>One NRC facility was functional in district male hospital. Total 406 children were admitted, out of these, 25 children were referred by frontline workers in 2022-23.</p> <p>One SNCU facility is available at district women hospital. A total of 2893 newborn children were admitted, out of these, 2064 children were discharged and 240 died during 2022-23.</p> <p>District Early Intervention Centre (DEIC) is not available in the district. Patients were referred to adjunct district.</p>
 Adolescent Health	<p>Adolescent friendly health clinic was available at health facilities and counselling was provided by staff nurse at health facilities.</p> <p>There was no WIFS stockout reported in the district during 2022-23.</p> <p>There was no Peer Education Programme for adolescent health conducted in the district.</p> <p>At community level, awareness regarding physical abuse, access and use of sanitary napkins by ANM</p>

	and ASHAs in their respective areas.
Medical Mobile Unit (On the road)	MMU is not functional in the Agra District.
NHM Components	Major Observations
Communicable Disease	
Integrated Disease Surveillance Programme (IDSP)	<p>IDSP is functioning in the district and Rapid Response Team (RRT) is constituted. Total of 35 team composition members are there which includes Medical Officer, Pharmacist, Lab Technician and staff nurse.</p> <p>In the district, 37 outbreaks were investigated in the year 2021-22 and 5 cases in 2022-23.</p> <p>About 70% of private health facilities were reporting daily data from last one month on IHIP portal.</p> <p>The disease syndrome data is used for the study of disease trends in district which further support in awareness and control activities in suspected areas.</p>
National Tuberculosis Elimination Programme (NTEP)	<p>A total of 52 Designated Microscopy Centre (DMC) are functioning in the district.</p> <p>There is shortage of CBNAAT site in the district. Currently, 3 CBNAAT site are available for screening.</p> <p>A total of 11621 from public and 10621 from private patients have been notified as TB patient in the district during 2022-23.</p> <p>There is about 89% successful rate for the TB patients in the public facilities and 90% in private facilities. Beneficiaries were paid under the Nikshay Poshan Yojana and there is proper follow up for the active cases.</p>
National Leprosy Eradication Programme (NLEP)	<p>Total 107 new cases were detected of leprosy, of which, 3 G2D cases found in district during 2022-23.</p> <p>Reconstructive surgery for G2D cases was being conducted. MCR and footwear kits are available in the district.</p>
National Viral Hepatitis Control Programme (NVHCP)	<p>In the district, 45% of the health workers were immunized against Hep B. There is only one Model Treatment Center (MTC) for viral hepatitis in the district.</p>
Non-Communicable Disease	
National Tobacco Control Programme	<p>District Tobacco Control Cell (DTCC) was constituted for effective implementation and monitoring of tobacco control programme.</p> <p>Awareness activity was conducted in selected educational institutions (including government and private) in the district.</p>
Quality Care Programme	
Quality Assurance Programmes	<p>District Women Hospital is certified with NQAS and LaQshya.</p> <p>Two times district hospital, 9 CHCs, 9 PHCs (7 rural & 2 UPHCs) and 2 SC had received Kayakalp award.</p>

CHAPTER 5 COMMUNITY HEALTH

5.1 Frontline Health Worker

The community process involves the ASHAs, VHSNC and related support structure. ASHAs play important role to create awareness and provide information to the community. A total of 3571ASHAs were required as per the population norm but 3265 ASHAs have been selected in the district. There are 10 slums in the district where there is no ASHA available. On the other hand, 2878ASHAs have covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and 2878 ASHAs were received benefit under Pradhan Mantri Suraksha Bima Yojana (PMSBY) in the district. In the district, 118ASHAs Facilitator were covered under PMJJBY and PMSBY scheme respectively. However, 2873 ASHAs were enrolled under PMSYMY. In the district, 483Mahila Arogya Samiti (MAS) was formed and 480 MAS account had been opened in the district. In the district, 695VHSNC have formed and trained in 2022-23.

Table 11: Key indicators for ASHA and ASHA facilitators, Agra district, 2023

Sl.no.	Key indicators	Number
1	Status of ASHAs	
1.1	ASHAs required as per population	3571
1.2	Selected ASHAs	3265
1.3	No. of ASHAs covering more than 1500 (rural) population	-
1.4	Villages with no ASHA	-
1.5	No. of ASHAs covering more than 3000 (urban) population	-
1.6	Slum areas with no ASHAs	10
2	Status of social benefit scheme for ASHAs and ASHA Facilitators	
2.1	ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	2878
2.2	ASHA Facilitator enrolled for PMJJBY	118
2.3	ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	2878
2.4	ASHA facilitator enrolled for PMSBY	118
2.5	ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	2873
2.6	ASHA facilitator enrolled for PMSYMY	118
3	Status of Mahila Arogya Samitis (MAS)	
3.1	MAS Formed	483
3.2	MAS Trained	483
3.3	MAS account opened	480
4	Status of Village Health Sanitation and Nutrition Committee (VHSNC)	
4.1	VHSNC Formed	695
4.2	VHSNC Trained	695
4.3	MAS account opened	483

Source: District Performa Agra district, NHM PIP Monitoring, 2022

5.2 Community Interaction and Perception

During the health facility visit, the team conducted focused group discussion to know the overall community perception regarding accessibility of health and other issues as perceived among the catchment area of HWC Baroli, Agra. The responses were mentioned across domain with community groups:

Health seeking behavior	
Community perception:	There is no private clinics in the surrounding area and people are satisfied with the public facilities. People are very happy with the work of ASHAs and ANM and easily share their problems with them.
Frontline worker perception:	ASHAs are formed to serve as a significant communication mechanism connecting the wide-ranging healthcare system to the rural areas. The contribution of ASHAs towards the attainment of female sterilization showcases their fruitful work done in these areas, and their performance levels have been ever increasing with time
Access to Health	
Community perception:	The village people were satisfied with the work of ASHAs and Anganwadi workers, as Anganwadi worker probably know the whole of the village. She goes to door to door meet people and talk to women. Same is the case with ASHA; they also go to houses, meet people, counsel, and converse with them about their problems. Both the Anganwadi and ASHA workers hold a position of respect in the village.
Behavior of health service providers	
Patients' perception:	ANMs and ASHAs work at all levels of rural families as well as their communities. They advise parents about the nutrition they give to their children; they also guide pregnant women about self-love and care along with nutrition-based suggestions. They advise couples about family planning and healthy living.
Out of pocket expenditure in hospital	
Patients' perception:	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.
Coverage, knowledge, and skills of ASHAs as perceived by community	
Community perception:	All 3200 ASHAs completed their training till 7th modules and all the ASHAs have received incentives. The ANMs and ASHAs are firmly rooted in the social network of the local people.
Availability of services for immunization, ANC, PNC, AH counselling, Contraceptive services, Nutrition counselling and preferred facilities for each	
Community perception:	HWC, CHC and DH are preferred facilities.
Screening for common NCDs and preferred facilities for seeking treatment	
Community perception:	Public sector is preferred by households for NCDs treatment.



Figure 1: Team interaction with Beneficiaries and Community People

CHAPTER 6 PUBLIC HEALTH FACILITY ASSESSMENT

6.1 District Women Hospital, Agra



Figure 2: Team Visit to District Women Hospital Agra

- District Women Hospital is 145 bedded and average OPD of 400-500 patients per day. In the DH, on an average 200-250 deliveries are conducted per month and C-section deliveries are 200 per month and high-risk deliveries are also conducted in the facility even at late night. People from neighbouring districts and states come to DWH for their deliveries.
- Both Labour and OT room registers are well maintained and are monitored by the MO. Proper line listing registers are maintained for high-risk pregnancies. On the 9th of every month PMSMA services are provided to the beneficiaries.
- In DWH, there are provisions for diet support for delivery care through JSSK funds. The hospital provides all free services such as delivery care, diet, drugs and consumables, diagnostics services (lab, X-ray and USG etc.), blood services, referral transport, drop back services and no user charges.
- District Women Hospital has basic facilities like; running water, facility for geriatric friendly ramps, clean functional toilets for male and female separately, drinking water, an OPD waiting area, power backup for the complete hospital and drug store room with racks available at the facility.

- There are specialised services available in addition to general OPD, ANC, Delivery, PNC, Immunization that are O&G, Pediatric, Anesthesiology, Imaging Services (USG), SNCU/Mother and New-born Care Unit (MNCU), Labour Room Complex and Skill Lab.
- There is no availability of Telemedicine/Consultation services and Blood bank but there is an availability of blood storage in the hospital.
- The counselling on family planning services is provided by a designated counsellor, Doctor and Staff nurse and they acknowledge beneficiaries regarding decreased in unintended pregnancy, birth spacing, reduction of maternal mortality, anemia and STD. The facility provides condoms, oral pills, ANTARA and Chhaya and sterilization services. The District Women Hospital performed 80 female sterilizations in the last month. FP-LMIS is implemented at the facility.
- The DWH has a functional Adolescent Friendly Health Clinic but there were no separate male and female counsellors available. A total of 1766 adolescents have been counselled in the last six months at the facility. Sampurna Clinic is also available in the district hospital.
- Comprehensive Abortion Care (CAC) service is available at the hospital. There is no facility for a fixed day NCD clinic as per NHM. About 1569 newborns were immunized with birth doses at the facility in the last three months and 1491 newborns were breastfed within one hour of birth.
- In the previous financial year, there were 78 maternal deaths in 2020-21, 50 maternal deaths in 2021-22 and 12 maternal deaths in 2022-23. There has been no child death in DH from the last financial year.
- Kayakalp programme was initiated in district women hospital and received a score of 74.23% in FY 2022-23. NQAS internal assessment is done and for LaQshya program labour room got 97% and Operational theatre got a 93% score at DWH.
- There are 281 EDL drugs available in the DWH properly exhibited in an OPD area on the wall. In-house laundry is available but the quality of work was not at all appreciable.
- At the time of visit ample amount of proper display of IEC material was available given by NHM and even self-initiated hand charts were also displaced on the walls.
- There is no staff quarter available inside the DWH for the staff which leads to difficulties in case of emergency for timely attending the patients.
- For Biomedical waste management the DWH is using Common Bio-Medical Treatment Plant via a service provider.
- After delivery beneficiaries stay in the facility for 48 hours in the PNC ward and if some does not want to stay at the hospital LAMA form is signed by them.
- Ambulance services are easily available on call and beneficiaries are availing the JSSK services. In the hospital one ambulance is available around the clock.
- A 10-bed NRC with an addition of 15 more beds is available on the ground level of the district male hospital.

6.2 District Men Hospital, Agra



Figure 3: Team Visit to District Men Hospital, Agra

- District Men Hospital is a 138-bed running facility. DMH has basic facilities like 24/7 running water, clean and functional toilets available for male and female and separate toilets were also available at the OPD block, drinking water, a sufficient OPD waiting area with proper sitting arrangements, a drug storeroom with proper racks available and a complete power back for the whole hospital.
- The facility provides services like OPD, Pathology, radiology (X-ray, CT scan, USG), emergency, OT, NRC, support services, ambulances, blood bank and dialysis. The specialised services available are Medicine, Pediatric, general surgery, anesthesiology, ophthalmology, dental, Pediatric Intensive Care Unit (PICU), ICU and emergency care.
- There is no separate and dedicated space for the OPD registration counter as there is a temporary arrangement with little space for movement. In DMH there is very small and inadequate space available for drug store in the old building.
- A blood bank facility was available at DMH for patients. In the hospital, 54 units of blood is currently available. In the last month 86 blood transfusions have been completed. Blood is issued free for all families. Telemedicine/consultation service is available at the facility. The average 150 cases per day is taken up by 2 MOs.
- Quality Assurance program is initiated in DMH. For the Kayakalp programme 74.36% internal assessment had done in 2022 and the result is awaited. LaQshya activity is not initiated at DMH in labour and OT section. The facility has got a 57% score under NQAS.
- The National Dialysis Programme is functional by outsourced mode and it is free for BPL families. Telemedicine/consultation service is available at the facility.
- In the district hospital there is a sufficient supply of consumables and in-house availability of essential diagnostics. There are 60 in-house tests running and X-ray services are also available. For CT scan it is outsourced or under PPP mode. In the previous FY 6958 patients were provided dialysis services (2021-22) and 8141 cases in the current FY (2022-23).
- TB programme is running successfully in the district hospital. Proper testing and follow-up registers are maintained. The facility is having proper Designated Microscopy Centre (DMC) and around 2550 OPD samples were tested for TB. There is an availability of CBNAAT/TruNat and around 3750 tests were conducted. There are cases of TB with HIV and proper reporting and follow-up are going on.
- There is a requirement of staff quarters for doctors and paramedical staff. The existing buildings are in dilapidated or in bad condition. There is no dedicated parking space allotted to the hospital.

6.3 Community Health Centre, Baroli Ahir



Figure 4: Team Visit CHC Baroli Ahir, Agra

- CHC Baroli Ahir caters to a catchment population of 4,15,000. It is a 30 bedded CHC and includes 37 sub-centres and 8 PHCs. The monthly average OPD is 250-300 per month and 30-40 deliveries per month or 1-2 deliveries per day. About 10-20% of OPD are related to Derma. At the time of ANC check-up, proper counselling is being provided to the beneficiaries and their family members by the MO.
- The facility has 24*7 running water, a drinking water facility and clean functional toilets for both male and female. The facility has geriatric and disability-friendly ramps. The OPD area has adequate arrangements for seating and power-backup is available in the complete facility.
- The facility has services like OPD, IPD, ANC, Immunization, delivery and emergency. The specialized services available are medicine, Ophthalmology and Dental. In the facility 24*7 specialists are available in CHC Baroli Ahir.
- In HR there are 3 MO, 1 ObGy, 1 Dentist, 3 staff nurses, 1LT, 4 Pharmacist, 240 ASHA and 1 dental hygienist are available in the facility. Adolescent Friendly Health Clinic is not functional at the facility.
- For Quality Assurance programme is initiated in CHC Baroli Ahir. For Kayakalp programme 86% internal assessment had done in 2022 and the result is awaited. LaQshya activity was not initiated at the CHC. The facility has got a 62% score under NQAS.
- There is an availability of 115 essential drugs at CHC with proper display in the OPD area and there is proper implementation of DVDMS data to update the status of medicines. There are 21 in-house tests available but an X-ray machine is not available in the facility. Diagnostics services are free for all. There is an availability of a sufficient amount of testing kits/rapid diagnostics kits at the facility.

- There were no maternal and child deaths recorded in 2021-22 and 2022-23. As per hospital records Hep+OPV=405, BCG=337 and BF=41 doses were provided to the newborns at the facility in the last 3 months.
- JSY payments are up to date till July. The cost of the JSSK diet, which is outsourced, is 100 rupees. Beneficiaries in the Baroli Ahir area do not stay in the facility for 48 hours and they even not sign LAMA.
- A total of 05 cases were referred from the CHC to DH in the last month. The facility also offers ambulance services with centralized call centers 108/102.
- The number of sterilizations done in the last year was 7 male sterilizations and 100% target was achieved for female sterilization. Proper family planning counselling has been done at the facility. Also, AFHC counselling is being provided at the facility. Under family planning, Antara, oral contraceptive pills, emergency contraceptive pills and Chhaya are being used. The facility also has trained IUCD and PPIUCD providers. FP-LMIS has also been implemented. MO counsels the beneficiaries on family planning. OT is operational but only sterilization is conducted in the CHC.
- There is a fixed NCD clinic service available. Ambulance services are available with a centralized call center. The facility caters maximum number of hypertension cases. The facility has 3 personalised ambulances available in the CHC Baroli Ahir.
- TB programme is running successfully in the CHC. Proper testing and follow-up registers are maintained. The facility has a proper Designated Microscopy Centre (DMC). There is an availability of CBNAAT/TruNat. There are cases of TB with HIV and proper reporting and follow-up are going on.
- Proper records are maintained for TB, Malaria and Leprosy cases. There are currently 14 cases of leprosy in CHC Baroli Ahir.
- PMSMA services are provided on the 9th of every month in the CHC as they do routine checkups including BP, weight, Hb and also Gravida checkup. The facility does refer cases like high-risk pregnancies to the higher concerned authorities. The major reason for high-risk pregnancy is Gravida, no spacing and anemia.
- CHC conducted around 37 VHND sessions and covered in every villages. There is a total of 55 Gram Panchayats. The mobilization of the beneficiaries was carried out by ASHA and AWW. The due list is created by ANM, and then the vaccine is provided to them.
- The facility has achieved 90% target for child immunization. Some areas are reluctant and still people are hesitant regarding immunization especially in the Muslim community. So CHC organizes a special session for those areas in which a team of CHOs, ANM, ASHA Sangini and someone from CHC go and talk to them and mobilize them.
- For both doctors and staff there is an availability of staff quarters in the facility. The facility is near an urban area so there is a fewer issues regarding electricity although the facility has both an inventor and generator. There is an availability of oxygen plants in the facility.

6.4 Community Health Centre, Fatehpur Sikri



Figure 5: Team Visit CHC Fatehpur Sikri

- CHC Fatehpur Sikri facility is 40 km away from the district hospital. It is a 30 bed CHC and includes 25 HWC. The monthly average OPD is 230-250 and 150-200 deliveries. The facility has 166 ASHAs and 24 ANMs.
- The CHC has all mandatory physical infrastructures. It has provision of Staff quarters for MOs and SNs inside the facility premises.
- In the facility apart from basic services like; general OPD, ANC, normal delivery, PNC, immunization, family planning and pathology, the specialized services offered by the facility include 24 by 7 emergency services and dental care.
- There is no provision for telemedicine in the facility. The operation theatre is available in the facility but only for male and female sterilization on a fixed day.
- The facility has implemented the DVDMS. In CHC Fatehpur Sikri 190 essential drugs and supplies are available and a proper register was maintained at the time of the visit. There was a minimal shortage of essential consumables.
- In HR count, the facility has 3 regular Medical Officers, 1 regular dentist, 2 regular staff nurses and 1 regular pharmacist. Under the contractual agreement, there is 1 MO, 2 Staff nurse, 1 facility manager and 1 lab technician.
- Essential diagnostics is available in-house. There is no availability of an X-ray machine at the facility. These diagnostic services are free for all. However, the officials expressed the need for TruNat electrolyte, urine analyser, ESR analyser and a biochemistry analyzer.
- The average number of deliveries performed in a month is 150-200. No C-section delivery is performed by the facility. All JSSK entitlements are successfully running at the hospital.
- In the facility, all mothers were asked to stay for 48 hours after birth and were provided a diet free of cost. Some mothers do not stay at the hospital for 48 hours and LAMA is being signed by them. However, JSY payments weren't made before discharge. Such payments were initiated through PFMS. But still, there is a backlog because most of the beneficiaries don't have their bank account.
- In the facility, 257 newborns were immunized with birth dose and breastfed within one hour of the birth in the last three months.

- The PMSMA services are provided on the 9th of every month. Practices related to maternity care and line listing of high-risk pregnancies are also being done. The facility provides comprehensive abortion care services.
- The facility maintains a proper register for entering birth and death counts. The number of 4 maternal deaths was recorded in 2021-22 and 3 in 2022-23. Also, 4 child deaths were registered in 2021-22 and 3 in 2022-23.
- Under family planning, Antara, oral contraceptive pills, emergency contraceptive pills and Chhaya are being used. The facility also has trained IUCD and PPIUCD providers. FPLMIS has also been implemented. CHC Fatehpur Sikri did 2 male sterilizations and 57 female sterilizations in last one month.
- The Adolescent Friendly Health Clinic is not functional at the facility. There is no fixed day for the NCD clinic at the facility.
- The facility has scored 78.8% at the facility-level Kayakalp assessment. However, it has not been awarded anything. The NQAS (2022-23) and LaQshya certification both programmes have not been initiated in the facility.
- The facility is a designated DMC and patients are taking anti-TB drugs from the facility. There are 15 patients with TB with HIV, out of which 5 completed their treatment, 10 are under medication and proper follow is being done.
- CHC has 2 functional ambulances with proper register maintenance.
- An emergency room is also available offering facilities like Triage, Resuscitation and Stabilization. For Bio-medical waste practice, the facility uses a sharp pit and a vehicle is also outsourced to a company named JRR Agency.
- A total of 62 cases were referred from CHC to the district hospital in the last month. Most of the cases were related to trauma, complicated ANC, and high-risk pregnancy. A total of 48 cases were referred from the PHC/ sub-centre (16 PHC cases and 32 Subcentre cases) to CHC Fatehpur Sikri in the last month. Most of the cases were related to ANC, fever and animal bites.

6.5 Primary Health Centre, Bahrawati

- PHC-Bahrawati is functioning with 4 beds. There is no provision of delivery services in the facility. Staff quarter is available for doctors and staff nurses.
- The facility is equipped with all the basic amenities such as a 24*7 running water supply, ramps for elderly and disabled people, clean drinking water, a waiting area for OPD and power back-up.
- Essential Drug List (EDL) is available and properly displayed in OPD areas at the facility. DVDMS was implemented by the facility for the supply chain of drugs.
- Family planning services were available at the facility and counselling was provided by trained staff nurses in IUCD/PPIUCD. Antara, Oral Contraceptive Pills, Condoms and Chhaya are the most used methods. FP-LMIS has been implemented at the facility.
- Tele-medicine/consultation services are being provided through mobile phones at PHC. NCD clinic service was available for seven days.
- Facility is functioning with 1 MO-AYUSH, 1 staff nurse, 1 ward boy, 1 Pharmacist, and 1 sweeper.



Figure 6: PHC Bahrawati

6.6 Primary Health Centre, Midakur

- PHC Midakur is functioning with 4 beds. There is no internet connectivity available at the facility. Staff quarter is available for doctors and staff nurses.
- The facility is equipped with all the basic amenities such as a 24*7 running water supply, ramps for elderly and disabled people, clean separate functional toilets, clean drinking water, a waiting area for OPD, a proper drug storeroom and power backup.
- Essential Drug List (EDL) is available and properly displayed in OPD areas at the facility. A total of 87 drugs are available on the day of the visit. DVDMS was implemented by facility for the supply chain of drugs.
- Family planning services were available at the facility and counselling was provided by trained staff nurses in IUCD/PPIUCD. Antara, Oral Contraceptive Pills, Condoms and Chhaya are the most used methods. FP-LMIS has been implemented at the facility.
- The facility is a Designated Microscopy Centre (DMC) for TB testing. About 67 OPD patients whose samples were tested for TB in the last six months and are taking anti-TB drugs from the facility. All TB patients have received incentives under the Nikshay Poshan Yojana.
- Telemedicine/consultation services are being provided at PHC. NCD clinic service was available for seven days.
- PHC has its own ambulance and patients are using centralize call number for an ambulance. A total of 263 individuals were screened and 26 were confirmed for Hypertension.
- Facility is functioning with 1 MO-MBBS, 1 MO-AYUSH, 1 SN, 1 ANM, 1 lab technician, 1 Pharmacist, 1 LHV and 2 others available at the PHC to provide their services.



Figure 7: PHC Midakur

6.7 Health and Wellness Centre, Dignar



Figure 8: Team Visited HWC Dignar

- The average OPD at HWC Dignar is 415, and the most prevalent issues were cough, fever, and cold. The facility is along a highway where there have been a lot of accidents, which is reflected in the OPD.
- Record maintenance was found to be up to the mark in the facility. All the equipment in the HWC were functional and well-maintained. Supply of essential contraceptives were also observed. There is an availability of all the drugs and their supply.
- The branding of the facility was not done properly. All the procured IEC material was not properly displayed. In HWC, the building is as per the norms of 3 rooms and one additional delivery room under the model of subcentre.
- No issues were reported with regard to the procurement of untied funds. There was no complaint/suggestion box available in the subcentre.
- The maximum number of patients who come for the OPD were hypertension and body ache.
- There is an availability of 24 by 7 running water, drinking water, a specified area for Yoga and power backup in the facility.
- All the essential instruments were available at the facility such as a thermometer, BP instrument, contraceptives and a glucometer.
- In HWC 750 CBAC forms have been filled in the last six months. Regular counselling for family planning were provided by ASHAs and ANMs.
- There is an availability of functional HBNC kits and all the essential drugs were available in ASHA kits.
- All the ASHAs are aware of provision of incentives under NTEP and the Nikshay Portal is updated.
- The facility faces difficulties in collecting medicine as there is no provision of vehicle given by the state to collect the medicine from the warehouse which is 30 km away from the facility.

CONCLUSION and RECOMMENDATIONS

After meeting with CDMO, DPM, DDM, DCPM, DIC, NH counsellor and all the respective nodals of the district, it was noticed that there is a major crunch of staff in the district but they are still managing with the less staff. ASHA is a volunteer health activist in the communities, who creates awareness of health and its social determinants and mobilizes the community towards local health planning and increased utilization and accountability of the existing public health services.

Training of health personnel like medical officers, staff nurses, ANMs, ASHAs and others acts as an essential ground for providing quality healthcare services. The lack of training in human resources was evident in the district for instance ANMs were lacked training in HMIS, immunisation and others. The JSY payments were often delayed as beneficiaries did not have their account and as per new rules, payments have to be transferred only to beneficiaries account and not to any family member's account. Verification of the beneficiary was also a problem as they were generally not equipped with identification documents like an Aadhaar card, BPL card and others. Under JSSK, the beneficiaries were receiving free diet provided in all 19 delivery points in the district. In the district free medicines are available in all the facilities.

- In the district, there is a lack of coordination between NUHM and NHM, which affects 50 percent of the indicators and the district is not able to achieve the targets. There is huge resistance in urban areas.
- In the district, there are 30 UPHC and 60 HWC where 24 doctors are available. All the buildings of NUHM are rented. There is no availability of LT in 6 UPHC.
- Specialist posts like OB&GY, MO (MBBS), Pedestrian, Surgeon, and Radiologist posts were vacant. In HWC with CHO, 2-3 male workers are required.
- For the HR position staff of 120 people is required in the district. In the district for the past so many years there has been no DAM posted. There are 2 RBSK team operational in the district but only one doctor is available in each team. There is no staff available to look after for National Tobacco programme. There has been no epidemiologist in the district for the past 2 years.
- In rural areas ASHA approaches door-to-door services in every household but the same process is lacking in urban areas.
- In the last financial year, there was a delay in the funds from the centre, so the district was not able to utilise the funds.
- In the district, there are 298 CHO and 273 HWC, 3200 ASHAs and 118 ASHA Sangini actively working. In urban areas, 200 ANM seat is sanctioned and only 122 is posted out of which 35 ANMs are permanent. There are 24 HWCs which is actively working but there is no staff nurse, no helper and ANM appointed in the facilities.
- There are 13 Nagar Panchayats in the outskirts without ASHA or any other staff members to take care of the facilities.

- Every month DHS training is being conducted in the district. HBNC, HBYC, NCD training are being conducted and provided to each ASHAs.
- All the ASHA incentives are being provided to them on time but there is a backlog in JSY payment for the beneficiaries as they are not willing to open their account or they don't have their ID proof.
- For the quality assurance programme, the district hospital is awarded Kayakalp, LaQshya and NAQS. In the district, 8 CHCs are qualified for Kayakalp, 3 CHCs assessment are pending for NAQS and now the district is planning for HWC to qualify for NAQS.
- In the district, one ambulance is dedicated for urban areas. The ambulance will go 4 times in the area. For the 1st time for TB testing, 2nd time for health and wellness, 3rd time for NCD screening and 4th time for the people who are left out in the first three visit.
- The performance of mental health is running successfully in the district with the help of Tele-Manas. It runs through telephonic counselling and telephonic medication.
- Vector-Borne diseases are very common in district like Dengue and Malaria.
- In Agra District, there are 35 108, 44 102 and 2 ALS ambulances operating in the district but still there is a requirement for new ambulances as these are very old and in very bad condition.
- In the Agra district, in every ward there is an HWC and UPHC and 95% bifurcation is being made so that people in those areas must be aware of their facilities. The proper announcements are made through loudspeaker and also displayed on TV, Radio, Mela and Camps so that ASHAs and ANMs must know their areas. It is showing a positive note to the district.
- In the Urban Health and Wellness Centre "Jan Arogya Samiti" for urban guidelines has not yet provided till date. If the signatory is given to Parisad then it won't be successful in Agra. It should be like giving authority to MOIC and the nodal as the signatory.
- In Agra, MAS programme is not functioning effectively because MAS programme budget is only Rs 5000 which is not sufficient to conduct district level meetings.
- The district faced a lot of difficulties in extracting data from private facilities regarding the deliveries they conducted in their facilities. There is a lack of coordination between public and private institutions.

Recommendations

- Given that health is a state responsibility, the state government may develop a policy to address the lack of human resources in the state health sector and raise the standard of service.
- The District Hospital is facing critical manpower shortage which is hugely affecting their service delivery. The district hospital has a great scope of expansion in terms of implementing programmes and services; however, manpower crunch is significantly with holding them to enable any of these.
- Developing capacities for preventive health care at all levels for promoting healthy lifestyles, reduction in consumption of tobacco and alcohol etc. prompting non-profit sector particularly in underserved areas.
- The Programme called “Jacha Bacha Suraksha Abhiyan” must be implemented again as it’s a wonderful programme and very much helpful for the ANM to pick and drop services in the respective destination which helped a lot to improve the services towards the beneficiaries.
- In the district, there should be Urban Block Level Management Unit, like ass it is provided in rural areas.

APPENDIX



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

Key Correspondence: DPMU

District Profile- 2021-2022

A.1. Healthcare				
Indicator	Values		We have to mention the source ourselves in column (As we need district details as per census 2011 or the current date)	
1. Name of the 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 (2021-22)				
10. Estimated number of C-section (2021-22)				
11. Estimated numbers of live births (2021-22)				
12. Estimated number of eligible couples (2021-22)				
13. Estimated number of leprosy cases (2021-22)				
14. Target for public and private sector TB notification for the current year (2021-22)				
15. Estimated number of cataract surgeries to be conducted (2021-22)				
Mortality Indicators:	Financial year (2020-21)		Financial Year (2021-22)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
A.2. Healthcare Infrastructure				
Facility Details	Sanctioned/ Planned		Operational	
22. District Hospitals				

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23. Sub District Hospital		
24. Community Health Centers (CHC)		
25. Primary Health Centers (PHC)		
26. Sub Centers (SC)		
27. Urban Primary Health Centers (U-PHC)		
28. Urban Community Health Centers (U-CHC)		
29. Special Newborn Care Units (SNCU)		
30. Nutritional Rehabilitation Centres (NRC)		
31. District Early intervention Center (DEIC)		
32. First Referral Units (FRU)		
33. Blood Bank		
34. Blood Storage Unit (BSU)		
35. No. of PHC converted to HWC		
36. No. of U-PHC converted to HWC		
37. Number of Sub Centre converted to HWC		
38. Designated Microscopy Center (DMC)		
39. Tuberculosis Units (TUs)		
40. CBNAAT/TruNat Sites		
41. Drug Resistant TB Centres		
42. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	_____	_____
• At SDH	_____	_____
• At CHC	_____	_____
43. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	_____	_____
• Providing 1st trimester services	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____

Overview: Submission & Approval timeliness of 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	

A.3 Infrastructure Construction Status Details

Year	Prepared & submitted any district Programme Implementation Plan (DPIP/ DHAP)	Submission date of DPIP/ DHAP	When you have received the approved DHAP?	Date of Fund Release (1 st sanctioned against DHAP)
2021-22 (Previous FY)				
2022-23 (Current FY)				

Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
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	
C.2. 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	
• Number of institutes with ultrasound facilities (Public+Private)	Public: Private:
• Of these, how many are registered under PCPNDT act	Public: Private:
C.3. National Health Programmes	
3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	1. No. issued MCP card and Safe Motherhood Booklet: _____ 2. Number of health facilities where current round of PMSMA was conducted: a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UCHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____
4. Rashtriya Bal Suraksha Karyakram (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

Indicator	Remarks/ Observation	
	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	
5. Special Newborn Care Units (SNCU)	<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer _____ Stepdown care _____ Kangaroo Mother Care (KMC) unit _____ 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
• Admissions (2021-22)		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		

7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> Total Admissions (2021-22)..... Discharged Referral/ Medical transfer LAMA Died 	
	<ul style="list-style-type: none"> Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 mm <'-3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever Nutrition related disorder Others 	

	<ul style="list-style-type: none"> • Admission to NRC Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency
<p>8. Home Based Newborn Care (HBNC)</p>	<ul style="list-style-type: none"> • Status of availability of HBNC kit with ASHAs > Total No. of ASHAs: _____ > No. of ASHAs with HBNC kits: _____ > Reasons of Non-provision: _____ _____ _____ • Total Newborns visited under HBNC: _____ • Status of availability of drug kit with ASHAs: > Total No. of ASHAs: _____ > No. of ASHAs with drug kits: _____ > Reasons of Non-provision: _____ _____ _____
<p>9. Peer Education (PE) programme (Adolescent Health) & Weekly Iron Folic Acid Supplementation(WIFS)</p>	<ul style="list-style-type: none"> • No. of Blocks covered under Peer Education (PE) programme: • No. of villages covered under PE programme: • No. of Peer Educators: • No. of Adolescent Friendly Clinic (AFC) meetings held: • WIFS stockout:
<p>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</p>	<ul style="list-style-type: none"> • No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____ • MMU team Composition _____ _____ _____ • List of Services provided by MMU _____ _____ _____ • No. of trips per MMU/month • No. of camps per MMU/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 per MMU per month • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria,

	per MMU/month <ul style="list-style-type: none"> 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																		
11. Universal health screening <ul style="list-style-type: none"> No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer 	<ul style="list-style-type: none"> If conducted, what is the target population Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" data-bbox="911 659 1398 869"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated															
Screened	Diagnosed	Treated																	
12. Integrated Disease Surveillance Programme (IDSP)	<ul style="list-style-type: none"> Rapid Response Team (RRT) Constituted: Y/N Team Composition: Outbreaks investigated: <ul style="list-style-type: none"> 2019-20: 2020-21: Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP How is IDSP data utilized? Elaborate. _____ _____ _____ 																		

13. National Viral Hepatitis Control Program (NVHCP)	<ul style="list-style-type: none"> % of health workers immunized against Hep B Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis 					
14. If District notified a State Mental Health Authority (SMHA)	<ul style="list-style-type: none"> If District notified a State Mental Health Authority (SMHA) <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No SMHA in place <input type="checkbox"/> No Mental Health Service or Facility in the district 					
15. Vehicle for Referral Transport						
<ul style="list-style-type: none"> Details of Referral Transport – Number and Distribution: 						
Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others
Medical College						

DH						
SDH						
CHC						
PHC						
Others						

• **Details of Referral Transport – Performance Indicators:**

Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2019-20						
2020-21						
					ALS	BLS
<ul style="list-style-type: none"> ○ Operational agency (State/ NGO/ PPP) ○ If the ambulances are GPS fitted and handled through centralized call centre ○ Average number of calls received per day ○ Average number of trips per ambulance per day ○ Average km travelled per ambulance per day ○ Key reasons for low utilization (if any) 						
<ul style="list-style-type: none"> • No. of transport vehicle/102 vehicle (on the road) ○ If the vehicles are GPS fitted and handled through centralized call centre ○ Average number of trips per ambulance per day ○ Average km travelled per ambulance per day ○ Key reasons for low utilization (if any) 						
16. National Fluorosis Control Programme					<ul style="list-style-type: none"> • Key activities performed in 2020-21 as per ROP: 	
17. National Iron Deficiency Disorders Control Programme					<ul style="list-style-type: none"> • Key activities performed in 2020-21 as per ROP: 	
18. National Tobacco Control Programme					<ul style="list-style-type: none"> • Key activities performed in 2020-21 as per ROP: 	
19. National Vector Borne Disease Control Programme (NVBDCP)					<ul style="list-style-type: none"> • Micro plan and macro plan available at district level Y/N • Annual Blood Examination Rate: <ul style="list-style-type: none"> ○ 2018-19: ○ 2019-20: ○ 2020-21: ○ Reason for increase/ decrease (as per the trend of last 3 years) • LLIN distribution status • IRS • Anti-larval methods • Contingency plan for epidemic preparedness • Weekly epidemiological and entomological 	

	<p>situations are monitored</p> <ul style="list-style-type: none"> No. of MDR rounds observed No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%
<p>20. National Tuberculosis Elimination Programme (NTEP)</p> <ul style="list-style-type: none"> Patients notification from public sector Patients notification from private sector 	<ul style="list-style-type: none"> Target TB notification achieved Y/N Whether HIV Status of all TB patient is known: <ul style="list-style-type: none"> <input type="checkbox"/> Yes/ <input type="checkbox"/> 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 No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No
<p>21. Implementation of National Leprosy Eradication Programme (NLEP)</p>	<p>No. of new cases detected</p> <p>No. of G2D cases</p> <p>MDT available without interruption Y/N</p> <p>Reconstructive surgery for G2D cases being conducted Y/N</p> <p>MCR footwear & selfcare kit avl Y/N</p>

<p>22. ASHAs</p>	<p>Number of ASHAs</p> <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural) population No. of ASHAs covering more than 3000 (urban) population Villages with no ASHA Slum areas with no ASHA <p>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</p>
-------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<ul style="list-style-type: none"> • No. of ASHAs enrolled for Pradhan Mantri Jeevan JyotiBima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan JyotiBimaYojana (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 MantriShram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY) • Any other state specific scheme _____
<p>23. MahilaArogyaSamitis (MAS)-</p>	<p>Status of MahilaArogyaSamitis (MAS)-</p> <ul style="list-style-type: none"> a. Formed b. Trained c. MAS account opened d. Samiti addresses issues related to.....
<p>24. Village Health Sanitation and Nutrition Committee (VHSNC)</p>	<p>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</p> <ul style="list-style-type: none"> a. Formed: b. Trained: c. MAS account opened:
<p>25. Kayakalp and Quality Assurance</p>	<ul style="list-style-type: none"> • No. of facilities quality certified (NQAS, LaQshya) • Status of Kayakalp programme- No. of awarded DH, CHC, PHC, SC..... • Activities performed by District Level Quality Assurance Committee (DQAC)
<p>26. Maternal and Child Health</p>	<ul style="list-style-type: none"> • Number of maternal deaths reported at: DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death.....

	<ul style="list-style-type: none"> Number of Maternal Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ Number of Neonatal Deaths: _____ Number of Total Child Deaths: _____ Number of Child Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ 			
C.4. Healthcare Systems				
27. Payment status:	No. of beneficiaries	Backlog	DBT status	
<ul style="list-style-type: none"> JSY beneficiaries 				
<ul style="list-style-type: none"> ASHA payment: <ul style="list-style-type: none"> A- Routine and recurring at increased rate of Rs. 2000 pm B- Incentive under NTEP C- Incentives under NLEP Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) Patients incentive under NTEP programme Provider's incentive under NTEP programme FP compensation/ incentive 				
28. Recruitment for any staff position/ cadre conducted at district level				
29. Details of recruitment	Previous year (2020-21)		Current Year (2021-22)	
	Regular cadre	NHM	Regular cadre	NHM
<ul style="list-style-type: none"> Total no. of posts vacant at the beginning of FY Among these, no. of posts filled by state Among these, no. of posts filled at district level 				
30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				
31. If grievance redressal mechanism in place: Y/N	<ul style="list-style-type: none"> Whether call center and toll-free number available..... Percentage of complains resolved out of the total complains registered in current FY..... 			
32. Mera-Aaspatal (Attach MeraAspataal performance report)	<ul style="list-style-type: none"> Implemented in how many facilities..... DH.....CHC.....PHC Total Responses collected: % reported Very Satisfied: % reported Satisfied: % reported not satisfied: Total response for dis-satisfied: 			

	Dissatisfied with staff behaviors... Dissatisfied with cleanliness..... Dissatisfied with cost of treatment..... Dissatisfied with quality of treatments..... With other reason
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Implementation of CPHC

Status as on: **31st March, 2020**

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

Status of HRH

Status as on: _____

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

• CHO/ MLHP				
• AYUSH MO				
• AYUSH Pharmacist				
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section	
• LSAS trained doctors				
• EmOC trained doctors				

State of Fund Utilization

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

Status of Expenditure year (Financial year 2021-22):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
16. FMR 1: Service Delivery: Facility Based			
17. FMR 2: Service Delivery: Community Based			
18. FMR 3: Community Intervention			
19. FMR 4: Untied grants			
20. FMR 5: Infrastructure			
21. FMR 6: Procurement			
22. FMR 7: Referral Transport			
23. FMR 8: Human Resource (Service Delivery)			
24. FMR 9: Training			
25. FMR 10: Review, Research and Surveillance			
26. FMR 11: IEC-BCC			
27. FMR 12: Printing			
28. FMR 13: Quality			
29. FMR 14: Drug Warehouse & Logistic			
30. FMR 15: PPP			
31. FMR 16: Programme Management			
32. FMR 17: IT Initiatives for Service Delivery			
33. FMR 18: Innovations			

Programme Wise

Status of Expenditure (Financial year 2021-22):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• 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 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)			

NHM-PIP Monitoring and Evaluation Report: Agra District of Uttar Pradesh, 2023

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

Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
35.		
36.		
37.		
38.		
39.		
40.		
41.		
42.		
43.		
44.		
45.		
46.		
47.		
48.		
49.		

Date:

Name:

Signature:

Designation:



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

Indicator	Remarks/ Observation												
1. OPD Timing													
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____												
3. Number of functional in-patient beds	_____ No of ICU Beds available:												
4. List of Services available													
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> <tr> <td>2</td> <td>O&G</td> <td></td> </tr> <tr> <td>3</td> <td>Pediatric</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric	
Sl.	Service	Y/N											
1	Medicine												
2	O&G												
3	Pediatric												

NHM-PIP Monitoring and Evaluation Report: Agra District of Uttar Pradesh, 2023

Indicator	Remarks/ Observation		
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	21	Teaching block (medical, nursing, paramedical)	
	22	Skill Lab	
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day_____		
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:		
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____		
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all		
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator		

NHM-PIP Monitoring and Evaluation Report: Agra District of Uttar Pradesh, 2023

Indicator	Remarks/ Observation																																																																																																
	4. Using Common Bio Medical Treatment plant 5.																																																																																																
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="630 281 1008 308">HR</th> <th data-bbox="1008 281 1138 308">San.</th> <th data-bbox="1138 281 1276 308">Reg.</th> <th data-bbox="1276 281 1406 308">Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="630 308 1008 342">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="630 342 781 369" rowspan="9">Specialists</td> <td data-bbox="781 342 1008 369">Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 369 1008 403">ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 403 1008 436">Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 436 1008 470">Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 470 1008 504">Surgeon</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 504 1008 537">Ophthalmologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 537 1008 571">Orthopedic</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 571 1008 604">Radiologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 604 1008 638">Pathologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 638 1008 672">Others</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="630 672 1008 705">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="630 705 1008 739">Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="630 739 1008 772">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="630 772 1008 806">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="630 806 1008 840">Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="630 840 1008 873">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="630 873 1008 907">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="630 907 1008 940">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="630 940 1008 974">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Surgeon				Ophthalmologist				Orthopedic				Radiologist				Pathologist				Others				Dentist					Staff Nurses/ GNMs					LTs					Pharmacist					Dental Technician/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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12. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____																																																																																																
13. Kayakalp	Initiated: Facility score: Award received:																																																																																																
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:																																																																																																
15. LaQshya	Labour Room: Operation Theatre:																																																																																																
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																																																																																
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																																																																																
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tbody> <tr> <td data-bbox="630 1499 724 1533">1</td> <td data-bbox="724 1499 1276 1533"></td> </tr> <tr> <td data-bbox="630 1533 724 1566">2</td> <td data-bbox="724 1533 1276 1566"></td> </tr> <tr> <td data-bbox="630 1566 724 1600">3</td> <td data-bbox="724 1566 1276 1600"></td> </tr> <tr> <td data-bbox="630 1600 724 1633">4</td> <td data-bbox="724 1600 1276 1633"></td> </tr> <tr> <td data-bbox="630 1633 724 1667">5</td> <td data-bbox="724 1633 1276 1667"></td> </tr> </tbody> </table>	1		2		3		4		5																																																																																							
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19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____																																																																																																
20. Availability of essential diagnostics	<input type="checkbox"/> In-house																																																																																																

NHM-PIP Monitoring and Evaluation Report: Agra District of Uttar Pradesh, 2023

Indicator	Remarks/ Observation
	<input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> Number of patients provided dialysis service (for 2020-21) 	<input type="radio"/> Previous year _____ <input type="radio"/> Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____

NHM-PIP Monitoring and Evaluation Report: Agra District of Uttar Pradesh, 2023

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant
42. Number of sterilizations performed in last one month	

NHM-PIP Monitoring and Evaluation Report: Agra District of Uttar Pradesh, 2023

Indicator	Remarks/ Observation																		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
44. Who counsels on FP services?																			
45. Please comment on utilization of other FP services																			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____																		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days																		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
50. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th></th> <th>Screened</th> <th>Confirmed</th> </tr> </thead> <tbody> <tr> <td>a. Hypertension</td> <td></td> <td></td> </tr> <tr> <td>b. Diabetes</td> <td></td> <td></td> </tr> <tr> <td>c. Oral Cancer</td> <td></td> <td></td> </tr> <tr> <td>d. Breast Cancer</td> <td></td> <td></td> </tr> <tr> <td>e. Cervical Cancer</td> <td></td> <td></td> </tr> </tbody> </table>		Screened	Confirmed	a. Hypertension			b. Diabetes			c. Oral Cancer			d. Breast Cancer			e. Cervical Cancer		
	Screened	Confirmed																	
a. Hypertension																			
b. Diabetes																			
c. Oral Cancer																			
d. Breast Cancer																			
e. Cervical Cancer																			
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months:																		
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																		
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)																		
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated																		

NHM-PIP Monitoring and Evaluation Report: Agra District of Uttar Pradesh, 2023

Indicator	Remarks/ Observation
	HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number)_____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
<ul style="list-style-type: none"> How many cases from CHC, PHC, SC, referred to in last month? 	Number: CHC PHC SC Types of cases referred in:
<ul style="list-style-type: none"> 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)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

Name of facility visited			
Facility Type	<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC		
FRU	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):		
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Date of Visit			
Next Referral Point	Facility: Distance:		
Indicator	Remarks/ Observation		
4. OPD Timing			
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
6. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital		
7. Number of functional in-patient beds			
8. List of Services available			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	

	7	Dental			
	8	Imaging Services (X – ray)			
	9	Imaging Services (USG)			
	10	Newborn Stabilization Unit			
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available				
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day_____				
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:				
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:				
14. Details of HR available in the facility (Sanctioned and In-place)		HR	San.	Reg.	Cont.
		MO (MBBS)			
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Dentist			
		SNs/ GNMs			
		LTs			
		Pharmacist			
		Dental Assistant/ Hygienist			
		Hospital/ Facility Manager			
		EmOC trained doctor			
		LSAS trained doctor			
	Others				
15. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____				
16. Kayakalp	Initiated: Facility score: Award received:				

17. NQAS	Assessment done: Internal/State Facility score: Certification Status:										
18. LaQshya	Labour Room: Operation Theatre:										
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____										
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____										
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____										
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed										
• In-house tests (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:										
• Outsourced/ PPP (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:										
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No										
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all										
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage										

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

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(CAC) services available			
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month	Male___ Female_____		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No			

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	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months:
54. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:
55. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____
	<input type="checkbox"/> CHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> • How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: Sub centre PHC Types of cases referred in:
<ul style="list-style-type: none"> • How many cases from the CHC were referred to the DH last month? 	Number: Types of cases referred out:
60. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

Name of facility visited	
Facility Type	<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
Whether the facility has been converted to HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	
Next Referral Point	Facility: Distance:
Indicator	Remarks/ Observation
1. OPD Timing • For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding
4. Number of functional in-patient beds	
5. List of Services available	
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____

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8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:				
9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.	
	MO (MBBS)				
	MO (AYUSH)				
	SNs/ GNMs				
	ANM				
	LTs				
	Pharmacist				
	Public Health Manager (NUHM)				
	LHV/PHN				
	Others				
10. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____				
11. Kayakalp	Initiated: Facility score: Award received:				
12. NQAS	Assessment done: Internal/State Facility score: Certification Status:				
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL _____				
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No				
No. of drugs available on the day of visit (out of the EDL) _____					
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____				
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
16. Drugs Available for Hypertension & Diabetic patients:	1				
	2				
	3				
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1				
	2				
	3				
18. Availability of Essential	<input type="checkbox"/> Sufficient Supply				

Consumables:	<input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests For 2020-21 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP For 2020-21 	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

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	If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges		
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
29. Number of normal deliveries in last three month			
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Practice related to Respectful Maternity Care			
32. Number of Maternal Death reported in the facility	Previous year:2019-2020 Current FY:2020-2021		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		

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	d. Breast Cancer		
	e. Cervical Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months:		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
51. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		
53. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		

54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number_____
	<input type="checkbox"/> PHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
<ul style="list-style-type: none"> How many cases from sub centre were referred to this PHC last month? 	Number: Types of cases referred in:
<ul style="list-style-type: none"> How many cases from the PHC were referred to the CHC last month? 	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps: _____



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

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Indicator	Remarks/ Observation										
	<ul style="list-style-type: none"> Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ 										
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL_____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____										
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No										
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No										
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____										
13. Availability of:	<ul style="list-style-type: none"> BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 										
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 										
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21										
16. Number of Child Death Review conducted	Previous year: Current year:										
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 										

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Indicator	Remarks/ Observation		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	2019-20	2020-21
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking		

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Indicator	Remarks/ Observation	
	treatment under the Sub centre area	
34. ASHA Interaction		
<ul style="list-style-type: none"> Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) 		
<ul style="list-style-type: none"> Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) 		
<ul style="list-style-type: none"> ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> Average delay 		
<ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and NikshayPoshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) 		
35. Number of Village Health & Sanitation days conducted in last 6 months		
36. Incentives:	<ul style="list-style-type: none"> Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 	
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)		
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
39. Maintenance of records on	<ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 	
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year:	
	Fund utilized last year:	
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:	
	Reasons for underutilization of fund (if any)	
41. Availability of ambulance services in the area		
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:	
42. Key challenges in the facility and the root causes		
Challenge	Root causes	
a)		
b)		
c)		