



## Monitoring of the Important Components of the Programme Implementation Plan under National Health Mission

Report

Aligarh District, Uttar Pradesh



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## List of Abbreviations

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

## Executive Summary

The National Health Mission (NHM) was launched by the government of India in 2013 subsuming the National Rural Health Mission and National Urban Health Mission. It was further extended in March 2018, to continue until March 2020. It is headed by the Mission Director and monitored by National Level Monitors appointed by the government of India, The thrust of this mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality.

This report presents the key findings from the concurrent monitoring of essential components of NHM in Aligarh district of Uttar Pradesh. The report is prepared on the basis of field-based observations and visits to select public health facilities in Aligarh district. The following public health care facilities were visited by the PRC-IEG Team: District Hospital, CHC(Akhrabad & Harduaganj), PHC( Vijaygarh & Panethi), SC/HWC (Parchaya Nangla). Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the National Health Mission.

Following are the key challenges and recommendations based on the monitoring visits and interaction with health officials at the site.

### Mother & Child related Programmes

- ❖ There was a shortage of Gynecologist in the district. The DWH had only 1 Gynecologist in the facility for 24X7 operations, whereas, a minimum requirement of at least 4 Gynecologist in the Hospital was reported.
- ❖ The district recorded a large number of home deliveries in the last financial year, of which the majority proportion was not assisted by a Skilled Birth Attendant (SBA).
- ❖ The district has major backlog with the JSY payments, which is due to the Wrong entry by the ASHAs at the time of registration. The ASHAs & ANMs faced problems at the time of entries as the ANMOL tablet did not have the option to rectify the errors made.
- ❖ No Blood Bank facility is available in the Aligarh District. Only 2 blood storage units are functioning in the district.
- ❖ The DH did not have Electrostatic Machine for SNCU (Special NewBorn Care Unit), which is an essential equipment for a functional SNCU.

### Infrastructure & Machineries

- ❖ The DWH has scope of innovation with respect to the infrastructure but according to the government norms, structural changes were restricted.
- ❖ DWH has the major issue with its entrance also, given that the building has only 1 main gate which is also used for the detraction of BMW. A single entrance puts load and mismanagement in the hospital. Apart from these issues, it can be dangerous at the time of emergency because the hospital did not have any emergency or Fire Exit in the

Hospital. To improve the infrastructure as per the requirement is indispensably recommended.

- ❖ There was an urgent need for the New Born X ray machines and Ventilators in the hospital as the DWH has significantly high load of deliveries.

#### Communicable & Non-Communicable Diseases

- ❖ There is a proper micro and macro plan available at the district level to control the vector borne disease (NVBDCP) prevalent in the district.
- ❖ The member of community has huge unmet need for NCD care. This includes demand for regular drugs and diagnostics for diabetes and hypertension. Strengthening NCD care at the community level is recommended.

#### COVID Afflicted in the District

- ❖ The district hospital was not in its regular practices because of being a COVID centre. Hence, all the activities and programmes started just 2 month prior to the field visit.
- ❖ Several of the hospital staff and other officials are deputed for COVID-19 duty across various facilities. This has severely affected day-to-day functioning and performance of the base facilities. It is important that the deputation plans should be reviewed in accordance with COVID-19 pandemic burden.
- ❖ Non-availability of Human Resource is the major issue in the district which is responsible for non-functionality of many health facilities and utilization of available resources. The Doctors and other staff have been indulged in COVID related activities which affected the National Health Mission Activities significantly.

#### Management Related Observations

- ❖ Some of the Health officials were active on their facility, also proposing regularly to the CMO & DPM unit about their needs and working strategies to get the best of activities done at their respective facilities.
- ❖ Interactions with the beneficiaries reflect that staff is not found at the facility during OPD hours, and sometimes facility is found to be closed. Frequent surprise monitoring visits at regular intervals can play an important role in strengthening access/ utilization of service delivery in remote area.
- ❖ The facilities which are not in function could be operated well, if they had some of the authority on regular monitoring visit at the facility.

# 1. Introduction

The National Health Mission was started as an initiative to improve the public health system in the country especially for women & child and for those who belongs to economically weaker section and depend upon the Public Health Facilities.

The Goals of the Mission is to improve the availability of and access to quality health care by people. Especially for those residing in rural areas, the poor, women and children. Universal access to public health services such as women's health, child health, water, sanitation & hygiene, immunization, and Nutrition.

Ministry of Health and Family Welfare (MoHFW) has assigned the task to monitoring and evaluating the NHM activities to the Population Research Centre's (PRCs). Hence, the PRC team has visited Aligarh, a district in Uttar Pradesh in the month of August, 2021 to monitor the same for the year 2020-21.

The team has visited 6 facilities to examine the Programmes under NHM and to investigate the detailed the information about the health facilities there.

Some of the major initiatives under National Health Mission (NHM) are as follows:

- Accredited Social Health Activists
- Rogi Kalyan Samiti (Patient welfare committee)/ Hospital Management Society
- Untied Grants to Sub-centres ---Untied Grants to Sub-Centres have been used to fund grass-root improvements in health care.
- Janani Suraksha Yojana (JSY) ; JSY was implemented to ensure that pregnant women who are Below the Poverty Line (BPL) access health facilities for childbirth.
- Janani Shishu Suraksha Karyakarm (JSSK); JSSK was introduced to provide free to and fro transport, free drugs, free diagnostic, free blood, free diet to pregnant women who come for delivery in public health institutions and sick infants up to one year.
- Rashtriya Bal Swasthya Karyakarm (RBSK); A child health screening and early intervention services has been launched in February 2013 to screen diseases specific to childhood, birth defects and deficiencies.

## 1.1 Objectives of NHM

The major objectives of the National Health Mission are as follows:

- To improve the availability of and access to quality health care by people especially for those residing in rural areas, the poor, women and children.
- Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR).
- Universal access to public health services such as women's health, child health, water, sanitation & hygiene, immunization, and Nutrition.
- Control and Prevention of communicable and non-communicable diseases, including locally endemic diseases.
- Access to integrated comprehensive primary healthcare.

- Population stabilization, gender and demographic balance, revitalize local health traditions and mainstream AYUSH.
- Promotion of health life styles.

## **1.2 Objectives of Monitoring and Evaluating**

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

## **1.3 Methodology**

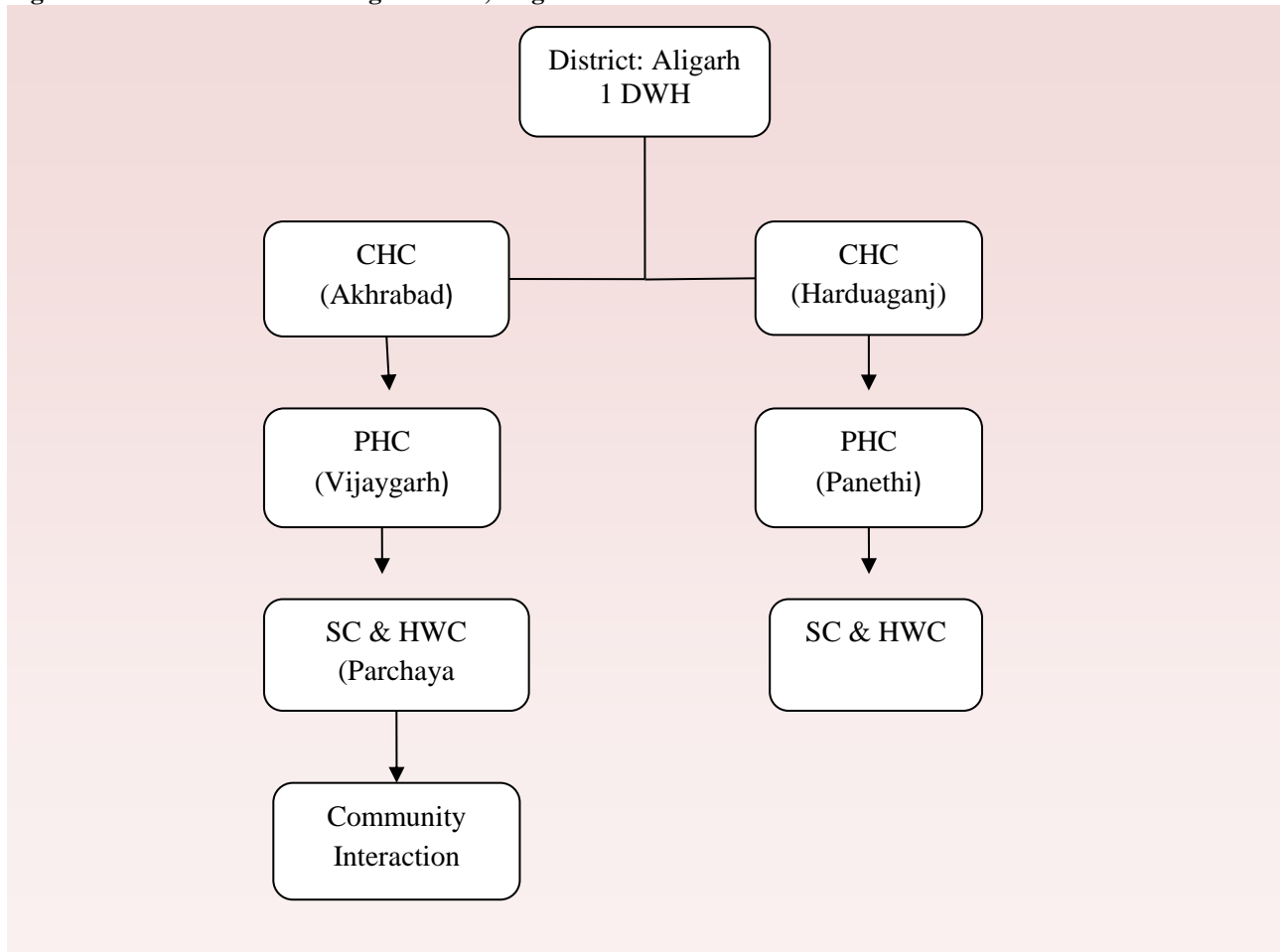
The data is based on the qualitative and quantitative study as well. The report is based on primary data collection and secondary data collection. The primary data is collected from the discussion on the important topics and programmes in the meeting with the CMO, DPM and other Nodal Officers of NHM and directly from the beneficiaries and community people (community interaction) during the field visits. The secondary data is collected from the data obtained from CMO office and from the records of other officers and the health facilities, and the HMIS reports from HMIS portal.

Analyze is being done from the collected data with respect to the ROP available on HMIS and previous year data's.

For data collection and personal interaction, team first move to the CMO office of the district where a meeting is scheduled with the CMO, DPM other Nodal Officers to get the outlay of the district's medical facilities and the medical activities available on the health facilities. Afterwards, to get the actual position of what the situation is on the facilities the team moved to the DWH accompany with DPM throughout the visit to each & every facility. Before visiting to the facilities a detailed questionnaire (with all the details and structured questions for different medicals activities) has sent to all the concerned persons of the respective facilities and then crossed checked during the visit to get that filled accordingly.

Total 6 facilities were visited including 1 DWH, 2 CHC (1 in each block), 2 PHC (1 in each block), 1 SC (which was also a HWC) where we have also interacted with the community to get the feedback and their perception towards the public health facilities.

**Figure 1: Facilities visited during PIP visit, Aligarh**



#### 1.4 Overview of the District: Aligarh

Aligarh is located about 90 miles (140 km) southeast of New Delhi. The administrative headquarters of Aligarh District is Aligarh (Koil). It is also commissionerary HQ for all four Districts Aligarh itself, Hathras, Kasganj and Etah. It is mostly known as a university town where the famous Aligarh Muslim University is located. It is also well known District internationally because of its lock industries.

##### 1.4.1 Demographic Profile of the District

As per the Census India 2011, the population of Aligarh district is 36,73,889 of which 19,51,996 are males and 17,21,893 are females as per 2011 census out of which 24,56,698 is rural and 12,17,191 is urban population. Out of the total population 53.13 % is male and 46.87 % is female. The male female ratio in the district is 882. Over the last decade 22.80 % increase in population has been recorded which is quite alarming. The population of children between age 0-6 is 5,74,509 which is 15.64% of total population.

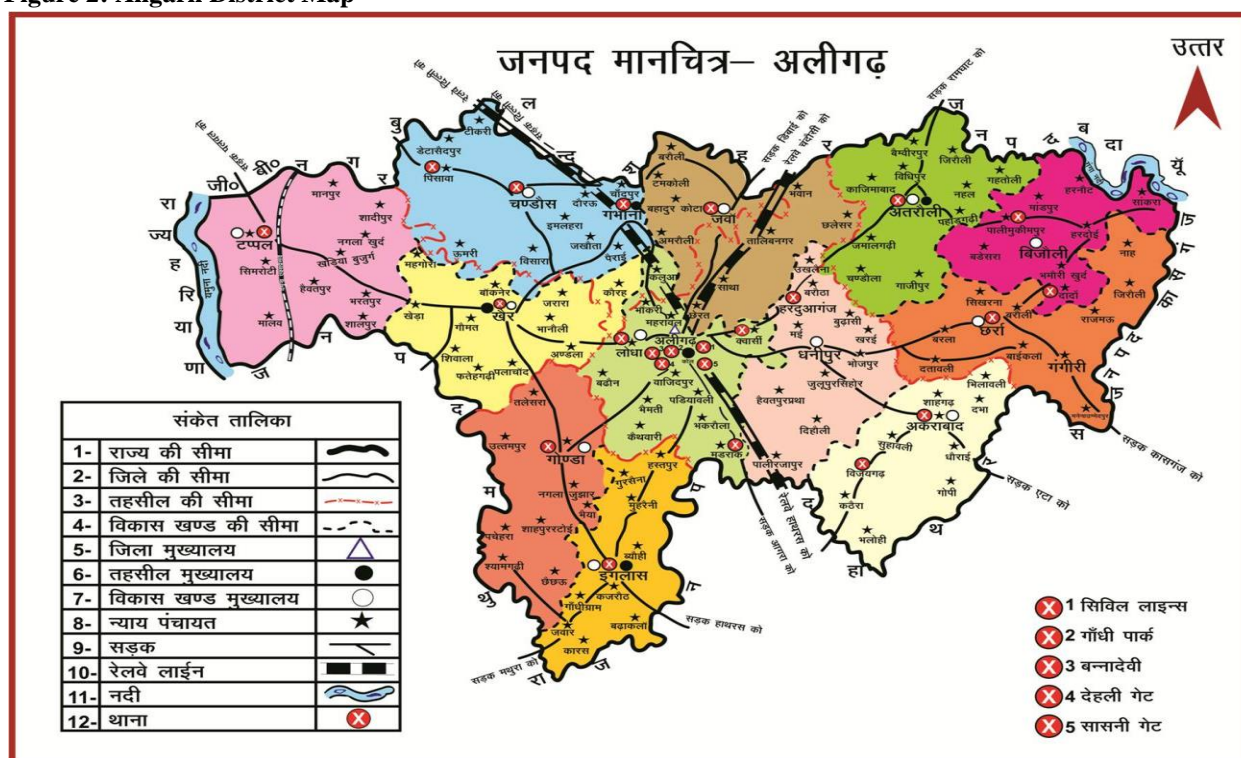
**Table:1 Demographic Indicators of the District**

INDICATORS	UTTAR PRADESH	ALIGARH
Actual Population	19,98,12,341	36,73,889
Male Population	10,44,80,510	19,51,996
Female Population	9,53,31,837	17,21,893
Sex Ratio	912	894
Child Sex Ratio (0-6)	899	885
Literacy Rate (%)	67.7	68.52
Male Literacy Rate (%)	77.2	73.52
Female Literacy Rate (%)	57.2	62.93
Density/km <sup>2</sup>	829	1007
Area (in sq km)	2,40,928	3,788

Source: Census of India, 2011

The district has area of 3,788 km<sup>2</sup> with 1210 villages and 12 municipal bodies. Population density is quite high in the district i.e. 1007 per sq km. the Existing literacy rate is 67.7% in the district. The male literacy rate is 77.2% while female literacy rate is 57.2%. The urban and rural literacy differs significantly and comparatively the difference between male and female literacy is less in urban areas than rural areas.

**Figure 2: Aligarh District Map**



Source: <https://aligarh.nic.in>

#### 1.4.2 Key Health Issues in the District: Disease Burden

Aligarh is a large district with above 36 lakhs of population, although the health personnel's have reported that there was no endemic of any particular district spread among the population of Aligarh. Still the health facilities stated that they received maximum number of OPDs of

Fungal Infection in a day. Fungal Infection is the most common disease their which we can conclude that they have outbreak of this particular disease.

The reason behind this can be the dusty & polluted air there. The Air Index of Aligarh is not that satisfying. District has PM 2.5 in the air which could be the major reason for the skin & fungal infection to the people.

#### 1.4.3 List of Facilities in the District

The District has enough facilities to make accessible by the peoples of the nearby areas. As per the district profile received from the checklist the district has total 3 district hospitals sanctioned including the district women hospital, all are operational. It can be said that it's a great achievement to any district that all the facilities which are sanctioned to any particular area are operational.

**Table 2: List of Facilities in the District**

Facility Details	Sanctioned/Planned	Operational
District Hospitals	03	03
Sub District Hospitals	01	01
Community Health Centres (CHC)	16	16
Primary Health Centres (PHC)	34	34
Sub Centres (SC)	333	333
Urban Primary Health Centres (U-PHC)	18	18
Urban Community Health Centres (U-CHC)	0	0

Source: District Profile Checklist

**Table 2** shows the list of facilities available in the district. There is 1 sub district hospital in the district, total 16 CHCs in the district all are Rural CHCs they do not have any Urban CHCs. Total 34 primary health centres are being operating under the 16 community health centres, & 333 sub centres are being operating under all PHCs.

**Table 3: List of facilities in the District**

S. No.	List of Facilities	Sanctioned/planned	Operational
1	Special NewBorn Care Units (SNCU)	2	2
2	Nutritional Rehabilitation Centres (NRC)	1	1
3	District Early Intervention Centre(DEIC)	2	2
4	First Referral Units (FRU)	4	4
5	Blood Bank	2	2
6	Blood Storage Unit (BSU)	3	3
7	No. of PHC converted to HWC	27	20
8	No. of U-PHC converted to HWC	13	08
9	No. of Sub Centre converted to HWC	174	88
10	Designated Microscopy Center (DMC)	36	36
11	Tuberculosis Units (TUs)	22	22
12	CBNAAT/ TruNat sites	3/9	3/9
13	Drug Resistant TB Centres	1	1
14	Functional Non-Communicable Diseases (NCD) clinic	DH- 01 CHC-05	DH-01 CHC-03

	<ul style="list-style-type: none"> <li>• At DH</li> <li>• At SHD</li> <li>• At CHC</li> </ul>	
15	Institutions providing comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> <li>• Total no. of facilities</li> <li>• Providing 1<sup>st</sup> trimester services</li> <li>• Providing both 1<sup>st</sup> &amp; 2<sup>nd</sup> trimester services</li> </ul>	22 Surya Clinic, private Clinic (140, in April 21 to July 21) District Women Hospital (554, April 21 to July 21)

Source: District Profile Checklist

**Table 3** Shows the number of facilities being operating in the listed facilities of the district and how many facilities has been converted in last financial years, total number of SNCU in the district are 2 which are being operating in the district women hospital & district hospital. The District hospital of the Aligarh was converted into the COVID centre during the pandemic times, till then all the services are being abolished there and only the COVID related activities were in function. NRC was there only in the DH which was not in function due to COVID from last 2 years. They have 4 FRUs. Total number of PHCs converted into HWC was 27 and total U-PHC being converted into HWC were 08 although the sanctioned was 13, the other 5 are also in process of conversion. Total number of SC sanctioned to get converted into HWC was 174 but only 88 have been converted yet, others are still in process.

The District has a Private Clinic named Surya Clinic which has provided the 1<sup>st</sup> trimester services in 4 months, also District Hospital which has total number of 554 (1<sup>st</sup> & 2<sup>nd</sup> trimester services) in 4 months from April 2021 to July 2021.

## 2. Public Health Planning and Implementation of National Programmes

### 2.1 District Health Action Plan

Government of India provides enough funds for the better accomplishment of the programmes so introduced in order to strengthen the health system. For the same some sort of amount is given to every state to run their programmes efficiently under which all the important aspects are covered including salary of HR, drugs, important screening equipments and other stuffs.

#### 2.1.1 State of fund utilization till date

This section discussed about the budget that how much budget has received and under which heads and how much has been the expenditure till date. The state has enough fund to run the NHM programmes effectively. Budgeting plays an important role in the effective utilization of available resources in order to achieve over all objectives. Furthermore, every state's/ district's future will depend upon the efficient utilization of funds like growth, and expanding the facilities. If funds are used effectively then the district has healthy growth in all the ways. The extent of utilization of NHM funds is analyzed here using the utilization ratio. The utilization ratio is defined as the ratio of actual expenditure to total Budget allocation. Overall more than 30 per cent of funds remained unspent at the end of the last financial year.

The detail of the budget utilization is given in table(4) as per the Financial Management Report (FMR).

*Status of Expenditure as on: 01-04-2020 to 31-03-2021*

**Table 4: Status of Expenditure, FMR wise as per ROP Budget heads**

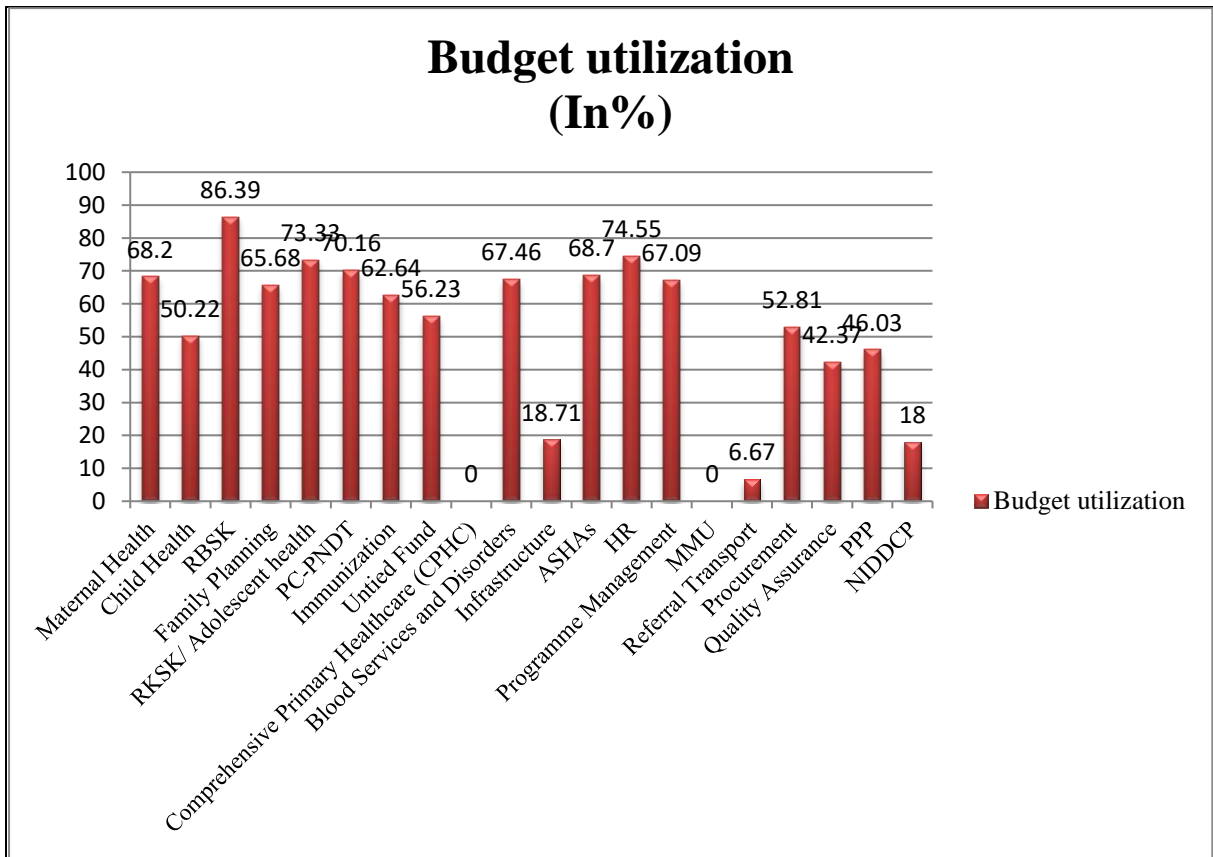
Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based	2787.61	1945.52	69.79%
2. FMR 2: Service Delivery: Community Based	286.63	174.68	60.94%
3. FMR 3: Community Intervention	2289.23	1572.76	68.70%
4. FMR 4: Untied grants	341.34	191.93	56.23%
5. FMR 5: Infrastructure	4354.56	814.67	18.71%
6. FMR 6: Procurement	2217.36	1170.90	52.81%
7. FMR 7: Referral Transport	12.70	0.85	6.67%
8. FMR 8: Human Resource (Service Delivery)	4074.52	3037.71	74.55%
9. FMR 9: Training	170.19	42.42	24.92%
10. FMR 10: Review, Research and Surveillance	2.83	2.47	87.36%
11. FMR 11: IEC-BCC	112.62	33.67	29.89%
12. FMR 12: Printing	138.92	36.77	26.47%
13. FMR 13: Quality	44.27	18.76	42.37%

<b>14. FMR 14: Drug Warehouse &amp; Logistic</b>	146.38	52.98	36.19%
<b>15. FMR 15: PPP</b>	382.13	175.91	46.03%
<b>16. FMR 16: Programme Management</b>	866.67	581.49	67.09%
• FMR 16.1: PM Activities Sub Annexure	66.00	21.32	32.31%
<b>17. FMR 17: IT Initiatives for Service Delivery</b>	4.49	2.32	51.71%
<b>18. FMR 18: Innovations</b>	23.87	0.15	0.64%

Source: District Profile Checklist, Aligarh

**Table 4** shows the rate of budget utilization in the district in different areas in order to strengthen the health system of the Aligarh District. The district has maximum utilization is in the Review, Research and Surveillance which is 87.36% & the minimum utilization of budget that is only 0.64% in the Innovations.

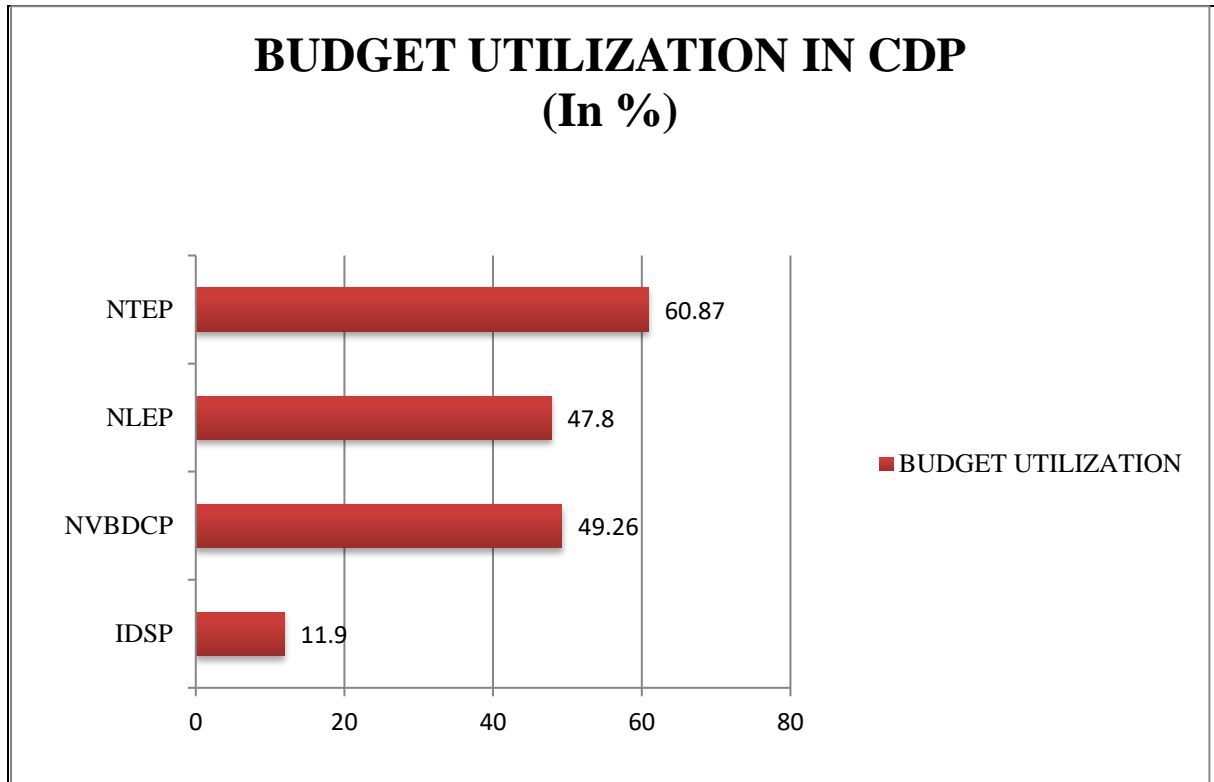
**Figure 3: RCH and Health Systems Flexipool (Budget Utilization in Percentage)**



Source: District Profile Checklist, State of Fund Utilization, Aligarh

**Figure 3** Depicts the utilization state of fund in the district of RCH and Health System Flexipool, the highest fund utilization by the district is under RBSK which is 86.39% of the total budget, whereas the RBSK was not in process in the district due to COVID as all the Schools and Anganwadi Centres are closed, so it somewhere contradicts. The lowest budget utilization in under CPHC, Comprehensive Primary Health Care which is zero in the district

**Figure 4: Budget Utilization in Communicable Diseases Pool (In Percentage)**

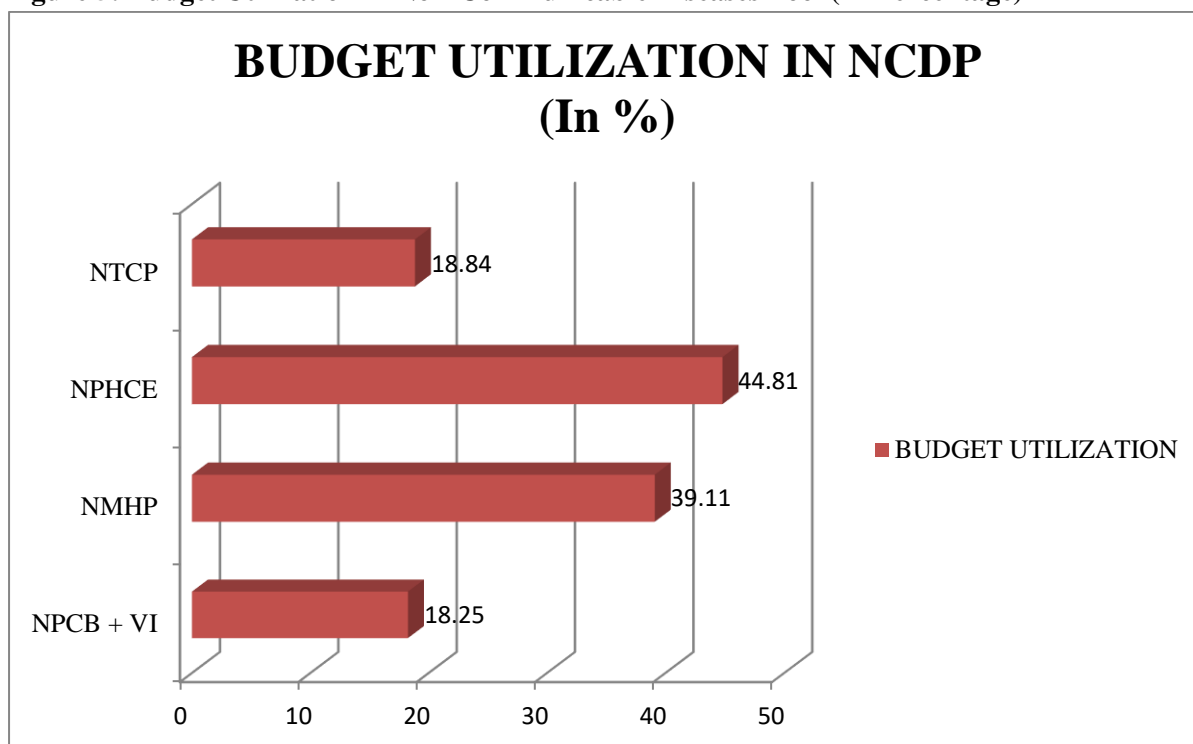


Source: District Profile Checklist, Aligarh

**Figure 4** shows the graphical representation of the Communicable Diseases Pool which depicts the budget utilization of the programmes under CDP.

Integrated Disease Surveillance Programme (IDSP) which has only 11.90% of utilization in the last financial year, then National Vector Borne Disease Control Programme (NVBDCP) with 49.26% of utilization rate, National Leprosy Eradication Programme (NLEP) with 47.80% of budget utilized and the highest utilization with 60.87% in National TB Elimination Programme (NTEP) in the District.

**Figure 5: Budget Utilization in Non-Communicable Diseases Pool (In Percentage)**



Source: District Profile Checklist, Aligarh

**Figure 5** shows the graphical representation of the Non-Communicable Diseases Pool which depicts the budget utilization of the programmes under CDP.

National Program for Control of Blindness and Vision Impairment (NPCB + VI) with 18.25% and National Tobacco Control Programme with 18.84% has the least utilization rate, then National Mental Health Program (NMHP) with 39.11% & National Programme for Health Care for the Elderly (NPHCE) having 44.81% with the highest utilization of fund but still lower than as it should be in the district.

**Table 5: Implementation of CPHC**

Indicator	Planned	Completed
1. Number of individuals enumerated	-	99969
2. Number of CBAC forms filled	-	53391
3. Number of HWCs started NCD screening:	-	
a. SHC- HWC		88
b. PHC- HWC		05
c. UPHC – HWC		08
4. Number of individuals screened for:	-	
a. Hypertension		26918
b. Diabetes		26630
c. Oral Cancer		26026
d. Breast Cancer		13417
e. Cervical Cancer		14137
5. Number of HWCs providing Teleconsultation services	-	16583 (Rank 24 in UP)
6. Number of HWCs organizing wellness activities	-	88

Source: District Profile Checklist, Aligarh

**Table 6: Overview: DHAP**

Indicator	Remarks/Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states	Yes
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state	NA
3. Date of first release of fund against DHAP	NA
4. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	03 (100 Bed Hospital Atrauli Partial Pending, PHC Taharpur, PHC Pilkhuni)
• Details of Construction completed but not handed over	0

Source: District Profile Checklist

**Table 6** shows overview: of DHAP in the district, the district has prepared the District Programme Implementation Plan for current year and also submitted it to the states, the date of release for the fund against DHAP has not received, the construction status of the district is given that they had 3, 100 bedded hospital partially pending in Atrauli and 2 PHCs one in Taharpur & other in Pilkhuni that are still pending from 2 years.

## 2.2 Status of Service Delivery

The District has all the services available in the health facilities that are necessary for the well being of the community. All the CHC & PHC are operational and maximum number of the centres has all kind of screening and medicines available to the patient so that they might not had to wander to different places in order to get treated.

### 2.2.1 Services under NHM

There are enough services being started in the district under NHM. The National Health Mission has already changed the health system a lot. Still due to non availability of the fund at time or shortage of HR, any district would not be able to manage its programmes properly. Some of the details of all the services being processed under the NHM in the district have been clearly represented with the help of table here.

**Table 7 : Indictors showing Services available in the district**

S. No.	Indicator	Remarks/Observation
1	Implementation of Free drugs services (if it is free for all)	Yes
2	Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> <li>No. of Lab tests notified</li> </ul>	Yes
3	Status of Delivery Points	16
	• No. of SCs conducting > 3 Deliveries/month	23
	• No. of 24 X 7 PHCs conducting >10 deliveries/month	03
	• No. of CHCs conducting >20 deliveries/month	13
	• No. of DH/District Women & Child Hospital conducting >50 deliveries/month	02
		02
		01

	<ul style="list-style-type: none"> <li>No. of DH/ District Women &amp; Child Hospital conducting C-section</li> <li>No. of Medical colleges conducting &gt;50 deliveries /month</li> <li>No of Medical colleges conducting c-section</li> </ul>	01	
4	Number of institutes with ultrasound facilities (Public + Private)	03 + 01	
	<ul style="list-style-type: none"> <li>Of these, how many are registered under PCPNDT act</li> </ul>	04	
5	Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	Activity is performed 9 <sup>th</sup> day of every month.	
6	RBSK		
	<ul style="list-style-type: none"> <li>Total no. of RBSK teams sanctioned</li> <li>No. of teams with all HR in-place (full-team)</li> <li>No. of vehicles (on the road) for RBSK team</li> <li>No. of Teams per Block</li> <li>No. of blocks/s without dedicated teams</li> <li>Average no. of children screened per day per team</li> <li>Number of children born in delivery points screened for defects at birth</li> </ul>	24	
		17	
		24	
		02	
		0	
		60	
		7630 Children from April 2021 to July 2021	
7	Special Newborn Care Units (SNCU)	DWH Aligarh	
	<ul style="list-style-type: none"> <li>Total number of beds</li> <li>{In radiant warmer, Stepdown care, Kangaroo Mother Care (KMC) unit}</li> <li>Number of Non-functional radiant warmer for more than a week</li> <li>Number of non-functional phototherapy unit for more than a week</li> </ul>	14	
		0	
		0	
		<b>Inborn</b>	<b>Out born</b>
	<ul style="list-style-type: none"> <li>Admission</li> <li>Defects at birth</li> <li>Discharged</li> <li>Referral</li> <li>LAMA</li> <li>Died</li> </ul>	106	108
		0	0
		64	46
		13	23
		12	23
		17	16
8	Nutrition Rehabilitation Centres(NRC)		
	Admission	21	
	<ul style="list-style-type: none"> <li>Bilateral pitting oedema</li> <li>MUAC&lt;115 mm</li> <li>&lt;-3SD WFH</li> <li>With Diarrhoea</li> <li>ARI/Pneumonia</li> <li>TB</li> <li>HIV</li> <li>Fever</li> <li>Nutrition related disorder</li> <li>Others</li> </ul>	0	
		13	
		08	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
	Referred	21	
	<ul style="list-style-type: none"> <li>Frontline worker</li> <li>Self</li> <li>Ref from VCDC/CTC</li> </ul>	0	
		0	
		0	

	<ul style="list-style-type: none"> <li>• RBSK</li> <li>• Pediatric ward/ emergency</li> </ul>	8 13
	Discharged	9
	Referral/Medical transfer	2
	LAMA	2
	Died	0
9	Home Based Newborn Care (HBNC)	
	<ul style="list-style-type: none"> <li>• Status of available of HBNC kit with ASHAs</li> </ul>	2596
	<ul style="list-style-type: none"> <li>• Newborns visited under HBNC</li> </ul>	16377 (April 21 to July 21)
	<ul style="list-style-type: none"> <li>• Status of availability of drug kit with ASHAs</li> </ul>	2580

Source: District Profile Checklist

**Table 7** depicts the services available in the district which includes the free drugs available for the people, free diagnostic services & number of Lab tests services notified {Information is not given by the district}, Total deliveries points in the district which is 16 including all the health facilities where delivery is available all CHCs, PHC, & SCs. They had total of 23 SCs where more than 3 deliveries/month. Number of PHCs conducting more than 10 deliveries in a month are 03, number of CHCs conducting more than more than 20 deliveries in a month are 13. only 01 Medical College they had, where deliveries are being done. The activities under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) are performed every 9<sup>th</sup> day of the month. The district has total 24 RBSK teams sanctioned but among them only 17 are full time active and operating. They have 2 teams in one block. Total number of children being screened at the time of birth for the birth defects are 7630 (April,21 to July, 21) at the delivery points. The district had only 1 SNCU active in the District women hospital where are the activities are being performed.

### 2.2.2 Human Resource: Availability & Vacancies

At every facility, it is being observed and reported that they had shortage of HR at their facility which hampered their work in every means.

**Table 8: Status of HR in the District**

1. Staff details at public health facility (Regular + NHM + Other sources)	Sanctioned	In-Place	Vacancy (%)
<ul style="list-style-type: none"> <li>• ANM</li> </ul>	396	142+182=324	18
<ul style="list-style-type: none"> <li>• MPW (Male)</li> </ul>	131	15	89
<ul style="list-style-type: none"> <li>• Staff Nurse</li> </ul>	138	76	40
<ul style="list-style-type: none"> <li>• Lab Technician</li> </ul>	57	26	52
<ul style="list-style-type: none"> <li>• Pharmacist (Allopathic)</li> </ul>	104	102	01
<ul style="list-style-type: none"> <li>• MO(MBBS)</li> </ul>	214	74	63
<ul style="list-style-type: none"> <li>• OBGY</li> </ul>	27	03	90
<ul style="list-style-type: none"> <li>• Pediatrician</li> </ul>	08	0	100
<ul style="list-style-type: none"> <li>• Anesthetist</li> </ul>	24	02	90
<ul style="list-style-type: none"> <li>• Surgeon</li> </ul>	18	0	100
<ul style="list-style-type: none"> <li>• Radiologist</li> </ul>	16	0	100

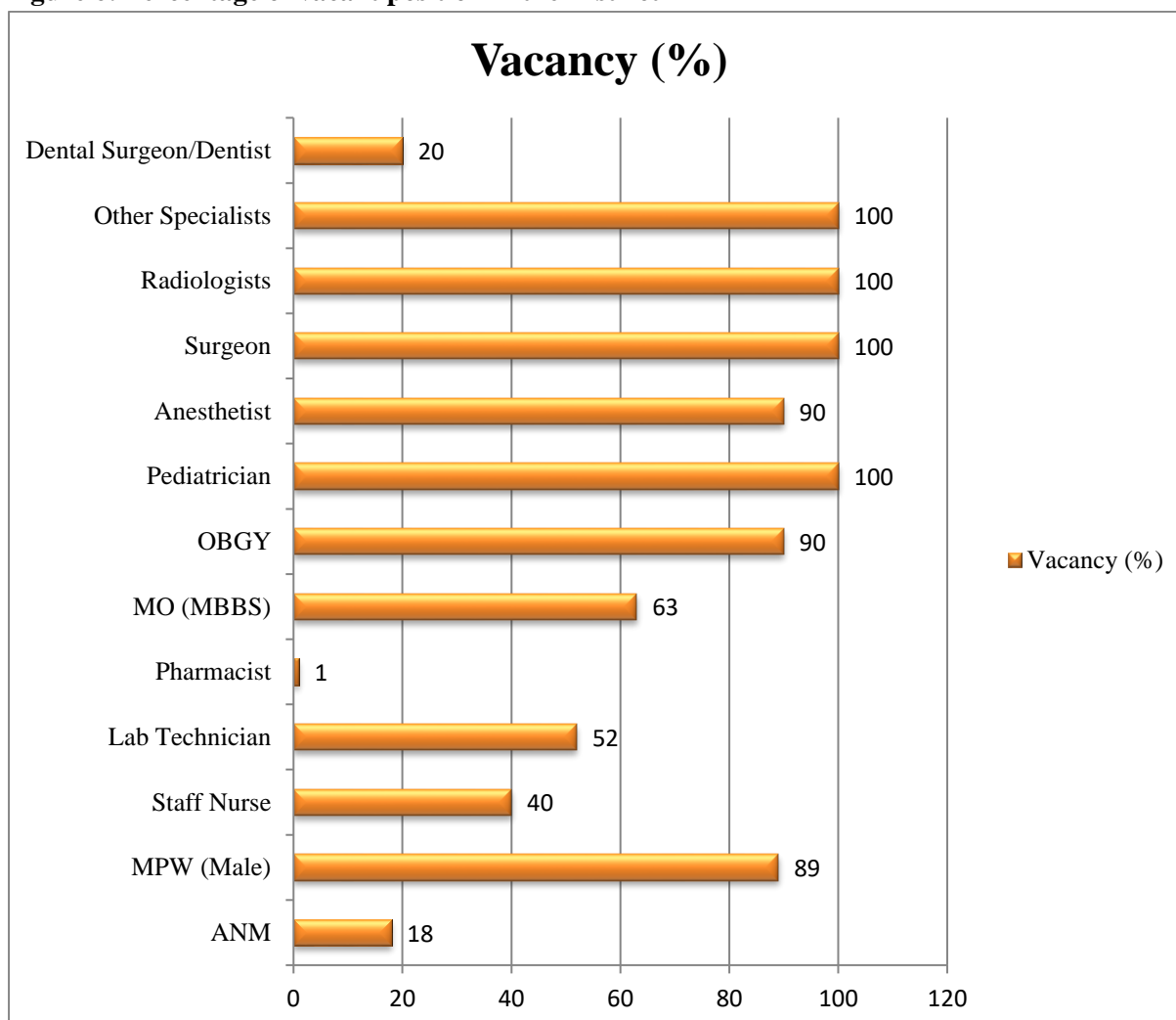
• Other Specialist	20	0	100
Denstists/ Dental Surgeon/Dental MO	19	16	20
Dental Technician	-	-	-
Dental Hygienist	-	-	-
Radiographer/X-ray technician	04	04	-
• GSSD Technician	-	-	-
• OT Technician	04	04	0
• CHO/MLHP	174	85	50
• AYUSH MO	34	31	10
• AYUSH Pharmacist	04	04	0
2. Performance of EMOC/LSAS trained doctors	Trained	Posted in FRU	Performing C-Section
• LSAS trained doctors	02	01	No
• EmOC trained doctors	0	0	0

Source: District Profile Checklist

The **Table 8** depicts the status of HR in the district & the health facilities, as per the discussion with the officials of the facilities it is cleared that the district faced the problems of the human resource. There is no surgeon and radiologist in the district due to which all the major cases are referred to Meerut Medical College also no Pediatrician which is a major reason of the inferior child health.

Although every facility in the district reported that they had shortage of HR, but observing the facilities during the visit, it may be cleared that they could do better even with the current availability of Health Personnel in the district.

**Figure 6: Percentage of vacant position in the District**



The **Figure 6** shows the clear representation of the vacant position in the district. At every facility the health personnel & the officials have reported that they could have done better with all their programmes & health activities if they had more human resource to work with, due to excess load on the facility the services available there could not be accessible to the community people.

To get a clear picture of what has been changed or what steps have been taken for the smooth running of programmes it is important to find the gaps between the amount sanctioned and utilized by the state for a particular programme. The table below shows the amount sanctioned by the GoI for the different activities for the current financial year 2020-21.

### 2.2.3 Physical & Financial Outlay of the District

**Table 9: Breakup of resource envelope, NHM FY 2020-21, Uttar Pradesh**

S.No.	Particulars	Amount (GoI Share) (In Rs.Lakhs)	Percent (GOI Share) (In %)	State share
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	808.55	20.6%	2613.70

1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	560.75	-
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	247.80	-
2	Health System Strengthening (HSS) under NRHM	1854.58	47.3%
2(i)	Other Health system Strengthening covered under NRHM	1499.78	-
2(ii)	Comprehensive Primary Health Care under HSS	213.31	-
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	141.49	-
	Total NRHM-RCH Flexible Pool	2663.13	-
3	NUHM Flexible Pool	98.37	2.5%
3(i)	Other Health System Strengthening covered under NUHM	71.58	-
3(ii)	Comprehensive Primary Health Care under NUHM	26.79	-
4	NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP)	178.96	4.6%
4(i)	NVBDCP (Cash & Kind)	35.59	-
4(ii)	RNTCP (Cash & Kind)	122.88	-
4(iii)	NVHCP (Cash & Kind)	10.38	-
4(iv)	NLEP	4.20	-
4(v)	IDSP	5.91	-
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	102.15	2.6%
6	Infrastructure Maintenance (including Direction and Administration)	877.93	22.4%
	Total Resource Envelope	3920.54	100%
	Grand Total Resource Envelope (Central Allocation + State Share)	6534.24	2613.70

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

**Table 9** depicts the fund being utilized by the state under different programmes in the FY 2020-21, the contents mentioned above and the information here are of the details of RCH Flexible pool (including RI, IPPI, NIDDCP), the health system strengthening (HSS) under NRHM, which contain the GOI share of other health system strengthening covered under NRHM, comprehensive Primary health care under HSS, additional ASHA benefit package including support to ASHA facilitators & total of NRHM/RCH pool, apart from these the details of NUHM Flexible pool which has 98.37 GOI share including the same details of other heads the share for Infrastructure Maintenance.

**Table 10: Physical and financial outlay approved under NHM, Aligarh FY 2020-21**

Sl.No.	Program Sub-Division	Amount (Rs. Lakh)	% Share
1	AYUSH	191.27	1.48
2	Blood Cell	1365.66	10.57
3	Communicable Diseases	554.13	4.29
4	Child Health	556.23	4.31
5	Community Processes	2449.46	18.97
6	District Health Society	99.82	0.77
7	Finance Division	5.91	0.05
8	Family Planning	248.17	1.92
9	Family Planning / PNDD	5.41	0.04
10	Family Planning / CAC	1.88	0.01
11	Human Resources (Divisional)	18.19	0.14
12	Health Systems	303.04	2.35
13	IEC	54.34	0.42
14	IEC / Family Planning	3.16	0.02
15	IEC / PNDD	1.95	0.02
16	IMEP	591.28	4.58
17	Monitoring and Evaluation (ME)	47.52	0.37
18	Maternal Health	2757.97	21.36
19	Management and Information System (MIS)	62	0.48
20	NCD	161.70	1.25
21	NUHM	902.23	6.99
22	Nursing	55.62	0.43
23	Program Management (PM)	106.74	0.83
24	Quality Assurance (QA)	72.29	0.56
25	RBSK	1113.31	8.62
26	Routine Immunization	349.39	2.71
27	RKSK	26.43	0.20
28	Others / Unspecified	809.28	6.27
	<b>Total</b>	<b>12914.38</b>	<b>100</b>

Source: District Health Action Plan, Aligarh (NHM Uttar Pradesh 2020-21), MoHFW

**Table 10** depicts the physical and financial outlay approved under NHM, for the district Aligarh for FY 2020-21 the district is getting enough funds for its Maternal Health which is 2757.97 lakhs to ensure 21% of the total fund received still it has larger number of Home Deliveries with non SBA attendant, which depicts that they have not utilized the fund and the

resources in an proper manner. Apart from this they district also had a gap in first trimester registration for ANC and the reported deliveries. Aligarh has only 49.83% of the Institutional deliveries to total ANC registrations. The fund received for the blood cell in the district was 1365.66 so that they could have access to the blood bank in emergency without delaying but they had only 1 unit at the District Hospital, the Women Hospital requires the blood on daily basis for the anaemic pregnant ladies, children and others for ANCs, though they had to contact to the District Hospital every time, according to the CMS (Ms. Renu Sharma) they didn't have issue in contacting as its nearby their facility but for the other health facilities its wastage of time many times when they required the same on an urgent call.

The fund received for the programmes and initiatives under family planning was 5.41 cr. looking at the data so collected they had only 2932 total Sterilization in the district among which only 0.05% is male sterilization (Vasectomies) & 99.05% is female sterilization (Tubectomies). MoI at the CHC level motivates male of their catchment area about benefits of vasectomies so that could opted for the same. The number of condoms distributed from the health facilities is 1024070 but distribution could not ensure the usage of them, as per the visit it is observed that the family size in the district is 6-7 children, which depicts that they may be some misguiding or some sort of lacking at the stage of counselling of family planning methods.

**Table 11: Women and Child Health Indicators in Aligarh with respect to UP, 2020-21.**

Indicators	UP	Aligarh
<b>1. Maternal Health</b>		
<b>1.(a)Pre Natal Care</b>		
Total number of pregnant women registered for ANC	6150086	95042
% 1st Trimester registration to Total ANC Registrations	61.80	60.40
% Pregnant women received 4 or more ANC checkups to Total Registration	77.13	84.80
% Pregnant women given 180 IFA to Total ANC Registrations	90.53	70.64
<b>1.(b) Home Deliveries</b>		
Total Reported Deliveries	3791996	54019
Number of Home Deliveries	383208	6660
Attended by SBA	48297	583
Attended by Non SBA	334911	6077
% Home deliveries to total reported deliveries	10.11	12.33
% Deliveries attended by SBA to total home deliveries	12.6	8.75
<b>1.(c) Institutional Deliveries including C-Section Deliveries</b>		
Total Number of Institutional Deliveries including C-section	3408788	47359
% of Institutional Deliveries to Total Reported Deliveries	89.89	87.67
% Institutional Deliveries to total ANC Registrations	55.43	49.83
% Women discharge in < 48hours of delivery to total Institutional Deliveries at Public Institutions	53.04	69.90
% of C-Section Deliveries to total institutional Deliveries	9.25	7.79
<b>1.(d) Post Natal Care/New Born Care</b>		
Total live birth	3778311	53263
% Women getting 1 <sup>st</sup> Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	48.36	60.39
% Newborn breast fed within 1 hour of birth to Total Live Birth	90.2	96.28

% Newborn weighed at Birth to Live Birth	91.7	97.53
<b>2. Child Immunization &amp; Diseases</b>		
Number of Fully Immunized children (9-11 months)	4870671	87384
% Infants received BCG to full immunization	99.1	87.57
% Infants received Measles Rubela to full immunization	98	94.47
Number of cases of Childhood Diseases Pneumonia	41730	0
Number of cases of Childhood Diseases Diarrhea	174424	74
Number of cases of Childhood Diseases Malaria	5331	60
Number of cases of Childhood Diseases Asthma	14865	22
Childhood Diseases - Tuberculosis (TB)	3276	4
<b>3. Family Planning</b>		
Total Sterilization conducted	296406	2932
% Male Sterilization (Vasectomies) to Total sterilization	0.65	0.05
% Female Sterilization (Tubectomies) to Total sterilization	99.35	99.05
Number of IUCD Insertions (excluding PPIUCD & PAIUCD)	594916	18858
Number of beneficiaries given 4th or more than 4 doses of Antara	50484	562
Condom Pieces distributed	44071655	1024070
Oral Pills distributed	4614016	126062
<b>4. Facility Service Delivery</b>		
IPD	4499793	132785
OPD (Ayush + Allopathic)	67938469	1355799
% IPD to OPD	6.62	7.8
<b>5. Mortality Indicators</b>		
Maternal Death	5199	223
Child Death	1011	1
Infant Death	9482	93
Still Birth	39263	849
Death due to Sterilization	0	0

The **table 11** depicts the Women and Child health indicators in Aligarh District with respect to Uttar Pradesh for the year 2020-21. The major components covered here are Maternal Health, Child Immunization and Diseases, Family Planning, Facility Service Delivery and Mortality Indicators.

The Maternal Health in Aligarh is quite satisfying in some aspects. As per the District Health Action Plan and RoPs, it is found that the total number of pregnant women registered for ANC are 95042 and the percentage of 1<sup>st</sup> trimester registration is 60.40 to the total number of registration which is quite satisfying in number at least they have achieved 60%, as per the discussion with the Concerned Health Personnel and the MOI, the reason behind the same may be the fear of having ANCs in public health sector and less believes in government professionals. Moving forward to the status of deliveries, the home deliveries were quite high in the district that are 6660 among which maximum deliveries are attended by the Non SBA. That is 6077 in numbers. The ASHAs, and ANMs reported that the hike in number may be due to COVID pandemic last year, for the same many women and their guardian avoided going to the health facilities in fear of overcrowding and contact of COVID to infant and the mother. The percentage of home deliveries attended by the SBA is just 8.75% to the total number of home deliveries.

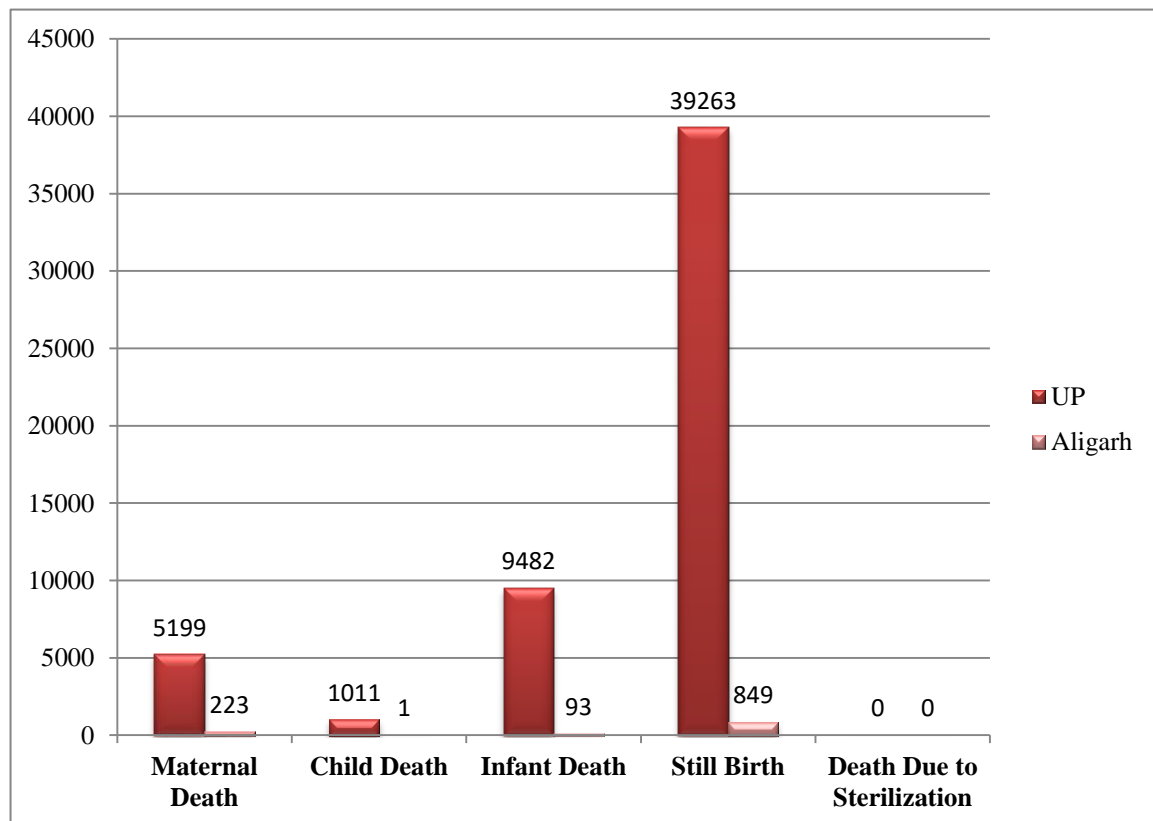
Looking forward to the institutional deliveries the percentage of institutional deliveries is 49.83 only with respect to the total ANC registrations which is not that much satisfying. Again the reason reported is COVID and fear of contact to young child.

The District is doing great with the Post Natal / New Born Care.

When comes to Immunization, the infants who received BCG to full immunization is 87.57% to the total live births in the district. There are various reasons behind the lack of immunization some of them are:

- Women & families refused to get their child immunized due to religious reasons, being a sensitive issue the health personnel could not get over this or can't convince them for the same.
- Due to the pandemic at its peak, the families avoided immunization at the centres due to fear of contact to the child and the mother.
- Some of the families want to rest of the doses and vaccinations at the private centres only due lack of trust at public health facilities.
- They have no case of pneumonia in last year, but high number of Diarrhoea cases with 74 children and 60 cases of Malaria.

**Figure 7: Mortality Indicators of the District**



**Figure 7** shows the Mortality Indicators in the district with respect to the state. The Uttar Pradesh shows very high number of Still birth and so in the District 849 still births. The CMS of the district women hospital reported the under this maximum cases of IUD which are

actually not the responsibility of the health personnel. These cases are majorly due to premature labour pains, high risk pregnancies and lack of ANCs during the pregnancy.

### **2.3 Service Availability as perceived by the community**

The discussion with the Community people at the **Parchaya Nangla/ Nangla Bari** village for more than 2 hours being done near the SC/HWC (Vijay Garh). From all those discussion, the following points can be concluded.

- The community people were quite satisfied with the facility being available there in the nearby facility. They get the medicines for fever, cough, cold & other minor problems there but for the severe health issues they went to nearby CHC Akhrabad & for all the other major health issues they went directly to the district hospital.
- For the severe issues like burn and emergencies they opt to go the facility of Agra or the Meerut Medical College.
- Talking about the lifestyles of the people there, 90% of the community people used LPG for cooking and few cooked at the Chullah or Coal at their open kitchen. The people were highly involved into alcohol & tobacco consumptions including women of the community.
- For the drugs & diagnostics they go for the Akhrabad PHC & CHC, they also reported that the ambulance took much time to reach at their village due to the filthy roads.
- They had out of pocket expenditure depends on their type of treatment seeking at the health facility, near about Rs. 10,000 to Rs. 15,000 is their Out of Pocket Expense if they opted for C-section deliveries in case of High Risk Pregnancies.
- Preferred facilities for Eye ailment & Dental ailment are District Hospital Aligarh or Meerut Medical College (if it is Emergency).
- Most of the screenings were not available at the facility near the village so they go for the CHC for the screenings. (tests done on the SC are only BP, Blood Sugar Test, & HB only)



**Figure 8: Community Interaction at the SC in Parchaya Nangla, Aligarh**

## **2.4 Services Availability at the Public Facilities**

The Health Facilities in the Aligarh has all the equipment available for diagnostics. And also they were well setup with good infrastructure. The majorly reported problem at the facility level is about the human resource and sometime the inaccessibility to the funds sometime. The detailed observations have explained below thoroughly.

### **2.4.1 Sub-centres/Heath & Wellness Centres (SCs/HWCs)**

The services are available at the SC but for any major health issues the community people had to go for the CHC & Aligarh district hospital. The facility also did not have the proper equipments for the diagnostic in case of any emergency.

As per the discussion with the ANM of the SC, it can be concluded that the proper drugs are available at the facility for all kind of health problems (but the community people did not agree on that). The facility also had programmes for family planning counselling to the women of the village.

They had Health & wellness programmes on every weekend (10-15 village people joined the same).

The infrastructure of the facility was proper but the passers and the children of the village tear up some of the posters and pamphlets that ASHAs or ANMs had there to peddle the methods of family planning or any other information.

**Table 12 :Diagnostic Service at the Centre**

		Screened	Confirmed

Number of Individuals screened for the following in last 6 months:	Hypertension	14	07
	Diabetes	07	03
	Oral Cancer	01	0
	Breast Cancer	NIL	NIL
	Cervical cancer	25	0

Source: SC Checklist, Nangla Bari, Aligarh

**Table 12** shows the available diagnostic at the centre, all the screening being done in last 6 months have the total 10 cases confirmed 07 of Hypertension, 03 of Diabetes. Total screened cases were 47 for the Hypertension (14), Diabetes (07), Oral Cancer (01), & Cervical Cancer (25).



**Figure 9: Visit at the SC/HWC in Nangla Bari, Aligarh**

#### Key Challenges at the Facility

- Although the facility has good infrastructure but still they had no space for bed and to admit the patient for short period of time.
- The facility has enough medicines to tackle the minor health issues but still the people of the community has to go for the other facility within 48 hours if the drug given did not work to them.
- The ANMs & ASHAs at the facility had announced several numbers of times in the village to attend the wellness activities (YOGA) at the centre, but no people took that seriously. Also they could not put pamphlets as the children tear them up most of the times.
- The Women there listen to them during the counselling session for the family planning but never bothered to it. They faced many problems during the sessions, many a times their family did not allow them to use any family planning methods.

#### 2.4.2 Primary Health Centres (PHCs)

The PHC was easily accessible from the main road. It has the Catchment area of more than 30,000 Population. The Services available at the centre are OPD, IPD, Emergency, Deliveries with 24X7 delivery services. All the IT related services are available at the facility with good internet connectivity.

The facility has good infrastructure with all the diagnostic services available there with the necessity medicines.

**Shortage of Drugs: if any,**

S. No.	Name of Drugs (Not Available)
1	Atropin
2	Adrenaline
3	Isosorbide Dinitrate
4	Dical
5	Phenylephrine

The Centre has some short of drugs, apart from that they had enough medicines available for their patients at the time of emergency or general OPD.



**Figure 10: Visit at the PHC, VijayGarh, Aligarh**

**Key Challenges at the Facility**

- The PHC did not get any direct fund from CHC, they had to inform CHC for their need and CHC get all the work done by the contractor
- This PHC performs 20 deliveries per month, and 81 TB patients are registered here for drugs but many a times the drugs were not available to them on time due to lack of management.
- Needs: Inverter for regular electric supply, Drinking water facility in the facility campus, Teen Shed for TB Patient, & cleaning staff.
- The facility was facing delays in construction and repairing-related issues because, financially, they depend on CHC.

- They had major problem of human resource due to which the work load exceeded on the existing staff.
- The facility has no staff for cleaning, so the labour room, maternity ward & Labs were not cleaned properly which may harm the patients more. Also tough for the health personnel to work in such environment adequately.
- Skin problem was the major illness reported at the facility, and it is due to the lack of hygiene practices followed by the people as majorly they are working in muddy field.

### 2.4.3 Community Health Centres (CHCs)

The facility is situated in the main city area and was easily accessible by everyone. It was functioning in a government building and is a 30 bedded facility. But only 15 beds are in functional for the In-patients, rest of the beds was not in a condition to get used at that point of time.

The Services available at the centre are IPD, OPD, Emergency, ANC checkups, PNCs, New born care, Blood investigation, Radiological investigation etc.

**Table 13:List of the Pathology- Test Pera-Meter**

S. No.	Tests
1	Biochemistry
	<ul style="list-style-type: none"> <li>• Glucose- Fasting</li> <li>• Glucose- P.P</li> <li>• Glucose- Random</li> </ul>
2	KFT (Kidney Function Test)
	<ul style="list-style-type: none"> <li>• Urea</li> <li>• Creatine</li> <li>• Uric Acid</li> </ul>
3	LFT (Liver Function Test)
	<ul style="list-style-type: none"> <li>• Bilirubin Total</li> <li>• Bilirubin Direct</li> <li>• SGOT (Serum Glutamic- Oxaloacetic Transaminase)</li> <li>• SGPT (Serum Glutamic- Ryrivic Transaminase)</li> <li>• ALP (Alkaline Phosphatase)</li> <li>• Calcium</li> <li>• Albumin</li> <li>• Total Protien</li> </ul>
4	CRP turbic
5	Ferretin (Iron Test)
6	Malaria Rapid Test
7	Widal
8	Habsag Rapid Test
9	Haematology
	<ul style="list-style-type: none"> <li>• CBC</li> <li>• Platelets</li> <li>• Blood Group</li> </ul>

Source: CHC Checklist, Akhrabad, Aligarh

**Table 13** Shows the list of tests done at the facility level to facilitate the community people. When the Team reached there at the facility the ASHAs training was going on, the team also contacted the ASHAs in the training & discussed all the important components with them. The ASHAs were active with their work, many have issues with their payment that they did not get enough remuneration for what they had been doing in the field form past few years.



**ASHAs Training at the CHC**



**Figure 11 & 12: ASHAs Training at the CHC, Akhrabad, Aligarh**

The Trainees were quite satisfied with everything they were learning there and also actively participating in the training. They were answering the questions of the trainer. **Dr. Bikas Raghuvanshi** (MoI) of the facility was also participating with them & actively accomplishing for the well being of the facility. The trainees and trainers both were coordinating with each other, and quite happy & satisfied with everything they were experiencing there.



Figure 13: Visit at the CHC in Harduaganj, Aligarh

### Key Challenges at the facility

- The facility was easily accessible to all the people of the nearby community. But the building was not enough with the current work load of the facility.
- They had heavy load of delivery there, all the PHCs & SCs directly refer their patients to this facility but due to lack of space the Health personnel Staff phases a lot of problem in managing the crowd.
- The infrastructure of the building is good and according to the government norms but is surrounded by the old building & the knocked down staff quarters.
- The Facility has 24X7 delivery services but due to non-availability of the staff-quarter the nurse phases the problems in night's shifts.
- With regards to IT services, there are desktops but not with proper internet connectivity. They faced network issues most of the times.
- The facility also did not have data operator, the MoI has to entry many details by self.
- On the day of visit, the personnel of the facility have reported that AYUSH medicines were not given from the very long time and supply is also not coming at the facility. But AYUSH OPD is reported regularly in the HMIS which altogether gives a different picture with respect to AYUSH.
- 16 % payments of JSY is pending because of Bank and Adhar related issues.

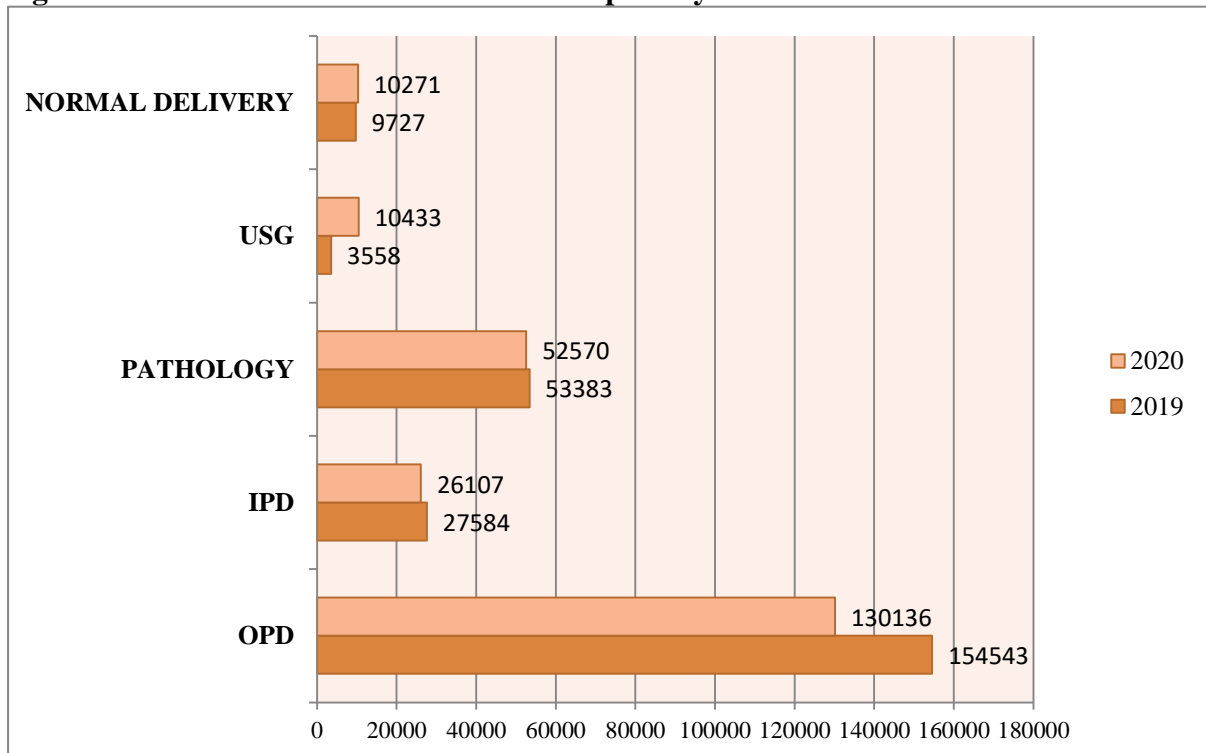
### 2.4.4 District Hospital/ Sub District Hospital

*Pt. Deen Dayal Hospital (Aligarh District Hospital)* is a combined hospital of the district but the regular activities were not in function there as the hospital was operating under the COVID guideline for the COVID patients only, all the departments and health personnel were busy with COVID patients. The hospital was designated for the COVID from the last year and has become available for other health services since the previous month only.

Thereafter, the team visited to the **District Women Hospital, Mohan Lal Gautam District Women Hospital.**

- The CMS, Ms. Renu Sharma was actively participating in all the activities of the hospital. She had done enough work in her work period from past 2 years.
- They had divided the maternity wards into different blocks so that they could have enough space to work, before that they were facing the problem in managing the patients.
- This hospital has a capacity of 100 beds and delivered 1000 children per month (6-7 c-section deliveries per day). 83 deliveries of COVID positive women were done in the year 2019-20.
- The Facility was also Kayakalp awardee & they themselves had painted the wall on the occasion of Women’s Day along with the staff and other workers of the facility. They also created a different section for the birds to get shelter (Bird Cage) there behind the hospital.
- All COVID-19 infected deliveries were referred to this hospital; however, activities related to the vaccination of children are suspended.
- Women who are HIV+ also get their normal deliveries done there. They had 100 (approx.) HIV+ deliveries in the hospital in last 6 months.
- The hospital gets referred cases of deliveries with high risk (HR), anemic or with major complications.

**Figure 14: Variation of Services in DWH in past 2 years**



Source: DWH, Aligarh

**Figure 14** above shows the indicators of the District Women Hospital in the last two years 2019 & 2020, normal deliveries in 2019 was 9727 only which increases in 2020 to 10271, the rise in delivery status is due to the COVID pandemic also as the district hospital is converted into covid centre. Hence, the entire load consequently shifted to the women hospital. Also the USG increases from 3558 in 2019 to 19433 in 2020. The Pathology which was 58883 in 2019 decreases to 52570 in 2020. The IPD & OPD also decreases in 2020 as of 2019.



**Figure 15: Visit to District Women Hospital, Aligarh**

#### Key Challenges at the Facility

- The Facility has enough space to manage its crowd but they had to go for some construction work within the facility.
- They faced problem with dealing the crowd waiting near the reception area, which blocks all the patients came due to emergency.
- The Hospital has only one main gate to entry –exit & even for the egression of the Bio-Medical Waste.
- The workers had to clean the hospital maximum number of times as the people their spilt the tobacco & wrappers of the food. The facility had to deal with all these craps on daily basis.
- According to CMS of the facility the amount for JSY is not sufficient to meet the daily nutrition needs of the women.
- The hospital was also awarded Kayakalp last year.
- NHM programs were not functional in this hospital for the last year.

### 3 Discussion & Recommendations

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team was expected to carry out the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Aligarh District of Uttar Pradesh.

After visiting to all the facilities & on the basis of interaction with the CMO of the District & all the health personnel we have come to a conclusion of the following recommendations that could be taken into consideration for the well being of the health system of the district.

- ❖ No Blood Bank facility available in the Aligarh District. Only 2 blood storage units are functioning in the district.
- ❖ The district hospital was not in its regular practices because of being a COVID centre. Hence, all the activities and programmes started just 2 month prior to the field visit.
- ❖ The DH did not have Electrostatic Machine for SNCU (Special NewBorn Care Unit) to test the Babies. which should be there for any facility if it has its SNCU ward active.
- ❖ There was an urgent need for the New Born X ray machines and Ventilations to them in the hospital as the DWH has much load of deliveries in a day (30-40 deliveries/day).
- ❖ The DWH had only 1 Gynecologist in the facility for 24X7 where as there was required for at least 4 Gynecologist in the Hospital. It becomes tough for a single person to work for 24 hours with so much of work load.
- ❖ The DWH has scope of innovation within the infrastructure but according to the government norms they could not erect the building as per their requirement.
- ❖ DWH has the major issue with its entrance also, the building has only 1 main gate which is also used for the detraction of BMW, having same entrance for everything puts load and mismanagement in the hospital. Apart from these issues, it can be dangerous at the time of emergency because the hospital did not have any emergency or Fire Exit in the Hospital. To improve the infrastructure as per the requirement is indispensably recommended.
- ❖ Non-availability of human Resource is the major issue in the district which is responsible for non-functional of many health facilities and utilization of available resources. The Doctors and other staff have also indulged in COVID related activities which affected the National Health Mission Activities a lot.
- ❖ The district has very large number of home deliveries in the last financial year and amount which maximum was attended by Non SBA.
- ❖ Several of the hospital staff and other officials are deputed for COVID-19 duty across various facilities. This has severely affected day-to-day functioning and performance of the base facilities. It is important that the deputation plans should be reviewed in accordance with COVID-19 pandemic burden.
- ❖ The member of community has huge unmet need for NCD care. This includes demand for regular drugs and diagnostics for diabetes and hypertension. Strengthening NCD care at the community level is recommended.

- ❖ Interactions with the beneficiaries reflect that staff is not found at the facility during OPD hours, and sometimes facility is found to be closed. Frequent surprise monitoring visits at regular intervals can play an important role in access/ utilization of service delivery in remote area.
- ❖ The district has major backlog with the JSY payments, which is due to the Wrong entry by the ASHAs at the time of registration. The ASHAs & ANMs faced problems at the time of entries as the ANMOL tablet did not have the option to rectify the errors made.
- ❖ It is reported majorly at every health facility that JSY payment to beneficiaries lacks due to wrong entry by the ASHAs at the time of registration and there's no going back or rectifying the error in the Anmol tablet, due to which the payments had a major backlog.

## **Annexure**



Ministry of Health & Family Welfare  
Government of India



**Schedule for PIP Monitoring**

**A. District Profile**

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

9. Nutritional Rehabilitation Centres (NRC)		
10. District Early intervention Center (DEIC)		
11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> <li>• At DH</li> <li>• At SDH</li> <li>• At CHC</li> </ul>		
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> <li>• Total no. of facilities</li> <li>• Providing 1st trimester services</li> <li>• Providing both 1st &amp; 2nd trimester services</li> </ul>		

#### B. Overview: DHAP

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

#### C. Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> <li>• Number of lab tests notified</li> </ul>	
3. Status of delivery points	
<ul style="list-style-type: none"> <li>• No. of SCs conducting &gt;3 deliveries/month</li> </ul>	

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> <li>No. of 24X7 PHCs conducting &gt; 10 deliveries /month</li> </ul>		
<ul style="list-style-type: none"> <li>No. of CHCs conducting &gt; 20 deliveries /month</li> </ul>		
<ul style="list-style-type: none"> <li>No. of DH/ District Women and child hospital conducting &gt; 50 deliveries /month</li> </ul>		
<ul style="list-style-type: none"> <li>No. of DH/ District Women and child hospital conducting C-section</li> </ul>		
<ul style="list-style-type: none"> <li>No. of Medical colleges conducting &gt; 50 deliveries per month</li> </ul>		
<ul style="list-style-type: none"> <li>No. of Medical colleges conducting C-section</li> </ul>		
4. Number of institutes with ultrasound facilities (Public+Private)		
<ul style="list-style-type: none"> <li>Of these, how many are registered under PCPNDT act</li> </ul>		
5. Details of Pradhan Mantri SurakshitMatritva Abhiyan PMSMA activities performed		
6. RBSK		
<ul style="list-style-type: none"> <li>Total no. of RBSK teams sanctioned</li> </ul>		
<ul style="list-style-type: none"> <li>No. of teams with all HR in-place (full-team)</li> </ul>		
<ul style="list-style-type: none"> <li>No. of vehicles (on the road) for RBSK team</li> </ul>		
<ul style="list-style-type: none"> <li>No. of Teams per Block</li> </ul>		
<ul style="list-style-type: none"> <li>No. of block/s without dedicated teams</li> </ul>		
<ul style="list-style-type: none"> <li>Average no of children screened per day per team</li> </ul>		
<ul style="list-style-type: none"> <li>Number of children born in delivery points screened for defects at birth</li> </ul>		
7. Special Newborn Care Units (SNCU)		
<ul style="list-style-type: none"> <li>Total number of beds <ul style="list-style-type: none"> <li>In radiant warmer</li> <li>Stepdown care</li> <li>Kangaroo Mother Care (KMC) unit</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Number of non-functional radiant warmer for more than a week</li> </ul>		
<ul style="list-style-type: none"> <li>Number of non-functional phototherapy unit for more than a week</li> </ul>		
	<b>Inborn</b>	<b>Out born</b>
<ul style="list-style-type: none"> <li>Admission</li> </ul>		
<ul style="list-style-type: none"> <li>Defects at birth</li> </ul>		
<ul style="list-style-type: none"> <li>Discharged</li> </ul>		
<ul style="list-style-type: none"> <li>Referral</li> </ul>		
<ul style="list-style-type: none"> <li>LAMA</li> </ul>		
<ul style="list-style-type: none"> <li>Died</li> </ul>		
8. Newborn Stabilization Unit (NBSU)		
	<b>Inborn</b>	<b>Out born</b>
<ul style="list-style-type: none"> <li>Admission</li> </ul>		
<ul style="list-style-type: none"> <li>Discharged</li> </ul>		
<ul style="list-style-type: none"> <li>Referral</li> </ul>		
<ul style="list-style-type: none"> <li>LAMA</li> </ul>		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>• Died</li> </ul>	
9. Nutrition Rehabilitation Centers (NRC)	
<ul style="list-style-type: none"> <li>• Admission <ul style="list-style-type: none"> <li>○ Bilateral pitting oedema</li> <li>○ MUAC&lt;115 mm</li> <li>○ &lt;'3SD WFH</li> <li>○ with Diarrhea</li> <li>○ ARI/ Pneumonia</li> <li>○ TB</li> <li>○ HIV</li> <li>○ Fever</li> <li>○ Nutrition related disorder</li> <li>○ Others</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Referred by <ul style="list-style-type: none"> <li>○ Frontline worker</li> <li>○ Self</li> <li>○ Ref from VCDC/ CTC</li> <li>○ RBSK</li> <li>○ Pediatric ward/ emergency</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Discharged</li> </ul>	
<ul style="list-style-type: none"> <li>• Referral/ Medical transfer</li> </ul>	
<ul style="list-style-type: none"> <li>• LAMA</li> </ul>	
<ul style="list-style-type: none"> <li>• Died</li> </ul>	
10. Home Based Newborn Care (HBNC)	
<ul style="list-style-type: none"> <li>• Status of availability of HBNC kit with ASHAs</li> </ul>	
<ul style="list-style-type: none"> <li>• Newborns visited under HBNC</li> </ul>	
<ul style="list-style-type: none"> <li>• Status of availability of drug kit with ASHAs</li> </ul>	
11. Number of Maternal Death Review conducted	
<ul style="list-style-type: none"> <li>• Previous year</li> <li>• Current FY</li> </ul>	
12. Number of Child Death Review conducted	
<ul style="list-style-type: none"> <li>• Previous year</li> <li>• Current FY</li> </ul>	
13. Number of blocks covered under Peer Education (PE) programme	
14. No. of villages covered under PE programme	
15. No. of PE selected	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout	
18. No. of Mobile Medical Unit (MMU) (on the road and micro-plan	
<ul style="list-style-type: none"> <li>• No. of trips per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of camps per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of villages covered</li> </ul>	
<ul style="list-style-type: none"> <li>• Average number of OPD per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>• Average no. of lab investigations per MMU per month</li> </ul>	
<ul style="list-style-type: none"> <li>• Avg. no. of X-ray investigations per MMU per month</li> </ul>	

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> <li>Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month</li> </ul>		
<ul style="list-style-type: none"> <li>Avg. no. of sputum collected for TB detection per MMU per month</li> </ul>		
<ul style="list-style-type: none"> <li>Average Number of patients referred to higher facilities</li> </ul>		
<ul style="list-style-type: none"> <li>Payment pending (if any)</li> <li>If yes, since when and reasons thereof</li> </ul>		
<b>19. Vehicle for Referral Transport</b>		
<ul style="list-style-type: none"> <li>No. of Basic Life Support (BLS) (on the road) and their distribution</li> </ul>		
<ul style="list-style-type: none"> <li>No. of Advanced Life Support (ALS) (on the road) and their distribution</li> </ul>		
	<b>ALS</b>	<b>BLS</b>
<ul style="list-style-type: none"> <li>Operational agency (State/ NGO/ PPP)</li> </ul>		
<ul style="list-style-type: none"> <li>If the ambulances are GPS fitted and handled through centralized call centre</li> </ul>		
<ul style="list-style-type: none"> <li>Average number of calls received per day</li> </ul>		
<ul style="list-style-type: none"> <li>Average number of trips per ambulance per day</li> </ul>		
<ul style="list-style-type: none"> <li>Average km travelled per ambulance per day</li> </ul>		
<ul style="list-style-type: none"> <li>Key reasons for low utilization (if any)</li> </ul>		
<ul style="list-style-type: none"> <li>No. of transport vehicle/102 vehicle (on the road)</li> </ul>		
<ul style="list-style-type: none"> <li>If the vehicles are GPS fitted and handled through centralized call centre</li> </ul>		
<ul style="list-style-type: none"> <li>Average number of trips per ambulance per day</li> </ul>		
<ul style="list-style-type: none"> <li>Average km travelled per ambulance per day</li> </ul>		
<ul style="list-style-type: none"> <li>Key reasons for low utilization (if any)</li> </ul>		
<b>20. Universal health screening</b>		
<ul style="list-style-type: none"> <li>If conducted, what is the target population</li> </ul>		
<ul style="list-style-type: none"> <li>Number of Community Based Assessment Checklist (CBAC) forms filled till date</li> </ul>		
<ul style="list-style-type: none"> <li>No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> <li>Hypertension</li> <li>Diabetes</li> <li>Oral cancer</li> <li>Breast Cancer</li> <li>Cervical cancer</li> </ul> </li> </ul>		
<b>21. If State notified a State Mental Health Authority</b>		
<b>22. If grievance redressal mechanism in place</b>		

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

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

Indicator	Remarks/ Observation			
<ul style="list-style-type: none"> <li>No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>Any other state specific scheme _____</li> </ul>				
36. Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened				
38. Number of facilities quality certified				
39. Status of Kayakalp and Swachh SwasthSarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	Previous year (2019-20)		Current FY (2020-21)	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

#### D. Implementation of CPHC

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

Indicator	Planned	Completed
7. Number of individuals enumerated		
8. Number of CBAC forms filled		
9. Number of HWCs started NCD screening: d. SHC- HWC e. PHC- HWC f. UPHC – HWC		
10. Number of individuals screened for: f. Hypertension g. Diabetes h. Oral Cancer i. Breast Cancer		

j. Cervical Cancer		
11. Number of HWCs providing Teleconsultation services		
12. Number of HWCs organizing wellness activities		

### E. 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			

### F. State of Fund Utilization

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

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
19. FMR 1: Service Delivery: Facility Based			

20. FMR 2: Service Delivery: Community Based			
21. FMR 3: Community Intervention			
22. FMR 4: Untied grants			
23. FMR 5: Infrastructure			
24. FMR 6: Procurement			
25. FMR 7: Referral Transport			
26. FMR 8: Human Resource (Service Delivery)			
27. FMR 9: Training			
28. FMR 10: Review, Research and Surveillance			
29. FMR 11: IEC-BCC			
30. FMR 12: Printing			
31. FMR 13: Quality			
32. FMR 14: Drug Warehouse & Logistic			
33. FMR 15: PPP			
34. FMR 16: Programme Management			
• FMR 16.1: PM Activities Sub Annexure			
35. FMR 17: IT Initiatives for Service Delivery			
36. FMR 18: Innovations			

### Programme Wise

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<b>1. RCH and Health Systems Flexipool</b>			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>	<b>Reason for low utilization (if less than 60%)</b>
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
<b>2. NUHM</b>			
<b>3. Communicable Diseases Pool</b>			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
<b>4. Non-Communicable Diseases Pool</b>			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and			

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>	<b>Reason for low utilization (if less than 60%)</b>
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)			

#### **G. Status of trainings**

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

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



Ministry of Health & Family Welfare  
Government of India



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

H.

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

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

Indicator	Remarks/ Observation		
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>			
	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	21	Teaching block (medical, nursing, paramedical)	
	22	Skill Lab	
5. Emergency	General emergency: <b>or</b> 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:		

Indicator	Remarks/ Observation																																																																												
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																																																																												
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																																												
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																																																																												
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">HR</th> <th style="width: 10%;">San.</th> <th style="width: 10%;">Reg.</th> <th style="width: 10%;">Cont.</th> </tr> </thead> <tbody> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="9">Specialists</td> <td>Medicine</td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> </tr> <tr> <td>Surgeon</td> <td></td> <td></td> </tr> <tr> <td>Ophthalmologist</td> <td></td> <td></td> </tr> <tr> <td>Orthopedic</td> <td></td> <td></td> </tr> <tr> <td>Radiologist</td> <td></td> <td></td> </tr> <tr> <td>Pathologist</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	MO (MBBS)				Specialists	Medicine			ObGy			Pediatrician			Anesthetist			Surgeon			Ophthalmologist			Orthopedic			Radiologist			Pathologist			Others				Dentist				Staff Nurses/ GNMs				LTs				Pharmacist				Dental Technician/ Hygienist				Hospital/ Facility Manager				EmOC trained doctor				LSAS trained doctor				Others			
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12. IT Services	<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> 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) _____																																																																												

Indicator	Remarks/ Observation										
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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">1</td> <td style="width: 300px;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> </tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage <b>List the consumables for with there was shortage</b> In last 6 months how many times there was shortage _____										
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed										
<ul style="list-style-type: none"> <li>• In-house tests (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:										
<ul style="list-style-type: none"> <li>• Outsourced/ PPP (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:										
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No										
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP  Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____										
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all										
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage										
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No										

Indicator	Remarks/ Observation
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service (for 2020-21)</li> </ul>	<ul style="list-style-type: none"> <li>Previous year _____</li> <li>Current FY _____</li> </ul> <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment ( <b>List the Equipments</b> )	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>Comment on the condition of:</li> </ul>	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home)

Indicator	Remarks/ Observation
	<input type="checkbox"/> No user charges
31. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant
42. Number of sterilizations performed in last one month	
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
44. Who counsels on FP services?	
45. Please comment on utilization of other FP services	
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
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 <b>Total No of Adolescentscounseled in last 6 months</b> _____		
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:			<b>Screened</b>
	a. Hypertension		<b>Confirmed</b>
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months: _____		
52. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		

Indicator	Remarks/ Observation
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number)_____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>How many cases from CHC, PHC, SC, referred to in last month?</li> </ul>	Number: CHC PHC SC  Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases were referred out last month?</li> </ul>	Number:  Types of cases referred out:
3. Key challenges in the facility and the root causes	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare  
Government of India



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

#### I. Service Delivery:

<b>Name of facility visited</b>		
<b>Facility Type</b>		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC
<b>FRU</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Standalone/ Co-located</b>		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
<b>Accessible from nearest road head</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Date of Visit</b>		
<b>Next Referral Point</b>		Facility: Distance:
<b>Indicator</b>	<b>Remarks/ Observation</b>	
4. OPD Timing		
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
6. Condition of infrastructure/ building	Comments:	
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available	

	Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital																																	
7. Number of functional in-patient beds																																		
8. List of Services available																																		
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	<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&amp;G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>Newborn Stabilization Unit</td><td></td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	Newborn Stabilization Unit	
Sl.	Service	Y/N																																
1	Medicine																																	
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8	Imaging Services (X – ray)																																	
9	Imaging Services (USG)																																	
10	Newborn Stabilization Unit																																	
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available																																	
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General emergency: <b>or</b> 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)	<b>HR</b>		<b>San.</b>	<b>Reg.</b>	<b>Cont.</b>
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
	Dentist				
	SNs/ GNMs				
	LTs				
	Pharmacist				
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
LSAS trained doctor					
Others					
15. IT Services	<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____				
16. Kayakalp	Initiated: Facility score: Award received:				
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:				
18. LaQshya	Labour Room: Operation Theatre:				
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL_____  EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No  No. of drugs available on the day of visit (out of the EDL) _____				
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If other, which one_____				
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____ List the consumables for which there has been shortage_____				

23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> <li>In-house tests (for 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> <li>Outsourced/ PPP (for 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>	Labour room: OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay:

	Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
36. Number of Maternal Death reported in the facility	Previous year: <b>2019-20</b> ____ Current year: <b>2020-21</b> __
37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
40. Number of newborns immunized with birth dose at the facility in last 3 months	
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	

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

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

a)	
b)	
c)	
d)	
e)	

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

#### J. Service Delivery:

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

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

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

	<input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges		
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
29. Number of normal deliveries in last three month			
30. Availability of Daksh/Dakshita 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		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		

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

54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number_____
	<input type="checkbox"/> PHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>How many cases from sub centre were referred to this PHC last month?</li> </ul>	Number: Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the PHC were referred to the CHC last month?</li> </ul>	Number: Types of cases referred out:
<b>56. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	
<b>Only for U-PHC</b>	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <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: _____
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### Sub-Centre (SC) Level Checklist

#### K. 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"> <li>• Functional Tablet/ laptop with CHO: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Electronic Tablets with MPWs (ANM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>																								

Indicator	Remarks/ Observation										
	Quality/strength of internet connection: _____										
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL_____  EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No  No. of drugs available on the day of visit (out of the EDL) _____										
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No										
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px; text-align:center;">1</td><td style="width:300px;"></td></tr> <tr><td style="text-align:center;">2</td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td></tr> <tr><td style="text-align:center;">4</td><td></td></tr> <tr><td style="text-align:center;">5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px; text-align:center;">1</td><td style="width:300px;"></td></tr> <tr><td style="text-align:center;">2</td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px; text-align:center;">1</td><td style="width:300px;"></td></tr> <tr><td style="text-align:center;">2</td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No										
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____										
13. Availability of:	<ul style="list-style-type: none"> <li>• BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>• Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>										
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>• High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>										
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21										
16. Number of Child Death Review conducted	Previous year: Current year:										
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>• Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>										

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:		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual.  Number of individuals taking medication for HTN and DM during last six months from which source  Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop:  (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> <li>• Tele-consultation services</li> <li>• HWC App</li> </ul> Details:		
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:	<b>Indicators</b>	<b>2019-20</b>	<b>2020-21</b>
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		

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

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>How many cases from the Sub Centre were referred to PHC in last month?</li> </ul>	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

