

SEPTEMBER, 2022

A MONITORING AND EVALUATION
REPORT OF KEY COMPONENTS OF THE

NATIONAL HEALTH MISSION

PROGRAMME IMPLEMENTATION PLAN

AYODHYA DISTRICT
UTTAR PRADESH



जनसंख्या अनुसंधान केंद्र
(सोचने, समझने, सुखाना भवना)



सत्यमेव परमो धर्मः

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DELHI

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Prof. Suresh Sharma
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EXECUTIVE SUMMARY

Background:

The monitoring and evaluation of the key components of the National Health Mission Programme Implementation Plan (NHM-PIP) envisage periodic assessment of the health systems at the district level across the states and union territories of India. The assessment undertakes a detailed analysis of the secondary data to first understand the health systems framework and health outputs status, and then comprehends these patterns in light of implementation apparatus at the grassroots.

The present report brings forth findings from the monitoring and evaluation of the key components of the NHM PIP in the district of Ayodhya for the year 2021-22. The report highlights key observations made with respect to the district and sub-district level health needs, based on which the key stakeholders may be guided to prioritize each area with an approach best suited for the realization of the goals of the National Health Mission.

Key Findings and Recommendations:

Sufficiency of Resources vs Balance of Resources:

- Close to 100 percent of all sanctioned Obstetrics & Gynecology Specialists positions in the district are filled. While this could imply sufficient availability of O&G specialists, there are other metrics to consider.
- The district of Ayodhya – for the FY 2021-22 – reported an average availability of 3 Obstetrics & Gynecology Specialists for every 1,00,000 institutional deliveries in the district. Further, there are only 7 O&G specialists for every 1,000 C-sections deliveries in the district.

Shortfalls in Health Infrastructure Availability:

- In relation to the recommended health infrastructure availability against population norms, the district records shortfalls in the number of existing PHCs, CHCs, and SHCs.

Underutilization of NHM approved budgets:

- Per the Financial Management Records for the FY 2021-22, the district of Ayodhya utilized close to 55 percent of funds against allocated approvals.
- Patterns in underutilization are sustained across all linked pools and programmes.
- The district caters to a significant case-load of Hypertension, Diabetes, Cancer, and Heart Diseases noted among adults.
- The share of expenditure against total allocated budget for the NCD pool corresponding to the year 2021-22 amounts to merely 61 percent.

Child Health and Nutrition needs

- Statistics from the Health Management Information System and the Fifth Round of the National Family Health Survey identifies a high caseload of childhood anthropometric failures in the district.

Maternal Health Programme Implementation

- The district performs relatively well with respect to the ANC registrations and institutional deliveries, however, ranks second from the bottom in terms of Full-ANC coverage.
- Availability of vendors for Diet provisions under the JSSK has been a shared concern among Urban Health Centres, thereby impeding the dietary provision for new mothers.
- The district caters to a number of migrants accessing healthcare services. The challenges of tracking and follow-up become most pertinent in this case.

Staffing shortages for Physicians

- There is a serious staffing shortage for Physicians in the district which results in a worrying private-facility preference, or inordinate case-load at public facilities.
- Further, the district also notes shortages in the total workforce for radiologists, resulting in hampered medical imaging services.

Facility-based quality accreditations

- The district-level quality coordinator team is earnestly devoted to the implementation of national programmes addressing improved quality care, like Kayakalp, LaQshya, and NQAS.
- There is a need to align the efforts of facility-level healthcare staff and orient them to the significance of these programmatic implementations.
- The district observes routine training and supervision of facility level staff for initiating and sustaining activities under quality healthcare programmes.

Recommendations:

1. Concurrent Review and revision of Sanctioned HR positions against the prevailing case-load must be adopted for a balanced healthcare delivery system.
2. Adequate utilization of approved budgets under NHM is crucial for effective expedition of healthcare programmes.
3. Fostering a targeted approach and streamlining course-of-coordination is essential to improve contraception rates.
4. Sustained efforts are required to improve Full-ANC coverage across the district.
5. Strengthen capacities in NHM budgeting, indenting, data entry on online portals, of the healthcare staff at the facility level.
6. Strengthening operationalization of the Nutrition Rehabilitation Centre (NRC), District Early Intervention Centre (DEIC), and Comprehensive Lactation Management Centre (CLMC) in the district to cater to Child health and nutrition needs
7. Addressing accessibility constraints beyond NCD screening, to cover NCD management and post-care therapies in cases of cancer, stroke, etc.

The district has in place a dedicated health workforce, and the health systems must leverage that by minimizing operational barriers, for overall improved health outcomes.

KEY HIGHLIGHTS

District Ayodhya, Uttar Pradesh

Prepared by:
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Maternal Mortality (Maternal deaths per 1,00,000 live births HMIS, 2021-22)	Neonatal Mortality (Neonatal deaths per 1,000 live births HMIS, 2021-22)	Stillbirth Rate (% of Stillbirths per 1,000 births HMIS, 2021-22)	Treatment seeking preference: Public facilities (% HHs where members usually avail treatment at a public health facility NFHS-5, 2019)	Reasons for not availing treatment in a public facility (% of HHs by reasons of preferential bias against treatment-seeking at public facility NFHS-5, 2019)
700	6	20	29	

HEALTH INFRASTRUCTURE (No. of health agencies rendering public health services HMIS)	HEALTH FINANCING (Expenditure under NHM budget District FMR Transcripts, FY 2021-22)	HEALTH PERFORMANCE (Key performance Indicators under select healthcare themes HMIS 2021-22)	HEALTH EQUITY (Measures of equity in accessibility and coverage of select NHM KPIs NFHS-5, 2019)
Tertiary Care Tier <i>District Hospitals: 11</i>	FY2021-22 Total Allocations: Rs. 244,98,75,890	Institutional deliveries to total institutional deliveries: 99% Rank:9/75	Institutional delivery in a public facility by wealth index: Poorest: 18% Richest: 22%
Secondary Care Tier Community Health Centres: 19 Recommended: 1 per 1,20,000 population Available: 0.5 per 1,20,000 population	Total Expenditure: Rs. 135,75,17,396	Pregnant women received 4+ ANC to total ANC registrations: 55% Rank:74/75	Institutional delivery in a public facility by mother's education: No schooling: 12% Secondary education: 20%
Primary Care Tier Primary Health Centres: 79 Recommended: 1 per 30,000 population Available: 0.5 per 30,000 population	% Utilization: Pool: CD Pool: NCD	Hep-B Coverage to total live births 83.7% Rank: 13/75	
Sub-Health Centres:303 Recommended: 1 per 5,000 population Available: 0.9 per 5,000 population	Pool: NRHM-RCH Pool: NUHM 	Newborns received 7 HBNC visits to total home deliveries: 100% Rank: 12/75	

Veerangana Awantibai Hospital Non-availability for BSU, CLMC	CHC BKT Infrastructure upgradation required	CHC Silver Jubilee Staffing shortages Inadequate trainings	PHC Kumrahwahan Serious staffing shortages	PHC Sewa Sadan Delayed disbursement of funds
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ABOUT THE REPORT

A successful planning and implementation of a given plan of action must always necessarily stipulate for a sound monitoring and evaluation mechanism. M&E plays a key role in ensuring the sustainability of a programme/plan in the long run, and also helps with course-correction – if and wherever required – in the short term.

The Government of India's flagship health programme – National Health Mission – is going to approach its two decade mark in 2025. The programme has undergone several structural shifts to envisage “Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health”.

The programme is publicly funded by the union and state governments. Every year, the states are accorded a certain budget under the NHM to regulate activities or programmes across six financing components: (i) NRHM-RCH Flexipool, (ii) NUHM Flexipool, (iii) Flexible pool for Communicable disease, (iv) Flexible pool for Non-communicable disease including Injury and Trauma, (v) Infrastructure Maintenance and (vi) Family Welfare Central Sector component.

In this regard, the states prepare a programme implementation plan (PIP) which essentially serves as a guiding document for NHM proceedings at the state-level. It is a comprehensive, aggregate document of state's strategies, budgets and targets under the ambit of NHM, which goes through a formal process of appraisal each year by the Ministry of Health and Family Welfare (MoHFW).

The MoHFW annually assigns its pan-India network of Population Research Centres with the Monitoring and Evaluation component of the NHM-PIP at the district level. A trained team of PRC officials approaches this M&E exercise in two parts: (i) the teams first conduct a desk-review of health systems framework specific to each assigned state or district and works out the contemporary trends in health outcomes vis-à-vis health inputs; (ii) to corroborate the secondary findings, the teams conduct methodical visits to the health facilities in each of the assigned districts. In its final stage, a systematic report is structured to combine these findings, and assist the district-level functionaries, state governments and the Ministry of Health and Family Welfare for further strengthening the programme implementation pathways.

The present NHM-PIP monitoring report concerns the district of Ayodhya, Uttar Pradesh. The report provides a review of key population, socio-economic, health and service delivery indicators of the Ayodhya District. The report also deals with health infrastructure and human resource availability within the district. In its later sections, the report summarizes observations from the team's visit to the health facilities in the district.

The report is based on data collected from health facility visits, as well secondary data collected from the CDMO office, along with information collected from HMIS Web Portal, and the National Family Health Survey for Ayodhya district. Structured checklists were used for data collection from the NHM nodal officers, and health facilities. The entire assessment is based on observations made and information collected during:

- a) A round table meeting with the CMO, NHM Nodal officers and administrative/managerial staff
- b) Visits to health facilities
- c) Beneficiary interactions
- d) Desk review of state PIPs and district FMR records
- e) Evaluation of HMIS data trends
- f) Evaluation of NFHS-5 data

The findings of this report are aimed to assist key stakeholders in ascertaining whether the health system in its current form has the ability to address the health needs and aspirations of its people.

CHAPTER -1:

DISTRICT AYODHYA - A SOCIO-DEMOGRAPHIC & HEALTH PROFILE

1.1. Socio-Demographic Context

GEOGRAPHY: Ayodhya, the capital of Uttar Pradesh is state headquarter of Uttar Pradesh Government. The district is administratively divided into 04 tahsils namely Malihabad, Ayodhya, Bakshi Ka Talab and Mohanlalganj. For implementation and monitoring of development scheme the district is divided into 08 development blocks namely Mal, Malihabad, Bakshi-Ka-Talab, Chinhat, Kakori, Sarojaninagar, Gosainganj and Mohanlalganj. Total area of the district is 2528.0 Sq. Km. The rural area covers 2057.3 Sq. Km. and urban recorded 470.7 Sq. There are 498 Gram Panchayats and 807 Revenue villages with 803 inhabited villages and 04 uninhabited villages in the district. In urban area there are 10 statutory Towns and 02 Census Towns. Statutory Towns comprises of 01 Nagar Nigam (Municipal Corporation), 08 Nagar Panchayats and 01 cantonment Board (Census of India, 2011).

POPULATION OVERVIEW: Housing close to 2.3 percent of Uttar Pradesh's total population, the district of Ayodhya ranks 5th at the state level with respect to its population size. The district is predominantly urban with about 66 percent of its population residing in urban areas. It is thereby befitting, that the rural-urban differences noted with respect to the population sex ratio, population literacy, and female literacy reflect an 'urban' advantage (Census of India, 2011).

The National Family Health Survey, 2019-21 suggests that 80 percent of the district's total population lives in households with an improved sanitation facility (Table 1).

- District Ayodhya ranks 5th in terms of population in the state.
- The percentage share of urban population in the district is 66.2 as against 22.3 of the population in urban areas of the state.
- Ayodhya district has population density of 1,816 persons per sq.km. which is much more than the state average of 829 persons per sq. km.
- Ayodhya district ranks 24th in terms of sex ratio (917) which is higher than the state average (912) females per thousand male. Sex Ratio in urban Ayodhya (923) fares significantly better than the state's urban average (894). For rural areas in the district, the sex ratio is markedly low at 906 females per thousand males.
- Ayodhya district ranks 6th in literacy with 77.3 percent which is higher than the state average 67.7 percent. However, the rural-urban differential with respect to the population as well as the female literacy is quite stark.
- There are only 4 uninhabited villages out of total 807 villages in the district.
- Decadal growth rate of the district 25.8 is higher to the state average of 20.2 percent.
- There are 806,703 households in the district accounting for 2.6 per cent of the total households in the state.
- The average size of household in the district is 5.3 persons.



Table 1: Key Demographic Indicators: Ayodhya

Indicators	Uttar Pradesh	Ayodhya	
		Rural	Urban
<i>Source: Census of India, 2011</i>			
1. Total population	199812341	1550842	3038996
2. Total population – Females (%)	47.7	47.5	48.0
3. Total population – aged 0-6 (%)	15.4	14.4	10.6
4. Total population – Scheduled Castes (%)	20.7	38.5	11.6
5. Total population – Scheduled Tribes (%)	0.6	0.1	0.2
6. Total population – Literate (%)	67.7	67.8	81.9
7. Total population – Literate Females (%)	27.3	71.4	89.5
8. Total worker population	6,58,14,715	522160	1020646
9. Total worker population – Females (%)	24.3	22.2	19.6
<i>Source: National Family Health Survey</i>			
	Uttar Pradesh	Ayodhya	
		Round-4	Round-5
10. Sex ratio of the total population	961	919	950
11. Population living in households with electricity (%)	97.6	93.8	96.8
12. Population living in households that use an improved sanitation facility ¹ (%)	80.9	66.2	80.4
13. Women age 20-24 years married < age 18 years (%)	9.6	9.6	9.9
14. Births of birth-order 3 or more ² (%)	35.6	25.9	29.5

1. Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twinpit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

2. For births during the 3 years preceding the survey

1.2. District Health Status

Enabled with a robust health and medical infrastructure setup, the district of Ayodhya bears many notable patterns with respect to health outputs and outcomes. The Fifth round of the National Family Health Survey (NFHS-5) brings to light key statistics concerning the national and sub-national health indicators. The percentage of women in the reproductive age-group using any contraceptive method (56.5), and any modern method of contraception in Ayodhya (40.2) is lower than the state average of contraception users (62.4) and users of modern contraception (44.5). Pursuant to the same, the total unmet need for family planning in Ayodhya (15.7) is higher than that noted for the state (12.9). Further, in relation to the state's performance, the district records a comparatively higher share of anemic women (55.8), women and men with higher blood sugar levels (14.7 & 16.5), and women and men with hypertension (21.2 & 22.8).

The share of mothers who had at least 4 ANC check-ups during pregnancy is tellingly low in Ayodhya. While it fares well against the state's average of 42.4 percent, it is concerning to note that only half of all registered pregnancies complete a full-ANC cycle in Ayodhya. Ayodhya's much-acknowledged network of private healthcare provisioning is reflected in the finding that only 47 percent of all institutional deliveries in India take place in a public facility.

Table 2: Status of select health indicators, Ayodhya

Key Indicators	Uttar Pradesh	Ayodhya
Reproductive health		
% women using:		
a) Any contraceptive method	62.4	56.5
b) Any modern method	44.5	40.2
c) Female Sterilization	16.9	16.4
Total Unmet Need for Family Planning (%)	12.9	15.7
Maternity and Delivery care		
% mothers who:		
a) had antenatal check-up in the first trimester	62.5	74.8
b) had at least 4 antenatal care visits	42.4	53.1
Institutional births (%)	83.4	91.3
Institutional births in public facility (%)	43.1	47.2
Child Health		
Children age 12-23 months fully immunized (%)	76.6	84.5
Children age 12-23 months who received most of the vaccinations in public health facility (%)	89.7	94.1
Children under 5 years who are stunted (%)	33.0	32.1
Children under 5 years who are underweight (%)	28.2	25.5
Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	65.3	52.9
Adult Health		
% women aged 15-49 years:		
a) who are anaemic	50.1	55.8
b) have high blood sugar levels	11.3	14.7
c) have hypertension	20.9	21.2
% men aged 15-49 years:		
a) have high blood sugar levels	13.2	16.5
b) have hypertension	24.8	22.8

Source: National Family Health Survey, Round 5

1.3. Health Systems Overview

The public health provisioning in India is a state as well as a Central subject, with clearly defined areas of governance and operations of health systems. By extension, in Uttar Pradesh, and in Ayodhya, implementation of National programmes in areas of health and family welfare corresponds with the matters of Union Government and other areas of public health fall under the purview of state governments.

The public healthcare infrastructure is a three-tier system based on population norms. Sub-centres/Health and Wellness centres are regarded as the first point of contact in this system. These are most peripheral and staffed by at least one Auxiliary Nurse Midwife (ANM)/Community Health Officer (CHO). Following this are Primary Healthcare Centres (PHCs) envisaged to provide integrated preventive and promotive healthcare services. SCs and PHCs constitute the Primary Healthcare tier. Serving as a referral point for PHCs in the block are Community Health Centres (CHCs) provisioned with facilities for specialists Consultations and Obstetric care. CHCs and Sub-District Hospitals combine as Secondary Healthcare tier. At the tertiary healthcare tier are District Hospitals and Medical Colleges equipped with round-the-clock provisions for specialised care and interventions.

At the district level, a Chief Medical Officer (CMO) governs the implementation of public healthcare programmes/policies/guidelines/norms. Dr. Manoj Aggarwal is currently appointed as the CMO in Ayodhya district.

CMO Office Meeting, Ayodhya



CHAPTER -2:

THE FINANCING OF PUBLIC HEALTH

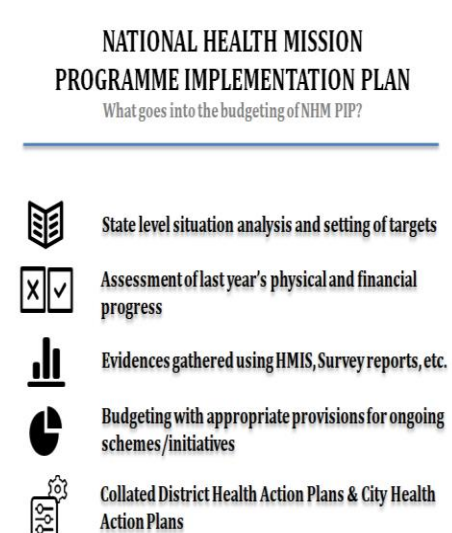
2.1. Public Health Financing in Ayodhya: An Overview

Public health financing is a core pillar of population health financing for any given country. In India, while state and central governments are major players of financing the public health services; individuals rely on funding their health needs through various private and/or public sources. An approach towards the universal coverage of health must include advocacy for adequate, stable, and sustainable investments in state NHM budgets.

% HHs with at least one member covered by a health scheme or insurance:	% women aged 15-49 covered with health insurance:	Average OOPE per delivery in a public health facility (Rs.):
Uttar Pradesh: 15.9%	Uttar Pradesh: 8.4%	Uttar Pradesh: 2,300
Ayodhya: 15.8%	Ayodhya: 9.8%	Ayodhya: 3,489

Source: National Family Health Survey, 2019-21

Health Insurance coverage and Out-of-pocket Expenditure are two marked indicators for reviewing population health financing strategies. Recent estimates of National Family Health Survey, 2019-21 reveal that the district records a 15.8 percent household-level health insurance coverage rate, which is quite close to the state average (15.9 percent). The Survey also collect information on Out-of-pocket-Expenditure incurred per delivery in a public health facility. While various programmes under the National Health Mission ensure no-cost delivery in a public facility, following up on this indicator reveals definite implementation lags. In Ayodhya, the average OOPE per delivery in a public health facility is Rs. 3,489/-, which exceeds the state-level average of Rs. 2300/-.



Source: Author's Illustrations

The above findings are indicative of the significance of Government spending on public healthcare. Public health financing is summarized in two crucial documents. A Programme Implementation Plan (PIP) is proposed by each state conveying the plan, priorities and proposed strategies and activities to address the challenges in public health for the corresponding financial year. Based on the plan and the budget proposed, the appraisals are carried out which culminate in National Program Co ordination Committee (NPCC) meetings and approvals are accorded through the Record of Proceedings (RoP). The RoP serves as a reference document for implementation of key programmes and procedures.

2.2. District Health Action Plan

District Health Action Plan, as approved for the district of Ayodhya for the Financial Year 2021-22 reveals sanction of total budgets under the National Health Mission to the tune of Rs. 2,44,98,75,890/-. During the said year – as per the budget sheets submitted by the DPMU, Ayodhya – only fifty-five percent of total approved budget could be utilized. This underutilization can be persistently noted for linked pools and programmes, as tabulated in Table 3.

The share of expenditure incurred to total allocations for the Communicable Diseases pool is at about 25 percent. Under this pool, the lowest share of budget utilization (2.9%) can be noted against the National Leprosy Elimination Programme (NLEP).

As for the Non-Communicable Diseases pool, close to 61 percent of the total approved budget was utilized. Budget under-utilization was highest with respect to the National Programme for Prevention and Control of Deafness (NPPCD). Budget Utilization was relatively high under this pool for the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS), National Programme for Health Care of the Elderly (NPHCE), and the National Tobacco Control Programme (NTCP).

NRHM-RCH, and NUHM pools noted an overall budget utilization of 55 and 73 percent, respectively.

Table 3: NHM Budget Allocation vs Expenditure, Ayodhya, 2022

ALLOCATION (A)		EXPENDITURE (B)		% expenditure to allocated
Pool/Division	Amount (Rs.)	Pool/Division	Amount (Rs.)	
CD	200949537	CD	49816730	24.8%
IDSP	4459872	IDSP	132514	2.9%
NLEP	3883884	NLEP	220665	5.7%
NVBDCP	25946390	NVBDCP	5555065	21.4%
NVHCP	2108200	NVHCP	68600	3.3%
RNTCP	163910618	NTEP	43839886	26.8%
PPCL	10000	PPCL	-	-
NRCP	630573	NRCP	-	-
NCD	19402361	NCD	11912696	61.4%
NMHP	960000	NMHP	483030	50.3%
NPCDCS	4250000	NPCDCS	8397312	197.5%
NPHCE	390000	NPHCE	563230	144.4%
NPPCD	890950	NPPCD	16074	1.8%
NTCP	2658660	NTCP	2453050	92.7%
NIDDCP	13000	NIDDCP	-	-
NPCCHH	265000	NPCCHH	-	-
NRHM-RCH	1921524011	NRHM-RCH	1059740009	55.1%
HSS	1522088985	HSS	964639452	63.3%
RCH	357210139	RCH	79922309	22.4%
RI	52199638	RI	15178248	29.8%
NUHM	307999981	NUHM	224584804	72.9%
		ECRP - II	11446798	-
Grand Total	2449875890	Grand Total	1357517396	55.4%

Source: DHAP Ayodhya, 2021-22 & DPMU Office, Ayodhya

CHAPTER -3:

PHYSICAL AND HUMAN RESOURCES

3.1. Physical Resources

The public healthcare infrastructure under the National Health Mission is a tier-ed setup comprising of Sub-Health Centres (SHC) and Primary Health Centres (PHC) as the Primary Healthcare tier, Community Health Centres (CHC) and First Referral Units (FRU) as the Secondary Healthcare tier, and District Hospital (DH) and Medical Colleges as the Tertiary Healthcare tier.

In Ayodhya, there are a total of 11 District Hospitals, of which 10 are located in 'Sadar' Block. Of the 19 CHCs in the district, there are 8 urban CHCs and 11 rural CHCs. There are 79 PHCs in Ayodhya, distributed across the Blocks Bakshi ki Talab (5), Malihabad (5), Mohanlalganj (8), and Sadar (61). Sadar block stations 52 Urban PHCs. Further, the district has a total of 303 Sub-Health Centres.

Overall, 412 public health facilities can be noted to be functional in the district of Ayodhya across primary, secondary, and tertiary healthcare levels (Table 4).

Table 4: Health Infrastructure Status, Ayodhya, 2022

Sub-Districts	DH	CHC	PHC	SHC	Grand Total
Bakshi Ka Talab	1	3	5	48	57
<i>Rural</i>		3	5	48	56
<i>Urban</i>	1				1
Malihabad		2	5	78	85
<i>Rural</i>		2	5	78	85
Mohanlalganj		3	8	86	97
<i>Rural</i>		3	8	86	97
Sadar	10	11	61	90	172
<i>Rural</i>		3	9	90	102
<i>Urban</i>	10	8	52		70
Sarojani Nagar				1	1
<i>Rural</i>				1	1
Grand Total	11	19	79	303	412

Source: Health Management Information System, Ayodhya, 2021-22

Figure 1: Availability of Public Health Facilities against recommended population norms, Ayodhya, 2021-22



The health infrastructure availability in India, under the ambit of National Health Mission is defined based on population norms. Figure 2 illustrates the available public healthcare facilities in Ayodhya against the recommended threshold. It can be seen that the district clearly lags in terms of CHC and PHC availability, in accordance with the defined norms. There is also a certain shortfall noted with respect to Sub-Health Centres availability in the district.

The healthcare infrastructure in Ayodhya is augmented by various health units as tabulated below. The district presents with a scope of adding to the number of its functional BSUs for integrated service delivery.

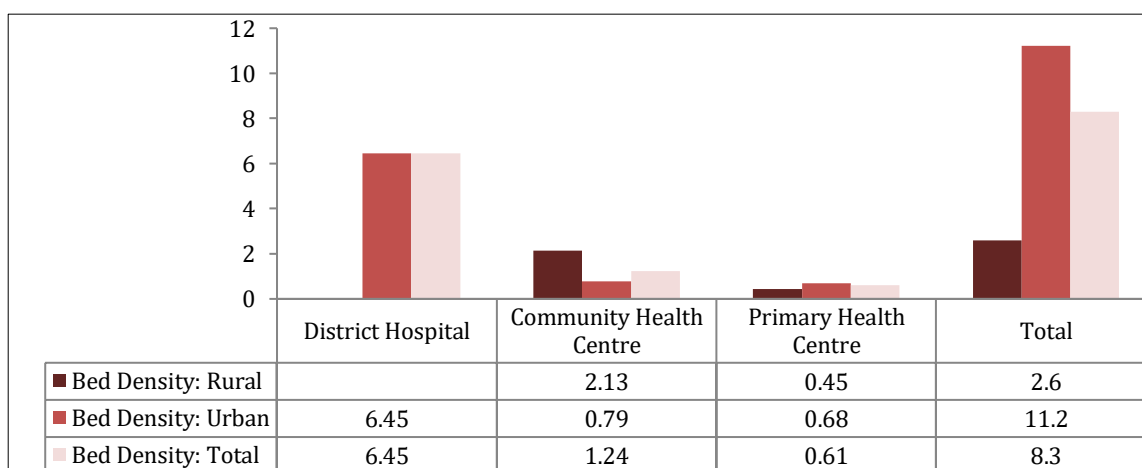
Table 5: Health Infrastructure Details, Ayodhya, 2022

Units	Sanctioned/planned	Functional
1. Special Newborn Care Units (SNCU)	5	5
2. Nutritional Rehabilitation Centres (NRC)	1	1
3. District Early intervention Center (DEIC)	1	1
4. First Referral Units (FRU)	24	24
5. Blood Bank	5	5
6. Blood Storage Unit (BSU)	18	12
7. No. of PHC converted to HWC	26	26
8. No. of U-PHC converted to HWC	52	52
9. Number of Sub Centre converted to HWC	228	200
10. Designated Microscopy Center (DMC)	54	46
11. Tuberculosis Units (TUs)	28	28
12. CBNAAT/TruNat Sites	17	17
13. Drug Resistant TB Centres	2	2

Following up on sufficiency of resources, Figure 3 illustrates public hospital bed density (public hospital beds per 10,000 population) in Luckow, as on March 2022, bifurcated by health facility type, and rural-urban status.

Overall, the bed density in Ayodhya accounts to 8 public hospital beds per 10000 population in the district. The corresponding figure for Urban and Rural areas in the district stands at 11 and 2 public health facility beds per 10000 population, respectively. The bed density with respect to urban PHCs and CHCs is relatively low, recording not even 1 bed per 10,000 rural /urban population.

Figure 2: Public hospital beds per 10,000 population, Ayodhya, March 2022



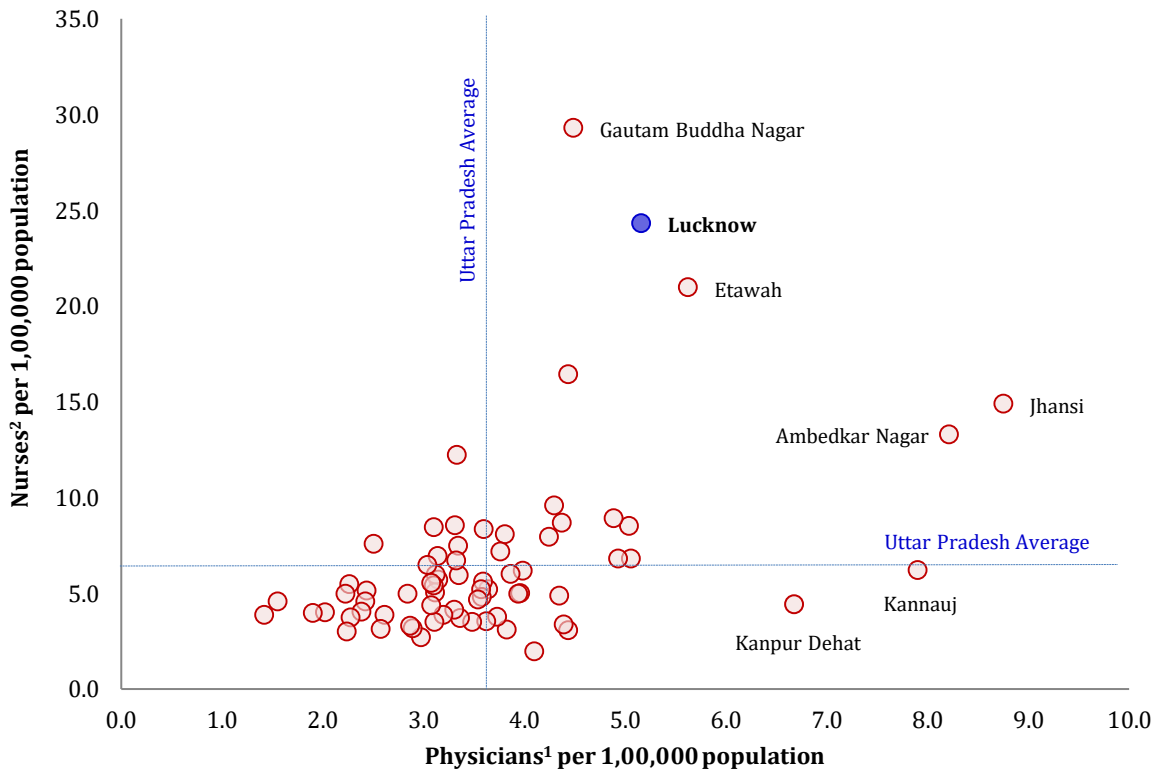
3.2. Human Resources

The Human Resource availability is invariably tied to health system performance efficiency. The district of Ayodhya reports HR shortages at various levels. One of the crucial and comparable parameters in the discussion of Human Resource availability is that of the availability of Physicians and Nurses at the district level, given the persistent shortfalls noted with regards to these two positions.

Figure 4 illustrates the district-level density of physicians and nurses in Uttar Pradesh as on March, 2022. Physician density in Uttar Pradesh ranges between 1.4 (Moradabad) to 8.8 (Jhansi) physicians per 1,00,000 population. Nurses density in the state ranges between 29.2 (Gautam Budd Nagar) to 1.9 (Siddharth Nagar) nurses per 1,00,000 population.

In this scenario, Ayodhya records 5 physicians and 24 Nurses per 1,00,000 population in the district. The district thus ranks 3rd in terms of physicians per 1,00,000 population, and ranks 2nd in terms of practicing nurses per 1,00,000 population. The district's doctor-nurse density fares higher than the state average.

Figure 3: Staff Nurses and Physicians per 1,00,00 population, Ayodhya, 2022



1: Includes Physicians, General Duty Medical Officers (MBBS)
2: Includes staff Nurses across all tiers

A study of table 5 reveals the status of filled positions across the Specialists cadre in Ayodhya. The table thereby gives an overview of vacant positions as well. Whereas, only 23 percent of the sanctioned/approved positions of Physicians have been filled in the district, there are no vacant positions noted for Dental Surgeons, Dermatologists, ENT Surgeons, Microbiologists, and Ophthalmologists. The district records an overall 82 percent of positions filled against the sanctioned posts of select specialists included in Table 5. The maximum percentage of vacancy lies with respect to the sanctioned posts of Eye Surgeons(50 percent), General Surgeons(60 percent), and Physicians (77 percent).

Table 6: Practicing Specialists in Ayodhya, 2022

Position	% In-Position
Anesthetist (Regular / trained)	54%
Block Health Office	90%
Casualty Doctors / General Duty Doctors(Medical Officer)	83%
Chief Medical Superintendent/ Hospital Superintendent	70%
Dental Surgeon	192%
Dermatologist / Venereologist	100%
ENT Surgeon	100%
Eye Surgeon	50%
General Surgeon	40%
Medical Specialist	95%
Microbiologist	100%
Obstetrician/Gynacologist(O&G specialist)	98%
Ophthalmologist	100%
Orthopedician	75%
Paediatrician	89%
Pathologist and Blood Bank In-charge	70%
Physician	23%
Radiologist	70%
Surgery Specialists	93%
Grand Total	82%

Total: Obstetrician/Gynacologist(O&G specialist)

80

Total: Institutional Deliveries

24,23,259

Total: C-Section Deliveries

1,13,961

O&G Specialists per 1,00,000 Institutional Deliveries

3.30

O&G Specialists per 1,000 C-section Deliveries

7.01

A true metric of HR sufficiency is incomplete without taking into consideration the service delivery load. In this light, we review the number of deliveries per positioned O&G specialist in the district. It can be seen that corresponding to the FY2021-22, for every 1,00,000 Institutional Deliveries in Ayodhya, there were 3 O&G specialists only. Further, for every 1,000 C-Section Deliveries there are only 7 O&G specialists available in the district.

CHAPTER -4:

A REVIEW OF PROGRAMMES UNDER THE NATIONAL HEALTH MISSION

4.1. Inter-District Assessment: Key Indicators

As assessment of healthcare programme outputs for the district of Ayodhya, FY 2021-22 has been carried out in Table 6. For select healthcare programmes, select Monitorable targets have been identified, and corresponding measurements for state and districts have been included in the said table. A further calculation of how the district of Ayodhya ranks with respect to each included indicator against the 75 districts of Uttar Pradesh has also been done. For a positive indicator, a lower rank means better relative performance. For a negative indicator; higher rank signifies better the relative performance.

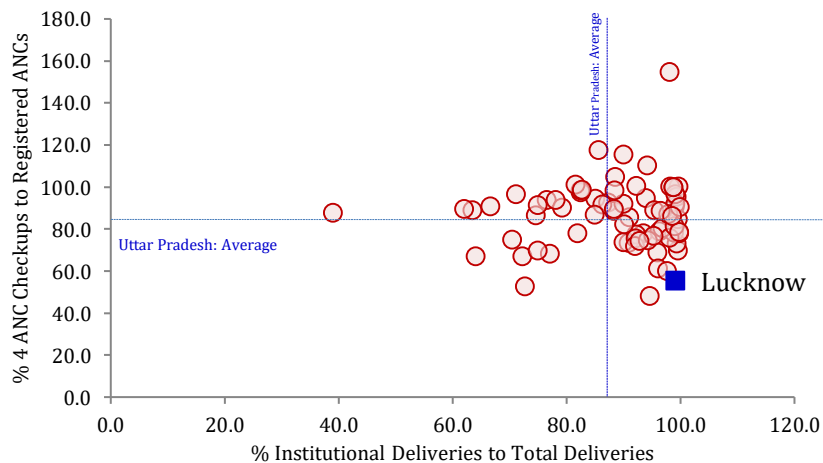
Reproductive, Maternal, Neonatal, Child and Adolescent Health Programmes:

The district of Ayodhya records an Institutional Delivery rate of 99 percent, which is higher than the state's Institutional delivery rate (88 percent). However, the district significantly lags in performance with respect to full-ANC checkups, with only 55 percent of registered pregnancies having had 4 or more ANC check-ups. The corresponding average for state is at 85 percent. Post-partum IUCD insertion has been noted for 36 in every 100 deliveries.

The district records 84 percent of Hepatitis-B birth dose coverage to total deliveries. The dropout rate from Pentavalent 1 to Pentavalent 3 immunisation dose was noted to be 7 percent (state average: 6 percent). District's performance with respect to Home Based Newborn Care visits in instances of Institutional Deliveries is comparatively low, with 59 percent of newborns having received at least 6HBNC visits in Ayodhya, against 93 percent of newborns at the state-level.

Inter-district comparison: The district ranks at 9th position at the state-level in terms of institutional delivery rate, and is positioned among the lowest at rank 74 with respect to 4 ANC visits. At the state-level, district of Ayodhya records the second-lowest dropout rate between the 1st and the 2nd dose of MR/MCV. Further, the district is 12th highest with respect to its Home based New born care performance in instances of Home Deliveries.

Figure 4: Institutional Deliveries and Full ANC checkups, Uttar Pradesh, 2021-2022



National Nutritional Programmes

Breastfeeding among newborns within one hour of birth is reported in 92 percent of cases, while at the state level, the corresponding rate stands at 95 percent. Nutrition Rehabilitation Centre (NRC) in the district has reported a 54 percent successful discharge rate to total admissions.

Inter-district comparison: The district ranks 14th from the bottom with respect to newborns breastfeeding within one hour of delivery.

Communicable Diseases

Of the total ongoing DOTS cases in Uttar Pradesh, the district of Ayodhya accounts for 2 percent of this caseload. In terms of HIV positivity, the district records a higher than state average with respect to HIV positivity among Males (1.6 percent vs 0.9 percent), and HIV positivity among ANC cases (0.3 percent vs 0.1 percent).

Similarly, Malaria positivity to total samples screened in the district is higher than the state average (1.0 percent vs 0.7 percent).

Inter-district comparison: The district ranks 4th and 9th highest in the state in terms of Male HIV positivity and HIV positive ANC cases.

Non-Communicable Diseases

Of the total case-specific OPD recorded in Uttar Pradesh, district of Ayodhya accounts for 1.5 percent of the total Cancer OPDs, 5.7 percent of the total Diabetes OPDs, and a whopping 21 percent of the total Acute Heart Diseases OPD. This means, 1 in every 5 Heart Diseases OPD consultation in Uttar Pradesh, takes place in Ayodhya.

Inter-district comparison: The district ranks 1st, 2nd, and 7th with respect to its OPD share in state's total OPD cases for Acute Heart Diseases, Diabetes, and Cancer, respectively.

Figure 5: District-specific share in state's total OPD case load for 'Acute Heart Diseases'

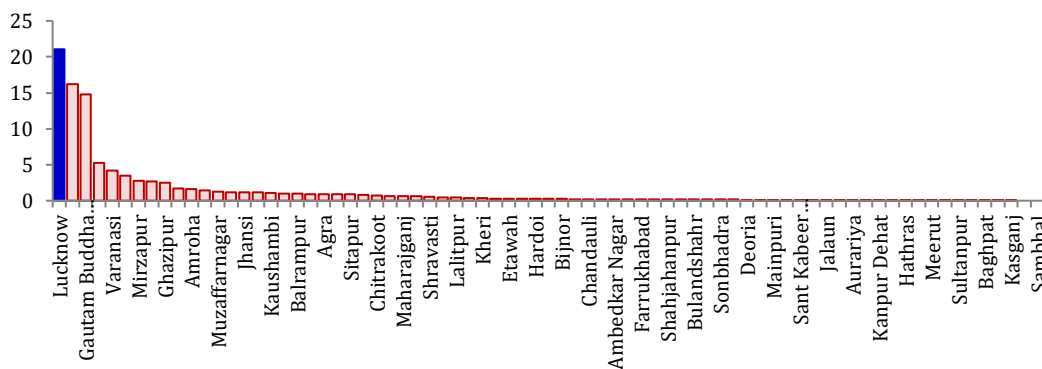


Table 7: Select Key performance Indicators under NHM: Inter-district comparison, Uttar Pradesh, 2021-22

Programmes	Monitorable Targets (%)	Uttar Pradesh	Ayodhya	District Rank
REPRODUCTIVE, MATERNAL, NEONATAL, CHILD AND ADOLESCENT HEALTH				
Janani Shishu Yojana (JSY)	Institutional Delivery to Total Deliveries	88	99	9
	4 ANC Checkups to Total ANC Registered	85	55	74
Rashtriya Bal SwasthyaKaryakram (RBSK)	Children identified with Deficiency/Development Delay/Disease to total children screened	7	2	61
	Surgically Managed 3Ds to total 3Ds identified	1	1	16
	Medically Managed 3Ds to 3Ds identified	59	32	52
Universal Immunization Programme	Hep-B Coverage to total live births	67.0	83.7	13
	Dropout: PVT1 to PVT3	6.1	7.1	32
	Dropout: MR1 to MR2	12.6	4.2	74
Home Based New Born Care	Newborns received at least 7 HBNC visits to total Home deliveries	113	303	12
	Newborns received at least 6 HBNC visits to total Institutional deliveries	93	59	73
National Programme for Family planning	Female sterilizations to total sterilizations	99	97	70
	PPIUCD insertions to Total Institutional Deliveries	30	36	22
NATIONAL NUTRITIONAL PROGRAMMES				
MAA Programme for IYCF	Newborns breastfed within one hour of birth to total live births	95	92	61
Nutritional Rehabilitation Centre (NRC)	Children with target weight gain discharged from NRC to total NRC admissions	66	54	48
COMMUNICABLE DISEASES				
Revised National Tuberculosis Control Programme (RNTCP)	% share of ongoing DOTS cases in the district to state's total		2	14
National Vector Borne Disease Control Programme	Malaria test positivity to total malaria tests (BS+RDT)	0.70	1.0	22
National AIDS Control Programme (NACP)	Males tested HIV positive to total no. of males tested for HIV	0.9	1.6	9
	Females tested HIV positive to total no. of females tested for HIV: ANC	0.1	0.3	4
	Females tested HIV positive to total no. of females tested for HIV: Non-ANC	0.6	0.1	68
National Viral Hepatitis Control Program	% share of inpatient Hepatistis admissions in the district to state's total		1.3	16
NON-COMMUNICABLE DISEASES				
National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)	% share of total OPD cases in the district to state's total: Cancer		1.5	7
	% share of total OPD cases in the district to state's total: Diabetes		5.7	2
	% share of total OPD cases in the district to state's total: Stroke		0.4	26
	% share of total OPD cases in the district to states's total: Acute Heart Diseases		21.1	1
National Mental Health Programme	% OPD:Mental Illness to total OPD		0.4	24
National Oral Health programme	% Outpatient dental to total outpatient		1.6	44
HEALTH SYSTEM STRENGTHENING PROGRAMS				
Ayushman Bharat Yojana	Number of PMJAY empanelled hospitals	3292	245	

CHAPTER - 5:

FIELD VISIT OBSERVATIONS

5.1. District Hospital

The District Women Hospital, Lucknow is a 326 bedded women-district hospital providing a full range of Pediatric, Obstetrics and Gynecologic services (with the exception of Gynaec Oncology), located in Janpad, Ayodhya. Across the Specialists cadre, the Human Resources available with the Hospital includes 11 Pediatricians, 8 Anesthesiologists, 1 O&G Specialist, 6 Pathologists, and 4 Radiologists. The hospital also runs an Adolescent Friendly Health Clinic, and has an ARSH counselor in place.

The facility is quality certified under Kayakalp, NQAS, and LaQshya programme.

Overall, the following key challenges are pertinent to the District Hospital's functioning:

1. *No Blood Storage Unit*: The hospital caters to a significant number of high-risk pregnancies, often requiring blood transfusion. Given that the hospital has no BSU in place, management of such cases renders difficulty, induces referrals and higher case-load at Medical Hospitals which are already congested with HRP case management.
2. *Non-availability of Mortuary*: The Hospitals' operational scale requires a functional in-house mortuary for required examinations.
3. *Comprehensive Lactation Management Centre*: The hospital houses an efficient SNCU along with a skilled and specialized Paediatric team. Lactation consultation and availability of Donor Human Milk is crucial to a more sustained, and holistic newborn care approach at the hospital. An addition of a CLMC is crucial for a facility of this scale.

To its strengths, the hospital has exemplary leadership, an efficient IT-enabled patient management system, and works in complete integration with quality service care provisioning. The Quality Manger at the hospital routinely runs all due trainings and demonstrations with the hospital staff. The facility records next to zero backlogs in terms of JSY beneficiary payments.



5.2. Community Health Centres



The Community Health Centre, BKT, Ayodhya is a 30 bedded facility offering a range of services which include: IPD, OPD, Emergency, Delivery, ANC, PNC, Immunisation, Dental and Laboratory. The overall challenges for the facility are specific to its infrastructure. The foremost being, that the PNC ward and the Labour Room are located on different floors, rendering extreme difficulties with the flow of required work, for both, the patients as well as the staff members. The facility

is strengthened in terms of its HR availability, is quality certified under the Kayakalp Programme, and renders comprehensive patient care services.

Community Health Centre, Silver Jubilee is an Urban CHC providing a wide range services which include: ANC, PNC, Obs&Gyn., Dental, Medical Imaging, Family Planning, Immunisation, etc. The major challenges pertaining to the uCHC were reported to be inadequate/no trainings for EDL/EML indenting, shortages in Human Resource – specific to Staff Nurses, difficulties with finding suitable vendors for JSSK diet provisions within the mandated budget, shortage of counselors – breastfeeding counselors, child health and dietary counselors, tobacco control counselors. Further, the delivery staff at the facility is a little under-utilised to the centre's location being in close vicinity to the District Women Hospital and Medical Colleges.



The health facility routinely organizes and minutes RKS meetings. It has been reported from the facility that RKS mandates and financial support has been crucial to the improved efficiency at the facility.

The facility runs with an efficient team under a rather able leadership. Improvements in Infrastructure, strengthening Child Healthcare service delivery, and filling up the vacant positions of Staff Nurses at the facility is recommended to ensure the facility can run at its optimal scale. The Centre has received quality certification under the Kayakalp, and LaQshya programme.

5.3. Primary Health Centres



Primary Health Centre, Kumhrahwan is a 4 bedded facility, providing a range of primary and promotive care services which include: OPD, IPD, Laboratory Services, Immunization. To the Centre's HR resource pool, is 1 Medical Officer, 1 Pharmacist, and 1 Lab Assistant. The facility caters to an average OPD load of 50 patients per day. There

are serious staff shortages at the facility, rendering a high out-referral rate. The facility has no staff nurse, and no MHW. The outreach activities are impeded due to non-availability of vehicle/mobility support for field visits. Overall, while the facility – given its limited resources – is delivering what could be delivered within the mandate; it is seriously under-utilised. The infrastructure space at the facility presents major scope to either upgrade the facility or with the given pool of resources, convert it into a fully ranged laboratory setup.

The primary health centre, Sewa Sadan, is an Urban PHC, which is essentially functioning as a block for four other UPHCs. Across its category, the facility received 1st Rank in Kayakalp Assessment corresponding to the year 2022. In terms of HR availability, the facility has an MO, 3 Staff Nurses, 7 ANMs, 1 Lab Technician, and 1 Pharmacist.



The facility is impeded in its operations due to issues with fund flow – late disbursement, proceedings for medicine procurements, and inadequate/no training for frontliners with respect to digitization of major programmes.

During the FY 2021-22, the PHC received Rs. 1.75 lacs, out of which, Rs. 1.59 lacs was utilized. RKS fund was largely utilised towards improvements/maintenance in laboratory, cold chain, storage, etc.

To its credit, the facility is proposed to become a DOTS centre in the near future. The labs services at the facility, the family planning service provision, and the overall upkeep and record maintenance observed at the centre was exemplary compared to its likes.

5.4. Sub-Health Centres/Health & Wellness Centre

The sub-health centre, Raisinghpur has been recently converted to a Health and Wellness Centre. It is run by a team of 1 Community Health Officer, 1 ANM, and 4 ASH workers. The centre provides basic telemedicine consultations, and ANC screening services. It caters to an average daily OPD case-load of 15-20 patients.

The centre was equipped with all mandated equipments – BP instrument, Thermometer, Contraceptives, and Glucometer. The mandated registers were found to be available and complete. Further, the tabs which have been made available with the CHO was found to be in working condition, and was being updated with required entries on a daily.

The centre has identified the 30-plus demographic in its catchment population to be around 2,285. Against this, 700 CBAC forms have been filled. ASHA workers' orientation concerning the CBAC forms was found to be satisfactory.



CHAPTER - 6:

CONCLUSIONS

Each year, the Ministry of Health and Family Welfare, Government of India, through its pan-India network of Population Research Centres, facilitates the Monitoring and Evaluation of the key components of the National Health Mission (Government's flagship healthcare programme) – Programme Implementation Plan (key document of the NHM highlighting physical and financial targets/provisions).

This Monitoring and Evaluation assignment is carried out in two phases: in the first phase, a PRC team analyses secondary data to build an outlook of the district's healthcare and health systems framework; in the second phase, a two-member team undertakes field visits to the health facilities in the district, and interacts with key stakeholders of NHM.

The findings from this exercise are consolidated into a systematic report. The said report is structured to elaborate on the key aspects of the district level healthcare status, health systems functionalities, and status of programme implementation under the ambit of NHM.

In the said series, the present report collates findings from the M&E of the key components of NHM-PIP in the district of Ayodhya during the FY 2021-22. The team visited five health facilities in the district, met and interacted with Chief District Medical Officer and the District Nodal Officials to gain insights of the programme implementation proceedings, and impediments thereof

Lucnaw, the capital city of Uttar Pradesh, is one among its 75 districts. The district caters to a diverse, mostly urbanized population from all age-groups. It is land-locked by the districts of Hardoi, Sitapur, Barabanki, Rai Bareilly, and Unnao. Every year, the district observes a large influx of migrants from the neighboring state and districts. Invariably, the share of migrants in the district's total population is rather high. The district is predominantly urban, housing close to 66 percent of its total population in urban areas. The households in Ayodhya are distributed along all wealth strata, and as is true for any metropolitan region, the district observes fragmented areas of niche, as well as vulnerable localities. On an average, three in every ten households in the district house 5 or more than 5 members.

The organizational setup of health care provisioning in Ayodhya is similar to that of many other districts in India. Public Health facilities under the highest supervision of the Directorate offer a wide range of promotive, preventive, curative, and palliative care, across the three-tiered healthcare system.

Enabled with a robust health and medical infrastructure setup, the district of Ayodhya bears many notable patterns with respect to health outputs and outcomes. The Fifth round of the National Family Health Survey (NFHS-5) has surfaced the lower than state average rates for Ayodhya with respect to contraception usage among women of reproductive age. Consequently, the district notes a higher than state-average rate of unmet need. Concerning

patterns also emerge from the survey bearing significance for strengthening of Full-ANC checkup in the district, for prevention and control of Diabetes and Hypertension among the adult population, and for improving preference for institutional delivery in a public facility.

The availability of resources for public healthcare provisioning has been viewed from the perspectives of Financial, Physical, and Human Resource sufficiency.

Public health financing in Ayodhya is summarized in a document referred to as a 'District Health Action Plan'. Per the Ayodhya's DHAP for the FY 2021-22, a sanction of total budgets under the National Health Mission to the tune of Rs. 2,44,98,75,890/- was approved. During the said year – as per the budget sheets submitted by the DPMU, Ayodhya – only fifty-five percent of total approved budget could be utilized. This underutilization can be persistently noted for linked pools and programmes. The share of expenditure incurred to total allocations for the Communicable Diseases pool is at about 25 percent. As for the Non-Communicable Diseases pool, close to 61 percent of the total approved budget was utilized. NRHM-RCH, and NUHM pools noted an overall budget utilization of 55 and 73 percent, respectively.

The physical resource availability in Ayodhya suggests an availability of 412 public health facilities – 11 DHs, 19 CHCs, 79 PHCs, and 303 SHCs. Availability of health infrastructure against the recommended population norms reveal a shortfall with respect to CHCs, PHCs, as well as Sub-Centres in the district. The overall bed density in Ayodhya accounts to 8 public hospital beds per 10,000 population in the district.

The adequate availability of the Human Resource for Healthcare is indispensable to the smooth functioning of health systems. The district of Ayodhya reports HR shortages at various levels. Ayodhya reports availability of 5 physicians, and 24 Nurses per 1,00,000 population in the district. The district thus ranks 3rd in terms of physicians per 1,00,000 population, and ranks 2nd in terms of practicing nurses per 1,00,000 population. The district's doctor-nurse density fares higher than the state average. The district records an overall 82 percent of positions filled against the sanctioned posts of select specialists. Whereas, only 23 percent of the sanctioned/approved positions of Physicians have been filled in the district, there are no vacant positions noted for Dental Surgeons, Dermatologists, ENT Surgeons, Microbiologists, and Ophthalmologists. With the reported availability of 80 O&G specialists in Ayodhya, there are 3 O&G specialists for every 1,00,000 Institutional Deliveries in Ayodhya. Further, 7 O&G specialists are available for every 1,000 C-Section Deliveries in the district. This metric advocate immediate strengthening of O&G specialists' availability in the district.

Across a range of National Health programmes under the National Health Mission, Ayodhya's performance across select Monitorable outputs under these programmes was studied at the state-level. Specific to RMNCHA+ programmes, the district ranks at 9th position at the state-

level in terms of institutional delivery rate, and is positioned among the lowest at rank 74 with respect to 4 ANC visits. At the state-level, district of Ayodhya records the second-lowest dropout rate between the 1st and the 2nd dose of MR/MCV. Further, the district is 12th highest with respect to its Home based New born care performance in instances of Home Deliveries. The district ranks 14th from the bottom with respect to newborns breastfeeding within one hour after delivery.

Concerning health outputs under the Communicable, and the Non-communicable Disease Control Programme, the district ranks 4th and 9th highest in the state in terms of Male HIV positivity and HIV positive ANC cases. Further, the district ranks 1st, 2nd, and 7th with respect to its OPD share in state's total OPD cases for Acute Heart Diseases, Diabetes, and Cancer, respectively.

The district seems to have made good progress in terms of quality care programmes implementation lately. An increasing number of facilities are implementing Kayakalp initiatives in the district. LaQshya accreditation is an area that the district must plan for carefully. Sustained efforts of quality care provisioning must be central to the planning and implementation of these programmes.

Field-visit observations to health facilities suggest equipping the District Women Hospital with a Blood Storage Unit, and a CLMC to assist and enhance its scale of operations. At the CHC level and PHC level, HR shortages must be seriously addressed, and underutilization of resources may be minimized. Under-equipped facilities are a strain on health system as well as patient welfare. Due training pertaining to administrative, indenting, and financial mandates may be necessarily provided to the stationed Medical Officers/Pharmacists across these facilities for seamless proceedings.

Overall, the population health in Ayodhya can be characterized by a high burden of non-communicable diseases, and nutrition failure among women and children. In preparing for its future programme implementation strategies, the district must take into account the goal of universal healthcare coverage by building resilient, adequate, and efficient healthcare systems. The district of Ayodhya has a dedicated team for planning and implementing the healthcare activities in the area. Its existing HR pool is definitely a valued resource, sharing a common vision with the NHM, and the health systems must leverage it to augment favorable health outcomes. The district has a huge scope of further strengthening the healthcare system into a more responsive structure. Periodic monitoring, evaluation, and supervision of activities and outcomes will be paramount in ensuring positive results for the beneficiary base of Ayodhya.

District Level Checklist

Key Correspondence: DPMU

1. District Profile

A.1. Healthcare				
Indicator	Values		Source	
2. Name of the District				
3. Total number of Blocks				
4. Total number of Villages				
5. Total Population				
• Rural population				
• Urban population				
6. Literacy rate				
7. Sex Ratio				
8. Sex ratio at birth				
9. Population Density				
10. Estimated number of deliveries				
11. Estimated number of C-section				
12. Estimated numbers of live births				
13. Estimated number of eligible couples				
14. Estimated number of leprosy cases				
15. Target for public and private sector TB notification for the current year	Public: Private:			
16. Estimated number of cataract surgeries to be conducted				
*Estimated numbers (Sl. No 9-15) to be filled for the financial year 2021-22				
Mortality Indicators:	Financial year (2021-21)		Financial Year (2021-22)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
A.2. Healthcare Infrastructure				
Facility Details	Sanctioned/ Planned		Operational	
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		
• At DH	_____	_____
• At SDH	_____	_____
• At CHC	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	_____	_____
• Providing 1st trimester services	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____
A.3 Infrastructure Construction Status Details		
• Details of Construction pending for more than 2 years		
• Details of Construction completed but not handed over		

17. Overview: Submission & approval timelines of DHAP

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

18. Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all)	
• Number of lab tests notified	
C.2. Status Of Delivery Points	
• No. of SCs conducting >3 deliveries/month	
• No. of 24x7 PHCs conducting > 10 deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
• No. of DH/ District Women and child hospital conducting C-section	
• No. of Medical colleges conducting > 50 deliveries per month	
• No. of Medical colleges conducting C-section	
• Number of institutes with ultrasound facilities (Public+Private)	Public: Private:
• Of these, how many are registered under PCPNDT act	Public: Private:
C.3. National Health Programmes	
3. Pradhan Mantri SurakshitMatritva Abhiyan (PMSMA)	1. No. issued MCP card and Safe Motherhood Booklet: _____ 2. Number of health facilities where current round of PMSMA was conducted: a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____
4. Rashtriya Bal Suraksha Karyakram (RBSK)	Total no. of RBSK teams sanctioned

Indicator	Remarks/ Observation	
	No. of teams with all HR in-place (full-team)	
	No. of vehicles (on the road) for RBSK team	
	No. of Teams per Block	
	No. of block/s without dedicated teams	
	Average no of children screened per day per team	
	Number of children born in delivery points screened for defects at birth	
5. Special Newborn Care Units (SNCU)	<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer _____ Stepdown care _____ Kangaroo Mother Care (KMC) unit _____ Number of non-functional radiant warmer for more than a week _____ Number of non-functional phototherapy unit for more than a week _____ 	
	Inborn	Out born
• Admissions (2021-22)		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		
7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> Total Admissions(2021-22) Discharged Referral/ Medical transfer LAMA Died Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 mm <'-3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever Nutrition related disorder Others Admission to NRC Referred by <ul style="list-style-type: none"> Frontline worker Self Ref from VCDC/ CTC 	

	<ul style="list-style-type: none"> • RBSK • Pediatric ward/ emergency
8. Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> • Status of availability of HBNC kit with ASHAs >Total No. of ASHAs: _____ > No. of ASHAs with HBNC kits: _____ > Reasons of Non-provision: _____ _____ _____ • Total Newborns visited under HBNC: _____ • Status of availability of drug kit with ASHAs: > Total No. of ASHAs: _____ > No. of ASHAs with drug kits: _____ > Reasons of Non-provision: _____ _____ _____
9. Peer Education (PE) programme (Adolescent Health) & Weekly Iron Folic Acid Supplementation(WIFS)	<ul style="list-style-type: none"> • No. of Blocks covered under Peer Education (PE) programme:..... • No. of villages covered under PE programme:..... • No. of Peer Educators: • No. of Adolescent Friendly Clinic (AFC) meetings held:..... • WIFS stockout:.....
10. Mobile Medical Unit (MMU) (on the road) and micro-plan	<ul style="list-style-type: none"> • No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____ • MMU team Composition _____ _____ • List of Services provided by MMU _____ _____ _____ • No. of trips per MMU/month • No. of camps per MMU/month • No. of villages covered • Average number of OPD per MMU per month • Average no. of lab investigations per MMU per month • Avg. no. of X-ray per MMU per month • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month • Avg. no. of sputum collected for TB detection per MMU per month • Average Number of patients referred to higher facilities • Payment pending (if any) <p>If yes, since when and reasons thereof</p>
11. Universal health screening	<ul style="list-style-type: none"> • If conducted, what is the target population • Number of Community Based Assessment Checklist (CBAC) forms filled till date <p>• No. of patients screened, diagnosed, and treated for:</p>

<ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 	<table border="1"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated																		
Screened	Diagnosed	Treated																				
12. Integrated Disease Surveillance Programme (IDSP)	<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Y/N • Team Composition: • Outbreaks investigated: <ul style="list-style-type: none"> • 2021-21: • 2021-22: • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP • How is IDSP data utilized? Elaborate. _____ 																					

13. National Viral Hepatitis Control Program (NVHCP)	<ul style="list-style-type: none"> • % of health workers immunized against Hep B • Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis
14. If District notified a State Mental Health Authority (SMHA)	<ul style="list-style-type: none"> • If District notified a State Mental Health Authority (SMHA) <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No SMHA in place <input type="checkbox"/> No Mental Health Service or Facility in the district

15. Vehicle for Referral Transport						
<ul style="list-style-type: none"> • Details of Referral Transport – Number and Distribution: 						
Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others
Medical College						
DH						
SDH						
CHC						
PHC						
Others						
<ul style="list-style-type: none"> • Details of Referral Transport – Performance Indicators: 						
Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2020-21						
2021-22						
				ALS	BLS	
○ Operational agency (State/ NGO/ PPP)						
○ If the ambulances are GPS fitted and handled through centralized call centre						
○ Average number of calls received per day						
○ Average number of trips per ambulance per day						
○ Average km travelled per ambulance per day						
○ Key reasons for low utilization (if any)						
<ul style="list-style-type: none"> • No. of transport vehicle/102 vehicle (on the road) 						
○ If the vehicles are GPS fitted and handled						

through centralized call centre	
○ Average number of trips per ambulance per day	
○ Average km travelled per ambulance per day	
○ Key reasons for low utilization (if any) ○	
16. National Fluorosis Control Programme	<ul style="list-style-type: none"> • Key activities performed in 2021-22 as per ROP:
17. National Iron Deficiency Disorders Control Programme	<ul style="list-style-type: none"> • Key activities performed in 2021-22 as per ROP:
18. National Tobacco Control Programme	<ul style="list-style-type: none"> • Key activities performed in 2021-22 as per ROP:
19. National Vector Borne Disease Control Programme (NVBDCP)	<ul style="list-style-type: none"> • Micro plan and macro plan available at district level Y/N • Annual Blood Examination Rate: <ul style="list-style-type: none"> ○ 2019-20: ○ 2020-21: ○ 2021-22: ○ Reason for increase/ decrease (as per the trend of last 3years) • LLIN distribution status • IRS • Anti-larval methods • Contingency plan for epidemic preparedness • Weekly epidemiological and entomological situations are monitored • No. of MDR rounds observed • No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%
20. National Tuberculosis Elimination Programme (NTEP)	<ul style="list-style-type: none"> • Target TB notification achieved Y/N • Whether HIV Status of all TB patient is known: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____ • Eligible TB patients with UDST testing • Whether drugs for both drug sensitive and drug resistance TB available <ul style="list-style-type: none"> • Patients notification from public sector (2021-22) <ul style="list-style-type: none"> • No of patients notified: • Treatment success rate: • No. of MDR TB Patients: • Treatment initiation among MDR TB patients: • Patients notification from private sector (2021-22) <ul style="list-style-type: none"> • No of patients notified: • Treatment success rate: • No. of MDR TB Patients: • Treatment initiation among MDR TB patients: • Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Implementation of National Leprosy Eradication Programme (NLEP)	No. of new cases detected
	No. of G2D cases

	MDT available without interruption Y/N Reconstructive surgery for G2D cases being conducted Y/N MCR footwear & selfcare kit avY/N
22. ASHAs	<p>Number of ASHAs</p> <ul style="list-style-type: none"> • Required as per population • Selected • No. of ASHAs covering more than 1500 (rural) population • No. of ASHAs covering more than 3000 (urban) population • Villages with no ASHA • Slum areas with no ASHA <p>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</p> <ul style="list-style-type: none"> • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • Any other state specific scheme
23. Mahila Arogya Samitis (MAS)-	<p>Status of Mahila Arogya Samitis (MAS)-</p> <ol style="list-style-type: none"> a. Formed b. Trained c. MAS account opened d. Samiti addresses issues related to.....
24. Village Health Sanitation and Nutrition Committee (VHSNC)	<p>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</p> <ol style="list-style-type: none"> a. Formed: b. Trained: c. MAS account opened:
25. Kayakalp and Quality Assurance	<ul style="list-style-type: none"> • No. of facilities quality certified NQAS..... LaQshya • Status of Kayakalp programme- No. of awarded DH CHC PHC SC..... • Activities performed by District Level Quality Assurance Committee (DQAC)
26. Maternal and Child Health	<ul style="list-style-type: none"> • Number of maternal deaths reported at: DH:

	SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death..... <ul style="list-style-type: none"> Number of Maternal Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____
	<ul style="list-style-type: none"> Number of Neonatal Deaths: _____ Number of Total Child Deaths: _____ Number of Child Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____

C.4. Healthcare Systems

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

	Dissatisfied with quality of treatments..... With other reason
--	---

19. Implementation of CPHC

Status as on: **31st March, 2022**

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

20. Status of HRH

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			

21. State of Fund Utilization

FMR Wise (as per ROP budget heads, if available): FY 2021-22

Indicator	Budget	Budget utilized	Reason for low utilization
-----------	--------	-----------------	----------------------------

	Released		
FMR 1: Service Delivery: Facility Based			
FMR 2: Service Delivery: Community Based			
FMR 3: Community Intervention			
FMR 4: Untied grants			
FMR 5: Infrastructure			
FMR 6: Procurement			
FMR 7: Referral Transport			
FMR 8: Human Resource (Service Delivery)			
FMR 9: Training			
FMR 10: Review, Research and Surveillance			
FMR 11: IEC-BCC			
FMR 12: Printing			
FMR 13: Quality			
FMR 14: Drug Warehouse & Logistic			
FMR 15: PPP			
FMR 16: Programme Management			
FMR 17: IT Initiatives for Service Delivery			
FMR 18: Innovations			

Programme Wise

Status of Expenditure (Financial year 2021-22):

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<ul style="list-style-type: none"> National TB Elimination Programme (NTEP) 			
4. Non-Communicable Diseases Pool			
<ul style="list-style-type: none"> National Program for Control of Blindness and Vision Impairment (NPCB+VI) 			
<ul style="list-style-type: none"> National Mental Health Program (NMHP) 			
<ul style="list-style-type: none"> National Programme for Health Care for the Elderly (NPHCE) 			
<ul style="list-style-type: none"> National Tobacco Control Programme (NTCP) 			
<ul style="list-style-type: none"> National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) 			
<ul style="list-style-type: none"> National Dialysis Programme 			
<ul style="list-style-type: none"> National Program for Climate Change and Human Health (NPCCHH) 			
<ul style="list-style-type: none"> National Oral health programme (NOHP) 			
<ul style="list-style-type: none"> National Programme on palliative care (NPPC) 			
<ul style="list-style-type: none"> National Programme for Prevention and Control of Fluorosis (NPPCF) 			
<ul style="list-style-type: none"> National Rabies Control Programme (NRCP) 			
<ul style="list-style-type: none"> National Programme for Prevention and Control of Deafness (NPPCD) 			
<ul style="list-style-type: none"> National programme for Prevention and Management of Burn & Injuries 			
<ul style="list-style-type: none"> Programme for Prevention and Control of Leptospirosis (PPCL) 			

22. Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

9.		
10.		
11.		
12.		

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

Service Delivery:

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

Indicator	Remarks/ Observation																																				
1. OPD Timing																																					
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____																																				
3. Number of functional in-patient beds	_____ No of ICU Beds available: _____																																				
4. List of Services available																																					
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Sl.</th> <th style="text-align: center;">Service</th> <th style="text-align: center;">Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	District Early Intervention Centre (DEIC)		11	Nutritional Rehabilitation Centre (NRC)	
	Sl.	Service	Y/N																																		
	1	Medicine																																			
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11	Nutritional Rehabilitation Centre (NRC)																																				

Indicator	Remarks/ Observation				
	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			
	22	Teaching block (medical, nursing, paramedical)			
	22	Skill Lab			
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average cases 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: Others:				
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: _____ If No, availability of blood storage unit:-----				
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. Other				
11. Details of HR available in the facility (Sanctioned and In-place)	HR				
	MO (MBBS)				
	Specialist	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
	Others				
	Dentist				
	Staff Nurses/ GNMs				
LTs					
Pharmacist					
Dental Technician/ Hygienist					
Hospital/ Facility Manager					

Indicator	Remarks/ Observation															
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">EmOC trained doctor</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>LSAS trained doctor</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	EmOC trained doctor					LSAS trained doctor					Others				
EmOC trained doctor																
LSAS trained doctor																
Others																
12. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ 															
13. Kayakalp (for year 2021-22)	Initiated: Facility score: Award received:															
14. NQAS (for year 2021-22)	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															
17. Implementation of DVDMS(Drugs & Vaccine Management Distribution System) 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																
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____															
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed															
<ul style="list-style-type: none"> • In-house tests (For 2021-22) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:															
<ul style="list-style-type: none"> • Outsourced/ PPP (For 2021-22) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:															
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	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly															

Indicator	Remarks/ Observation
for all	<input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> ○ Previous year (2020-21) _____ ○ Current FY(2021-22) _____
26. If there is any shortage of major instruments/ equipment(List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:

Indicator	Remarks/ Observation																		
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: (2020-21) Current year: (2021-22)																		
36. Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)																		
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	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 Total No of Adolescentscounseled 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 2021-2022:	<table border="1"> <thead> <tr> <th></th> <th>Screened</th> <th>Confirmed</th> </tr> </thead> <tbody> <tr> <td>a. Hypertension</td> <td></td> <td></td> </tr> <tr> <td>b. Diabetes</td> <td></td> <td></td> </tr> <tr> <td>c. Oral Cancer</td> <td></td> <td></td> </tr> <tr> <td>d. Breast Cancer</td> <td></td> <td></td> </tr> <tr> <td>e. Cervical Cancer</td> <td></td> <td></td> </tr> </tbody> </table>		Screened	Confirmed	a. Hypertension			b. Diabetes			c. Oral Cancer			d. Breast Cancer			e. Cervical Cancer		
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b. Diabetes																			
c. Oral Cancer																			
d. Breast Cancer																			
e. Cervical Cancer																			
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																		

Indicator	Remarks/ Observation
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No • TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year (2021-22) Fund utilized last year: (2021-22)
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting Last meeting held on (date):	
<ul style="list-style-type: none"> • Availability of ambulance services in the area 	<input type="checkbox"/> Own ambulance available (Number) _____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number) _____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> • How many cases from CHC, PHC, SC, referred to in last month? 	Number: CHC PHC SC Types of cases referred in:
<ul style="list-style-type: none"> • How many cases were referred out last month? 	Number: Types of cases referred out:
2. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	

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

Service Delivery:

Name of facility visited																																				
Facility Type		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC																																		
FRU		<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																		
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):																																		
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																		
Date of Visit																																				
Next Referral Point		Facility: Distance:																																		
Indicator	Remarks/ Observation																																			
3. OPD Timing																																				
4. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																			
5. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital																																			
6. Number of functional in-patient beds																																				
7. List of Services available	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Sl.</th> <th style="width: 75%;">Service</th> <th style="width: 20%;">Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>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	
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9	Imaging Services (USG)																																			
10	Newborn Stabilization Unit																																			
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available																																			
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																			
8. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																			
9. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:																																			
10. 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:																																																																								
11. 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																																																																								
12. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																																																								
13. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th colspan="2">HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="4">Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">SNs/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Dental Assistant/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Dentist					SNs/ GNMs					LTs					Pharmacist					Dental Assistant/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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14. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____																																																																								
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17. LaQshya	Labour Room: Operation Theatre:																																																																								
18. 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) _____																																																																								
19. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																																																								
20. Shortage of 5 priority drugs from EDL in last 30 days, if any																																																																									
21. 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 _____																																																																								
22. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed																																																																								
• In-house tests (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:																																																																								
• Outsourced/ PPP (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:																																																																								
23. 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
24. 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
25. 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)
26. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: 2020-21 _____ Current year: 2021-22 _____
36. Number of Child Death reported in the facility	2020-21: 2021-22:
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. Number of sterilizations performed in last one month	Male __ Female __		
42. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Who counsels on FP services?			
44. Please comment on utilization of other FP services			
45. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
46. 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 _____		
47. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
48. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
49. Number of individuals screened for the following in last 6 months:	Screened	Confirmed	
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
50. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
53. 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: _____		
54. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
55. How much fund was received and utilized by the facility	Fund Received last year: Fund utilized last year: _____		

under NHM?	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
56. 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
57. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
58. 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):
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Sub centre PHC Types of cases referred in:
• How many cases from the CHC were referred to the DH last month?	Number: Types of cases referred out:
59. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	

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

• **Service Delivery:**

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

For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding			
4. Number of functional in-patient beds				
5. List of Services available				
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	MO (MBBS)			
	MO (AYUSH)			
	SNs/ GNMs			
	ANM			
	LTs			
	Pharmacist			
	Public Health Manager (NUHM)			
	LHV/PHN			
Others				
10. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • All ANMs have functional Tablets: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____			
11. Kayakalp (2021-22)	Initiated: Facility score: Award received:			
12. NQAS(2021-22)	Assessment done: Internal/State Facility score: Certification Status:			
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____			
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____			
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
15. Shortage of 5 priority drugs from EDL in last 30 days, if any				

16. Drugs Available for Hypertension & Diabetic patients:	
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests For 2021-22 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP For 2021-22 	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges

28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
29. Number of normal deliveries in last three month			
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Practice related to Respectful Maternity Care			
32. Number of Maternal Death reported in the facility	Previous year:2020-2021 Current FY:2021-2022		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the		

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

58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others _____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month _____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter _____ Type of specialties provided during special outreach camps: _____