
National Health Mission

A REPORT ON
MONITORING OF IMPORTANT COMPONENTS OF NHM
PROGRAMME IMPLEMENTATION
BIJNOR DISTRICT, UTTAR PRADESH



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List of Acronyms & Abbreviations

ANC	Ante Natal Care	MoHFW	Ministry of Health and Family Welfare
ANM	Auxiliary Nurse Midwife	MOIC	Medical Officer In- Charge
BEMOC	Basic Emergency Obstetric Care	NBCC	New Born Care Corner
BMW	Biomedical waste	NBSU	New Born Stabilization Unit
BSU	Blood Storage Unit	NLEP	National Leprosy Eradication Programme
CMHO	Chief Medical & Health Officer	NSSK	Navjat Shishu Suraksha Karyakram
CHC	Community Health Centre	NSV	No Scalpel Vasectomy
DH	District Hospital	NTCP	National Tobacco Control Programme
DMPA	Depot Medroxyprogesterone Acetate	NTEP	National TB Elimination Programme
DPM	District Programme Manager	NVBDCP	National Vector Borne Disease Control Programme
ECG	Electrocardiography	OCP	Oral Contraceptive Pill
EMOC	Emergency Obstetric Care	OPD	Out Patient Department
FRU	First Referral Unit	OPV	Oral Polio Vaccines
HMIS	Health Management Information System	PIP	Programme Implementation Plan
IDSP	Integrated Diseases Surveillance Programme	PNC	Post Natal Care
IEC	Information, Education and Communication	PPP	Public Private Partnership
IMEP	Infection Management and Environment Plan	PRC	Population Research Centre
IPD	In Patient Department	RBSK	Rashtriya Bal Suraksha Karyakram
IUCD	Intra Uterine Contraceptive Device	RKSK	Rashtriya Kishor Swasthya Karyakram
IYCF	Infant and Young Child Feeding	RCH	Reproductive Child Health
JSSK	Janani Shishu Suraksha Karyakram	RKS	Rogi Kalyan Samiti
JSY	Janani Suraksha Yojana	RPR	Rapid Plasma Reagin
LHV	Lady Health Visitor	SBA	Skilled Birth Attendant
LSAS	Life Saving Anesthetic Skill	SKS	Swasthya Kalyan Samiti
LT	Laboratory Technician	SN	Staff Nurse
M&E	Monitoring and Evaluation	SNCU	Special New Born Care Unit
MCTS	Mother and Child Tracking System	TFR	Total Fertility Rate
MDR	Maternal Death Review	TT	Tetanus Toxoid
MMU	Mobile Medical Unit	UHND	Urban Health and Nutrition Day

Executive Summary

The National Health Mission embodies the prime mission of the government of India for the Indian Health scenario holistically. The advancement of NHM is carried out by the Monitoring and Evaluation action which is also a significant determinant. The Ministry of Health and Family Welfare (MoHFW) has assigned the responsibility to Population Research Centres (PRCs) for the evaluation with respect to quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2020-21.

This report is prepared by the PRC, Delhi on the basis of the observation during the field visit and also brings with it significant inputs provided by the key personnel of NHM. The assessment was conducted in November 2021, thus captures the status of NHM activities in the Bijnor District of Uttar Pradesh. The primary focus of this report is the monitoring of essential components of NRHM especially Maternal & Child Health in Bijnor District. Furthermore, the status of NHM functioning of the district is highlighted in this report. The major executive summary of the district are as follows:

Maternal & Child Health Programmes

- ✚ Maternal mortality rate is considerably higher than infant and child deaths in the district.
- ✚ In the last financial year, the district has observed around 450 number of stillbirths.
- ✚ The district has been markedly lacking in JSSK program's implementation with regards to the provision of free diet to the beneficiaries. Delivered mothers were not getting any diet in health facilities particularly at CHC and PHC levels since last one year.
- ✚ Institutional delivery coverage of total ANC registration was found to be particularly low in the district. ASHAs mostly refer pregnancy cases directly to the private hospitals instead of public health facilities as they received greater financial incentive from the said sector.
- ✚ Out of total 22 teams of RBSK, just 4 teams are complete with HR as per the composition.

Communicable & Non-Communicable Diseases Control Programmes

- ✚ The IDSP programme for epidemic prone diseases was effectively implemented in the district. In Nazibabaad block, two outbreak of measles was noted in current financial year.
- ✚ Under reporting with regards to Malaria Program was observed in the district.
- ✚ Over 120 numbers of TB patients' deaths review were reported in the district.

Human Resources/ Manpower and Training

- ⊕ The district's foremost drawback was noticed regarding fund management. The post of DAM has been vacant from the past 3-4 years.
- ⊕ Unavailability of Block Account manager (BAM) in some block was a worrisome concern.
- ⊕ Chronic shortage of SNs and specialists i.e., OBGY are notably concerning in the district.
- ⊕ The district has conducted 100% trainings against the trainings planned in ROP.

Infrastructure, Medicines & Equipment

- ⊕ The district has 2 district hospitals, 11 CHCs, 53 R-PHCs and 343 Sub-centres. There are 9 UPHC in the district, and all were well functioning in spacious rented buildings. The selection of UPHC's buildings was observed to be exceptionally well.
- ⊕ Non- availability of DEIC & Blood storage unit was observed in the district.
- ⊕ Starting of C- section delivery has been observed a major progress at CHC Dhampur.

Governance, Finance and Accountability

- ⊕ The Urban District Programme Coordinator is effectively involved with all the NUHM activities and possesses a sound knowledge of the current status and future plans.
- ⊕ IT enabled "FAMS Portal" is functioning in the district from the last 3-4 months.
- ⊕ Out of the total budget allocation, most of the fund was used for community intervention.
- ⊕ Among all the flexipool, least utilization can be seen in Communicable diseases pool.

Access, Equity and Quality Care

- ⊕ At SCs level, where ANM is not available healthcare services were highly hampered.
- ⊕ There is an exceptionally non-functional PHC, Heempur Deepa where service delivery is questionable despite good infrastructure.
- ⊕ The Kayakalp programme for the quality care services was effectively implemented at DH level. However, the situation is extremely unwelcoming at PHC & CHC level in the district.

ASHAs, Community Processes and Others

- ⊕ Despite the COVID scenario, ANMOL was strategically rolled out in the district. ANMs who are nearing retirement are facing problem in data reporting on the said portal as technology is not compatible with every age group.
- ⊕ There are more than 80 areas in the district that are without ASHA workers.

1 District Profile: Bijnor District, Uttar Pradesh

Uttar Pradesh is one of the most populous state in India with a population of 199,812,341 people. The state contributes 16.5 per cent of India's population. The population density of Uttar Pradesh is 829 per sq. km., making it fourth most densely populated state in the country. It is situated on the northern part of India and shares border with nine states and share an international boundary as well (i.e., Nepal). The state is bounded by Bihar in the east, Rajasthan in the west, Uttarakhand & Nepal in the north, Madhya Pradesh in the south, Jharkhand & Chhattisgarh in the southeast and Haryana, Himachal, Delhi in the northwest. It contains 7.3 percent of the total geographical area of the country, comprising of 240,928 sq. kilometer area-wise, which makes it the fourth largest Indian state as well. At present, the state is divided into eighteen divisions and seventy-five districts; Bijnor District being one of them.

Bijnor district is carved out in the year of 1817 from Moradabad district, and originally, it's called as Nagina District. The government of Uttar Pradesh seeks it to be included in National Capital Region (NCR) due to its close proximity to NCT of Delhi. There are ancient temples and ashrams. Bijnor consists of several state-of the-art healthcare facilities, shopping malls and various educational institutes, which contributes to the overall development of the entire region. Sikaida, situated on the Nagina-Bijnor road, is a major tourist attraction of the district. It is famous for mangoes and sugarcane. To provide efficient administration, currently the district is administratively divided into 5 sub-divisions/ districts, namely, Najeebabad, Bijnor, Nagina, Dhampur and Chandpur and further divided into 11 development blocks. There is total 26 towns in the district, out of which 18 are stationary towns. As per 2011 census, the district has 2984 villages with 631075 number of households.

1.1 Demographic Profile: Size, Density & Growth Rate

Bijnor District ranked 16th in the state in terms of size of population, and contributes to 1.84 per cent of the state's population count. The district has a geographical area of 4561.0 square kilometers, with the density of 807 persons per square kilometer. It is one of the districts of north-western part of Uttar Pradesh. The map of Bijnor District is given in figure 1. It is bound on the east by Uttarakhand state, on the west by Muzaffar Nagar district of Uttar Pradesh, on the north by Uttarakhand state, and on the south by Amroha district.

Figure 1: Map/ location of Bijnor District, Uttar Pradesh

The district is home to about 36.8 lakhs people, among them about 19.2 lakhs are male and about 17.6 lakhs are female. Of the total female population in Uttar Pradesh, 1.9 per cent resides in Bijnor District. Majority of the population still resides in the rural area (75 per cent) whereas the remaining minute share occupies the urban sector as depicted in Table 1. As per census 2011, the district records 17.6 per cent decadal growth rate while decadal growth rate of the state is 20.2 per cent. Therefore, decadal growth rate of the said district is significantly lower than the state average.

Table 1: Key Demographic Indicators: All India, Uttar Pradesh & Bijnor District

Health Facility	Bijnor District	Uttar Pradesh	India
Population (Census 2011)	36.8(Lakh)	19.9 (Crore)	121 (Crore)
Male	19,21,215	10,44,80,510	623,270,258
Female	17,61,498	9,53,31,831	587,584,719
Decadal growth rate in % (Census 2011)	17.6	20.2	17.6
Rural Population (%)	74.7	77.7	68.9
Urban Population (%)	25.1	22.3	31.1
Child Population (0-6 age)	15.3	15.4	13.6
Literacy rate (%)	68.5	67.7	73
Male literacy rate (%)	76.6	77.3	80.9
Female literacy rate (%)	59.7	57.2	64.6
Sex ratio	917	912	943
Density/km ²	807	829	382

Source: Census 2011

The percentage of child population in Bijnor is 15.3% which is slightly higher than India's child population (13.6 %). Bijnor District has population density of 807 persons per sq. km. which is further lower than the state level average of 829 persons per sq. km, however, notably higher than the country average of 382 persons per sq. km. The sex-ratio of the district is 917 which are pointedly higher than the state (912) while lower than the country average i.e. 943. Bijnor District ranks 40th in literacy with 68.5 % which is higher than the state average 67.7 percent, although, significantly less than overall country level i.e., 73 percent. Furthermore, female literacy rate (60%) is found to be very low as compared to that of males' (77%). Therefore, Gender Gap of the literacy rate is 17 % in the district.

1.2 Health Profile: Infrastructure & HMIS Service Delivery Indicators

Table 2: Details of Public Health Infrastructure in Bijnor Uttar Pradesh, 2020-21

Health Facility	In Number	Functioning in Govt. Building	Functioning in Rented Building
District Hospitals	1	✓	✗
CHC	11	✓	✗
PHC	62	✓	✗
UPHC	9	✗	✓
SCs	343	✓	✓

Source: HMIS Master Report of Health facilities, 2020-21

Table 2 depicts the details of health infrastructure in Bijnor District of Uttar Pradesh in the year 2020-21. The district has total 1 DH, 11 CHC & 62 PHC. At present, there are a total 343 SC, out of which 38 Sub-centres are functioning in the government building. On the contrary, there are 9 UPHC and all functioning in rented building.

The following table 3 depicts the health care service delivery indicators in Bijnor district of Uttar Pradesh with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2020-21. Antenatal Care (Pre-Natal care), is one of the most important components of the Maternal Health. ANC refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the fetus as well. Furthermore, with regular prenatal care, women can reduce the risk of pregnancy complications. According to the HMIS, around 75 per cent of women in Bijnor Uttar Pradesh registered for ANC in the first trimester while 85 per cent women have registered for ANC up to 4 or more checkups. According to the HMIS data source, IFA

supplementation was given to more than 70 per cent of all women who registered for ANC. Total 85 Maternal Deaths recorded in the district.

Table 3: Health Care Service Delivery Indicators in Bijnor District of Uttar Pradesh, 2020-21

Indicators	UP	Bijnor
1. Maternal Health		
1.(a)Pre Natal-Care		
% 1st Trimester registration to Total ANC Registrations	61.8	75.8
%Pregnant women received ≥ 4 ANC checkups to total ANC Registration	77.1	85.0
% Pregnant women given 180 IFA to Total ANC Registrations	90.5	74.3
1.(b) Home Deliveries		
Number of Home Deliveries	383208	11735
% Deliveries attended by SBA to total home deliveries	12.6	34.6
% Deliveries attended by non-SBA to total home deliveries	87.4	65.4
1.(c) Institutional Deliveries including C-Section Deliveries		
Total Number of Institutional Deliveries including C-section	3408788	20023
% of Institutional Deliveries to total reported deliveries	89.9	63.0
% Institutional Deliveries to total ANC Registrations	55.4	17.8
% women discharge in < 48 hours of delivery to total deliveries (Public)	53.1	20.3
% of C-Section deliveries to total institutional deliveries	9.2	2.0
1.(d) Post Natal Care/New Born Care		
% 1st post-partum checkup b/w 48 hours & 14 days to total deliveries	48.4	53.1
% Newborn breast fed within 1 hour of birth to Total Live Birth	90.2	97.9
% Newborn weighed at Birth to Live Birth	91.7	99.8
2. Child Immunization & Diseases		
Number of Fully Immunized children (9-11 months)	4870671	94062
% Infants received BCG to full immunization	99.1	103.3
% Infants received Measles to full immunization	98.0	100.4
Number of cases of Pneumonia (0-5Age)	41730	43
Number of cases of Diarrhea	174424	992
Number of cases of Malaria	5331	0
3. Family Planning		
Total Sterilization conducted	296406	1667
% Male Sterilization (Vasectomies) to Total sterilization	0.7	0.9
% Female Sterilization (Tubectomies) to Total sterilization	99.3	99.1
4. Facility Service Delivery		
IPD	4499793	31811
OPD (Ayush + Allopathic)	67938469	847453
% IPD to OPD	6.6	3.8
5. Mortality Indicators		
Maternal Death	5199	85
Child Death	1011	4
Infant Death	9482	71
Still Birth	39263	139
Death due to Sterilization	0	0

Source: HMIS Standard Report, 2020-21

Note: The above table include only public service delivery indicators

Delivery care is a vital factor of Infant health. Of the total home deliveries in Bijnor Uttar Pradesh, 65 per cent deliveries were conducted by non- SBA worker. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 65 per cent of all reported deliveries were institutional deliveries and of all the institutional deliveries in Bijnor Uttar Pradesh, around 20 per cent women discharged in less than 48 hours of delivery at public institutions. Of all women who registered for ANC, only 17 per cent went for institutional delivery and 2 per cent of all institutional deliveries were C-section deliveries. With regards to Post Natal Care, 98 per cent of the newborns were breast fed within 1 hour of delivery and almost all newborns were weighed at birth in the district. Approximately 53 per cent of women received the 1st post-partum checkup within 48 hours and 14 days of delivery. Still birth for the district is significantly high i.e. 139.

In the last financial year, 71 Infant death & 4 child deaths were reported in Bijnor, Uttar Pradesh. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, more than 90 thousand children fully immunized (9-11 months) observed in Bijnor Uttar Pradesh. The most common childhood disease is reported as diarrhea in the last financial year. The district had 992& 43 cases of diarrhea and Pneumonia respectively. As per HMIS data, zero cases of malaria were reported in the district in last financial year. However, monitoring team observed around 100 cases of Malaria in the district. Therefore, under-reporting with regards to same programme was observed a concern that needs to be improved by proper monitoring.

Female sterilization as a method of permanent family planning dominates the statistics with 99.1 per cent of all sterilization conducted in the year 2020-21 in Bijnor Uttar Pradesh (Tubectomies). Total sterilization conducted was reported to be 1667 in numbers.

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. Facility Service Delivery with regards to patient services, the OPD patient load is as high as 8.4 lakh number of OPD patients in 2020-21 as against 32 thousand IPD patients. In terms of percentage, IPD to OPD accounts 3.8 per cent in Bijnor District.

1.3 State Resource Envelope and District Allocations

It may be noted that the Uttar Pradesh had proposed a total of Rs.9804.72 Crore for NHM and Rs.339.3 Crore for NUHM. The state received approvals of Rs.8472.75 Crore for NHM and Rs.318.69 Crore for NUHM. Thus, 86.4% of the proposed budget under NHM and 93.9% of the budget under NUHM is approved by the National Program Coordination Committee. The state has received the full proposed amount of Rs.878 Crore for infrastructure maintenance during 2020-21. Similarly, the state also proposed and received immunization kind grants of 247.8 Crore.

Table 4: Breakup of resource envelope, NHM FY 2020-21, Uttar Pradesh

Indicators	Amount* (GoI Share)	Percent (GoI share)	State Share
1.Total NRHM-RCH Flexible Pool (a+b)	2663.1	68%	
(a) RCH Flexible Pool (including RI, IPPI, NIDDCP)	808.6	21%	
RCH Flexible Pool, Cash Grant Support	560.8	-	
RCH Flexi Pool (Kind grant support under immunization)	247.8	-	
(b) HSS under NRHM	1854.6	47%	
Other HSS covered under NRHM	1499.8	-	
Comprehensive Primary Health Care under HSS	213.3	-	
ASHA Benefit Package (incl. ASHA facilitators)	141.5	-	
2. NUHM Flexible Pool	98.4	2.5%	
Other Health System Strengthening covered under NUHM	71.6	-	
Comprehensive Primary Health Care under NUHM	26.79	-	
3. NDCP Flexible Pool	179.0	5%	
NVBDCP (Cash & Kind)	35.6	-	
RNTCP (Cash & Kind)	122.9	-	
NVHCP (Cash & Kind)	10.4	-	
NLEP	4.2	-	
IDSP	5.91	-	
4. NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	102.2	3%	
5. Infrastructure Maintenance (Incl. Direction & Administration)	878.0	22%	
Total Resource Envelope (1+2+3+4+5)	3920.5	100%	2613.7
Grand Total Resource Envelope (GOI Allocation + UT Share)	6534.2 (GoI 60% +State 40%)		

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

*indicated amount in Crore

For the financial year (FY) 2020-21, against a resource envelope of 6535.24 Crore (calculated assuming state share of 40%). The total support from Government of India is Rs. 3920.5 Crore whereas the state share of 40% works out to be Rs.2613.7 Crore. The breakup of the total resource envelope shows that Rs.808.55 Crore is allocated for RCH Flexible Pool (including RI, IPPI, NIDDCP), Rs.1854.6 is allocated for Health System Strengthening (HSS) under NHM.

Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs.2663.13. The GOI contribution toward NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is around Rs.98 Crore, Rs.180 Crore and Rs.102 Crore, respectively. Within NDCP Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, over one-fifth of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance (including Direction and Administration).

1.4 List of Visited Healthcare Facilities & AWC

The monitoring report is based on both primary as well as secondary data. Primary data collected from visited health facility and CMO Office while secondary data has been collected from HMIS Web Portal for Bijnor District of Uttar Pradesh, 2020-21. Therefore, this monitoring and evaluation report concerned with the Bijnor District where the monitoring was carried out in November 2021. The field team members were Ms. Bindiya Kumari (Field Investigator) & Ms. Aditi Dixit of the same centre. Structure interview schedules were used for nodal officers and health facilities. Hence, qualitative and quantitative data have been used for collecting the relevant data (Annexure). Prior to visiting to Bijnor District, the monitoring and evaluation team reviewed the Bijnor PIP document and formulated the semi structured interviews schedules for the DPM, facility staff and beneficiaries. The healthcare facilities visited are listed below:

Table 5: List of Visited Healthcare Facilities in Bijnor District, Uttar Pradesh

Visited Healthcare Facility/ Place	Name of the Facilities / Place
District Hospital	Pandit Deendayal Upadhyaya District Female Hospital
Community Health Centre	CHC Haldaur & R-CHC Dhampur
Primary Health Centre	U-PHC Dhampur & R- PHC, Heempur Deepa
Health & Wellness Centre/ SC	HWC, Kherki
FGD with Community	Kherki

Before visiting the different level of healthcare facilities, a meeting with key personnel of NHM, Bijnor District was held. The main motive of the interaction with the officials i.e., CMO, DPMO and Nodal officer, was to know their problems and take their opinions for the improvement of the programmes. Furthermore, the interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The present study would focus on the performance of the Bijnor District of Uttar Pradesh in NRHM activities. This study would analyze different issues and problems of the district.

2 Public Health Planning & Implementation of National Programmes

This section will attempt to discuss in details public health planning & Implementation of various national programmes related to mother, child neo natal healthcare services under National Health Mission:

2.1 Public Health Planning

This section will attempt to discuss in details District Health Action Plan & National Health Mission fund utilization against the sanctioned amount for the last financial year. The important components that have been highlighted in this section include- DHAP, NHM Fund utilization & physical infrastructure including Ambulance & referral transportation.

2.1.1 District Health Action Plan (DHAP)

District Health Action plan is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process.

Table 6: Submission & Approval Timelines of DPIP/ DHAP, 2020-21 & 2021-22

Approving Authority	Year	Submit DPIP/ DHAP to state	Approved DHAP	Fund Release
State	2020-21	Yes	Yes	-
State	2021-22	November, 2021	Yes	May, 2021

Source: CMO Office, Bijnor District, Uttar Pradesh, 2020-21

* Direct fund sanctioned

The above table shows the time process of preparation & approval of PIPs/ DHAP. The district has submitted the DHAP/DPIP in November 2021. The district has received fund in May, 2021. It was reported that funds release from state to districts in numerous tranches. Furthermore, one by one activity wise sanctioned are being released by the state. Overall, funds release from the state to district in more than 50 tranches in last financial year. However, major amount of the fund was received in the month of June i.e., 4 crores. The state has developed their-own electronic fund management software, namely FAMS. IT enabled “Financial and Account Management System (FAMS) Portal” is functioning in the district from last 3-4 months. Owing to the aforementioned software, tracking of fund distribution & utilization/ expenses will just a small task. However, there is a great need to impart more training to the BAMs (Block Account Manager) on the FAMS portal as the said official were unable to operate new software.

2.1.2 National Health Mission Fund Utilization

Budgeting plays an important role in the effective utilization of available resources in order to achieve over all objectives. Furthermore, every state's/ district's future will depend upon the efficient utilization of funds like growth, and expanding the facilities. If funds are used effectively then the district has healthy growth in all the ways.

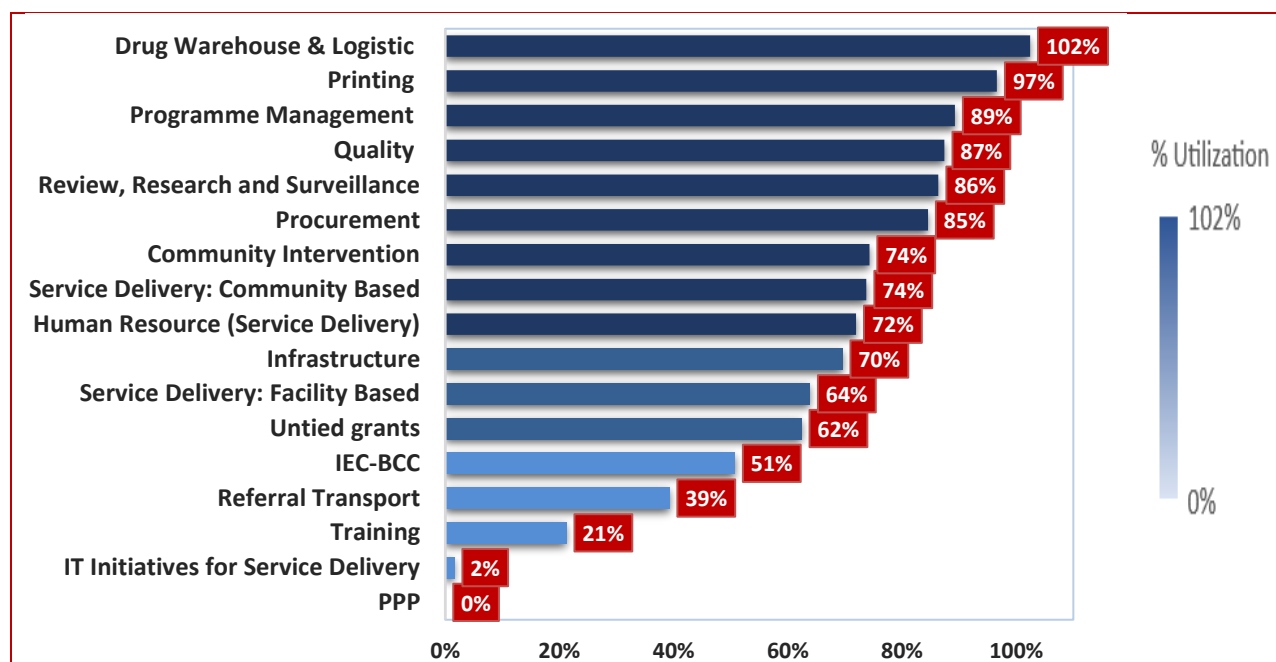
Table 7: FMR wise Status of Budget Utilization for the year 2020-21, Bijnor Uttar Pradesh

(In lakhs)

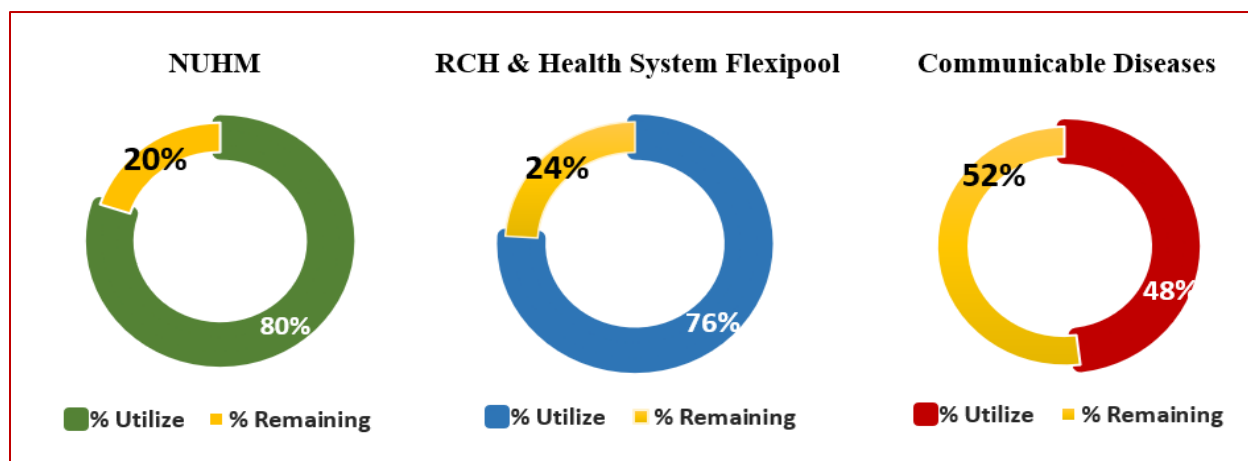
Indicator (Budget Head)	Budget Released	Budget Utilized	% Utilization
FMR 1: Service Delivery: Facility Based	929.0	593.4	64%
FMR 2: Service Delivery: Community Based	184.4	136.0	74%
FMR 3: Community Intervention	1950.7	1448.9	74%
FMR 4: Untied grants	280.3	174.9	62%
FMR 5: Infrastructure	673.1	468.3	70%
FMR 6: Procurement	335.7	283.8	85%
FMR 7: Referral Transport	9.4	3.7	39%
FMR 8: Human Resource (Service Delivery)	2278.2	1639.0	72%
FMR 9: Training	64.1	13.6	21%
FMR 10: Review, Research and Surveillance	0.7	0.6	86%
FMR 11: IEC-BCC	77.3	39.2	51%
FMR 12: Printing	105.7	102.1	97%
FMR 13: Quality	1.9	1.7	87%
FMR 14: Drug Warehouse & Logistic	56.8	58.2	102%
FMR 15: PPP	56.8	0.0	0%
FMR 16: Programme Management	582.2	519.7	89%
FMR 17: IT Initiatives for Service Delivery	7.5	0.1	2%
FMR 18: Innovations	1.4	6.6	459%
Total	7595.2	5489.5	72%

Source: CMO Office, Bijnor District, Uttar Pradesh, 2020-21

The extent of utilization of NHM funds is analyzed here using the utilization ratio. The utilization ratio is defined as the ratio of actual expenditure to total Budget allocation. Overall, around more than 25 per cent of funds remained unspent at the end of the last financial year. However, there is significantly least utilization (%) were observed for PPP, IT initiatives for service delivery, referral transport and for training. Furthermore, another major reason behind the unspent was reported that due to COVID-19 outbreak, fewer activities were performed in the district in previous year. The highest part of the budget accrues to RCH & Health Systems flexipool. The budget utilization summary for Bijnor District by the programme wise/different flexi pool and their major components is presented in following table 8 & in figure 3.

Figure 2: Top Two areas of Major Budget Utilization (%) in Bijnor District, Uttar Pradesh

In the last financial year, the district was unable to utilize the entire sanctioned amount under all the flexipool i.e. RCH, NCD & Communicable diseases flexipool. Among all the flexipool, maximum utilization of fund was observed in NHUM flexipool with the 80 % utilization against the sanctioned amount. While, least utilization can be seen in the communicable diseases pool

Figure 3: A Snapshot of the Fund Utilization under different Flexi pool, 2020-21

In communicable disease pool, the maximum utilization of funds is observed in the Integrated Disease Surveillance Programme (IDSP) i.e. 65%. Under IDSP programme, the entire fund is being utilized in tackling the COVID-19 situation with full force. On the contrary, the least utilization is being in NLEP programme nearly 33%.

Table 8: Programme wise Status of Budget Utilization for the year 2020-21, Bijnor MP

(In lakhs)

Indicator	Budget Released	Budget utilized	% Utilization
RCH and Health Systems Flexi pool	6775.3	5120.5	76%
Maternal Health	-	-	-
Child Health	-	-	-
RBSK	-	-	-
Family Planning	-	-	-
RKSK/ Adolescent health	-	-	-
PC-PNDT	-	-	-
Immunization	349.6	255.5	73%
Untied Fund	267.6	165.4	62%
Comprehensive Primary Healthcare	-	-	-
Blood Services and Disorders	-	-	-
Infrastructure	-	-	-
ASHAs	-	-	-
HR	-	-	-
Programme Management	-	-	-
MMU	-	-	-
Referral Transport	-	-	-
Procurement	-	-	-
Quality Assurance	-	-	-
PPP	-	-	-
NIDDCP	9.4	0.8	9%
NUHM	413.1	331.5	80%
Communicable Diseases Pool	552.5	263.0	48%
IDSP	4.3	2.8	65%
NVBDCP	48.3	21.0	44%
NLEP	13.7	4.5	33%
NTEP	486.2	234.7	48%
Non-Communicable Diseases Pool	NA	NA	NA
NPCB+VI	-	-	-
NMHP	-	-	-
NPHCE	-	-	-
NTCP	-	-	-
NPCDCS	-	-	-
National Dialysis Programme	-	-	-
NPCCHH	-	-	-
NOHP	-	-	-
NPPC	-	-	-
NPPCF	-	-	-
NRCF	-	-	-
NPPCD	-	-	-
Total (RCH+NUHM+CD)	7740.8	5714.9	74%

Source: CMO Office, Bijnor District, Uttar Pradesh, 2020-21

Note: NCD flexipool fund details not available/ included in the above table.

2.1.3 Health Infrastructure, Ambulance & Referral Services

Table 9 depicts the health infrastructure details of the Bijnor District. The district has 2 district hospital and zero sub-district hospital. It has 11 CHC, 53 R-PHC, and 9 UPHC. All 100 per cent UPHC are functioning in rented buildings, and all 9 U-PHCs have been converted in HWC. In respect of urban PHCs, selection of buildings was observed to be exceptional well in the district. UPHC was seen as spacious with well ventilation. Out of total 343 SCs, 91 SCs have been converted in Health & Wellness Centre (HWC).

The district has 1 blood bank; however non-availability of blood storage units was reported in the district. In addition, district has 1 Special newborn care units (SNCU) and 1 NRC Centre. However, it must be noted that the district doesn't have District Early Intervention Centre (DEIC) and Designated Microscopy Center (DMC). In addition, total number of functional NCD clinic is 5 at DH, and CHC level in the district. Out of the total NCD clinic, there is 1 NCD clinic functional at the DH level, and 4 at CHC level. The total number of institutions providing comprehensive abortion care services (CAC) is reported to be at 2 facilities.

Table 9: Status of Health Infrastructure in Bijnor District, Uttar Pradesh, 2020-21

Facility Details	Operational
District Hospitals	2
Sub District Hospital	0
Community Health Centres	11
Primary Health centre	53
Sub-Centres	343
Urban Primary Health Centers (U-PHC)	9
No. of UPHC converted to HWCs	9
No. of Sub-centre converted to HWCs	91
Special Newborn Care Units (SNCU)	1
Nutritional Rehabilitation Centres (NRC)	1
District Early intervention Center (DEIC)	0
First Referral Units (FRU)	3
Blood Bank	1
Blood Storage Unit (BSU)	0
Designated Microscopy Center (DMC)	0
Tuberculosis Units (sanctioned/ planned)	9
CBNAAT/TruNat Sites	2*
Drug Resistant TB Centres	1*
Facility with NCD clinics	5*
Facility with Abortion care services	2

Source: CMHO Office (2020-21), Bijnor District, Uttar Pradesh

*Sanctioned/ planned

Following table 10 clearly depicts that hardly 4 per cent SCs are conducting more than 3 deliveries per month out of total SCs (343) in the district. The situation is extremely bleak in case of urban-PHC. There is no delivery point at UPHC. The district has total 62 PHCs, out of which around 25 per cent PHCs are able to conduct more than 10 deliveries per month. Moreover, around 80 per cent CHC are able to conduct more than 20 deliveries in a month.

Table 10: Status of Delivery Points in Bijnor District, Uttar Pradesh

Delivery points	In number
No. of SC centre conducting > 3 deliveries /month	13
No. of PHC conducting > 10 deliveries /month	16
No. of CHC conducting > 20 deliveries /month	9
No. of DH conducting > 50 deliveries/ month	1
No. of DH conducting C-section	1
No. of Medical college conducting C- section in district	0
Number of institutes with ultrasound facilities	2

Source: CMHO Office (2020-21), Bijnor District, Uttar Pradesh

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. The district has 3 Advanced Life Support, 33 Basic life support, and 102 Ambulance are 31. There was no Mobile Medical Units (MMU) reported at the district.

Table 11: Status of Ambulance & Referral services in Bijnor District

Transport Facility	In Number	GPS fitted	Average calls received /day	Average trips per Ambulance/ day
ALS	3	Yes	-	-
BLS	33	Yes	150-170	4-5
102 Ambulance	31	Yes	-	8-10
Mobile Medical Units	NA	-	-	-

Source: CMHO Office (2020-21), Bijnor District, Uttar Pradesh

All ambulances are GPS fitted and are being handled through centralized call centers. The average numbers of calls of BLS that are being received are 150-170 calls per day. With regards to the trips conducted, total 8-10 trips are being conducted by per “102 Ambulance” per day, however less trip was conducted by BLS i.e. 4- 5. The monitoring team found that community was quite aware of the ambulance services. Community has the information about the toll-free ambulance number and they were using the ambulance services instead of personal vehicle to avail the healthcare services. Hence, it was being utilized on an exceptional good scale.

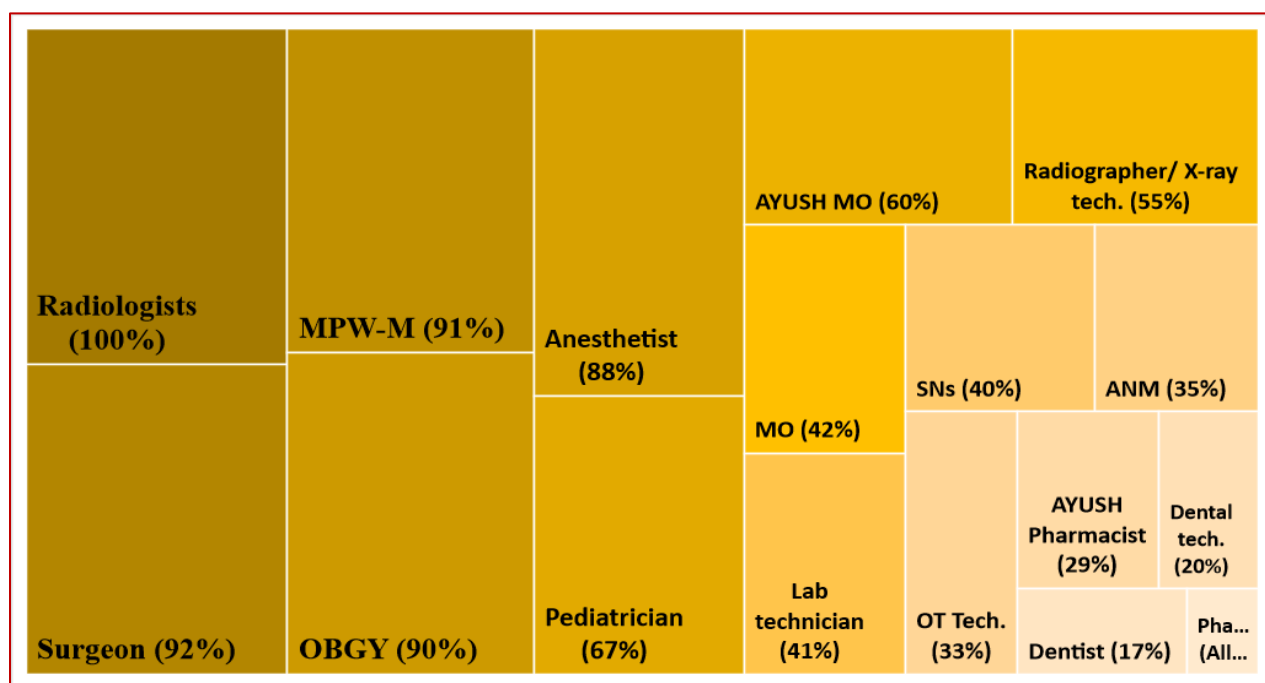
2.1.4 Human Resources

Lack of Human Resource is one of the major concerns of the district; more specifically during the COVID-19 outbreak major issue was reported regarding the Radiologist, OBGY, Surgeon, Anesthetist and Pediatrician in the district. Table 12 depicts the status of manpower in the district. Vacant Position for the ANM, MPW male, and MO is radically high in the district. Total number of sanctioned post of Gynecologists is 20 out of which only 2 posts has been filled and 18 post is still vacant. The total number of sanctioned posts for Anesthetist is 17 out of which only 2 has been filled and 15 posts is still held vacant. It has 3 Pediatrician against the sanctioned post of 9. Around 115 MOs in the district against the 198 posts. Against the total number of sanctioned posts for ANM, 200 posts are vacant in the district. Furthermore, sanctioned post for lab technicians are 69 out of which 28 posts are vacant. Non-availability of dental Radiologist was observed in the district. Figure 4 presents the % vacant position for the various Medical, Paramedical and Administrative in Bijnor District of Uttar Pradesh. High percentage vacancy pertains in the district for mostly for Specialist, Radiologist, OBGY, Surgeon, Anesthetist, Pediatrician and MO.

Table 12: Status of Human Resources in the Bijnor District, Uttar Pradesh

Staff Details at Public Facility	Sanctioned	In-place	Vacant	% Vacant
ANM	576	376	200	35%
MPW (Male)	177	16	161	91%
Staff Nurse	142	85	57	40%
Lab technician	69	41	28	41%
Pharmacist (Allopathic)	114	106	8	7%
MO (MBBS)	198	115	83	42%
OBGY	20	2	18	90%
Pediatrician	9	3	6	67%
Anesthetist	17	2	15	88%
Surgeon	13	1	12	92%
Radiologists	12	0	12	100%
Other Specialists Pathologist	0	0	0	-
Dentists/ Dental Surgeon/ Dental MO	12	10	2	17%
Dental technician	10	8	2	20%
Dental Hygienist	2	2	0	0%
Radiographer/ X-ray technician	20	9	11	55%
CSSD Technician	0	0	0	-
OT Tech.	6	4	2	33%
CHO/ MLHP	101	101	0	0%
AYUSH MO	45	18	27	60%
AYUSH Pharmacist	7	5	2	29%
Total	1550	904	646	42%

Source: CMHO Office (2020-21), Bijnor District, Uttar Pradesh

Figure 4: Vacancy of Manpower in Bijnor, Uttar Pradesh, 2020-21

Against the sanctioned post in the district, 100% Radiologist, 92 % position of Surgeon, 90% position for MPW-M, 90% position for OBGY, 88% position for Anesthetist, 67 % position for Pediatrician, 60 % of AYUSH MO, 55% of Radiographer, 40 % of MO and 41 % position of Lab technician, 40 % of Staff Nurse, and 35% positions are vacant of ANM.

2.1.5 Training

Table 13 shows the training status of Bijnor district as per the ROP approval in last financial year. The district has conducted 100 per cent trainings of NCD, HBNC, PPIUCD, and orientation training against the planned trainings. Hence, COVID has not affected the training of staff i.e., ANM, Staff Nurse and CHO etc.

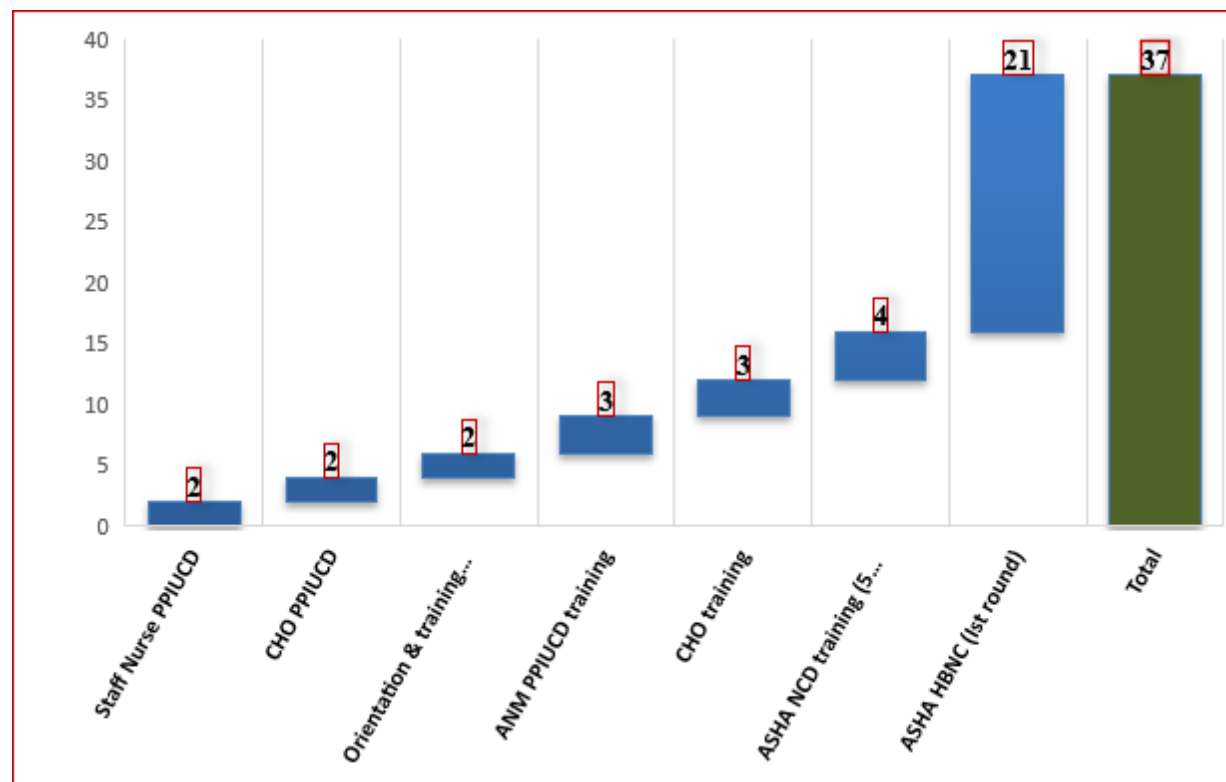
Table 13: Trainings Planned Vs Accomplished (As per ROP approval), Bijnor, Uttar Pradesh

S. no.	Training	Planned	Completed	% Completed
1.	ASHA NCD training (5 day)	4	4	100%
2.	ASHA HBNC (Ist round)	21	21	100%
3.	ANM PPIUCD training	3	3	100%
4.	Staff Nurse PPIUCD	2	2	100%
5.	CHO PPIUCD	2	2	100%
6.	CHO training	3	3	100%
7.	Orientation & training of PRI members & BCPM	2	2	100%

Source: CMHO Office (2020-21), Bijnor District, Uttar Pradesh

In last financial year 2020-21, around 40 number of trainings was conducted in the district. The table 13 clearly demonstrates that maximum number of training (against planned) has been conducted for ASHAs particularly of HBNC Visit in the last financial year.

Figure 5: Completed Training in the Bijnor District: 2020-21



2.2 Service Delivery & Implementation Status of National Programme

This section will attempt to discuss in details service delivery & implementation of various national programmes related to mother, child healthcare services under National Health Mission:

2.2.1 Maternal Health, New Born & Child Health Services/ Programmes

Improving the well-being of mothers, infants and children is an important public health goal for Government of India (GOI). India's Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Strategy, was launched in 2013. The RMNCH+A strategy aim to reduce child and maternal mortality through strengthening of health care delivery system. The following table depicts the scenario of mortality indicators in Bijnor District of Uttar Pradesh for two financial years.

Table 14: Mortality Indicators in Bijnor District, 2020-21 & 2021-22

Mortality Indicators	2020-21	2021-22*
Maternal Death	68	53
Child Death	4	1
Infant Death	10	5
Still birth	442	87

Source: CMHO Office (2020-21), Bijnor District, Uttar Pradesh

* April to October 2021

In last financial year, total number of still birth was observed quite high as compare to other mortality indicators. Similarly, same trend can be seen in the current year i.e. 2021-22. Overall, maternal deaths as compared to child & infant deaths can be observed more in both year in the district. The vast majority of these deaths are preventable. To ensure the maternal & Child health, GoI has launched numerous initiative i.e. JSY, JSSK, HBNC & RBSK etc. In this section we will discuss the implementation status of the national programme for mothers & child health.

JSY Programme

Janani Suraksha Yojana is an initiative for safe motherhood under NRHM. It aims at reducing maternal and neo mortality rate, promoting institutional deliveries among poor pregnant women by incentivizing them through cash benefits for getting institutional deliveries. The initiative is working well in the district and also the level of awareness among the beneficiaries is satisfactory in the district. Table 15 depicts the disbursement of the JSY entitlements.

Table 15: JSY Payments Status, Bijnor District, Uttar Pradesh

No. of Beneficiaries	Backlog	DBT status
20030	170 (0.8%)	-

Source: CMHO Office (2020-21), Bijnor District, Uttar Pradesh

JSSK Programme

Janani Shishu Suraksha Karyakaram aims to improve maternal and child health by minimizing financial expenses of pregnancy and sick new born child. Furthermore, the aim of this scheme is to promote institutional deliveries. Under this scheme cashless services are provided to the pregnant woman and new born in form of free drug, free food, free diagnostics, and free transport or any other cost which might be incurred during the process of normal delivery till 3 days after birth, and 7 days in case of caesarean section. Table 16 shows the JSSK status in

Bijnor district for the year 2020-21. The JSSK scheme was not fully functioned in the Bijnor District of Uttar Pradesh. Free diet was given to just 7853 beneficiary mothers. Monitoring team found that delivered mothers were not getting any diet in health facilities particularly at CHC and PHC levels since last one year. There is a wide scope for improvement with the said program. Overall, JSSK fund was being almost completely utilized for the medicine services.

Table 16: Overall Status of JSSK Program in Bijnor District, Uttar Pradesh, 2020-21

Pregnant Women/Children provided - Free Medicines under JSSK	In No.
(Pregnant women + Sick Infants)	
Free Diet	7853
Free Medicine	117223
Free Diagnostics	107273
Free Home to facility transport	24941
Inter-facility transfers when needed	2
Free Drop Back home	27903

Source: HMIS (2020-21), Bijnor District, Uttar Pradesh

Free drugs were given to 117215 mothers and 8 infants. Free diagnostics was conducted for 107260 beneficiary mothers and 13 infants. Home to facility transport was availed by solely 24941 beneficiaries and referral transport was availed by total 2 beneficiaries, facility to home transport was availed by 27903 beneficiaries.

Figure 6: JSSK program in Bijnor District, 2020-21: Pregnant Women vs. Sick Infants

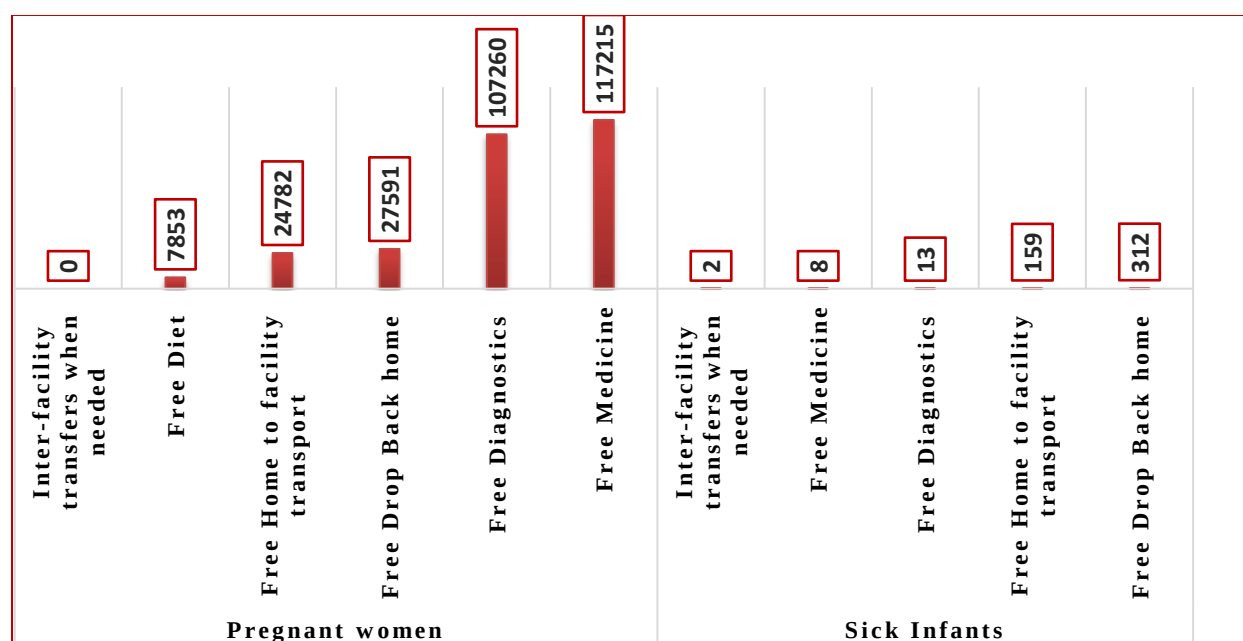


Table 17: Neonatal Health Service Delivery in Bijnor District, 2020-21

Neo Natal Facility	In Number
SNCU	
Total number of SNCU	1
Inborn Admission	344
Out born Admission	151
Referral	52
LAMA	72
Died	6
NBSU	
In-born admission	387
Out born Admission	0
Discharged	380
Referral	7
LAMA	0
Died	0
NRC	
Total number of NRC	1
Admission	669

Source: CMHO Office (2020-21), Bijnor District, Uttar Pradesh

Table 17 depicts the neonatal health service delivery with regard to infrastructure in Bijnor District of Uttar Pradesh for the year 2020-21. The district has 1 SNCU and 1 NRC. The total numbers of admissions in the SNCU unit were 344 for In-born and 151 for out-born. The district has New born stabilization units (NBSU) also. The total numbers of admissions in the NBSU unit were 387 for In-born and zero for out-born. Total 380 new-born were discharged in the last financial year. The table even shows that 7 were referred and no new-born died in the NBSU.

HBNC Programme

ASHAs are responsible for the HBNC & HBYC visits in the villages or slums. HBNC programme is well implemented in the district. The following table 18 depicts the HBNC programme in the district. During the COVID period, ASHAs were also actively involved in the counseling of Immunization & HBNC visit as well by following all the COVID protocol.

Table 18: Status of HBNC programme in the Bijnor District of Uttar Pradesh, 2020-21

Home Based Newborn Care (HBNC)	In number
Availability of HBNC kit with ASHAs	Yes
% ASHA having HBNC kit, of total ASHAs	-
Availability of drug kit with ASHAs (Rural)	0
Newborns visited under HBNC	23371

Source: CMHO Office (2020-21), Bijnor District, Uttar Pradesh

More than 20 thousand neonatal visits were conducted by ASHA worker under HBNC programme in the year 2020-21. It was observed ASHAs worker don't have the complete HBNC Kit. Non- functionally of some equipment i.e., Thermometer and Watch was observed.

RBSK Program

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include, the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened. RBSK programme is well implemented in the district. In Bijnor district, there are a total of 22 RBSK teams, with 2 teams per block, which ensure coverage of children. Just 4 teams are complete in place as per the composition and 22 numbers of vehicles are on the road for RBSK team. Per day, on an average of 18 children are being screened by the team. More than 23371 children have been screened at the delivery points for defects at birth.

Table 19: Status of RBSK programme in Bijnor District, Uttar Pradesh

RBSK	In number
Total no. of RBSK teams sanctioned	22
Complete teams with all HR in-place	4
No. of vehicles for team	22
No. of Teams / Block	2
No. of blocks without dedicated teams	0
Average no of children screened per team/ day	18
Number of children born in delivery points screened for defects at birth	23371

Source: CMHO Office (2020-21), Bijnor District, Uttar Pradesh

2.2.2 Communicable & Non- Communicable Diseases Control Programmes

One of the key objectives of NHM programme is prevention and control of most common communicable and non-communicable disease. The important programme for communicable & non-communicable diseases that have been highlighted in this section include- IDSP, NTEP, NVBDP, and NLEP etc.

IDSP Programme

The key objective of the IDSP programme is to strengthen/maintain decentralized laboratory based IT enabled disease surveillance system for epidemic prone diseases to monitor disease trends and to detect and respond to outbreaks in early rising phase through trained Rapid Response Team (RRTs). The surveillance units have been well established in the district. Rapid response teams are available/ constituted at district level as well as block level. The team include- Epidemiologist, Pathologist, Data Manager, DEO & Paediatrician. For the proper quality reporting, DEO/ Data Manager must be appointed in each block. P & L form should be revised to take into consideration of some aspects i.e., in L form, Hepatitis B & C, HIV & TB should be included. While in P form, HIV & TB column should be included & same said reporting section should be included on Portal. IDSP data utilized properly at the district level to identify/ forecasting the disease, to identify any seasonal diseases, and timely treatment to patient and to control any outbreak. In last financial year there is no outbreaks investigated, while in the current year total 2 number of outbreaks (Measles) was noted in the Nazibabaad block of the district. Under IDSP programme, 43% private hospitals were reporting weekly data. State level training to the epidemiologist as well as programme concerned staff (i.e. Pharmacist, LT & DEO) can make a significant difference in the effective implementation of IDSP programme. Furthermore, providing data entry at each block level can play a significant role as block level MCTS data entry operator already overloaded/ overburden with work. Form printing cost was reported a major concern, which needs to be revised.

NTEP Programme

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria. It spreads through air when a person suffering from tuberculosis cough, sneeze or spit. TB remains to be major public health problem in India. TB control efforts are initiated countrywide since 1962 with inception of National TB Control Programme. The programme was reviewed and revised strategy was pilot tested in 1993. The Revised National TB Control Programme (RNTCP) was launched in 1997 with implementation of Directly Observed Treatment, Short Course Strategy, Programme is further renamed as National Tuberculosis Elimination Programme in the year 2020 by Central TB Division, Government of India. Diagnosis of TB through Intermediary UDST testing/lab is established in the district. More than 60% cases of TB patients are eligible for UDST testing.

Table 20: NTEP Programme: Public Vs Private Sector, 2020-21

NTEP	Public Sector	Private Sector
No of patients notified	4582	823
Treatment success rate	81	80
No. of MDR TB Patients	124	0
Treatment initiation among MDR TB patients	13	0

Source: CMHO Office (2020-21), Bijnor District, Uttar Pradesh

Total number of TB cases notified under NIKSHYA significantly varies from 4582 in public sector to 823 in private sector. In the last financial year, overall total 124 numbers of TB patient deaths review were reported in the district and all MDR TB patient death was observed in public sector. Total 1741 numbers of beneficiaries paid under Nikshay Poshan Yojana.

NVBDCP Programme

The National Vector Borne Disease Control Programme (NVBDCP) is a focal agency of the Government of India responsible for control of 6 vector-borne diseases, i.e. malaria, visceral leishmaniasis, lymphatic filariasis, dengue, chikungunya and Japanese encephalitis. NVBDCP is a vertical programme due to separate budgets, healthcare cadres, supply chains, health information systems, monitoring, and evaluation frameworks but partially embedded in the existing mainstream healthcare system of the country at the grass root level, especially after the advent of National Rural Health Mission (NRHM). Detection methods for Filariasis include blood survey and filarial test strip. Overall Annual blood examination rate was reported 2.4% per cent in the district. Weekly epidemiological and entomological situations were monitored in the district and no MDR rounds have been observed in the last financial year. There is a proper micro and macro plan available at the district level as to control the vector borne disease prevalent in the district. In the last 3-year, there have been a decrease in the vector borne disease due to COVID scenario no OPD was observed under the said programme in district.

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer, etc. are covered under NHM. Above table 21 depicts the status of Non-Communicable Diseases (NCDs) in Bijnor District of Uttar Pradesh for the year 2020-21. In last financial year, more than 25 thousand CBAC forms filled in the district. Overall, numbers of cases of screening have been high for hypertension & diabetes in the last financial

year. Furthermore, 1722 & 778 number of cases screened for oral cancer & breast cancer in the district respectively.

Table 21: Status of Non-Communicable Diseases (under CPHC) in Bijnor District, 2020-21

Diseases	No. of Cases Screened
Hypertension	2486
Diabetes	2481
Oral Cancer	1722
Breast Cancer	778
Cervical Cancer	0

Source: CMO Office, Bijnor District, Uttar Pradesh

2.2.3 Quality of Care/Assurance Programme

To address the challenge of the continuing perception of low-quality services in the public healthcare premises, the policy makers in India introduced a set of quality-oriented programmes i.e. NQAS, KAYAKALP & MERA ASPATAAL under the National Health Mission. Kayakalp programme, which was launched in the year 2015 was a cleanliness and Hygiene drive initiated to promote proper sanitary standard in the public health premises in India. Its main objective was to inculcate a culture for promotion of cleanliness, infection control and hygiene practices in the facilities by incentivizing & recognizing the facilities showing exemplary performance in adherence to Kayakalp guidelines & thereafter sustaining such practices as well. The assessment involves a stepwise procedure i.e. Internal Assessment, Peer Review & External Assessment. After reviewing external assessment, the facilities are ranked based on scores obtained and the facilities acquiring maximum scores are declared the winners and awarded accordingly. The following table 21 undoubtedly demonstrates the alarming figure with respect to quality care programme implementation. Quality care programme is well implemented in the district. At DH level, Kayakalp programme & NQAS was observed well implement. There are two DH in the district and both DH has scored more than 70% in external assessment. However, the situation is extremely unwelcoming at PHC & CHC level in the district. There are just 18% CHC and 8% PHC in the district, which has scored more than 70% in external assessment in the last financial year. With regards to urban PHC, it was noted around 10%. Thus, there is a dire need to implement quality care program in the district particularly at PHC & CHC level for better or quality care services in the facility.

Table 21: Status of Kayakalp Programme in Bijnor Uttar Pradesh, 2020-21

Facility Details	Total Public Facilities	Facility Awarded (>70% score in external)	% Awarded
District Hospitals/ SDH	2	2	100%
CHC	11	2	18%
PHC	53	4	8%
UPHC (4 E-Sanjivini clinic)	9	1	11%
SC	343	NA	-

Source: Kayakalp Portal (2020-21), Bijnor District, Uttar Pradesh

Mera-Aspataal Initiative

Apart from Kayakalp programme, Mera-Aspataal initiative is also implemented in Uttar Pradesh. It is Ministry of Health, Government of India initiative to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as Short Message Service (SMS), Outbound Dialing (OBD) mobile application and web portal. Currently, it has been implemented in district hospital of Bijnor, Uttar Pradesh.

2.2.4 Community Health Worker (CHW) & Programmes

Community health workers like ASHAs play strategic role in the area of public health. ASHAs have been established as the first port of call for all health related and allied activities at the community level. The bottom-up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors. The broad working status of ASHAs is highlighted in following Table 22. At present, a more than 3000 ASHAs are working in the district. Salaries of ASHAs were reported to be on time. In district, total 88 number of villages/ slum areas was reported that are without ASHA workers. ASHAs were actively involved in the counseling of ANC, PNC, Immunization and Hygiene and sanitation practices during the COVID period.

Table 22: Contemporary status of ASHAs Worker, 2020-21

Status of ASHAs	(In number)
Total working	3132
Required as per population	3114
ASHAs covering more than 1500 rural + 3000 urban population	72
No. of villages/ slum areas with no ASHA	88

Source: CMO Office, Bijnor District, Uttar Pradesh, 2020-21

Overall, 11579 numbers of immunization session were conducted in the last year where ASHAs were present. They were responsible for the HBNC & HBYC visits in the village/ slum.

Table 23: Enrolled status of ASHAs under Different Programme, 2020-21

Scheme/ Programme	No of ASHAs Enrolled
PMJJBY	2603
PMSBY	3009
PMSYMY	900

Source: CMO Office, Bijnor District, Uttar Pradesh, 2020-21

Community interactions & interaction with ANM indicated that the role of the ASHA is well appreciated as they bridge the gap between health department and community. However, in few pockets/ areas found that ASHAs refer pregnancy cases directly to the private hospitals instead of public health facilities as they received greater financial incentive from the private sector. Therefore, delivery care diversion from private sector to public was notable a major concern.

MAS (Mahila Arogya Samiti)

MAS is one of the key interventions under National Health Mission aimed at promoting community participation in health at all levels, including planning, implementing and monitoring of health programmes. One Mahila Arogya Samiti covers approximately one mohalla (200-250 household) that includes around 2500-3000 population in slum like settlements. This Samiti addresses local issues related to any new diseases, local awareness, health education i.e. ANC, immunization, family planning, adolescent health, ambulance care services, national programmes related to women, COVID social distance practices, water, and sanitation at slum level. Total 65 number of Samiti formed, while trained MAS was reported 64 in the district. 64 MAS account was opened and it was reported that ASHA and one elected woman (particularly high educated as well as social) from the respective Mohalla handling the MAS account. This Committee consists ANM & around 10-15 members. Currently, 61 number of MAS were functional. Meeting of MAS was held at least once in a month on first Tuesday, particularly on UHND day. There is particular day i.e. first Tuesday of every month fix for the meeting. Therefore, member can plan for participating in it. The MAS is Monitored by District Urban Health Coordinator, Nodal NUHM and Medical officer at a regular interval.

3 Service Availability: Focus Group Discussions (FGDs) with Community

3.1 Community Awareness & Health Seeking Behaviors

Community interaction reflected that most of the people were displeased with the public healthcare services provided by the facility, while the rest population were quite satisfied. Most of the community prefers private clinics over public facilities as ASHAs mostly refer pregnancy cases directly to the private hospitals instead of public health facilities as they received greater financial incentive from the private sector. Therefore, beneficiaries were not well-counseled about the pregnancy care, and institutional delivery. Under JSSK, diet benefits for delivered mothers were not care taken care of effectively in the district.

3.2 Out of pocket expenditure, Access of Medicine & Transportation services:

The beneficiaries at the facilities were largely unsatisfied with the service availability. It is important to note that availability of drugs was optimal, however outside prescription was extremely prevalent. The monitoring team found that community was quite aware of the ambulance services. Community has the information about the toll-free ambulance number and they were using the ambulance services instead of personal vehicle to avail the healthcare services. Only in case of emergency to opt personal vehicle to avail the healthcare services. Hence, Ambulance services was being utilized on a good scale.

3.3 Staff Behavior with the Community

Staff behaviors affect not only their own health but also the provision of health promotion services to their patients. Overall, beneficiaries were quite satisfied with the staff's behavior, and attitude. Furthermore, they were also satisfied about the availability of staff at the facility during the OPD hours. With regards to ASHAs worker, overall community has realized the importance & contribution of ASHAs worker in providing healthcare services i.e. ANC, Immunization and PNC. Community interactions indicated that the role of the ASHA is well appreciated in the community as they bridge the gap between health department and community. However, in few pockets/ areas found that ASHAs refer pregnancy cases directly to the private hospitals instead of public health facilities as they received greater financial incentive from the private sector. Therefore, delivery care diversion from private sector to public was notable a major concern.

3.4 Key Challenges at Grass root level

Beneficiary concern was majorly reported with regards to the extremity of patient load at CHC & District Hospital level. Owing to significant high load or long queue, they had to wait for very long time. Long queue or longer waiting time to avail the services, the same led to diversion to private treatment seeking. Furthermore, to provide better-quality care services was a major concern in the public as compare to private. Of the total prescribed drugs, very few are made available to people at public facilities, and the rest have to be purchased from private clinics. The same again led to diversion towards private treatment seeking because beneficiaries have to purchase medicine from outside even if they consult in public health facility.



Figure 7: Focus Group Discussion with Beneficiaries/ Community members, SC Kherki

4 Service Availability: Facility wise Observation

The observations made by the monitoring team during the visit to various health facilities in Bijnor District are listed below. This section of report summarizes the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc as per the IPHS standard.

4.1 District Hospital, Bijnor

District women hospital is a 100 bedded facility located on the main road. It was functioning in government premises. The building had proper board depicting the centre name in the local language which was easy to read on the building so that the public of the district can access the facility. Bijnor district has two district hospitals. Per day average delivery load at this hospital

was the reported to be high in the district. Monthly around 300 deliveries were conducted at the hospital. Out of the total deliveries, around 96 C-section & 200 normal deliveries were reported. The facility has well adhered the quality care protocol and it was observed Kayakalp awardee with 79.8 % the external assessment in last financial year. The observation found that quality care programme implementation has become more practical due to COVID scenario, although earlier it was subjective.



Figure 8: DH, Bijnor Uttar Pradesh

Table 24 clearly depicts the availability & non-availability of the services at the facility. Overall, non-availability of DEIC, NICU, PICU, NRC, X-ray, ICU, dialysis unit, CT scan, Blood bank and CLMC was observed. EDL were well displayed in OPD area. It was reported that the SNCU has 9-10 bedded, however, the bed occupancy rate is reported to be very less. The labour room was clean, with shoe covers, slippers masks and head cover are readily available outside. The total 44+ types of tests have been taken place at the facility. More than 50 thousand numbers of lab tests were performed at the facility in last financial year.

Table 24: Infrastructure, Services & Equipment Availability in DWH Bijnor

Physical Infrastructure Availability	Yes/No	Specialized Services Availability	Yes/No
24*7 running water facility	√	O&G	√
Facility is geriatric and disability friendly	√	Pediatric	√
Hospital located near residential area	√	Medicine	×
Clean functional toilets (separate for M/F)	√	General Surgery	×
Drinking water facility available	√	Anesthesiology	√
OPD waiting area has sufficient sitting space	√	Ophthalmology	×
ASHA rest room is available	×	Dental	×
Drug storeroom with rack is available	√	Imaging Services (X – ray)	×
Power backup at Complete Hospital	√	Imaging Services (USG)	√
Good Condition of Building	√	DEIC	×
Complete Construction Status of Building	√	NRC	×
Diagnostic Services Availability		SNCU/ MNCU	√
Laboratory Service	√	CLMC	×
X-ray	×	NICU	×
CT Scan	×	PICU	×
Fully Equipped Blood Bank	×	ICU	×
OT services	√	Dialysis Unit	×
Medicine & Instruments Availability		Burn Unit	×
All Essential Medicine on the day of visit	√	Skill Lab	√
Major Instrument Available & Functional	√	Telemedicine Services	×
All essential consumable	×	Emergency Care	√

Table 25: Status of Human Resources in District Women Hospital, Bijnor, 2020-21

DH Manpower	Sanctioned	In position	Vacant	% Vacant
MO	-	-	-	-
Medicine	-	-	-	-
OBGY	3	1	2	67%
Pediatrician	6	2	4	67%
Anesthetist	3	1	2	67%
Surgeon	-	-	-	-
Ophthalmologist	-	-	-	-
Orthopedic	-	-	-	-
Radiologist	-	-	-	-
Pathologist	1	1	0	0%
Others specialist	5	2	3	60%
Dentist	-	-	-	-
Staff Nurses	NA	32	-	-
LTs	3	6	#	#
Pharmacist	8	10	#	#
Hospital Manager	1	1	0	0%
Others	-	-	-	-
#Surplus				

Table 25 presents the vacant positions for the various Medical, and Paramedical positions in Bijnor District of Uttar Pradesh. There are 1 OBGY, 2 Pediatrician, 1 Anesthetist, 1 Pathologist, 32 Staff Nurses, 6 LTs and 10 Pharmacist at the district hospital. The DWH has shortage of Specialist & Gynecologist from last 1 year, the walk-in interviews were taken few days back to appoint 2 Doctors in near future.

In the last financial year, 1 maternal deaths & 4 child deaths were reported at the facility. In the current year, more child deaths with the number of 8 deaths were seen in the district hospital. In the previous year 2020-21, the facility was unable to utilize the almost entire sanctioned amount under NHM. However, delay in receiving fund was observed at the facility.

Key Challenges:

- ⊕ There was a single room for In-born and Out-born in SNCU unit due to shortage of Staff. Therefore, Crunch of Manpower in the SNCU unit was notably concerning.
- ⊕ Non- functional of Lift is another major concern since more than one year. Report and complained against the same was done numerous times to Lucknow but didn't get any respond.
- ⊕ Exceptional low out-born admission was observed a key concern in SNCU unit.

4.2 Urban Community Health Centre, Haldaur

Community Health Centre Haldaur is 30 bedded spacious health facility, caters around 2.8 lakh population. It is 24-25 kilometers away from the District Hospital, Kota. Overall, the facility witnessed 150-200 OPD loads per day. Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of Cough, Suspected Dengue, Typhoid, Itching and Skin diseases. The area was highly boosted with the sugar plants due to excessive usage of pesticides and fertilizer in the fields, skin diseases cases were prevalent among the farmers. It was noted to be COVID dedicated facility. In first wave of COVID, total number of 30 patients was admitted at this premises, while in 2nd wave it was 45. There are no deaths was observed at the facility due to COVID. It was informed that this facility was run as a COVID dedicated facility for about 3 months. During this period, the OPD was reported to be zero as all services were halted. This facility is co-located with the PHC. PHC infrastructure is in an unfortunate state and could be safely regarded as unfit for functional purposes. Therefore, PHC's manpower was working at the CHC. Presently there are 2 MO, 2 SNs/ GNMs, 3 LTs, 4 Pharmacists, 1

Dental Assistant/ Hygienist & 1 manager at the facility. All essential services i.e. General OPDs, IPD, OPD, MCH services, general emergency and diagnosis were provided at the facility.



Figure 9: CHC, Haldaur

This facility is well equipped for the delivery care services, while the critical trauma cases, high-risk cases directly referred to the District Hospital. In the last financial year, 2 still births at the facility while maternal deaths & child deaths were reported to be zero at the facility. The following table 26 clearly depicts the availability and non-availability of services at the facility.

Table 26: Infrastructure, Services & Equipment Availability in CHC, Haldaur

Physical Infrastructure Availability	Yes/No	Specialized Services Availability	Yes/No
Accessible from nearest road ahead	√	Medicine	√
24*7 running water facility	√	O&G	√
Facility is geriatric and disability friendly	√	Pediatric	×
Hospital located near residential area	√	General Surgery	×
Clean functional toilets	√	Anesthesiology	×
Drinking water facility available	√	Ophthalmology	×
Waiting area has sufficient sitting space	√	Dental	√
ASHA rest room is available	√	Imaging Services (X – ray)	×
Drug storeroom with rack is available	√	Imaging Services (USG)	×
Power backup at Complete Facility	-	NBSU	×
Good Condition of Building	√	Instrument Availability	
Services Availability		Major Instrument Available & Functional	√
24*7 Emergency	×	Medicine & Diagnostic Availability	
Tele-medicine Services	×	Essential Medicine	×
Delivery Services	√	Essential diagnostic (In House)	√
OT Available (minor)	√	Testing kits	√
Blood storage Unit	×	Essential Consumable	√

In last six month, total 152 cases were screened for hypertension and 604 number cases of diabetes were screened. However, the confirm cases for hypertension and diabetes were reported 55 and 156 respectively. All the essential equipment was available at the facility. The list of essential medicines has a total of 295 medicines, and all 280 type medicines available on the day of the visit. Therefore, shortage of essential medicine Omeprazole 20 Mg, Tab. Ranitidine 150, Syrup Promethazina, Tab Cifixin, Oxy, Apidosina, Methargiene was observed at the facility. Shortage of Anti-rabies medicine was a major concern at the facility. With regards to family planning services, around 10 number of sterilizations was conducted in last one month i.e., October at the facility.

Key Challenges:

- ✚ Non- availability of laboratory room was reported a major concern as DOTS & General Lab was running in a single room. It is highly recommended that DOTS room should be separate from the same.
- ✚ Another major issue was reported to be the space crunch in the medicine store room.
- ✚ There was a shortage of staff nurses in the labour room.

4.3 Rural Community Health Centre, Dhampur

CHC Dhampur is running in a government spacious premises. The health facility was easily accessible as located on the main road. It caters around 3.4 lakh populations. Heavy OPD load was observed at this facility i.e. 250-300 per day, while during COVID period it was seen just 10-15 OPD. The main reason behind the OPD decline that it was COVID dedicated facility and during this time period only emergency care services was catered. It was reported that around 8 months this facility run as a COVID dedicated facility. With regards to essential services, General OPDs, IPD, delivery care services including C- section, Trauma Centre, Diagnostics services, COVID vaccination, Ayushman Bhart Card, DOTS, Dental care, HIV, & emergency care 24*7 were seen at the facility. Furthermore, all essential tests were provided at the facility. The facility has been performing well along the lines of patient satisfaction and optimum care delivery. The facility in-charge has taken the voluntary initiative of heading the varied departments, resulting in efficient outcomes and progress. C- section deliveries have been major progress, which was started on February 2021. Total 7 number of c- section deliveries were

conducted at this facility. Furthermore, it was well adhered with quality care protocol and found to be Kayakalp certified with the 79% external assessment score in last financial year.



Figure10: CHC, Dhampur

Monthly 40-50 deliveries were conducted at the facility. There are no maternal deaths was observed at the facility since 1992. With regards to child deaths, it was observed to be zero in last two year. The list of essential medicines has a total of 190 medicines, and all 160 type medicines available on the day of the visit. However, EDL was well displayed in the OPD Area. Around 9 types of tests were performed at the facility, and total 6175 no. of test were done at the facility in last financial year. X-ray machine was available/ functional at the facility, however it was not AERB certified. The innovative practices with regards to family planning was observed at facility. Family planning counselor was immensely active and facility had the special “basket of choice”- with contraception methods to attract women.

Overall non-availability of specialized services i.e. Medicine, O&G, Pediatric, general surgery, Ophthalmology, Blood storage, Imaging services (USG), Dental, and Anesthesiology was observed at the facility as depicted in table 27.

In the previous year 2020-21, total 2.5 lakh untied fund was received under NHM. Of the entire sanctioned amount, the facility was able to utilized was around 98-99 per cent amount of fund. However, huge delay was observed in receiving the funds at the facility. The facility has been markedly lacking in JSSK program’s implementation with regards to the provision of free diet to the beneficiaries. Delivered mothers were not getting any diet at the facility since last one year. Therefore, there is wide scope of improvement with regards to the said programme.

Table 27: Infrastructure, Services, Medicine & Equipment Availability in CHC Dhampur

Physical Infrastructure Availability	Yes/No	Specialized Services Availability	Yes/No
Accessible from nearest road ahead	√	Medicine	×
24*7 running water facility	√	O&G	×
Facility is geriatric and disability friendly	√	Pediatric	√
Hospital located near residential area	√	General Surgery	×
Clean functional toilets (separate for M/F)	√	Anesthesiology	×
Drinking water facility available	√	Ophthalmology	×
OPD waiting area has sufficient sitting space	√	Dental	√
ASHA rest room is available	×	Imaging Services (X – ray)	×
Drug storeroom with rack is available	√	Imaging Services (USG)	×
Power backup at Complete Facility	√	NBSU	√
Good Condition of Building	√	Instrument Availability	
Services Availability		Major Instrument Avl. & Functional	√
Emergency (General)	√	Medicine & Diagnostic Availability	
Tele-medicine Services	×	Essential Medicine	×
MCH Services (incl. High Risk Pregnant)	√	Essential diagnostic (In House & PPP)	√
OT services (minor)	√	Testing Kits/ Rapid diagnostic Kits	√
Blood storage Unit	×	Essential Consumable	×

Key challenges:

- ⊕ Non- availability of Aesthesia was a major concern at the facility. To cater C-section delivery, MBBS doctor was trained by providing three months training by the state. Hence, the lack of confidence to cater the same makes it a problem.
- ⊕ The area was highly boosted with the sugar meals industries, therefore high voltage was running through the wires. Owing to high voltage electricity (280-290), the facility was facing the huge problem as it shortens the equipment's service life. Thus, to address the same issue the facility required servo voltage stabilizer.
- ⊕ Shortage of OBGY was seen as a significant issue at the facility.
- ⊕ Space crunch in Labour Room is concern when load is high.
- ⊕ Dental chair is not fully equipped at the facility since last year.
- ⊕ Despite tireless efforts, this facility has utterly failed to encourage mothers to stay for at least 48 hours after their delivery.

4.4 Urban Primary Health Centre, Dhampur

PHC Dhampur is well functioning in a spacious rented building. The selection of UPHC's buildings was observed to be exceptional well. It was observed to be well maintained facility with proper ventilation. The facility had only one issue that being in a rented building won't allow them to construct according to their needs to change in the infrastructure. The Facility has been converted in HWC; however, it was just shifted in the new building so wellness activities were not performing there. It is 2 bedded healthcare facility. This facility is a not delivery point, however one delivery was conducted at this facility. All essential services i.e. General OPDs, IPD, ANC, Immunization (monthly), diagnosis, and follow-up for common NCDs were provided at the facility delivery care services. OPD load around 50 per day was observed at this facility. Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of Hypertension, Diabetes, TB, and Skin allergies. This facility was observed Kayakalp awarded with the score of 73% in external assessment in last financial year.



Figure 10: PHC Dhampur, Bijnor

With regard to manpower, presently there is 1 MO, 2 staff Nurse, 5 ANM, 1 LT, and 1 Pharmacist working at the facility. The facility was fully equipped with HR in place and there is no vacant post against the sanctioned post. The following table 28 depicts the availability as well as non-availability of the Infrastructure, Diagnostic Services, Medicine & Equipment at the facility. Overall non-availability of delivery care services, 24*7 service delivery, tele-medicine, Imaging Services (X – ray) was observed. All essential medicine were present on the day of the visit, however, EDL were not displayed in OPD area. The provided services list was not well displayed in the OPD area of facility. Despite the frequent transfers/re-allocations of LTs to the COVID centres, total 1299 number of tests were done at the facility in last six months. The total

6-7 types of tests i.e. HB, VDRL, HIV, Sugar have been taken place at the facility. Out of the total tests, 267 tests were observed for HB, 252 for sugar, 179 for VDRL, 184 for HIV, 119 HCV, 122 HBSAG, 2 Typhoid, 174 Urine Sugar. In terms of family planning, Condom & Oral Pills is the most accepted method in the given catchment, followed by EC Pills.

The status of documentation management with respect to budget utilization was observed to be exceptionally unfortunate & poor at the facility as assigned staff was not being aware about the same (sanctioned & expenses details). Data cum Account Assistant Urban of urban DPU unit look the fund details or management part of this facility due to non-availability of doctors/ MO. It was reported that total 1 lakh amount was received in the last financial year, of which 90% were utilized.

Table 28: Infrastructure, Services, Medicine & Equipment Availability in PHC Dhampur

Physical Infrastructure Availability	Yes/No	Services Availability	Yes/No
Accessible from nearest road ahead	√	24*7 Service Delivery	×
24*7 running water facility	√	Availability of Delivery care services	√
Facility is geriatric and disability friendly	√	Line listing of High-risk pregnancy	√
Facility located near residential area	√	X-Ray	×
Clean functional toilets (separate for M/F)	√	Telemedicine Services	×
Drinking water facility available	√	Instrument Availability	
OPD waiting area has sufficient sitting space	√	Major Instrument Available & Functional	×
ASHA rest room is available	×	Medicine & Diagnostic Availability	
Drug storeroom with rack is available	√	Essential Medicine	√
Power backup at the Facility	√	Essential -diagnostic (In House)	√
Good Condition of Building	√	Essential Consumable	√

Key Challenges:

- ⊕ Training gaps was observed among the newly joined or fresher Staff Nurse as they were not found SBA trained. Delivery care services is thus a serious heckle.
- ⊕ No data entry was observed from direct facility level. The said reporting was seen from urban DPMU unit. It was located around 45-50 km away from the main city. Therefore, it was suggested that DEO should be appointed on those UPHCs which are far distance located from main Bijnor city.
- ⊕ Delay in receiving was observed at the facility.

4.5 Rural Primary Health Centre, Heempur Deepa

R- PHC Heempur Deepa is 4 bedded facility and caters more than 25000-30000 population. It is running in a government old premises. This facility seems to be exceptionally non-functional, where service delivery is questionable despite good infrastructure. In the name of service delivery, only a building stood with very few essential services. Hardly 40-50 OPD per day was reported at the facility. Branding of HWC was done at the facility. Owing to weak monitoring, name of the facility was even displayed incorrectly i.e. SC instead of PHC was written. Proper monitoring visits/ supervision can play an imperative role for making them functional as well as optimal utilization of resources.



Figure 11: R- PHC, Heempur Deepa

Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of skin problem, respiratory infection etc. This facility is a not delivery point, and the referral point CHC Siau is around 12 km away from the facility. Just basic essential services i.e. OPD, Immunization, ANC & Family planning were rendered at the facility. However, register/ record maintenance with respect to rendered services was not observed at the facility except

OPD & stock register. Furthermore, all essential tests were not provided at the facility because of non-availability of LT. The facility has been converted in HWC but no HWC activities & yoga activities were observed at the facility. The following table 29 depicts the availability as well as non-availability of the infrastructure, diagnostic services, medicine & equipment at the facility. All the essential medicines were available on the day of the visit. Furthermore, all the essential equipment's were available & functional at the facility. However, wastage of resources was observed due to lack of manpower. Currently, there is just 1 AYUSH MO, 1 SN, and 1 Pharmacist working at the facility. The facility has no sweeper to maintain the cleanliness. Owing to the same issue, toilet and washroom as monitored were found to be in highly unsanitary condition. These were seen smelly; unclean & few were out of services. With regards to fund details, the facility staff has completely unaware about the fund allocated & utilization to facility under NHM.

Table 29: Infrastructure, Services & Equipment Availability in PHC Heempur Deepa

Physical Infrastructure Availability	Yes/No	Services Availability	Yes/No
Accessible from nearest road ahead	√	24*7 Service Delivery	×
24*7 running water facility	√	Availability of Delivery care services	×
Facility is geriatric and disability friendly	√	Line listing of High-risk pregnancy	×
Facility located near residential area	√	X-Ray	×
Clean functional toilets	×	Tele-medicine services	×
Drinking water facility available	√	Instrument Availability	
OPD waiting area has sufficient sitting space	√	Major Instrument Available & functional	√
ASHA rest room is available	×	Medicine & Diagnostic Availability	
Drug storeroom with rack is available	×	Essential Medicine	√
Power backup at the Facility	√	Essential -diagnostic (In House)	√
Facility has been converted to HWC	√	Essential Consumable	√

Key Challenges:

- ⊕ Retention of Obs.& Gynae doctor has been observed to be extremely worrisome at this facility. In fact, across rural CHCs, shortage of gynecologists and female doctor in general poses a notable challenge for health service accessibility. The said concern also drives private healthcare dependency.
- ⊕ The facility has been converted into HWC but no HWC activities/Yoga activities were conducted at the facility.
- ⊕ The facility has no MO, no LT, no LA and no data entry operator.

Sub-Centre/ Health & Wellness Centre, Kherki

HWC/SC Kherki covers 2 villages with a catchment population of around 5000. This facility functioning in a government building where issues pertaining to incomplete kit of ASHAs, shortage of Medicine and branding issue, etc. persists. This facility is not a delivery point. CHC Siau & PHC Chandpur is the next referral point from this facility. Community prefers going CHC Siau from this facility, which is located away just 3-4 kilometers minutes away. Around 25-30 OPD per day was reported at the facility, who are mostly all mix ages. Total 100 CBAC forms have been filled in the last 6 months, out of which around 20 cases observed with more than four score. In last financial year, total 0 maternal deaths & 2 child deaths were reported at the facility, while in the current year 4 child deaths, 2 maternal deaths observed. The health facility was easily accessible and located on the main road.



Figure 12: HWC, Kherki

At present there are 1 CHO, 1 ANM & 5 ASHAs workers at the facility. Staff quarter was available at the visited facility; however ANM not resides in this residential complex. The following table 30 clearly depicts the availability as well as non-availability of the infrastructure, diagnostic services, medicine & equipment at the facility. All the essential medicines were not available on the day of the visit. Therefore, NCD medicine was well observed at the facility. NCD screening & HWC activities were performed at the facility. In last six month, total 250 & 241 cases were screened of hypertension & diabetes, of which 7 cases & 14 cases were confirmed for hypertension & diabetes respectively. The total fund received last year was Rs. 10000, of which 50% fund have been utilized by the facility.

Table 30: Infrastructure, Services & Equipment Availability in SC/ HWC, Kherki

Physical Infrastructure Availability	Yes/No	Services Availability	Yes/No
Accessible from nearest road ahead	√	Maternal & child health services (few)	√
24*7 running water facility	×	Availability of Delivery care services	×
Facility is geriatric and disability friendly	√	Line listing of High-risk pregnancy	√
Facility located near residential area	√	CBAC form filling	√
Clean functional toilets	√	Family planning services	√
Drinking water facility available	√	Instrument Availability	
Waiting area has sufficient sitting space	√	Major Instrument Avl. & Functional	×
ASHA rest room is available	×	Medicine & Diagnostic Availability	
Drug storeroom with rack is available	√	Essential Medicine	×
Branding	×	NCD medicine	√
Specified area for Yoga Activities	√	Essential Consumable	√
Power backup at the Facility	×	ASHAs complete kits	×

Key Challenges:

- ⊕ Power backup & branding is another major concern at the facility premises.
- ⊕ The facility faces the issue of medicine shortage; even basic medicine of Iron, and Calcium was not available at the facility from the last 30 days.
- ⊕ HBNC Kit of ASHAs worker was reported to be incomplete as some equipments i.e. Thermometer and watch were seen non-functional.

5 Discussion & Key Recommendations

- ⊕ The district's foremost drawback was noticed regarding fund management. The post of DAM has been vacant from the past 3-4 years. Thus, in turn, there is a dire entail of District Accountant Manager or specialized person to review the efficient or effective fund management.
- ⊕ Non- availability of Block Account manager (BAM) in some block was a worrisome concern. For the effective management of fund, it is imperative that BAM should be assigned in each block.
- ⊕ The district has been markedly lacking in JSSK program's implementation with regards to the provision of free diet to the beneficiaries. Delivered mothers were not getting any diet in health facilities particularly at CHC and PHC levels since last one year. There is a wide scope for improvement with the execution of the said program.

- ⊕ Institutional delivery coverage to total ANC registration was observed to be particularly low in the district. It was reported that ASHAs mostly refer pregnancy cases directly to the private hospitals instead of public health facilities as they received greater financial incentive from the private sector. Frequent monitoring/ review of block-wise indicators of the same can play a significant role to identify the particular area/ block and then immediate measures must be taken to address the same as it can be fruitful to alter the current scenario of delivery care diversion from private sector to public.
- ⊕ Despite the COVID scenario, ANMOL was strategically rolled out in the district. However, ANM, which is nearing retirement, is facing problem in reporting data on the ANMOL Portal as technology was not compatible with every age group. To ensure error free reporting, training gap should be filled by re-training the aged ANM at SCs level.
- ⊕ Under reporting with regards to Malaria Program was observed in the district, which needs to be improved by proper monitoring at an interval.
- ⊕ Chronic shortage of specialists i.e. OBGY, Radiologist, Surgeon & Anaesthetist are notably concerning in the district. Lacunae in human resource for healthcare must be addressed from a systematic and time-sensitive standpoint.
- ⊕ No data entry was observed from direct facility level particularly at all UPHC and those CHCs, which is not collocated with PHC. The said reporting was seen from the BPMU & urban DPMU unit. DEO should be appointed at said CHC level and on those UPHCs which are far distance located from the main Bijnor city. Such shortage of DEOs creates overburden of jobs at BPMU unit and significantly hampers the data quality.
- ⊕ No yoga activities were observed at Health & Wellness Centres in the district. The HWC team should focus on HWC related activities that must be addressed at priority basis.
- ⊕ At SCs level, where ANM is not available healthcare services were highly hampered. Government should prioritize recruitment of ANM in each Sub-centre to improve the access of healthcare services.
- ⊕ There is an exceptionally non-functional PHC, Heempur Deepa where service delivery is questionable despite good infrastructure. The facility seems to be completely non-functional. Just few services were imparted at the facility. Owing to weak monitoring, name of the facility was even displayed incorrectly i.e. SC instead of PHC was written. It is highly recommended that non- functional facilities must be identified & worked on it.

Annexure

District level Monitoring Checklist

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

Overview: DHAP

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

Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) Number of lab tests notified	
3. Status of delivery points	
No. of SCs conducting >3 deliveries/month	
No. of 24X7 PHCs conducting > 10 deliveries /month	
No. of CHCs conducting > 20 deliveries /month	
No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
No. of DH/ District Women and child hospital conducting C-section	
No. of Medical colleges conducting > 50 deliveries per month	
No. of Medical colleges conducting C-section	
4. Number of institutes with ultrasound facilities (Public+Private)	
Of these, how many are registered under PCPNDT act	
5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	
6. RBSK	
Total no. of RBSK teams sanctioned	
No. of teams with all HR in-place (full-team)	
No. of vehicles (on the road) for RBSK team	
No. of Teams per Block	
No. of block/s without dedicated teams	

Indicator	Remarks/ Observation	
Average no of children screened per day per team		
Number of children born in delivery points screened for defects at birth		
7. Special Newborn Care Units (SNCU)		
- Total number of beds - In radiant warmer - Stepdown care - Kangaroo Mother Care (KMC) unit		
Number of non-functional radiant warmer for more than a week		
Number of non-functional phototherapy unit for more than a week		
	Inborn	Out born
Admission		
Defects at birth		
Discharged		
Referral		
LAMA		
Died		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
Admission		
Discharged		
Referral		
LAMA		
Died		
9. Nutrition Rehabilitation Centers (NRC)		
- Admission - Bilateral pitting oedema - MUAC<115 mm <'3SD WFH - with Diarrhea - ARI/ Pneumonia - TB - HIV - Fever - Nutrition related disorder - Others		
- Referred by - Frontline worker - Self - Ref from VCDC/ CTC - RBSK - Pediatric ward/ emergency		
Discharged		
Referral/ Medical transfer		
LAMA		
Died		
10. Home Based Newborn Care (HBNC)		
Status of availability of HBNC kit with ASHAs		
Newborns visited under HBNC		
Status of availability of drug kit with ASHAs		

Indicator	Remarks/ Observation	
11. Number of Maternal Death Review conducted - Previous year - Current FY		
12. Number of Child Death Review conducted - Previous year - Current FY		
13. Number of blocks covered under Peer Education (PE) programme		
14. No. of villages covered under PE programme		
15. No. of PE selected		
16. No. of Adolescent Friendly Clinic (AFC) meetings held		
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout		
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan - No. of trips per MMU per month - No. of camps per MMU per month - No. of villages covered - Average number of OPD per MMU per month - Average no. of lab investigations per MMU per month - Avg. no. of X-ray investigations per MMU per month - Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month - Avg. no. of sputum collected for TB detection per MMU per month - Average Number of patients referred to higher facilities - Payment pending (if any) - If yes, since when and reasons thereof		
19. Vehicle for Referral Transport - No. of Basic Life Support (BLS) (on the road) and their distribution - No. of Advanced Life Support (ALS) (on the road) and their distribution		
	ALS	BLS
o Operational agency (State/ NGO/ PPP)		
o If the ambulances are GPS fitted and handled through centralized call centre		
o Average number of calls received per day		
o Average number of trips per ambulance per day		
o Average km travelled per ambulance per day		
o Key reasons for low utilization (if any)		
• No. of transport vehicle/102 vehicle (on the road) - If the vehicles are GPS fitted and handled through centralized call centre - Average number of trips per ambulance per day - Average km travelled per ambulance per day - Key reasons for low utilization (if any)		
20. Universal health screening - If conducted, what is the target population - Number of Community Based Assessment Checklist (CBAC) forms filled till date		

Indicator	Remarks/ Observation		
- No. of patients screened, diagnosed, and treated for: - Hypertension - Diabetes - Oral cancer - Breast Cancer - Cervical cancer			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
Whether call center and toll-free number available			
Percentage of complains resolved out of the total complains registered in current FY			
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
JSY beneficiaries			
- ASHA payment: - 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			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
- If Rapid Response Team constituted, what is the composition of the team - No. of outbreaks investigated in previous year and in current FY			
How is IDSP data utilized			
Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
Micro plan and macro plan available at district level			
Annual Blood Examination Rate			
Reason for increase/ decrease (trend of last 3 years to be seen)			
LLIN distribution status			
IRS			
Anti-larval methods			
Contingency plan for epidemic preparedness			
Weekly epidemiological and entomological situations are monitored			
No. of MDR rounds observed			
No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%			
27. Implementation of National Tuberculosis Elimination Programme (NTEP)			
Target TB notification achieved			

Indicator	Remarks/ Observation
Whether HIV Status of all TB patient is known	☐ Yes/ ☐ No If No, no. of TB patients with known HIV status _____
Eligible TB patients with UDST testing	
Whether drugs for both drug sensitive and drug resistance TB available	
Patients notification from public sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
Patients notification from private sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
Beneficiaries paid under Nikshay Poshan Yojana	
Active Case Finding conducted as per planned for the year	☐ Yes/ ☐ No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
No. of new cases detected	
No. of G2D cases	
MDT available without interruption	
Reconstructive surgery for G2D cases being conducted	
MCR footwear and self-care kit available	
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	
34. Number of ASHAs - Required as per population - Selected - No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population - No. of villages/ slum areas with no ASHA	
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) - No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) - No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) - No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) - No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) - No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) - No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	

Indicator	Remarks/ Observation			
• Any other state specific scheme _____				
36. Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened				
38. Number of facilities quality certified				
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	Previous year (2019-20)		Current FY (2020-21)	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

Implementation of CPHC

Status as on: _____

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: 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 Tele-consultation services		
6. Number of HWCs organizing wellness activities		

Status of HRH

Status as on: _____

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM			
MPW (Male)			
Staff Nurse			

Lab technician			
Pharmacist (Allopathic)			
MO (MBBS)			
OBGY			
Pediatrician			
Anesthetist			
Surgeon			
Radiologists			
Other Specialists			
Dentists/ Dental Surgeon/ Dental MO			
Dental technician			
Dental Hygienist			
Radiographer/ X-ray technician			
CSSD Technician			
OT technician			
CHO/ MLHP			
AYUSH MO			
AYUSH Pharmacist			
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
LSAS trained doctors			
EmOC trained doctors			

State of Fund Utilization

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

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
• FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for			

Service Delivery			
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
Maternal Health			
Child Health			
RBSK			
Family Planning			
RKSK/ Adolescent health			
PC-PNDT			
Immunization			
Untied Fund			
Comprehensive Primary Healthcare (CPHC)			
Blood Services and Disorders			
Infrastructure			
ASHAs			
HR			
Programme Management			
MMU			
Referral Transport			
Procurement			
Quality Assurance			
PPP			
NIDDCP			
NUHM			
Communicable Diseases Pool			
Integrated Disease Surveillance Programme (IDSP)			
National Vector Borne Disease Control Programme (NVBDCP)			
National Leprosy Eradication Programme (NLEP)			
National TB Elimination Programme (NTEP)			
Non-Communicable Diseases Pool			
National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
National Mental Health Program (NMHP)			
National Programme for Health Care for the Elderly (NPHCE)			
National Tobacco Control Programme (NTCP)			
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			

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

Status of trainings

Status as on: _____

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

DH level Monitoring Checklist

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

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

Indicator	Remarks/ Observation																																																																					
	Power backup: ☐ Complete Hospital/ ☐ Part of the hospital Last major renovation done in (Year): _____																																																																					
3. Number of functional in-patient beds	_____ No of ICU Beds available:																																																																					
4. List of Services available																																																																						
Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	<table border="1"> <thead> <tr> <th>Sl.</th><th>Service</th><th>Y/N</th></tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> <tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr> <tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr> <tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr> <tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr> <tr><td>16</td><td>Labour Room Complex</td><td></td></tr> <tr><td>17</td><td>ICU</td><td></td></tr> <tr><td>18</td><td>Dialysis Unit</td><td></td></tr> <tr><td>19</td><td>Emergency Care</td><td></td></tr> <tr><td>20</td><td>Burn Unit</td><td></td></tr> <tr><td>21</td><td>Teaching block (medical, nursing, paramedical)</td><td></td></tr> <tr><td>22</td><td>Skill Lab</td><td></td></tr> </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)		12	SNCU/ Mother and Newborn Care Unit (MNCU)		13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)		14	Neonatal Intensive Care Unit (NICU)		15	Pediatric Intensive Care Unit (PICU)		16	Labour Room Complex		17	ICU		18	Dialysis Unit		19	Emergency Care		20	Burn Unit		21	Teaching block (medical, nursing, paramedical)		22	Skill Lab	
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5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																																																					
6. Tele-medicine/Consultation services available	☐ Yes/ ☐ No If yes, average case per day _____																																																																					
7. Operation Theatre available	☐ Yes/ ☐ No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho):																																																																					

Indicator	Remarks/ Observation																																																																																																	
	Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:																																																																																																	
8. Availability of functional Blood Bank	☐ Yes/ ☐ No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																																																																																																	
9. Whether blood is issued free, or user-fee is being charged	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all																																																																																																	
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant																																																																																																	
11. 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="9">Specialists</td><td>Medicine</td><td></td><td></td><td></td></tr> <tr> <td>ObGy</td><td></td><td></td><td></td></tr> <tr> <td>Pediatrician</td><td></td><td></td><td></td></tr> <tr> <td>Anesthetist</td><td></td><td></td><td></td></tr> <tr> <td>Surgeon</td><td></td><td></td><td></td></tr> <tr> <td>Ophthalmologist</td><td></td><td></td><td></td></tr> <tr> <td>Orthopedic</td><td></td><td></td><td></td></tr> <tr> <td>Radiologist</td><td></td><td></td><td></td></tr> <tr> <td>Pathologist</td><td></td><td></td><td></td></tr> <tr> <td></td><td>Others</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Dentist</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Staff Nurses/ GNMs</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">LTs</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Pharmacist</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Dental Technician/ Hygienist</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Hospital/ Facility Manager</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">EmOC trained doctor</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">LSAS trained doctor</td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Others</td><td></td><td></td><td></td></tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Surgeon				Ophthalmologist				Orthopedic				Radiologist				Pathologist					Others				Dentist					Staff Nurses/ GNMs					LTs					Pharmacist					Dental Technician/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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Specialists	Medicine																																																																																																	
	ObGy																																																																																																	
	Pediatrician																																																																																																	
	Anesthetist																																																																																																	
	Surgeon																																																																																																	
	Ophthalmologist																																																																																																	
	Orthopedic																																																																																																	
	Radiologist																																																																																																	
	Pathologist																																																																																																	
	Others																																																																																																	
Dentist																																																																																																		
Staff Nurses/ GNMs																																																																																																		
LTs																																																																																																		
Pharmacist																																																																																																		
Dental Technician/ Hygienist																																																																																																		
Hospital/ Facility Manager																																																																																																		
EmOC trained doctor																																																																																																		
LSAS trained doctor																																																																																																		
Others																																																																																																		
12. IT Services	- Desktop/ Laptop available: ☐ Yes/ ☐ No - Internet connectivity: ☐ Yes/ ☐ No Quality/strength of internet connection: _____																																																																																																	
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15. LaQshya	Labour Room: Operation Theatre:																																																																																																	
16. Availability of list of essential medicines (EML)/ drugs (EDL)	☐ Yes/ ☐ No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: ☐ Yes/ ☐ No No. of drugs available on the day of visit (out of the EDL) _____																																																																																																	
17. Implementation of DVDMS or similar supply chain management	☐ Yes/ ☐ No																																																																																																	

Indicator	Remarks/ Observation
system	If other, which one _____
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	
19. Availability of Essential Consumables:	☐ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____
20. Availability of essential diagnostics	☐ In-house ☐ Outsourced/ PPP ☐ Both/ Mixed
• In-house tests (For 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed: _____
• Outsourced/ PPP (For 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed: _____
21. X-ray services is available	☐ Yes/ ☐ No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐ Yes/ ☐ No
22. CT scan services available	☐ Yes/ ☐ No If yes: ☐ In-house/ ☐ PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	☐ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage
25. Implementation of PM-National Dialysis programme	☐ Yes/ ☐ No ☐ In-house ☐ Outsourced/ PPP Total number of tests performed: _____
• Whether the services are free for all	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all
• Number of patients provided dialysis service (for 2020-21)	☐ Previous year _____ ☐ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	

Indicator	Remarks/ Observation
28. Availability of delivery services	☐ Yes/ ☐ No
If the facility is designated as FRU, whether C-sections are performed	☐ Yes/ ☐ No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
Comment on the condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No
29. Status of JSY payments	Payment is up to date: ☐ Yes/ ☐ No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	☐ Yes/ ☐ No If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges
31. PMSMA services provided on 9 th of every month	☐ Yes/ ☐ No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	☐ Yes/ ☐ No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	☐ Yes/ ☐ No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	☐ Yes/ ☐ No
38. Availability of vaccines and hub cutter	☐ Yes/ ☐ No Nurses/ ANM aware about open vial policy: ☐ Yes/ ☐ No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Status of functionality of DEIC	☐ Fully functional with all staff in place

Indicator	Remarks/ Observation																		
	☐ Functional with few vacancies (approx. 20%-30%) ☐ Functional with more than 50% vacancies ☐ Not functional/ All posts vacant																		
42. Number of sterilizations performed in last one month																			
43. Availability of trained provider for IUCD/ PPIUCD	☐ Yes/ ☐ No																		
44. Who counsels on FP services?																			
45. Please comment on utilization of other FP services																			
46. FPLMIS has been implemented	☐ Yes/ ☐ No																		
47. Availability of functional Adolescent Friendly Health Clinic	☐ Yes/ ☐ No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐ Yes/ ☐ No Total No of Adolescents counseled in last 6 months _____																		
48. Whether facility has fixed day NCD clinic	☐ Yes/ ☐ No If Yes, how many days in a week: _____ days																		
49. Are service providers trained in cancer services?	☐ Yes/ ☐ No																		
50. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th></th><th>Screened</th><th>Confirmed</th></tr> </thead> <tbody> <tr> <td>a. Hypertension</td><td></td><td></td></tr> <tr> <td>b. Diabetes</td><td></td><td></td></tr> <tr> <td>c. Oral Cancer</td><td></td><td></td></tr> <tr> <td>d. Breast Cancer</td><td></td><td></td></tr> <tr> <td>e. Cervical Cancer</td><td></td><td></td></tr> </tbody> </table>		Screened	Confirmed	a. Hypertension			b. Diabetes			c. Oral Cancer			d. Breast Cancer			e. Cervical Cancer		
	Screened	Confirmed																	
a. Hypertension																			
b. Diabetes																			
c. Oral Cancer																			
d. Breast Cancer																			
e. Cervical Cancer																			
51. Whether reporting weekly data in P, S and L form under IDSP	☐ Yes/ ☐ No																		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐ Yes/ ☐ No If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ If anti-TB drugs available at the facility: ☐ Yes/ ☐ No If yes, are there any patients currently taking anti-TB drugs from the facility: ☐ Yes/ ☐ No Availability of CBNAAT/ TruNat: ☐ Yes/ ☐ No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ Are all TB patients tested for HIV? ☐ Yes/ ☐ No Are all TB patients tested for Diabetes Mellitus: ☐ Yes/ ☐ No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____																		
52. Maintenance of records on	- TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐ Yes/ ☐ No - TB Notification Registers: ☐ Yes/ ☐ No - Malaria cases: ☐ Yes/ ☐ No - Palliative cases: ☐ Yes/ ☐ No - Cases related to Dengue and Chikungunya: ☐ Yes/ ☐ No - Leprosy cases: ☐ Yes/ ☐ No																		

Indicator	Remarks/ Observation
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: ☐ Updated/ ☐ Not updated MCTS: ☐ Updated/ ☐ Not updated IHIP: ☐ Updated/ ☐ Not updated HWC Portal: ☐ Updated/ ☐ Not updated Nikshay Portal: ☐ Updated/ ☐ Not updated
55. Frequency of RKS meeting	
2. Availability of ambulance services in the area	☐ Own ambulance available (Number)_____ ☐ DH/ SDH has contracted out ambulance services (Number)_____ ☐ Ambulances services with Centralized call centre ☐ Government ambulance services are not available Comment (if any):
How many cases from CHC, PHC, SC, referred to in last month?	Number: CHC PHC SC Types of cases referred in:
How many cases were referred out last month?	Number: Types of cases referred out:
3. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	

CHC/ UCHC level Monitoring Checklist

Name of facility visited	
Facility Type	☐ CHC/ ☐ U-CHC
FRU	☐ Yes/ ☐ No
Standalone/ Co-located	☐ Standalone/ ☐ Co-located Co-located with (if applicable):
Accessible from nearest road head	☐ Yes/ ☐ No
Date of Visit	
Next Referral Point	Facility: Distance:
Indicator	Remarks/ Observation
4. OPD Timing	
5. Whether the facility is functioning in PPP mode	☐ Yes/ ☐ No
6. Condition of infrastructure/ building	Comments: ☐ 24*7 running water facility

Please comment on the condition and tick the appropriate box	☐ Facility is geriatric and disability friendly (ramps etc.) ☐ Clean functional toilets available (separate for Male and female) ☐ Drinking water facility available ☐ OPD waiting area has sufficient sitting arrangement ☐ ASHA rest room is available ☐ Drug storeroom with rack is available Power backup: ☐ Complete Hospital/ ☐ Part of the hospital		
7. Number of functional in-patient beds			
8. List of Services available			
Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	Newborn Stabilization Unit	
If any of the specialists are available 24*7	☐ Yes available ☐ Yes, available only on-call ☐ Not available		
Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
9. Tele-medicine/Consultation services available	☐ Yes/ ☐ No If yes, average case per day _____		
10. Operation Theatre available	☐ Yes/ ☐ No If yes, Major: Minor:		
11. Availability of functional Blood Storage Unit	☐ Yes/ ☐ No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____		
12. Whether blood is issued free, or user-fee is being charged	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all		
13. Biomedical waste management practices	Sharp pit: Deep Burial pit:		

	Other System, if any:				
14. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.	Cont.
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
	Dentist				
	SNs/ GNMs				
	LTs				
	Pharmacist				
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
	LSAS trained doctor				
Others					
15. IT Services	- Desktop/ Laptop available: ☐Yes/ ☐No - Internet connectivity: ☐Yes/ ☐No Quality/strength of internet connection: _____				
16. Kayakalp	Initiated: Facility score: Award received:				
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:				
18. LaQshya	Labour Room: Operation Theatre:				
19. Availability of list of essential medicines (EML)/ drugs (EDL)	☐ Yes/ ☐ No				
	If yes, total number of drugs in EDL _____				
	EDL displayed in OPD Area: ☐ Yes/ ☐ No				
	No. of drugs available on the day of visit (out of the EDL) _____				
20. Implementation of DVDMS or similar supply chain management system	☐ Yes/ ☐ No If other, which one _____				
21. Shortage of 5 priority drugs from EDL in last 30 days, if any					
22. Availability of Essential Consumables:	☐ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____				
23. Availability of essential diagnostics	☐ In-house ☐ Outsourced/ PPP ☐ Both/ Mixed				
• In-house tests (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:				
• Outsourced/ PPP (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:				
24. X-ray services is available	☐ Yes/ ☐ No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐ Yes/ ☐ No				

25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	☐ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage (List the name of kits for which there is shortage)
27. If there is any shortage of major instruments/ equipment	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	☐ Yes/ ☐ No
If the facility is designated as FRU, whether C-sections are performed	☐ Yes/ ☐ No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No
30. Status of JSY payments	Payment is up to date: ☐ Yes/ ☐ No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	☐ Yes/ ☐ No If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges
32. PMSMA services provided on 9 th of every month	☐ Yes/ ☐ No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	☐ Yes/ ☐ No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	☐ Yes/ ☐ No
36. Number of Maternal Death reported in the facility	Previous year: 2019-20 ____ Current year: 2020-21 ____
37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care (CAC) services available	☐ Yes/ ☐ No
39. Availability of vaccines and hub	☐ Yes/ ☐ No

cutter	Nurses/ ANM aware about open vial policy: ☐ Yes/ ☐ No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth			
42. Number of sterilizations performed in last one month	Male____ Female____		
43. Availability of trained provider for IUCD/ PPIUCD	☐ Yes/ ☐ No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	☐ Yes/ ☐ No		
47. Availability of functional Adolescent Friendly Health Clinic	☐ Yes/ ☐ No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐ Yes/ ☐ No Number of Adolescents counseled in last 6 months_____		
48. Whether facility has fixed day NCD clinic	☐ Yes/ ☐ No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	☐ Yes/ ☐ No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
a. Hypertension			
b. Diabetes			
c. Oral Cancer			
d. Breast Cancer			
e. Cervical Cancer			
51. Are service providers trained in cancer services?	☐ Yes/ ☐ No		
52. Whether reporting weekly data in P, S and L form under IDSP	☐ Yes/ ☐ No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐ Yes/ ☐ No If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ If anti-TB drugs available at the facility: ☐ Yes/ ☐ No If yes, are there any patients currently taking anti-TB drugs from the facility: ☐ Yes/ ☐ No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ Is there a sample transport mechanism in place for: • investigations within public sector for TB testing? ☐ Yes/ ☐ No • investigations within public sector for other tests? ☐ Yes/ ☐ No • outsourced testing? ☐ Yes/ ☐ No Are all TB patients tested for HIV? ☐ Yes/ ☐ No Are all TB patients tested for Diabetes Mellitus: ☐ Yes/ ☐ No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
54. Status on Leprosy eradication Programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity:		

	Frequency of Community Surveillance:
55. Maintenance of records on	- TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐ Yes/ ☐ No - TB Notification Registers: ☐ Yes/ ☐ No - Malaria cases: ☐ Yes/ ☐ No - Palliative cases: ☐ Yes/ ☐ No - Cases related to Dengue and Chikungunya: ☐ Yes/ ☐ No - Leprosy cases: ☐ Yes/ ☐ No
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
57. Status of data entry in (match with physical records)	HMIS: ☐ Updated/ ☐ Not updated MCTS: ☐ Updated/ ☐ Not updated IHIP: ☐ Updated/ ☐ Not updated HWC Portal: ☐ Updated/ ☐ Not updated Nikshay Portal: ☐ Updated/ ☐ Not updated
58. Frequency of RKS meeting	
59. Availability of ambulance services in the area	☐ CHC own ambulance available Number _____ ☐ CHC has contracted out ambulance services Number _____ ☐ Ambulances services with Centralized call centre ☐ Government ambulance services are not available Comment (if any):
How many cases from 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:
60. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	

PHC/ U-PHC level Monitoring Checklist

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

For U-PHC, check if evening/morning OPD/Clinics being conducted	☐ Yes/ ☐ No			
2. Whether the facility is functioning in PPP mode	☐ Yes/ ☐ No			
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments ☐ 24*7 running water facility ☐ Facility is geriatric and disability friendly (Ramps etc.) ☐ Clean functional toilets available (separate for Male and female) ☐ Drinking water facility available ☐ OPD waiting area has sufficient sitting arrangement ☐ ASHA rest room is available ☐ Drug storeroom with rack is available ☐ Power backup ☐ Branding			
4. Number of functional in-patient beds				
5. List of Services available				
6. If 24*7 delivery services available	☐ Yes/ ☐ No			
7. Tele-medicine/Consultation services available	☐ Yes/ ☐ 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 MO (MBBS) MO (AYUSH) SNs/ GNMs ANM LTs Pharmacist Public Health Manager LHV/PHN Others	San. 	Reg. 	Cont.
10. IT Services	- Desktop/ Laptop available: ☐ Yes/ ☐ No - All ANMs have functional Tablets: ☐ Yes/ ☐ No - Smart phones given to all ASHAs: ☐ Yes/ ☐ No - Internet connectivity: ☐ Yes/ ☐ No Quality/strength of internet connection: _____			
11. Kayakalp	Initiated: Facility score: Award received:			
12. NQAS	Assessment done: Internal/State Facility score: Certification Status:			
13. Availability of list of essential medicines (EML)/ drugs (EDL)	☐ Yes/ ☐ No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: ☐ Yes/ ☐ No No. of drugs available on the day of visit (out of the EDL) _____			

14. Implementation of DVDMS or similar supply chain management system	☐ Yes/ ☐ 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:	☐ Sufficient Supply ☐ Minimal Shortage ☐ 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	☐ In-house ☐ Outsourced/ PPP ☐ Both/ Mixed
• In-house tests For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	☐ Yes/ ☐ No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☐ Yes/ ☐ No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	☐ Sufficient Supply ☐ Minimal Shortage ☐ 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	☐ Yes/ ☐ No
• If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No
26. Status of JSY payments	Payment is up to date: ☐ Yes/ ☐ No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	☐ Yes/ ☐ No If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics

	☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges																		
28. Line listing of high-risk pregnancies	☐ Yes/ ☐ No																		
29. Number of normal deliveries in last three month																			
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	☐ Yes ☐ No																		
31. Practice related to Respectful Maternity Care																			
32. Number of Maternal Death reported in the facility	Previous year: 2019-2020 Current FY: 2020-2021																		
33. Number of Child Death reported in the facility	Previous year: Current year:																		
34. Availability of vaccines and hub cutter	☐ Yes/ ☐ No Nurses/ ANM aware about open vial policy: ☐ Yes/ ☐ No																		
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43. Whether facility has fixed day NCD clinic	☐ Yes/ ☐ No If Yes, how many days in a week: _____ days																		
44. Are service providers trained in cancer services?	☐ Yes/ ☐ No																		
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	Screened	Confirmed																	
a. Hypertension																			
b. Diabetes																			
c. Oral Cancer																			
d. Breast Cancer																			
e. Cervical Cancer																			
46. Whether wellness activities are performed	☐ Yes/ ☐ No Frequency:																		
47. Whether reporting weekly data in P and L form under IDSP	☐ Yes/ ☐ No																		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: ☐ 1 per family/ ☐ Others (Specify): _____																		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☐ Yes/ ☐ No																		

	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____ If anti-TB drugs available at the facility: ☐ Yes/ ☐ No If yes, are there any patients currently taking anti-TB drugs from the facility: ☐ Yes/ ☐ No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ Is there a sample transport mechanism in place for: • investigations within public sector for TB testing? ☐ Yes/ ☐ No • investigations within public sector for other tests? ☐ Yes/ ☐ No • outsourced testing? ☐ Yes/ ☐ No Are all TB patients tested for HIV? ☐ Yes/ ☐ No Are all TB patients tested for Diabetes Mellitus: ☐ Yes/ ☐ No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____
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	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☐ Yes/ ☐ No • TB Notification Registers: ☐ Yes/ ☐ No • Malaria cases: ☐ Yes/ ☐ No • Palliative cases: ☐ Yes/ ☐ No • Cases related to Dengue and Chikungunya: ☐ Yes/ ☐ No • Leprosy cases: ☐ Yes/ ☐ 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: ☐ Updated/ ☐ Not updated MCTS: ☐ Updated/ ☐ Not updated IHIP: ☐ Updated/ ☐ Not updated HWC Portal: ☐ Updated/ ☐ Not updated Nikshay Portal: ☐ Updated/ ☐ Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	☐ PHC own ambulance available Number _____ ☐ PHC has contracted out ambulance services Number _____ ☐ Ambulances services with Centralized call centre ☐ Government ambulance services are not available Comment (if any):
• How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:
• 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	☐ Not yet initiated ☐ Initiated ☐ Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	☐ Yes/ ☐ No If yes, specialist services are provided through: ☐ Teleconsultation/ ☐ Clinic Schedule: ☐ Fixed/ ☐ Rotational Type of specialist services available: ☐ OBGY, ☐ Pediatrics, ☐ Medicine, ☐ Dermatology, ☐ Ophthalmology, Others _____
60. UHNDs Conducted:	☐ Yes/ ☐ No If yes, no. of UHND conducted per month _____
61. Special Outreach camps conducted:	☐ Yes/ ☐ No If yes, no. of UHND conducted during last quarter _____ Type of specialties provided during special outreach camps: _____

Sub-Centre (SC) Level Checklist

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

Indicator	Remarks/ Observation								
1. List of Services available									
2. Condition of infrastructure/ building	Comments:								
Please comment on the condition and tick the appropriate box	☐ 24*7 running water facility ☐ Facility is geriatric and disability friendly ☐ Clean functional toilets available (separate for M/F) ☐ Drinking water facility available ☐ OPD waiting area has sufficient sitting arrangement ☐ ASHA rest room is available ☐ Drug storeroom with rack is available ☐ Branding ☐ Specified area for Yoga / welfare activities ☐ Power backup								
3. Biomedical waste management practices									
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female			
HR	San.	Reg.	Cont.						
ANM/ MPW Female									

Indicator	Remarks/ Observation																				
	<table border="1"> <tr> <td>MPW Male</td><td></td><td></td><td></td><td></td></tr> <tr> <td>MLHP/ CHO</td><td></td><td></td><td></td><td></td></tr> <tr> <td>ASHA</td><td></td><td></td><td></td><td></td></tr> <tr> <td>Others</td><td></td><td></td><td></td><td></td></tr> </table>	MPW Male					MLHP/ CHO					ASHA					Others				
MPW Male																					
MLHP/ CHO																					
ASHA																					
Others																					
5. IT Services	- Functional Tablet/ laptop with CHO: ☐Yes/ ☐No - Electronic Tablets with MPWs (ANM): ☐Yes/ ☐No - Smart phones given to all ASHAs: ☐Yes/ ☐No - Internet connectivity: ☐Yes/ ☐No - Quality/strength of internet connection: _____																				
6. Availability of list of essential medicines (EML)/ drugs (EDL)	☐ Yes/ ☐ No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: ☐ Yes/ ☐ No No. of drugs available on the day of visit (out of the EDL) _____																				
7. Are anti-TB drugs available at the SHC?	☐ Yes/ ☐ No If yes, are there any patients currently taking anti-TB drugs from the SHC? ☐ Yes/ ☐ No																				
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> </table>																				
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1"> <tr> <td>1</td><td></td><td></td></tr> <tr> <td>2</td><td></td><td></td></tr> <tr> <td>3</td><td></td><td></td></tr> </table>	1			2			3													
1																					
2																					
3																					
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1"> <tr> <td>1</td><td></td><td></td></tr> <tr> <td>2</td><td></td><td></td></tr> </table>	1			2																
1																					
2																					
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	☐ Yes/ ☐ No																				
12. Availability of Testing kits/ Rapid Diagnostic Kits	☐ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage																				
13. Availability of:	- BP instrument: ☐Yes/ ☐No. If yes, Type: _____ - Thermometer: ☐Yes/ ☐No - Contraceptives: ☐Yes/ ☐No. If yes, Type: _____ - Glucometer: ☐Yes/ ☐No																				
14. Line listing of all Pregnant women in the area	☐ Yes/ ☐ No - High risk women identified: ☐Yes/ ☐No - MCP cards duly filled: ☐Yes/ ☐No																				
15. Number of Maternal Death Review conducted	Previous year: Current year:																				
16. Number of Child Death Review conducted	Previous year: Current year:																				
17. Availability of vaccines and hub cutter	☐ Yes/ ☐ No - Awareness of ANM on vaccine schedule: ☐Yes/ ☐No - Awareness about open vial policy: ☐Yes/ ☐No																				
18. Availability of micro-plan for immunization	☐ Yes/ ☐ No																				
19. Follow up of:	SNCU discharge babies: ☐ Yes/ ☐ No LBW babies: ☐ Yes/ ☐ No																				
20. Line listing of all eligible couple in the	☐ Yes/ ☐ No																				

Indicator	Remarks/ Observation		
area			
21. Availability of trained provider for IUCD/ PPIUCD	☐ Yes/ ☐ No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. NO. of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	☐ Yes/ ☐ No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		
30. Status of use of:	• Tele-consultation services • HWC App Details:		
31. Whether wellness activities are performed	☐ Yes/ ☐ No Frequency:		
32. Whether reporting weekly data in S form under IDSP	☐ Yes/ ☐ No		
33. Status of Tuberculosis in the area:	Indicators	Last year	Current year
	No. of presumptive TB patients identified:		
	No. of presumptive patients referred for testing		
	No. of TB patients diagnosed out of the presumptive patients referred		
	No. of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
• Status of availability of Functional HBNC Kits			
• Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)			
• ASHA Incentives: Any Time lag /Delay			

Indicator	Remarks/ Observation
in Payment after submission of voucher.	
ASHA is aware about provision of incentives under NTEP	
35. Number of Village Health & Sanitation days conducted in last 6 months	
36. Incentives:	- Performance Incentives is disbursed to CHOs on monthly basis: ☐Yes/ ☐No - Team-based incentive being disbursed for all HWC staffs: ☐Yes/ ☐No
37. Frequency of VHSNC/ MAS meeting	
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	☐ Yes/ ☐ No
39. Maintenance of records on	- TB cases: ☐drug sensitive/ ☐drug resistant cases/ ☐both - Malaria cases: ☐Yes/ ☐No - Palliative cases: ☐Yes/ ☐No - Cases related to Dengue and Chikungunya: ☐Yes/ ☐No - Leprosy cases: ☐Yes/ ☐No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
How many cases from the Sub Centre were referred to PHC in last month?	Number: Types of cases referred out:
42. Key challenges observed in the facility and the root causes	
Challenge	Root causes

Community level Monitoring Checklist

Name of Village/ slum visited	
Whether the sub centre/ U-PHC is in the same village/ slum area	☐ Yes/ ☐ No
Details of nearest public health facility	Facility name: Facility type: Distance:
Accessible from nearest road head	☐ Yes/ ☐ No
Date of Visit	

Indicator	Please comment
43. Health seeking behavior Preferred health facility for primary, secondary and tertiary healthcare services Public or Private?	

Indicator		Please comment
If private, reason for not preferring public facilities		
44. Lifestyles (tobacco, alcohol, substance abuse and physical activity level) and living conditions (Indoor air pollution, use of solid fuel, use of iodized salt, drinking water, hygiene and sanitation, ODF Status)		
45. Access to health: drugs, diagnostics, referral transport		
46. Behavior of health service providers		
47. Out of Pocket expenditure in public health facilities		
48. Coverage, Knowledge and skills of ASHA as perceived by the community		
49. Support, supervision, training and payment of incentives of ASHA (as per discussion with ASHAs)		
50. Availability of services for Immunization, ANC, PNC, AH counselling, Contraceptive services, Nutrition counselling and preferred facilities for each		
51. Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment		
52. Screening for Leprosy, TB and preferred facilities for seeking treatment		
53. Availability of services for treatment of Malaria, Dengue, Kala-azar, Chikungunya, JE, Filariasis, Fluorosis, rabies etc.		
54. Preferred facilities for emergency services (Burn, Accidents etc.)		
55. Preferred facilities for: - Eye ailments (eg. Cataract) - Dental ailments (e.g. for toothache, denture, RCT etc.)		
56. Screening for 4Ds (by RBSK Team) at schools and Anganwadi centre		
57. Key challenges observed in the community and the root causes		
Challenge		Root causes
a)		
b)		