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MONITORING AND EVALUATION OF NHM PROGRAMME IMPLEMENTATION PLAN

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NHM PIP MONITORING REPORT

Farrukhabad, Uttar Pradesh



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October, 2022

**Prof. Suresh Sharma
Ms. Bindiya Kumari**

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
CDMO	Chief District Medical Officer	NQAS	National Quality Assurance Standards
CHC	Community Health Centre	NUHM	National Urban Health Mission
DH	District Hospital	NTCP	National Tobacco Control Programme
DPM	District Programme Manager	NTEP	National TB Elimination Programme
DVDMS	Drugs and Vaccine Distribution Management System	NVBDCP	National Vector Borne Disease Control Programme
EDL	Essential Drug list	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
IPD	In Patient Department	PRC	Population Research Centre
IUCD	Intra Uterine Contraceptive Device	RBSK	Rashtriya Bal Suraksha Karyakram
IYCF	Infant and Young Child Feeding	RKSK	Rashtriya Kishor Swasthya Karyakram
JSSK	Janani Shishu Suraksha Karyakram	RCH	Reproductive Child Health
JSY	Janani Suraksha Yojana	RKS	Rogi Kalyan Samiti
LAQSHYA	Labour Room Quality Improvement Initiative	ROP	Record of Proceedings
LHV	Lady Health Visitor	SBA	Skilled Birth Attendant
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	USG	Ultrasonography

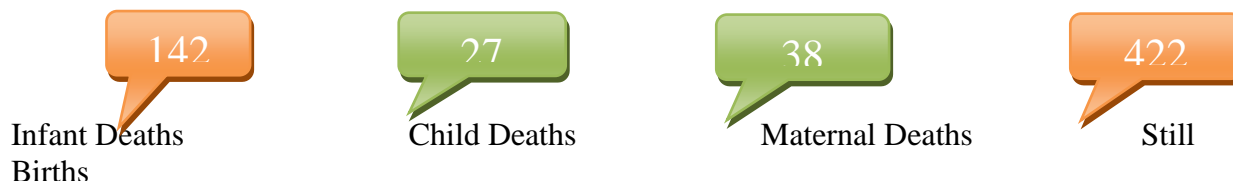
FARRUKHABAD, UTTAR PRADESH

HIGHLIGHTS (NHM-PIP): FY 2021-22

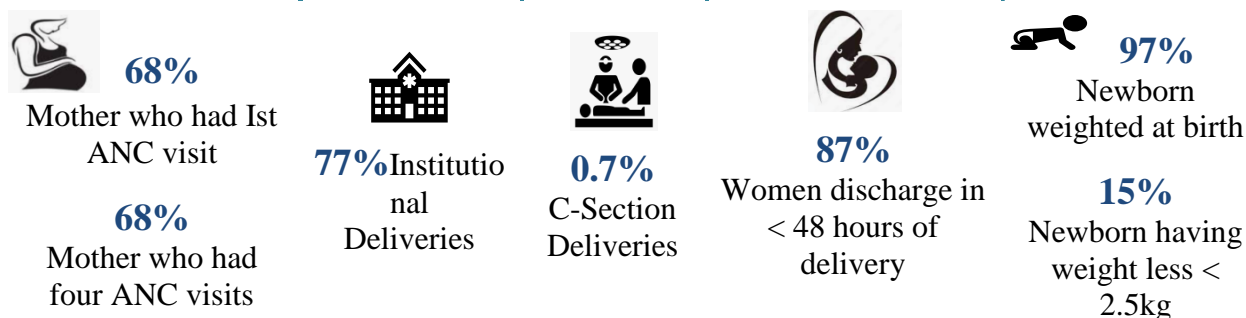


2	1	8	27	4	234
District Hospital	Sub District Hospital	CHCs	PHCs	U-PHCs	SCs

Key Mortality Indicators



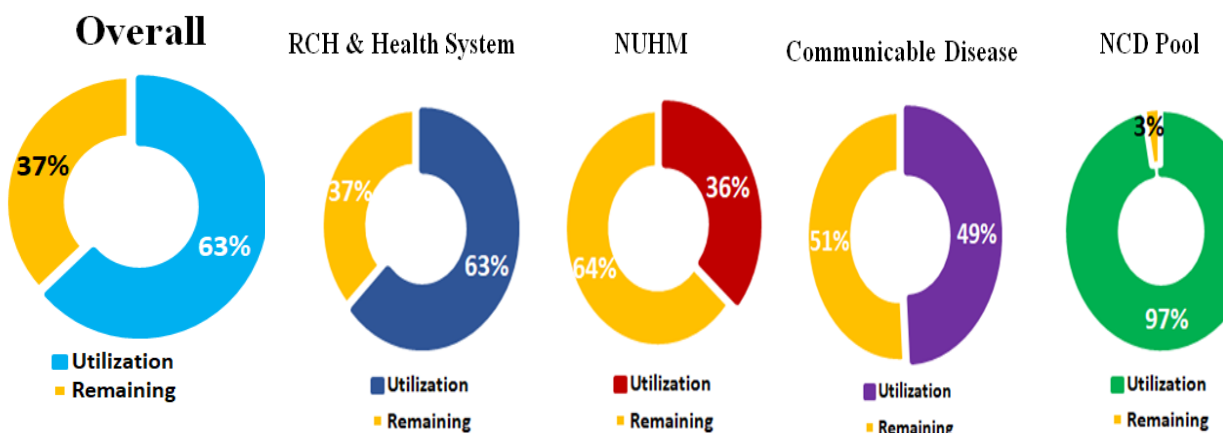
MCH Indicators



Quality care Programmes



Fund Utilization



Executive Summary

The National Health Mission (NHM) 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 has assigned the responsibility to Population Research Centres (PRCs) for the evaluation with respect to quality monitoring of important components of NHM Programme Implementation Plan (PIP) 2021-22. A two-member team from PRC Delhi visited the allotted district of Farrukhabad, Uttar Pradesh during August 2022.

The primary focus of this report is the monitoring of essential components of NRHM i.e., Maternal, Child, and Adolescent Health in Farrukhabad, Uttar Pradesh. Further, the broad status of the healthcare systems of district is highlighted in this report. The major executive summary of the district are as follows:

Key Findings

- ⊕ **Specialist Shortage at CHC level:** Chronic shortages of medical specialists is notably concerning across all CHCs in the district.
- ⊕ **Comprehensive Residential policy for Contractual Manpower:** There is dire need of residential infrastructure policy for contractual medical as well as paramedical staff, which will ensure quality care delivery services as well as 24*7 emergency services in the district hospital.
- ⊕ **Out of pocket Expenditure:** The major contributor towards the OOPE for beneficiaries in Farrukhabad can be attributed to delivery care services, & diagnostic services (X-ray), particularly at the CHC level.
- ⊕ **Delivery care diversion:** Community interaction indicated instances of ASHAs indulging in delivery care diversion practices. ASHAs mostly refer pregnancy cases directly to private hospitals instead of public as they received greater financial incentive from private.
- ⊕ **Unhygienic washroom at benchmark facilities:** A common observation across all the quality certified facilities in the district was that condition of washroom was not at all hygienic. There are dire needs to re-monitor the facility which are supposed to be the benchmark for cleanliness.
- ⊕ **Poor Fund documentation Management at lower health tier:** The fund documentation management was seen to be exceptionally unfortunate and poor at the PHC level in the district as concerned facility were not being aware of it.
- ⊕ **Strengthen of Community level Awareness:** Owing to lack of awareness about the availability of health services, most of the male community opt to PHCs instead of SCs even for minor health issues

as it is a myth that only women/children get medicine in SCs. Community level awareness needs to be greatly strengthened.

- ⊕ **Strengthened of IT Infrastructure:** For the ambitious vision of tele-consultation services via E-Sanjivini, the district requires a support of robust IT infrastructure & internet connectivity.
- ⊕ **Medicine Shortage:** The supply of skin related medicines at the CHC level as well as PHC level in the district was reported to be less than the demand.
- ⊕ **Equipment shortage at SC level:** Health facilities, specifically at the lower tier, do not have the sufficient essential equipments i.e. Glucometer, & Thermometer. There is wide scope of improvement with regards to basic essential equipments at same for the smooth healthcare services.
- ⊕ **Missing Citizen Charter at lower health tier:** At the time of monitoring visit, citizen charter displayed with regards to services provided at the facility was completely missing/outdated/inaccurate at the SC level.
- ⊕ **HMIS data item mismatch:** Under/ zero reporting on HMIS portal with regards to surgical site infection rate, Stock out rate of essential drugs & Mera Aspaatal Score was observed in the district.

Recommendations

- ⊕ Timely release of the funds & approved RoP must be planned for the district.
- ⊕ The fund documentation management was seen to be exceptionally unfortunate/poor at lower health tier. This is key aspect & colossal issue for any district that needs to be addressed.
- ⊕ To ensure the full range of the services with the quality care, the district must prioritize the immediate filling post of medical specialists across all CHCs in the district.
- ⊕ There is dire need of residential infrastructure policy for contractual medical staff as well as paramedical, which will ensure 24*7 emergency as well as delivery services in district hospital.
- ⊕ Instances of taking bribe from the patient were noticed by the concerned staff at the CHC level in the district. Strict action must be taken against the corrupt staffs of the government facility to reduce the out of pocket expenditure of the beneficiaries.
- ⊕ Immediate measures must be taken to address the current scenario of delivery care diversion from public to private sector.
- ⊕ Kayakalp certified facilities markedly lacking in maintaining the sanitation and hygienic protocols, particularly in washroom. In the given scenario, it is recommended that the quality care certified facility must be fined if found to be exceptionally unhygienic.
- ⊕ Community level awareness needs to be greatly strengthened by ensuring the citizen charter at SC level & strong IEC campaign with effective pictorial which will help in reducing OPD load at PHCs.
- ⊕ For the success of ambitious vision of tele-consultation services through E-Sanjivini, the district needs to be strengthened of robust IT related equipment/infrastructure & internet connectivity.
- ⊕ There is wide scope of improvement with regards to basic essential equipments at the primary health tier for the better healthcare services.

- ⊕ Some important indicators of HMIS were not recorded by the concerned department of district hospital. The record for important service delivery indicators is mandate and should be maintained.

Chapter 1

INTRODUCTION

1.1 Background and Objectives

Over the years, since the introduction of the NHM, numerous strategies have been introduced to make the healthcare system more accessible and affordable. In this regard, the timely evaluation of the key components of the NHM State Program Implementation Plan is essential for key program changes, resource allocation and to further strengthen of these plans. The Ministry of Health and Family Welfare (MoHFW) has consigned Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2021-22. While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. In this regard, PRC Delhi is assigned to conduct the quality monitoring of essential components of NHM PIPs in selected states (Delhi, Uttar Pradesh, Meghalaya, and Tripura) of India. This PIP monitoring report would focus on the performance of the Farrukhabad in NHM activities. The report discusses with the demographic & health indicators, healthcare financing, and public health planning of the district and also discuss with the healthcare programme such as RMNCAH+N, diseases control programmes and other health programs. This report would analyze different problems of the district and specific objectives of study are as follows:

- To examine the status of physical infrastructure of health facilities under NHM.
- To identify the gap between demand and supply of health service delivery under NHM.
- To highlight the performance and implementation of different scheme under NHM.
- To understand the availability and efficiency of human resource.
- To assesses functionality of equipment, supply & essential drugs etc.
- To assess availability & utilization of finance for the NHM activities in the district.

The monitoring and evolution 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. Prior to visiting to district, the monitoring and evaluation team reviewed district PIP document and formulated semi-structured interviews schedules for the DPM, facility staff and beneficiaries. Before visiting the different level of

healthcare facilities, a meeting with key personnel of NHM was held. The main motive of 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. Moreover, the interactions gave an enriching insight into health situation of the district, key challenges that lay ahead, and a prospective way forward. The healthcare facilities visited are listed below:

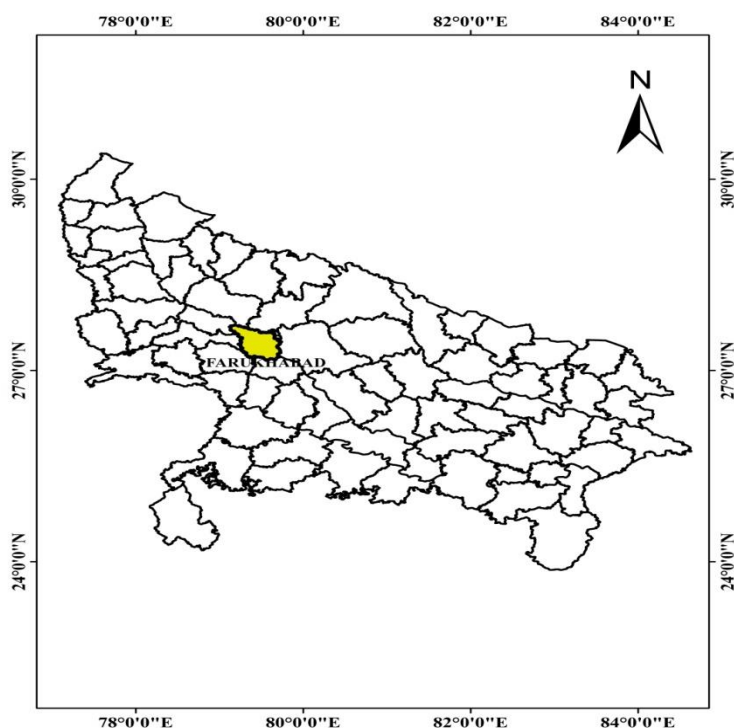
Table 1: List of Visited Healthcare Facilities in Farrukhabad, Uttar Pradesh

Healthcare Facility	Name of the Facilities /Place	Team Composition
District Hospital	Dr. Ram Manohar Lohiya (DH, Female)	Ms. Bindiya Kumari & Prof. Suresh Sharma
CHC	Kamalganj & Baron	
PHC	Amritpur & Pepergaon	
SC	Balipur	

1.2 Demographic Profile: Farrukhabad, Uttar Pradesh

Farrukhabad was founded by Nawab Mohammad Khan Bangash, who named it after the reigning emperor Farrukhsiyar, in 1714, the district of Farrukhabad forms part of Kanpur division. Farrukhabad district has been shrunked in 1997 due to creation of Kannauj district. The district headquarter is Farrukhabad cum Fatehgarh. The district is administratively divided into 03 tahsils namely Kaimganj, Amritpur and Farrukhabad. For implementation and monitoring of development scheme the district is divided into 07 Development Blocks namely Kaimganj, Shamsabad, Rajepur, Nawabganj, Mohammadabad, Barhpura and Kamalganj. The district is situated in the north-east of the state and comes under the Devipatan division. Farrukhabad district covers a total area of 2181 square kilometer and has a population of 18.85 lakh (Census of India 2011) residing across 7 developmental blocks of the district (See Annexure, table 1). The rural areas cover 2132.6 square kilometer and urban recorded 48.4 square kilometer. The map of Farrukhabad is given in figure 1.

Figure 1: Map of Farrukhabad of Uttar Pradesh



It may be noted that the Farrukhabad district ranks 49th in terms of population across districts in Uttar Pradesh. The percentage share of urban population in the district is 22.1% as against 22.3% of the population in urban areas of the state. The district ranks 55th in terms of sex ratio (874) which is lower than the state average of 912 females per 1000 males. The literacy rate of the district is 69.0% which is more than the state average of 67.7%

which ranked 34th across the districts in state. Male literacy rate (77.4%) was higher than the female literacy rate (59.4%) in the district. Decadal growth rate of the district is 20.1% which is almost equal the state average of 20.2%. The sex-ratio of Farrukhabad district is 874 as compared to 912 in the state show the less female per 1000 male. The literacy rate of the district is 69.0% out of which 77.4% males are literate and 59.4% females are literate. Out of total population, 22.1% of population lives in urban areas. Farrukhabad district has population density of 864 persons per sq.km, which is higher than the state average 829 persons per sq. km.

1.3 Health Profile

This section will discuss the health care service delivery indicators in Farrukhabad District of Uttar Pradesh with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2021-22 (See Annexure, table 2). First ANC registration is a matter of grave concern in the district. According to the HMIS, just 68 per cent of women in Farrukhabad registered for ANC in the first trimester. Similarly, same proportion of pregnant women received four or more ANC check-up which has significantly low coverage. According to the HMIS data source, IFA supplementation was given to more than 100 per cent of all women who registered for ANC.

Delivery care is a vital factor of Infant health. Of the total home deliveries in Farrukhabad Uttar Pradesh, 99 % per cent deliveries were attended 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 77 per cent of all deliveries were institutional deliveries. Less than 1 per cent of institutional deliveries were reported C-section.

With regards to Post Natal Care, only 51 per cent of women received 1st post-partum checkup within 48 hours and 14 days of delivery. Around 94 per cent of the newborns were breast fed within 1 hour of delivery and 97 percent newborns were weighed at birth in the district. Overall more than 40 thousand children fully immunized (9-11 months) observed in district. Female sterilization as a method of permanent family planning dominates the statistics with 99.4 per cent of all sterilization conducted in the year 2021-22 in Farrukhabad Uttar Pradesh. Total sterilization conducted was reported to be 465 in numbers.

As per HMIS data, the district has observed a total of 36 maternal deaths during 2021-22. The number of infant deaths (0-12 months) reported is 33 whereas Infant deaths (within 24 hours & up to 4 weeks) were reported 109. The number of child death (1-5 years) reported is 27. With regards to still births, total 345 cases reported in the district.

Chapter 2

PUBLIC HEALTH FINANCING

NHM is one of the most important initiatives of the GOI that envisage achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. This initiative is directed towards financing and supporting the states to strengthen public health systems and healthcare delivery in India. Allocation of State NHM budget is based on Program Implementation Plans (PIPs) submitted by State governments which are approved by the Union government. Both Central and State Governments contribute in implementation of programs under NHM in a ratio of 60:40 for all States and UTs with legislature.

2.1. State Resource Envelope

In Uttar Pradesh, for the financial year (FY) 2021-22, against a resource envelope of 7366.43 Crore, State share was noted of 2946.57 Crore. The total support from Government of India is Rs. 4419.86 Crore with the share of 60%, whereas the state share noted 40%. A depth detailed summary of state budget approval tabulated in Annexure (table 3 & 4), which throws a light on patterns of budget allocation across different flexipool & key service domains.

The resource envelope for FY 2021-22 consists of government's support of Rs.3128.82 Crore for NRHM-RCH flexible pool allocation including cash and kind, Rs.103.48 Crore under NUHM, and Rs. 877.93 Crore for infrastructure maintenance. The breakup of the total resource

envelope shows that Rs.891.04 Crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP), Rs.2237.78 is allocated for Health System Strengthening (HSS) under NHM. The GOI contribution toward NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is Rs.103.48 Crore, Rs.207.47 Crore and Rs.102.15 Crore, respectively. Within NDCP Flexible Pool bulk of the resources are allocated for NTCP activities.

Against the total proposed amount of Rs. 1070218.92 lakh, an administrative approval is conveyed for an amount of Rs. 962178.62 lakh. Therefore, around 90% total amount was approved against the proposed amount in the Uttar Pradesh state. It can be observed that around 100% amount was approved against the proposed for Quality assurance. It must be noted that more than 95% was budgeted towards Infrastructure, Programme management, Facility bases service delivery and Community interventions in last financial year. On the other hand, considering that less amount was approved for drug ware house, logistics, and strengthening service delivery innovation and for IT initiatives community-based service delivery in said state.

2.2. District Health Action plan (DHAP) & District Allocations

DHAP is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process. It is an NHM document that depicts the need at sub district level units for programme implementation in terms of infrastructure, HR, procurement, various schemes running etc. and provides an overall budget required to execute those activities. Initially, for the preparation of DHAP, stakeholder gathers the inputs from block, cities, CHC/PHC and Village level. These inputs are collated into a guiding document i.e. DHAP which serves to consolidate the State PIP. For finalizing DHAP, an action plan meeting is held between the district and block officials to approve or disapprove the requirements after discussions. The table 2 shows the time process of preparation & approval of PIPs/DHAP in said District.

Table 2: Submission & Approval Timelines of DPIP/ DHAP, 2021-22& 2022-23

Approving Authority	DPIP/ DHAP	Submission Date	Approved PIP/ROPs	Fund Release
State	2021-22	January 2021	29 th August 2021	September, 2021
State	2022-23	January 2022	District not received	-

Source: CMO Office, Farrukhabad, Uttar Pradesh, 2020-21

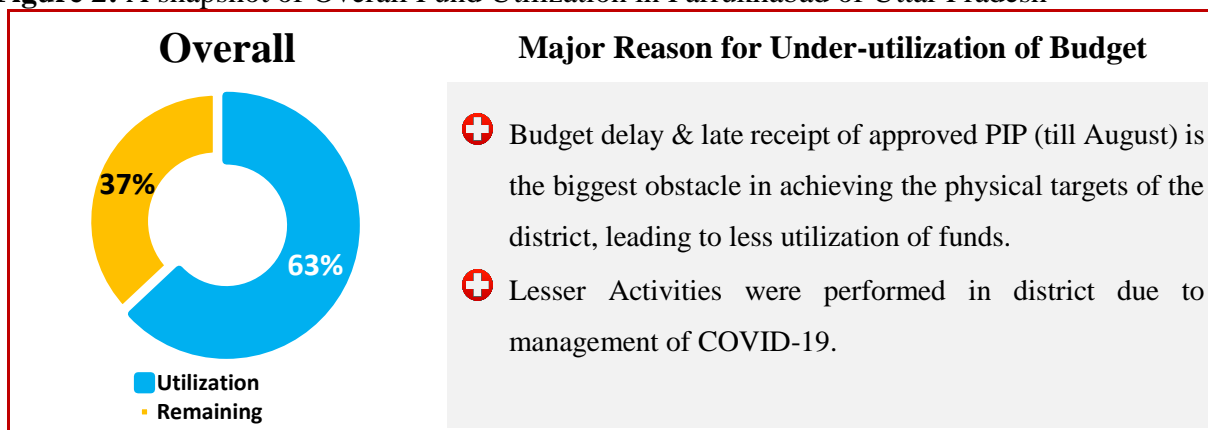
It was mentioned that the biggest obstacle in achieving the physical targets of the district was the late receipt of approved PIP and budget delay. For the year 2021-22, the district has submitted DHAP in January 2021 & received the approved ROPs in August 2021. Similarly,

the same situation can be seen in the financial year 2022-23. The district has not received their approved RoP of the district till August or September. Timely release of the funds & approved RoP must be planned for the district so that district can plan accordingly.

2.3. National Health Mission Fund Utilization

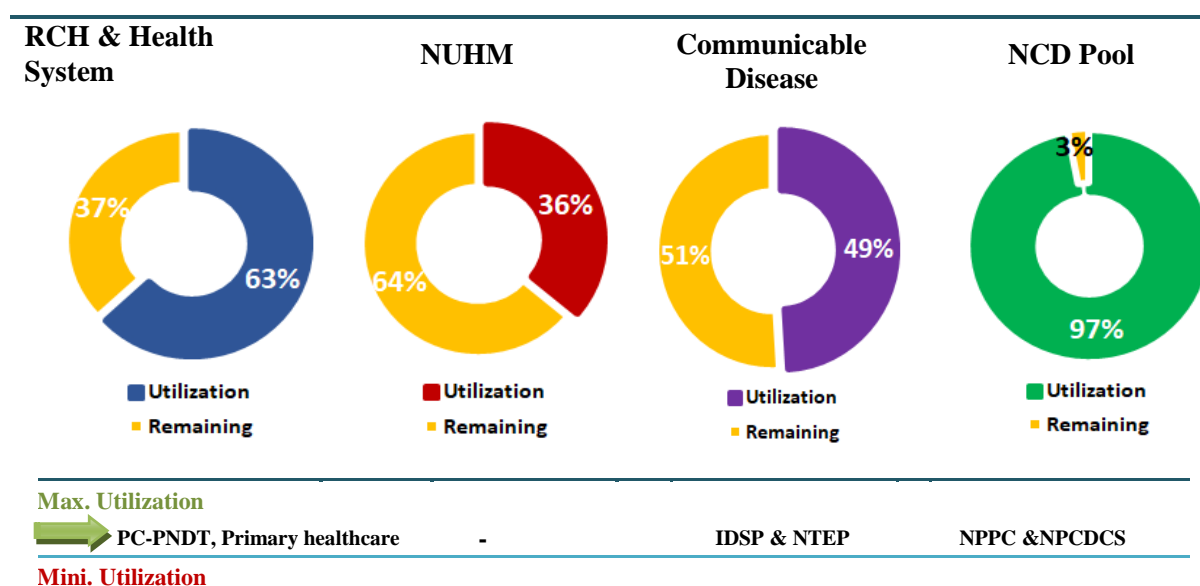
This section will attempt to discuss in depth details the NHM fund utilization against the sanctioned amount for the last financial year.

Figure 2: A snapshot of Overall Fund Utilization in Farrukhabad of Uttar Pradesh



Overall, around 37 per cent of funds remained unspent at the end of the last financial year as depicted in the above graph. Late receipt of PIP approval & fund delayed is the biggest obstacle in achieving the physical targets of the district, thus again leading to less utilization of funds. The following figure highlights flexipool wise budget utilization of Farrukhabad of Uttar Pradesh in last financial year (See annexure, table 5).The budget categorized into 4 broad categories i.e., RCH & Health System Flexipool, NUHM, Communicable Disease and finally NCD Flexipool.

Figure 3: A Snapshot of Fund Utilization under Different Flexi-pool in Farrukhabad, 2021-22



 Untied Funds	-	Leprosy & NVBDCP	NHMP & NRCP
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In Farrukhabad, the maximum fund utilization was observed in NCD flexipool. However, the least fund utilization was observed in the NUHM & Communicable diseases pool. Owing to the Covid-19 management activities, the district was unable to utilize the fund under the NUHM pool. Under RCH flexipool, the maximum utilization of funds is observed in the PC-PNDT, Comprehensive Primary Health care, MMU & RBSK with more than 75%. However, the least utilization can be seen on Untied Fund (25%) due to COVID management activities & also due to budget delay as it was received late by the month of February to the facilities and in the month of March all budget were ceased.

Under communicable, the maximum utilization is observed in TB (62%), & followed by IDSP (81%). However, no utilization of budget as per release can be observed in the NLEP program in said pool. With regards to NCD pool, maximum utilization of funds is observed for the prevention & control of diabetes, cardiovascular diseases & stroke and on the palliative care program. On the contrary, no fund utilization was observed in National Mental health program due to the lack of dedicated manpower under the said. Further, under rabies control program have used less than 5% amount of the allocated funds.

Chapter 3

PUBLIC HEALTH PLANNING

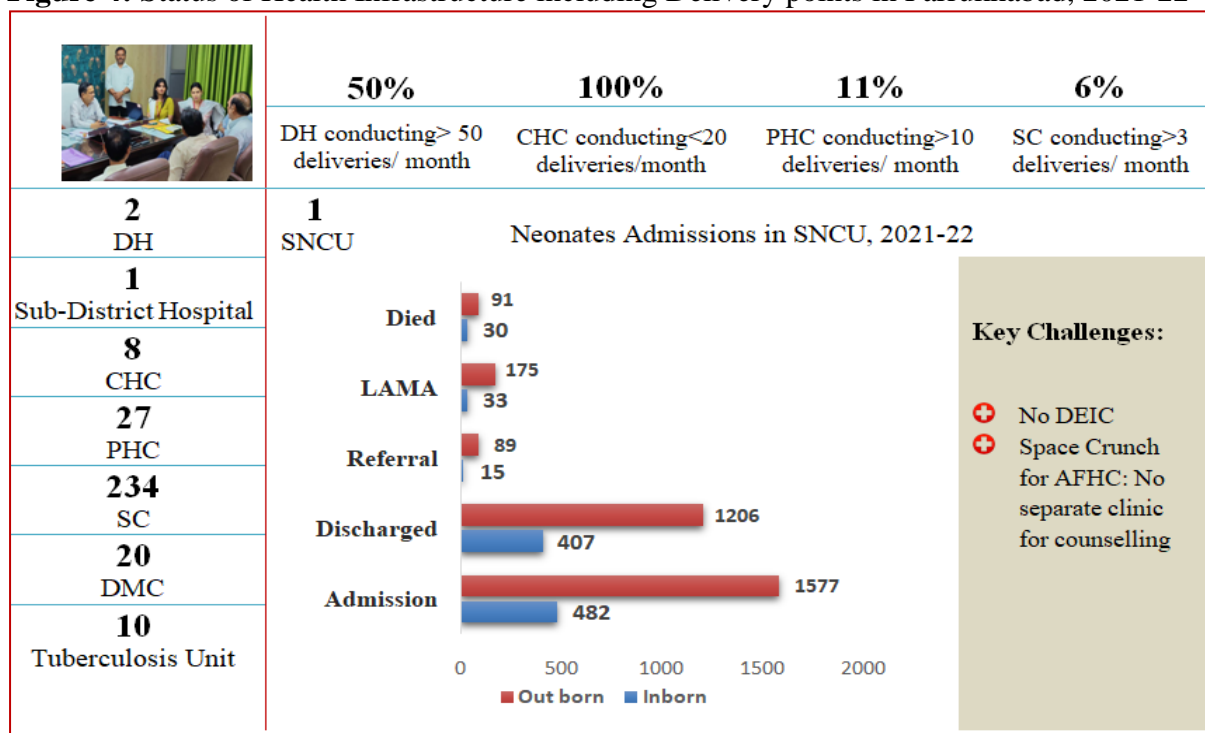
This chapter will attempt to discuss in details Public Health Planning which includes the depth details of public healthcare infrastructure, human resources for the public health and capacity building of the HR i.e., training status.

3.1. Health Infrastructure

Infrastructure is the basis for planning, delivering, and evaluating a wide range of essential public health services. Healthcare institutions and healthcare infrastructure is an important indicator to understand the health care status, health care delivery provisions and mechanism. Therefore, this section examines the analysis of health care infrastructure in Farrukhabad, Uttar Pradesh. Overall, district has 2 district hospitals; District Women Hospital, District Male Hospital, Farrukhabad. It has 1 Sub-District Hospital, 8 Community Health Centre, 27 Primary Health Centre and 234 Sub-Centre. There are 10 Tuberculosis Unit, & 20 DMC. The total number of institutions providing comprehensive abortion care services (CAC) is reported to be at 1 facility. The district has total 26 delivery points i.e. 1 at DH & 8 at CHC level. All 100% CHC were conducting more than 20 deliveries per month. 3 PHC are able to conduct more than

10 deliveries in a month. Out of the total Sub-centre, 6% sub-centres are able to conducting the more than 3 deliveries in a month.

Figure 4: Status of Health Infrastructure including Delivery points in Farrukhabad, 2021-22



Source: CDMO Office (2021-22), Farrukhabad, Uttar Pradesh

In addition, district has 1 Special newborn care units (SNCU). During the last financial year 2021-22, there were 2059 neonates admitted in SNCUs in district, and out of which, 23 % were inborn and remaining 77% were out-born admissions. The outcomes are categorized into four sections as successfully discharged, referred to higher centers, LAMA & died. The above graph clearly represents that overall, 78 % neonates were successfully discharged, 5% were referred to higher center, 10% were left against medical advice, and 6-7% was died in the same. Further, it can be observed that death rate among out born neonates was higher than death rate of in born admissions due to any delay factors. Thus, high mortality in out born admission requires specific attention. It must be noted that the district have one NRC & one NBSU. With regards to NBSU, more than 600 newborn were admitted in the last financial year and out of the total, around 75% newborns were successfully discharged. It must be noted that the district does not have any District Early Intervention Centre (DEIC) for the better delivery of services. The district has 1 Blood bank and 2 blood storage units.

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. The district has 2 Mobile Medical Units (MMU). Transport facilities in the district includes 22 ‘108 ambulances’, 21 ‘102 ambulances’, and 4 ‘Referral transports ALS’.

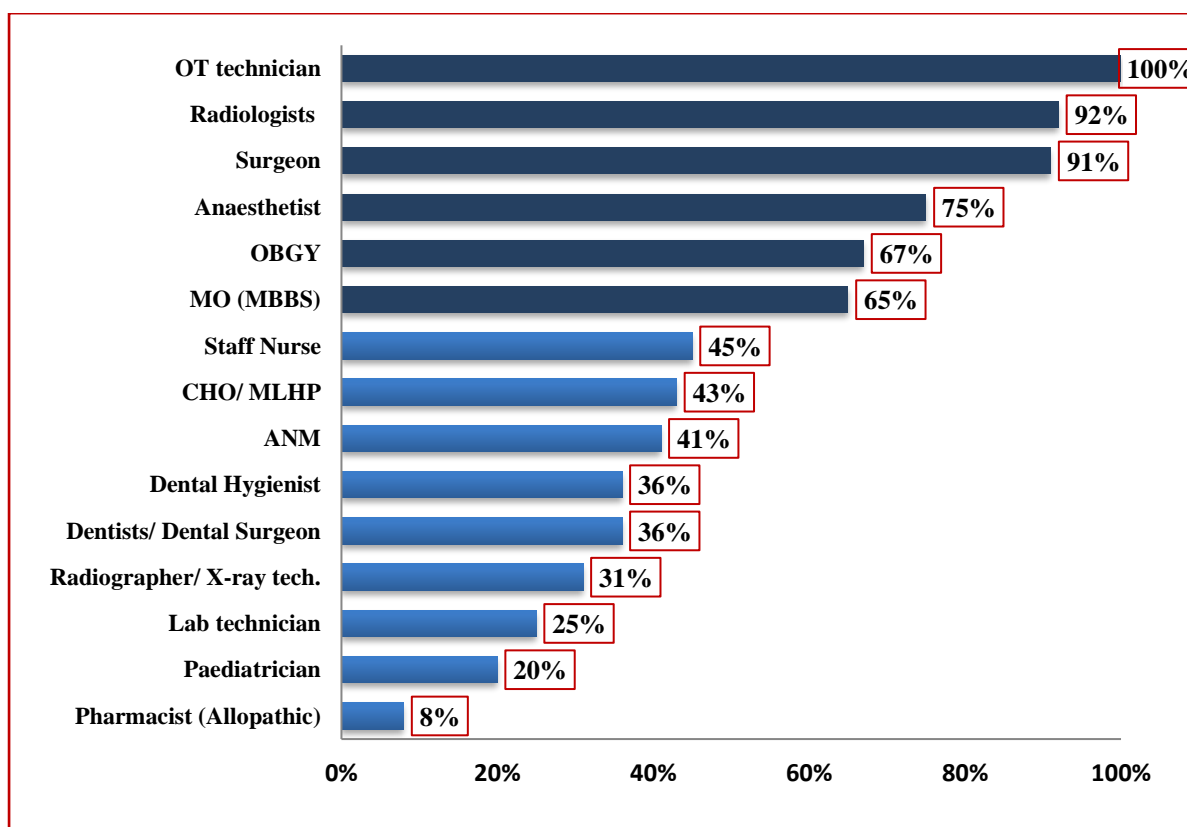
3.2. Human Resources for Public Health

Lack of Human Resource is one of the major concerns of the district; more specifically major issue was reported regarding the shortage of specialist (Radiologist, Surgeon, Anesthetist, OBGY), and MO in the district. Non- availability of OT technician was observed in the district and all 100% post were vacant in the district due to which operations & surgical services were hampered. To ensure smooth functioning of the 24*7 delivery care services & emergency services, the district must prioritize the proper residential policy for the contractual manpower. In addition, there is shortage of Staff Nurse, CHO, ANM, therefore hampered the essential health care services in the district.

The component of Human Resources under NHM is to ensure the availability of adequate work force at the public health facilities in the State. To ensure smooth service delivery NHM made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure. In district, total 271 ANM, 84 Staff Nurse, 1 OBGY, 4 Pediatrician, 1 Anesthetist, 1 Surgeon, 1 Radiologist, 7 other specialists, 7 dentist, 49 MO, 69 Pharmacist, 36 LT, 9 Radiographer, 82 CHO and 20 AYUSH MO were in-position in the district (See Annexure, Table 6).

Against the sanctioned post in the district, 100 percent position of OT Technician, 92 percent position of Radiologist, 91% of Surgeon, 75% of Anesthetist, 67% of OBGY, 65% of Medical Officer's (MO) position are vacant under Uttar Pradesh government in the district as depicted in the above figure. Against sanctioned post, Less than 50% post were vacant for Staff Nurse, CHO, ANM, Dental Hygienist, and Dentists & Radiographer. Around 20-30 % position lied vacant of Lab technician, and Pediatrician in the district.

Figure 5: Shortage of Human Resources in Farrukhabad District, Uttar Pradesh, 2021-22




Overall, under Uttar Pradesh Government in the district, total number of sanctioned posts for Medical is 141 out of which only 49 have been filled and 92 posts is still held vacant (See Annexure, table 6). Position for the ANM & Staff Nurse is also significantly high in the district. The district has 274 ANM against the sanctioned post of 461, thus 187 posts are vacant. Against the total number of sanctioned posts for Staff nurse, 69 posts are vacant in the district.

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. At present, a total of 1501 ASHAs (1530 sanctioned/ required) are working in the district and there are 29 vacant positions against the sanctioned position for ASHAs as depicted in table 7 (See Annexure). The average payment received by ASHA ranges from Rs. 5000-6000 and was reported to be delay by two or three months. MAS in 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. Total 77 number of Samiti formed & trained in the district. Meeting of MAS was held at least once every month, which addresses local issues related to Health i.e., Immunization, Family planning, COVID, Water, and Sanitation at slum level.

3.3. Capacity Building of HR

Following table shows the training status of doctors for Live Saving Anesthetics Skills (LSAS) & Emergency Obstetric Services (EmOC). In Farrukhabad, just one doctor trained in EmOC that is posted in FRU, however, were not performing C-Section deliveries. With regards to LSAS, no Doctors were trained in district in last financial year.


Table 3: Details of Training status of Doctors in Farrukhabad, Uttar Pradesh, 2021-22

 <p>EmOC Trained</p>	1	1	0	<p>Remarks/ Challenge</p> <p>No Trainings on LSAS</p>
	Trained Doctors	Posted in FRU	Performing C-section	

Source: CMO Office, Farrukhabad, Uttar Pradesh, 2021-22

The following table shows the training status against the planned trainings in ROP document of Farrukhabad of Uttar Pradesh in the last financial year. The district has been completed 100 per cent training on SBA, HBNC, HBYC, ASHA’s Induction training, Sangini ICT Application training, FPLIMS & Contraceptive methods.

Table 4: Training status as per ROP approval in Farrukhabad, Uttar Pradesh: 2021-22

 <p>Planned Vs Accomplished</p>	100% Completed	Mode of training
	SBA Training	Offline
	HBNC, HBYC, ASHA’s Induction training	Offline
	Sangini ICT Application training	Offline
	FPLIMS & Contraceptive	Offline

Source: CDMO Office (2021-22), Farrukhabad, Uttar Pradesh

It was reported that almost all the trainings were conducted offline to the staff/ ASHAs worker/officials in the last financial year 2020-21. (See Annexure, table 8). Against the planned training in ROP document, trainings were not conducted in the last financial year 2020-21. It was reported by the district that most of the programme related training (which was approved under the ROP) were not held at the district due to the COVID management activities.

Chapter 4

NATIONAL HEALTH MISSION PROGRAMMES


This section will attempt to discuss in details the implementation of various national programmes related to mother, newborn, child & adolescent healthcare services under National Health Mission. It will also make an attempt to deliberate the Nutrition Programmes as well.

One of the key objectives of NHM programme is prevention and control of most common communicable and non-communicable disease. Therefore, it will discuss the diseases control programs. Finally, it will discuss the Quality care programs as well as other NHM programs.

4.1. RMNCH+ N Programmes

Improving the well-being of mothers, infants and children is an important public health goal for Government of India. In this context, Ministry of Health & Family Welfare launched Reproductive, Maternal, Newborn Child plus Adolescent Health (RMNCH+A) to influence the key interventions for reducing maternal and child morbidity and mortality. The following table depicts the scenario of mortality indicators in Farrukhabad of Uttar Pradesh for last two financial years.

Table 5: Mortality Indicators in Farrukhabad over last two Years

Mortality Indicators	In Numbers		Increase/ Decrease
	2020-21	2021-22	
Infant Deaths	202	142	
Child Deaths	28	27	
Maternal Deaths	64	38	
Still births	490	422	


Source: CDMO Office, Farrukhabad, Uttar Pradesh

Overall, total number of Infant deaths, child deaths, still births, and Maternal deaths have decreased from 2020- 21 to 2021-22 in the district. The total number of still births & Infant deaths has observed to be significantly high as compared to others mortality indicators in the district in both years. The vast majority of these mortality are preventable. Therefore, to ensure the better maternal & Child health, GoI has launched numerous initiatives i.e., JSY, JSSK, AMB, HBNC, RBSK&RKSK etc. This section will attempt to discuss in details implementation of various national programmes related to mother, child, Newborn and Adolescent health services under National Health Mission.

Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana prevalently known as the conditional cash transfer scheme, started in 2005. JSY 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 effectively working in the district however the level of awareness among the beneficiaries is satisfactory in the district. Following figure depicts the disbursement of the JSY entitlements.

Table 6: JSY Payments Status in Farrukhabad, Uttar Pradesh: 2021-22

 जननी सुरक्षा योजना		Key Challenges: Incomplete Records of the beneficiaries (Aadhar Card) Doesn't have any account , Unable to open any account due to lack of Documentation
21499	89.7%	
Total Institutional Deliveries (Public)	No. of beneficiaries received Incentives	

Source: CDMO Office (2021-22), Farrukhabad, Uttar Pradesh

Overall, around 10 % JSY Payment gap were observed in the district. The said gap was primarily due to incomplete records of the beneficiaries. Most of the beneficiaries don't have relevant valid papers/ documents & bank accounts that are required. It is mandating that JSY payment will be released only after the receipt of all document like BPL Card, Income certificate etc.


Janani Shishu Suraksha Karyakaram

Janani Shishu Suraksha Karyakaram (JSSK) 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. The JSSK scheme is well implemented in the Farrukhabad of Uttar Pradesh across all key domains except the diagnostic services due to the delay/ lack of JSSK funds. Free diet was given to beneficiary mothers at the DH & CHC level. The diet services were functioning well at upper tier of healthcare. However, observation found that diet services were provides to the beneficiaries at the PHC level in the district.

Pradhan Mantri Surakshit Matritva Abhiyaan

PMSMA Programme has been launched, to improve the quality and coverage of ANC including diagnostics and counseling services as part of the RMNCH+A Strategy. The prime aim was to provide comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. Poor quality of ANC services is a serious concern in the district. As on 9th of every month various activities are not being performed smoothly in the district due to inadequate logistic, testing kits (Sugar/ Urine /HIV Syphilis) & lack of LTs/ ANM/ Staff Nurse. It was reported that HRP Identify and Proper Follow up were not possible under the said programme due to shortage dedicated of Staff i.e. lack of Staff Nurse, ANM, LT, and OT technician. Further, another challenge was reported that timely drop back of the pregnant women were not possible due to Limited Vehicle.

Table 7: Status of PMSMA programme in the Farrukhabad, Uttar Pradesh


13 Total Facilities	 Facilities Covered at tier	Key Challenge Shortage of testing kits Inadequate logistics HRP Identify and Proper Follow up were not possible due to shortage dedicated of Staff: Shortage of Staff Nurse, ANM, LT, OT technician.
12174	100% Sub- District Hospital 100% UPHC 88% CHC 50% DH	
No. of MCP Card Issued		

Owing to the lack of ultrasound facility in the FRUs, the district was unable to provide the all services. Against the 4 FRU in the district, just 2 FRU has the ultrasound facility. Ultrasound facility should be at least at all the FRUs to cater the remote areas. Overall, there are 13 such healthcare facilities (1 DH, 1Sub-district, 7 CHC, & 4 UPHC) in district where PMSMA round are being conducted. In the year 2021-22, more than 12000 number of MCP card issued and Safe Motherhood Booklet were reported under PMSMA in district. A sticker is added on the MCP card on each visit, if the women is detected with no risk, then a green sticker is added. However, the red sticker indicates high-risk pregnancy case.

Home Based Newborn Care 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 depicts the HBNC programme in the district.

Table 8: Status of HBNC programme in the Farrukhabad of Uttar Pradesh, 2021-22

 Home based Newborn Visits	3502	90%	69%	Key Challenge: Incomplete ASHA’s Kit and non-functional equipment in kit Incomplete Drugs kit
	HBNC Visits by ASHAs	ASHA having HBNC Kits	ASHAs having Drugs Kits	

Source: CDMO Office (2021-22), Farrukhabad, Uttar Pradesh

During the last financial year 2021-22, ASHAs were also actively involved in the counseling of Immunization & HBNC visit as well. More than 3500 neonatal visits were conducted by ASHA worker under HBNC programme in the district. From the table it can be seen that around 90% ASHAs have the complete HBNC and just 69% ASHAs have the drug kit complete. It was reported that district is unable to replace the Kit due to Budget constraint.

Rashtriya Bal Swasthya Karyakram/ School Health Scheme Program

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. RBSK programme is well implemented in

the district despite the lack of dedicated manpower. In Farrukhabad district, there are a total of 14 RBSK teams, with 2 teams per block, which ensure coverage of children. Just 4 teams are complete in place as per the composition and 14 numbers of vehicles are on the road for RBSK team. Per day, on an average of more than 85 children are being screened by the team in the year 2022. More than 21000 children have been screened at the delivery points for defects at birth. The district required dedicated HR & DEIC Centre for the treatment of children under the said program.

Immunization Program

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, around 41 thousand children fully immunized (9-11 months) observed in Farrukhabad Uttar Pradesh. In the last financial year, out of the total planned session 20532, around 95% (16747) Immunization session were held in the district. In addition, out of the total immunization session where ASHAs were presented to be 87 % session.

Family Planning Programs

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. As per the HMIS data, female sterilization as a method of permanent family planning dominates the statistics with 99.4 per cent of all sterilization conducted in the year 2021-22 in Farrukhabad Uttar Pradesh (Tubectomies). Total sterilization conducted was reported to be 465 in numbers in the district. Besides these, the total numbers of condom pieces that have been distributed in the last financial year were 484269 pieces followed by oral pills 59354. To promote the family planning programs Saas Bahu Sameln were also observed at Sub-centre level/ village level in the district. Total 3 ASHAs in group, ANM, Pradhan and from community male and female both present when this activity held.



Rashtriya Kishor Swasthya Karyakram (RKSK)

The Ministry of Health & Family Welfare has launched a health programme for adolescents (10-19 years), in the year of 2014, which would target their nutrition, reproductive health and substance abuse, among other issues. The main objective of this Karyakaram was to improve nutrition, Sexual and Reproductive Health, enhance Mental Health, also prevent

substance misuse injuries and violence. During last financial year, total 8632 adolescent registered under RKSK program in district, and out of which, 65 % were girls and remaining 35% were boys registered as depicted in the following table. Therefore, it can be observed that registration rate among girls were higher than the registered rate of boys in the district. Similar observation can be seen with regards to received clinical services and counseling.

Lack of fund for the Peer Educator trainings was reported an issue in district.

Table 9: Status of RKSK program in Farrukhabad of Uttar Pradesh, 2021-22

8632 Total Registered	RKSK	2021-22	Key Challenge
	Girls registered in AFHC	5587	Inadequate infrastructure is biggest constraint in proper services; No separate AFHC Clinics in 2 block i.e. Kamalganj, Mohammadabad. Insufficient Funds for the Peer educator trainings.
	Out of registered, Girls received clinical services	78%	
	Out of registered, Girls received counselling	99%	
	Boys registered in AFHC	3045	
	Out of registered, Boys received clinical services	61%	
	Out of registered, Boys received counselling	71%	

Source: HMIS Standard Report (2021-22), Farrukhabad, Uttar Pradesh

The above table clearly shows that almost 78 per cent girls received clinical services (partially) and around 99% girls received counselling session. On the contrary, 61% boys received clinical services (partially) and with regards to counselling it was observed to be just 71%. However, no proper counseling session were taken in place in the district. It should be noted that there are no separate Room/ AFHC clinics functional in the district. Owing to the inadequate Infrastructure and space crunch, most of the services were hampered with the respective programme. It was reported that only nutrition’s/ Anemia related services functioning (Distribution of syrup). In addition, unable to fix the particular day for the smooth services due to mentioned issue, thus leading to most of the services hampered.

4.2. Communicable Diseases Control Programmes

One of the key objectives of NHM programme is prevention and control of most common communicable and non-communicable disease. This section will throw a light on the National Diseases Control Programmes related to the communicable diseases, i.e., IDSP, Leprosy Eradication; National Vector Borne Diseases Control& TB control Programme in the district.

Table 10: Status of Communicable Diseases Programme in Farrukhabad of UP, 2021-22

Communicable Diseases Programs	In No.	Remarks/ Challenges
IDSP		
Rapid response team constituted	Yes	Shortage of manpower for IHIP data entry
IDSP team composition	5	

Types of diseases reporting under IDSP	25-26	Outdated IT equipment
Total Epidemic and outbreaks reported in district	12	Internet connection
% Of private health facilities reporting	38%	
NLEP		
New case detected/ recorded (In no.)	63	Functional well
No. of G2D cases	-	
% of G2D cases of new cases deducted	-	
MDT available without interruption	Yes	
Reconstructive surgery for G2D cases conducted	-	
MCR footwear and self-care kit available	80	
NVBDCP		
Micro plan and macro plan available at district	No	Despite lack of proper team composition, the said programme was well implemented.
Annual Blood Examination Rate	1.27	
Reason for increase/ decrease	COVID management	
Anti-larval methods	Tempos	
Contingency plan for epidemic preparedness	No	
No. of MDR rounds observed	No	
District Level Activities	Awareness through IEC	
NTEP		
Target TB notification achieved	No	Treatment success rate more in Public sector
HIV Status of all TB patient is known	99%	
Drugs available(both drug sensitive & drug resistance)	Yes	
Beneficiaries paid under NIKSHAY	Yes	
Eligible TB patients with UDST testing	62%	
	Public	Private
Patients notified	2727	418
Treatment success rate	65%	57%
No. of MDR TB Patients	104	0
Treatment initiation among MDR TB patients	103	0

Source: CDMO Office (2021-22), Farrukhabad, Uttar Pradesh

Under IDSP programme, the surveillance units have been established in the district. Rapid response teams are available/ constituted at district level and team includes 5 person. Shortage of Manpower for IHIP data entry at district hospital, Outdated IT equipment (computer) & internet connection is a major challenge for effective implementation of IDSP in the Farrukhabad of Uttar Pradesh. The district highly needs a Data Entry operator and IT support for better implementation of the program. IDSP data utilized properly at the district level for identify trends and patterns of disease/ syndromes. The district generates EWS on the basis of weekly data analysis. After analysis of data, if any trend is found in a particular disease, it's highlighted to the state and further preventive measures taken accordingly. Overall, just 38% of private health facilities reported weekly data of IDSP.

National Vector Borne Disease Control Programme (NVBDCP), overall Annual blood examination rate was reported 1.27 in the district. Weekly epidemiological and entomological

situations were not 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-19. Despite lack of proper team composition, the said programme was well implemented in the district.

NLEP programme is functioning well with MDT medicines & equipment available at all the facilities in the district. Overall, 63 new leprosy cases were detected in the district in the said time period. Out of the total Leprosy cases, most of the cases were deducted in male instead of female. As per the World Health Organizations (WHO) Document, the proportion of G2D cases among newly diagnosed patients and the G2D rate in a population indicate the efficiency of early detection of leprosy. In the Farrukhabad, Gr. II disability rate among new deducted cases was not observed in the district.

Moving forward to the Tuberculosis Programme, It remains to be major public health problem in India. Diagnosis of TB through Intermediary UDST testing/lab is established in the district. Overall, 10 Tuberculosis Unit were established in the district. Total number of TB cases notified under NIKSHYA significantly varies from 2727 (65%) in public sector to 418 (57%) in private sector. In the last financial year, overall total 104 numbers of TB patient deaths were reported in the district and all MDR TB patient death was observed in public sector. However, treatment success rate was observed to be 65% in public sector.

4.3. Non- Communicable Diseases Control Programmes

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.

NPCDCS Programme

The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is launched in 2010 with an objective to prevent and control major Non-communicable Diseases. Overall, Hypertension& Diabetes prevalence were noted in the district (See annexure, table 8). Further, numbers of cases of screening have been high for diabetes in the last financial year and the maximum detected cases were also noted for the diabetes.

National Mental Health Programme (NMHP)

Under this program, numerous types of Anxiety/ Depressive Disorder and Psychosis were treated. In Farrukhabad, mental health programme were not functional as it was reported that no State mental health authority in place. Owing to the lack of dedicated manpower, the mental health care services were not rendered in the district. For the effective implementation of the mental health programme, the manpower gap needs to be addressed.

National Tobacco Control Programme (NTCP)

Government of India launched the Tobacco Control Programme in the year 2007-08. Overall, total 9 healthcare facilities including 2 District hospitals covered under this program. Further 70 schools were also covered under the NTCP program. The main aim of the program was to create awareness about the harmful effects of tobacco consumption as well as reduce the production and supply of tobacco products. This program will help the people quit tobacco use, and facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control. This program was implemented in 2014-15 in the district. The team consist 4 person i.e. Consultant, Social worker, DEO, Counselor (DH level). NTCP program was well functional in the district. This program has helped more than 400 people to quit the tobacco use since 2015.

National Oral Health Programme

Taking into account the oral health situation in the country, Government of India has initiated a National Oral Health Programme to provide integrated, comprehensive oral health care in the existing health care facilities. There is wide scope of improvement with regards to oral healthcare services in the district. Overall, severe shortage of manpower was reported to be major concern in the district. There were 7 Dental Surgeon/ Dentist, & Technical Assistant in the district. Against the sanctioned post of the dentist/ dental surgeon 36% of positions were laid vacant in the district. It is highly recommended that to functioning the oral health services in the district, the said department needs to be strengthened in the district by providing the required manpower.

4.4. Quality Assurance Programmes

To address the issue of low-quality of services in the healthcare premises, the GOI has introduced a set of quality-oriented programs under the National Health Mission. Quality care improvement initiatives i.e., Indian Public Health Standard (IPHS), NQAS, KAYAKALP, MERA ASPATAAL, LaQshya, MusQan programme, have revolutionized the pathways of public healthcare service delivery in the country. District quality assurance consultant was

available in the district to lookup these quality care programs. Implementation, Monitoring, Trainings and Supportive Supervision at all Health care Facilities and Gap closer activity done by DCQA as per NQAS and Kayakalp checklist. The following table depicts the broad status of quality care program implementation in Farrukhabad District of Uttar Pradesh.

It can be noted that the district has been markedly lacking in quality care program implementation at the lower health tier. There is a wide scope of improvement with the execution of the said program. The observation found that the Kayakalp certified facilities markedly lacking in maintaining the sanitation and hygienic protocols, particularly in washroom. In the given scenario, it is recommended that the quality care facility must be fined/penalty if found to be exceptionally unhygienic based on protocol violation. Further, there is dire need to re-monitor the quality certified facilities at a specific interval.

Table 11: Status of Quality Care Programs in Farrukhabad, Uttar Pradesh, 2021-22

	50%	100%	50%	Key Challenge
100% DH Integrated with Mera Aspataal	NQAS Certified Hospital	Kayakalp Certified Hospital	LaQshya certified Labor rooms (DH)	Exceptionally unhygienic washroom observed across all health tier in district
	38%	11%	0%	
	Kayakalp Certified CHC	Kayakalp Certified PHC	Kayakalp Certified SC	

Source: CDMO Office (2021-22), Farrukhabad, Uttar Pradesh

Mera-Aspataal initiative is well implemented at the DH level in the district. 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 both district hospital of Farrukhabad of Uttar Pradesh. However some issues were observed in data uploading on HMIS regarding the Patient satisfaction score. Owing to the lack of ID & Password for the access of Mera Aspataal score, facility were reporting the said value zero on the HMIS Portal. It was reported that facility has the only access to enter the patient feedback on the Mera Aspataal portal as they don't have the access of to see their overall score, thus unable to report on the HMIS portal. Further, it was reported that facility doesn't have the knowledge of appropriate Calculation methodology of the PSS score due to different attributes of IPD & OPD, which further leads to the same.

4.5 Others NHM programme

The introduction of the Accredited Social Health Activist (ASHA) workers by the Ministry of Health and Family Welfare Department in 2005 was to improve the accessibility, availability and acceptability of the existing health facilities particularly in rural areas. 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 following tabulation will provide the summary of enrolled status of ASHAs worker under different social welfare scheme in the district.

Table 12: ASHAs Enrolled Status under social benefit scheme in Farrukhabad, 2021-22

1501	94%	94%	50%
ASHAs Worker in district	ASHAs enrolled under PMJJBY	ASHAs enrolled under PMSBY	ASHAs enrolled under PMSYMY


Source: CMO Office, Farrukhabad, Uttar Pradesh, 2021-22

Out of the total 1501 ASHAs worker, around 94% ASHAs workers in the district are insured under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), and Same 94% insured under Pradhan Mantri Suraksha Bima Yojana (PMSBY). These are both governments backed insurance schemes. In a yet another social welfare scheme oriented towards pensions, only half per cent of ASHA workers (50%) are registered in the Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

Chapter 5


PUBLIC HEALTH FACILITY ASSESSMENT


The major findings made by the monitoring team during the visit to various health facilities in Farrukhabad are tabulated below. Every facility would be assessed majorly on 7 themes i.e., HR, Physical Infrastructure, Core Healthcare services, Drugs Diagnostic & Equipment, Service Delivery Indicators, NHM Programme Implementation, HMIS Data Verification & IT Services, with the key challenges in the respective domain.



District Hospital

DR. RAM MANOHAR LOHIYA FEMALE
HOSPITAL, FARRUKHABAD





Dr. RML Female hospital is a 100 bedded facility located in Farrukhabad District, Uttar Pradesh. The facility was awarded with Kayakalp & NQAS in the last financial year. Further, the labour room of the facility was observed to be LaQshya certified. The facility has an average OPD load of approximately 250-300 patients per day. Monthly around 350-400 deliveries were conducted at the facility. Out of the total deliveries performed at the facility, around 3-4 % deliveries were reported to be C-section.

Presently there was no officially CMS appointed in the Hospital. The Pediatrician was acting as an officiating CMS at the facility. Overall, there was acute shortage of specialized doctor i.e. Radiologist, Ophthalmologist & Orthopedic were reported therefore hampered the round the specialist services to the patients at the facility. Only 2 Gynecologist was at DH who was handling all delivery care services since many years. Similarly, it's extremely difficult to cater the load by the existing staff Nurse in labour room. It was reported that there is no residential policy for Contractual Staff (doctors & paramedical staff), which affects the number of deliveries and 24*7 emergency services of the Hospital. OT technician is there, however lack of the proper residential policy affects the round the clock C-section services.

Fund delay was reported a biggest issue at the facility. In the last financial year, the facility has received their fund by the month of December and the fund was seized in the month of March and only 3 activities were allowed to perform namely the payment of ASHA Incentives, JSY payment and the salary to respective staff. Owing to non- availability of JSSK fund from last two years, diagnostic services were hampered at the facility. Shortage of pregnancy kits was also an issue.

Table 13: Status of RML Female Hospital across various Health Domains in the year 2020-21

Key Areas/ Observations				Remarks/ Challenges
Human Resource				
Medicine Specialist	0	General Duty/Casualty Doctors	1	Shortfall (%) against Sanctioned
OB&GYN	2	Staff Nurse	16	
Pediatrician	4	LTs	3	
Anesthetist	1	Pharmacist	1	
Radiologist	0	Hospital Manager	1	
Radiographer	0			
Physical Infrastructure				
Accessible from nearest road ahead	✓	Drinking water facility	✓	

24*7 running water facility	✓	ASHA rest room available	✓	-
Geriatric and disability friendly	✓	Drug storeroom with rack	✓	
Hospital located near residential area	✓	Power backup (Complete facility)	✓	
Clean functional toilets	✓	Good Condition of Building	✓	
OPD waiting area sufficient space	✓	Complete Construction Status	✓	
Core/ Specialized Health care Services				
Medicine	✗	SNCU	✓	
O&G	✓	CLMC	✗	
Pediatric	✓	NICU& PICU	✗	Residential challenge for the contractual doctors and paramedical staff which affects the major healthcare services.
General Surgery	✗	DEIC	✓	
Anesthesiology	✓	Labour Room Complex	✓	
Ophthalmology	✗	Emergency Care (Delivery)	✓	
Dental	✗	Skill Lab	✓	
Imaging Services (X – ray/ USG)	✗			
Drugs, Diagnostic & Equipment's				
Essential Medicine on the day of visit	✗	Blood Transfusion & Storage	✗	Lack of LSCS set, Episiotomy set & Multi Para monitor Shortage of Oxytocin & Surgical gloves
Laboratory services	✓	Fully Equipped Blood Bank	✗	
X-ray	✗	Availability of testing kits	✗	
CT Scan	✗	Major Instrument Functional	✓	
Service Delivery/ Mortality Indicators (2021-22)				
Allopathic OPD 250-300 per day		Around 3-4% were reported C-section		
45 thousand Lab tests were done		1 Maternal deaths was observed		
Around 3087 Institutional deliveries				
NHM Program Implementation				
JSY Program		JSY payment was reported just 93%		JSY payment gap observed due to incomplete records of the beneficiaries as most of them doesn't have valid documents/ accounts. Facility lacking in diagnostic services under JSSK due to lack of funds.
JSSK		Diet were being provided to beneficiaries		
NQAS & Kayakalp		Certified		
LaQshya		Labour room Certified		
PM-National Dialysis programme		Not Implemented at the facility		
PMSMA		Services rendered on 9 th of every month & indentified high risk PW		
TB elimination Programme		Non- functional at female DH		
HMIS Data Verification (Indicators name with reason for mismatch)				
Newborns breast fed within 1 hour		Typing/ Human error		Extreme mismatches were observed with regards to SNCU records & quality care score i.e. Kayakalp, Mera Aspatal Score in the Dr. RML Female District Hospital.
SNCU Admission- Inborn/ out-born		Difference b/w manual & system compilation due to monthly record maintenance		
Infants deaths within 24 hours		Human Error as monthly data not summarized by the department		
Operation minor		Not reported by the facility on HMIS		
Stock out rate of essential Drugs		Not Recorded by department		
Kayakalp/ PSS score		Data not updated by the facility		
HR Data		Carry forward same as previous		
Others				
NHM Fund Utilization		Fund under-utilization observed		Fund Delay major issue (received in December)



CHC Kamalganj is 30 bedded health facilities, with average OPD of 150-200 per day. On the normal day, per day OPD was around 150, however, on the Monday it's reported to be more than 150. Total 14-15 types of tests i.e., Malaria, Dengue, Tiefert, HIV, VDRL, Hyp B, Urine

Pregnancy Test, Pregnancy Test, HB, HCB, ABO, Sputum, performed at the facility. In last financial year, total 31009 number of test performed at the facility. In addition, shortage of medicine i.e. Inj. Nikethamide, Inj. Adrenaline, dopamine and dobutamine was reported an issue. The facility has a dedicated DOTS centre for the management of tuberculosis cases. In the last financial year i.e. 2021-22, there were 210 number of TB cases were reported at the facility. With regards to NIKSHAY Payment to the beneficiaries, it was reported to 100%.

All essential services were rendered at the facility including the delivery care services. Normal Deliveries with minor tests were handled effectively on the facility. However, the high risk cases, C-section, & pregnant women with COVID positive directly referred to the RML female Hospital, Farrukhabad. In last financial year, total 77 High Risk cases among pregnant women were observed. With regards to mortality indicators, no maternal & child deaths were observed at this facility. This facility is designated as FRU; however, c-section was not performed at the facility due to the acute shortage of specialists. Post for the Medicine, OBGY, Pediatrician, & Anesthetist were laid vacant at the facility. Furthermore, there were not seen any EmOC & LSAS trained doctor since last year. OT was there but reported to be non- functional due to staff crunch.

Total 3 MO were reported at the facility. Under the tele medicine/ consultation services, 2 MO were registered from the last six months. IT equipment/ infrastructure & internet connectivity were reported a major issue in the vision of tele-consultation services. The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization & HMIS data verification at the facility. Overall, non- availability of OT services, Blood bank, NBSU Unit, Imaging Services (X – ray), Dental (specialized), Ophthalmology was noted at this facility.

Table 14: Status of CHC Kamalganj across various Health Domains: 2021-22

Key Areas/ Observations		Remarks/ Challenges
Human Resource		
MO (MBBS)	3 LA	2
OB&GYN	0 LT	1
Pediatrician	0 Pharmacist	5
Anesthetist	0 Ward Aaya	1
Dentist	1 Sweeper	1
SNs/ GNMs	5 ASHAs Worker	308
ANM	1	
Physical Infrastructure		
Accessible from nearest road ahead	✓ Drinking water facility	✓
24*7 running water facility	✓ ASHA training room available	✓
Geriatric and disability friendly	✓ Drug storeroom with rack	✓

Hospital located near residential area	✓	Power backup (Complete facility)	✗
Clean functional toilets(separate M/F)	✓	Good Condition of Building	✓
OPD waiting area sufficient space	✓	Complete Construction Status	✓
Core/ Specialized Health care Services			
Medicine	✗	MCH Services inc. delivery	✓
O&G	✗	C-section	✗
Pediatric	✗	24*7 Emergency (General)	✓
General Surgery	✗	Family Planning services	✓
Anesthesiology	✗	Blood storage Unit	✗
Ophthalmology	✗	OT available	✓
Dental	✗	OT Functional	✗
Imaging Services (X – ray)	✓	New Born Stabilization Unit	✓
Drugs, Diagnostic & Equipment's			
Essential Medicine on the day of visit	✗	Blood Storage Unit	✓
Laboratory services	✓	Fully Equipped Blood Bank	✗
X-ray services	✓	Availability of testing kits	✓
CT Scan	✗	Major Instrument Functional	✓
Service Delivery/ Mortality Indicators (2021-22)			
150-200 OPD per day	General OPD timing- 9 to 3pm (6 days)		
7-8 deliveries per day	High risk cases refer to Farrukhabad hospital		No Maternal & Child deaths observed
40-45 Lab test per day	Immunization day- Wednesday & Friday		
100%- First ANC registration	ANC Checkup day- Saturday & Wednesday		
NHM Program Implementation			
JSY Program	JSY payment was observed 93%		JSY payment gap observed
JSSK	Received all services except transportation		majorly due unavailability of beneficiary account.
NQAS/Kayakalp/ LaQshya	Kayakalp Certified (76.14%)		
NLEP	Yes, 35-40 cases per day , 2-3% Death Rate		
TB elimination Programme	Well Functional, patients were screened for TB		10% Sample of Sputum of Total OPD
Anemia Mukh Bharat	Age-wise Iron syrup & tablets distributed by the ASHAs & Aanganwaadi worker		
PMSMA	9 TH - 24 th - Testing (20% HPR cases)		Record of High risk cases of PW were not maintained
Saas Beta Bahu Samelan	Well implemented & identified high risk PW		
	Counseling of eligible couple about FP benefits		
HMIS Data Verification& IT Services			
Service Delivery Indicators Verification	Data Verification Meeting were taken at palace every month; MOIC, BPM, BCPM, DEO, SN/ANM/ Pharmacist were present. Mismatches were observed at the facility with regards to service delivery indicators i.e. 4 th ANC & BCG/ Measles.		Data Mismatch between two portals i.e. HMIS and UPHMIS for the same data indicators also observed.
IT services	Desktop available with good internet connectivity.		
Others			
NHM Fund Utilization	100% fund utilization were observed		Fund Delay (August)



Community Health Centre

CHC, RAJEPUR





The CHC is 30 bedded health facility, with average OPD of 400 per day. On the normal day, per day OPD was around 400, however, on the Monday & Tuesday it's reported to be more than 450. Owing to Flood Area, mostly Tied, & itching cases were noted. Out of the total

OPD, 20% cases were reported of itching. This facility caters approx. 2.16 lakh populations. First ANC registration is a matter of grave concern at this facility; it was reported to be around 70% in last financial year due to the flood area. The facility is effectively/ better performing in OPD & Delivery care services. Per month on an average 130 delivery care cases were reported from this facility. All essential services were rendered at the facility except the C-section delivery care services. It is the one stop centre to the beneficiaries to avail the services from ANCs to PNCs and afterwards. Thus, ANCs, Delivery services, PNC, Child Immunization, Family planning, 24*7 Emergency related services rendered at the facility. Normal Deliveries with minor tests were handled effectively on the facility. However, the high risk cases & pregnant women with COVID positive directly referred to the District Hospital, Farrukhabad. Total 16-17 types of tests i.e., CBC, HIV, Urine, HB, Malaria, Dengue, Tiefert, HIV, VDRL, Widal, and Hyp B etc. at the facility. Sometimes shortage of Anti allergy medicine i.e. Tab Cetrizine was reported an issue. In last financial year, no maternal deaths were observed at this facility, while 1 child death was observed.

In 2020-21, Rajepur CHC was Kayakalp Certified facility with a score of 73.4 and the award money that was received is Rs.1 lakh. Overall the facility was observed to be clean except the washroom, as it was found to be highly unhygienic & smelly. With respect to manpower, the facility has 3 MO's, 1 Anesthetist, 1 Dentist, 2 SNs/ANMs, 4 LT, 2 regular pharmacists, and 1 dental assistant. It was reported that 2 MO went for the EmOC & LSAS training for the six month. Further, there was acute shortage of Specialist was observed at the facility. Thus, currently this facility is unable to deliver full range of health care services. The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization & HMIS data verification at the facility. Overall, non- availability of OT services, Blood storage Unit, Imaging Services (USG), Ophthalmology was observed at this facility.

Table 15: Status of CHC Rajepur across various Health Domains: 2021-22

Key Areas/ Observations		Remarks/ Challenges
Human Resource		
MO (MBBS)	4 LT	4
OB&GYN	0 Pharmacist	2
Pediatrician	0 Dental Assistant	1
Anesthetist	0 Ward Aaya	1
Dentist	1 Sweeper	1
SNs/ GNMs	2 ASHAs Worker	199
Physical Infrastructure		
Accessible from nearest road ahead	✓ Drinking water facility	✓
24*7 running water facility	✓ Drug storeroom with rack	✓
Geriatric and disability friendly	✓ Power backup (Complete facility)	✓
Hospital located near residential area	✓ Complete Construction Status	✓

Clean functional toilets(separate M/F)	×	Good Condition of Building	√
OPD waiting area sufficient space	√	-	

Core/ Specialized Health care Services

Medicine	×	MCH Services inc. delivery	√	Facility unable to deliver the full range of specialized services due to shortage of medical specialist.
O&G	×	C-section	×	
Pediatric	×	24*7 Emergency (General)	√	
General Surgery	×	Family Planning services	√	
Anesthesiology	×	Blood storage Unit	×	
Ophthalmology	×	OT available	√	
Dental	√	OT Functional	×	
Imaging Services (X – ray)	√	New Born Care Area	√	

Drugs, Diagnostic & Equipment's

Essential Medicine on the day of visit	×	Blood Storage Unit	×	Shortage of anti allergy medicine was reported an issue.	
Laboratory services	√	Fully Equipped Blood Bank	×		
X-ray services	√	Availability of testing kits	√		Dental chair was reported to be partially functional (Old)
Ultrasound	×	Shortage of major instruments	×		
Major Instrument Functional	√	-			

Service Delivery/ Mortality Indicators (2021-22)

400-450 OPD per day	220 cases of Hypertension (in 6 months)	No Maternal deaths in 2021-22
5-6 deliveries per day	224 cases of Diabetes (in 6 months)	
More than 50 Lab test per day	500 adolescent counseled (in last 6 months)	
70%- First ANC registration	X-ray 60-70 per day	
20 female sterilization /month	210 TB cases in 2021-22	

NHM Program Implementation

JSY Program	JSY payment was observed 91%	JSY payment gap observed due to incomplete documents of the beneficiaries & delay in budget from DHS.
JSSK	Received all services under programme	
NQAS/Kayakalp/ LaQshya	Kayakalp Certified (73.4%)	
PMSMA	9 TH - 24 th Testing (20% HPR cases)	
Anemia Mukd Bharat	Well implemented & identified high risk PW	
TB elimination Programme	Age-wise Iron syrup & tablets distributed by the ASHAs & Aanganwaadi worker	
	Tested 10% Sputum Sample of Total OPD.	

HMIS Data Verification& IT Services

Service Delivery Indicators Verification	Data Mismatches (HMIS Vs Register) were observed at the facility with regards to service delivery indicators i.e. Routine immunization/ Measles & MR	Mismatch between two portals i.e. HMIS and UPHMIS for the same data indicators also observed.
IT services	Desktop available with good internet connectivity	

Others

NHM Fund Utilization	50 % fund utilization were observed	Fund Delay (August)
ASHAs Trainings (2021-22)	HBNC 6-7 Module, Falario, Polio	



HWC-PHC

PRIMARY HEALTH CENTRE,
JAHANGANJ



PHC Jahanganj is running in a government building with the catchment population of more than 1.5 lakh. It is 7 bedded health facility. This facility is a delivery point, and the next referral CHC i.e. CHC Jahanganj is 12-13 km away. All essential services i.e. General OPDs, maternal and child health services, diagnosis, and follow-up for common NCDs were provided at the

facility except delivery care services. OPD load around 70-80 per day was observed at this facility. OPD load 150 per day was observed at this facility. Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of skin diseases, Lungs, and Tuberculosis. In the last financial year total 315 test done for TB, out of them 48 patients were reported to be positive. Dengue outbreak was reported in the last financial year and many deaths were reported for the said reason. With regards to malaria, 500 patients were screened & testing, out of them 7-8 patients were found positive. Per month on an average 50 delivery care cases were reported from this facility.

With regard to manpower, presently there was 1Ayush MO, 1 SNs/ GNMs, 1 LT, and 1 Pharmacist working at the facility. There were no MOIC at the facility as MO is posted at the facility but went for the higher education since April 2022. Thus, Pharmacist and Staff Nurse were managing their own at the facility. The key drawback of the facility was noticed regarding the fund documentation management. The fund utilization record was seen to be exceptionally unfortunate and poor as assigned staff were not being aware of it. Owing to the vacant position of MO, the sub-ordinate staffs are seeing a lack of the same. It was reported that even Sub-ordinate staff do their daily expenditure i.e. transport for medicine, Laundry etc. from their own pocket. In the given scenario, it is highly recommended that fund decision making power needs to be addressed at the lower health tier.

The following table 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 as per the demand of the facility. CPM, CFS- Cifloxin, BB Lotion, & Metrogyl medicine were reported to less than the demand. Furthermore, non-availability of some essential equipments were observed at the facility i.e. Doppler, & sugar testing kits. In last financial year, total 10-11 types of tests being performed (in-house) at the facility which includes particularly HB, Sugar test, HIV, Sputum, Tiefert, Malaria, Urine, and Diabetes etc.

Table 16: Status of PHC Jahanganj across various Health Domains: 2021-22

Key Areas/ Observations		Challenges	
Human Resource			
MO (MBBS)	0	Pharmacist	1
MOCH (Ayurvedic)	0	Ward Boy	0
Staff Nurse/ GNM	1	Sweeper	0
LT	1	ASHAs	-
Physical Infrastructure			
Accessible from nearest road ahead	✓	Drinking water facility	✓
24*7 running water facility	✓	Drug storeroom with rack	✓
Geriatric and disability friendly	✓	Complete Construction Status	✓
Facility located near residential area	✓	Power backup (Inverter)	✓

Clean functional toilets	×	Good Condition of Building	✓
OPD waiting area sufficient space	✓	-	
Core Health care Services			
Availability of Delivery care services	✓		
ANC	✓	The facility is performing well in child immunization in the district.	
Line Listing of High risk pregnancy	✓		Antra Side Effect were observed i.e. irregular Cycle & bleeding less
Immunization	✓	Condom & Antra noted most prominent method of Family Planning.	
Family Planning Services	✓		
COVID Vaccination	✓		
NCD services	✓		
Drugs, Diagnostic & Equipment's			
Essential Medicine on visited day	✓	Blood Transfusion & Storage	×
Laboratory services	✓	Fully Equipped Blood Bank	×
COVID based testing	✓	Availability of testing kits	×
TB testing	✓	Major Instrument Functional	✓
Service Delivery/ Mortality Indicators (2021-22)			
150 OPD per day		General OPD timing- 8 to 2pm (6 days)	
50 Delivery per month observed		High risk cases refer to CHC Kamalganj	
34 Hypertension & 61 Diabetes cases in last six months		No Maternal Death & Child deaths	
NHM Program Implementation			
NQAS/Kayakalp/ LaQshya		Not Certified	
TB elimination Programme		Yes, facility have DMC Centre	Facility was lacking in the quality care program implementation.
PMSMA		Non-Implement	
IDSP		Non- Functional, Reporting S & P type form	
No Tobacco Drive		Awareness by ASHAs worker in community	
HMIS Data Verification& IT Services			
Service Delivery Indicators Verification		Data Verification done at the block level on monthly basis.	Data directly not entered on HMIS portal from the PHC Level
IT services		Poor internet connectivity	
Others			
NHM Fund Utilization		The facility was not aware about the fund details i.e. fund availability & utilization.	Poor Fund documentation management noted a serious concern.



PHC Amritpur is running in a government building. It is 10 bedded health facility. This facility is a delivery point, and the next delivery point is 12 km away from this facility. The infrastructure of the facility is well-maintained. The property was kept clean and hygienic

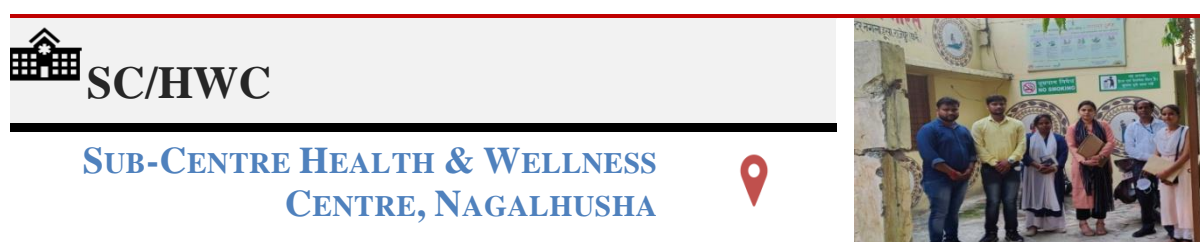
except washroom of the facility, following all the COVID 19 protocols. All essential services i.e. General OPDs, Ayush OPD, maternal and child health services, diagnosis, COVID Vaccination and follow-up for common NCDs were provided at the facility including delivery care services. Overall OPD load around 170-180 per day was observed at this facility. However, on the Thursday the OPD load was reported to be less than usual i.e. around 100-120 due to the existence of social beliefs people do not take medicine on this day. This Facility was situated near Ganga Belt, the community of the concerned area has strong belief of not taking medicines on Thursday which affect their OPD on that particular day.

With regards to delivery care services, per month 70-80 deliveries were reported from this facility but there was not provision for diet services under the JSSK programme. It was reported that women don't to stay for 48 hours at the facility after the delivery due to the social beliefs & diet services. Ensuring the diet services at this delivery point, might play an important role. Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of Skin cases, lever, Flu, diabetes and Tobacco Chewing. In last six month, 115 cases of diabetes were confirmed. The facility has the dedicated DOTS centre as well as Dengue ward. Among family planning services, Condom was noted to be most prominent method among the people. With regards to mortality Indicators, there were 2 child deaths were observed at the facility in last financial year. There were no maternal death were recorded in the said period. The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization & HMIS data verification at the facility. Overall, non-availability of OT services, Blood storage Unit, Imaging Services (USG), Ophthalmology was observed at this facility.

Table 17: Status of PHC Amritpur across various Health Domains: 2021-22

Key Areas/ Observations		Challenges	
Human Resource			
MO (MBBS)	0	Pharmacist	1
MO (AYUSH)	1	Others	1
ANM	2	Sweeper	1
LTs	1	Staff Nurse	0
Physical Infrastructure			
Accessible from nearest road ahead	√	Drinking water facility (by jar)	√
24*7 running water facility	√	ASHA rest room available	×
Geriatric and disability friendly	√	Drug storeroom with rack	√
Facility located near residential area	√	Power backup (Functional)	√
Clean functional toilets(separate M/F)	√	Good Condition of Building	×
OPD waiting area sufficient space	√	Complete Construction Status	√
Core Health care Services			
Availability of Delivery care services	√	The facility is performing well in	-
ANC	√	delivery care services.	-
Line Listing of High risk pregnancy	√		

Immunization	✓	Condom & oral pills noted most prominent method of Family Planning.	
Family Planning Services	✓	MO counseling on daily basis.	
COVID Vaccination	✓	Yoga/ wellness activity; 4 times/ month	
NCD services	✓		
Childhood nutritional/ diseases	✓		
Drugs, Diagnostic & Equipment's			
Essential Medicine on visited day	✓	Blood Transfusion & Storage	✗
NCD Medicine availability	✗	Availability of testing kits	✓
Essential consumable availability	✓	NCD testing kits	✓
Laboratory services	✓	Major Instrument Functional	✓
COVID based testing	✓		
Service Delivery/ Mortality Indicators (2021-22)			
150-170 OPD per day		General OPD timing- 8 to 2pm	
72 Hypertension confirmed cases		High risk cases refer to CHC Rajepur	
68 Diabetes cases		ANC Checkup day- Tuesday	No maternal death in 2021-22
2 Child deaths		Child Immunization day- Wednesday	
NHM Program Implementation			
NQAS/Kayakalp/ LaQshya		Yes Certified, with 78% score	
TB elimination Programme		Well functional at the facility	
Mukhya Mantri Aarogya Mela		On Sunday, Ayush medicine & testing	
IDSP		Well Functional, Reporting P& L type form	
Anemia Mukht Bharat		Iron syrup & Albendazole tablets distributed by the ASHAs & Aanganwaadi worker	No diet services under JSSK program.
Poshan Maah		Awareness on the Child nutrition, ANC	
JSSK Program		Nutrition, Breast feeding, lactation etc.	
		Free Drugs, diagnostic & Delivery	
HMIS Data Verification & IT Services			
Service Delivery Indicators Verification		Data Verification done at the block level every month. There were only few mismatch were observed at the facility with regards to ANC indicators.	
IT services		Poor internet connectivity	
Others			
NHM Fund Utilization		The concerned person of the facility was not aware about the fund details i.e. fund availability & utilization.	Poor Fund documentation management noted a serious concern.



Sub-Centre Nagalhusa functioning in a government building where issues pertaining to shortage of medicine, IT equipment, Internet connection, and lack of basic amenities i.e. drinking water, electricity etc. persists and significantly hampered the quality of care services. The health facility does not have the sufficient essential equipments i.e. Glucometer, & Thermometer. Even Tablet was not provided to CHO. Thus, there is wide scope of improvement with regards to basic essential equipments at the same for the smooth healthcare services.

All essential services OPD, ANC, routine immunization, family planning, NCD were rendered at the facility excluding Delivery care services. Presently, this SC transformed as Health & Wellness centre (HWCs). CHO has been appointed there, but not running as HWCs. Further, 1 ANM & 9 ASHAs were associated with this health & wellness centre. Yoga practices were reported there thrice or four times in a month.

Average OPD is around 20-25 per day. Total 676 CBAC forms have been filled in the last 6 months, out of which 60 cases observed with more than four score. The area has mix cases of hypertension and diabetes respectively. The record maintenance was not up to the mark as it was found to missing.

Branding for Sub-centre - Health and Wellness (HWC) was almost complete. Proper display of IEC material was not observed at the facility. Citizen charter at the facility is designed to deliver message to the community about the availability of the services, however citizen charter was unavailable at the facility. Majority of the male community opt to PHCs instead of SCs even for minor health issues as it is a myth that only women & children get medicine in SCs. Community level awareness needs to be greatly strengthened by ensuring the citizen charter at SC level & strong IEC campaign with effective pictorial will help in reducing OPD load at PHCs. Further, list of the availability of services should be display in local language.

The following table clearly depicts the availability as well as non- availability of the infrastructure, manpower, diagnostic services, medicine & equipment at the facility. At this facility the poor fund documentation management was observed as facility were not aware about the fund availability and fund utilization of the NHM untied fund, which needs to be addressed.

Table 18: Status of SC Naglahusha across various Health Domains: 2021-22



Key Areas/ Observations		Challenges	
Human Resource			
ANM	1	9 ASHAs were associated at	-
CHO	1	this facility	-
Physical Infrastructure			
Accessible from nearest road ahead	✗	Drinking water facility	✗
24*7 running water facility	✗	Complete Construction Status	✓
Geriatric and disability friendly	✓	Power backup	✗
Facility located near residential area	✓	Good Condition of Building	✓
OPD waiting area sufficient space	✓	Clean functional toilets	✗
Core Health care Services			
Availability of Delivery care services	✗	The facility is performing well in child	Unable to provide the proper healthcare services due to lack of equipments, and medicines.
ANC	✓	immunization. Per month outreach	
Line Listing of High risk pregnancy	✓	session were observed for the same.	

Immunization	✓		
Family Planning Services	✓	Condom & Chaya noted most prominent	
COVID Vaccination	✓	method of Family Planning at this	
Adolescent Health Services	✓	facility.	
NCD services	✓		
Childhood nutritional/ diseases	✓		
Drugs, Diagnostic & Equipment's			
Essential Medicine on visited day	✗	Major Instrument Functional	✗
NCD Medicine availability	✓	Availability of testing kits	✗
Essential consumable availability	✓	NCD testing kits	✓ -
Laboratory services	✗	CHO' s received tablet	✗
Service Delivery/ Mortality Indicators (2021-22)			
20-25 OPD load per day	High risk cases refer to PHC Amritpur	Lack of Record	Keeping
90-95% women & Children OPD	ANC Checkup day- Tuesday	maintenance	
Hypertension & diabetes cases noted	Child Immunization day- Wednesday		
NHM Program Implementation			
NQAS/Kayakalp/ LaQshya	Not Certified		
NLEP	No cases of Leprosy		
Anemia Mukh Bharat	Iron syrup & Albendazole tablets distributed by the ASHAs & Aanganwaadi worker twice in a week.	-	
Poshan Maah	Awareness on the Child nutrition, ANC Nutrition, Breast feeding, lactation etc.		
JSY Program	Registration of beneficiaries		
HMIS Data Verification& IT Services			
Data Verification	-	-	
IT services	Tablets were not provided to CHO	Internet Issue	
Others			
NHM Fund Utilization	ANM/ CHO was not aware about the fund details i.e. fund availability & utilization.		




Community Health Assessment

**RAJEPUR, FARRUKHABAD,
UTTAR PRADESH**

Availability and accessibility to healthcare services is an important enabler of improved community health. Interaction with the beneficiaries at public health facilities as well as with local beneficiaries revealed that availability of healthcare services, specifically, with regards to diagnostic testing and oral health services needs to be expanded.

Community/ Beneficiaries Interaction

Health seeking behavior	
Community perception:	Opt Public facilities for - ANC services, FP, Immunization, Minor Treatments, Medicine, & NCD screening
	Opt Private facilities- Minor Diseases as well as for Major treatment, Delivery care services, Diagnostic Services, and specialized services.
	Most of the community from labour class even prefers private facilities over public facilities due to partial availability of medicine, and staff behaviour.
Access to health care services	
Community perception:	Partially accessible due to non- availability of full range of services at the lower health tier as well CHC level.
Health care provider perception:	Unable to provide the specialized services to the community due to lack of specialized doctors particularly at the CHC level.
Behavior of health service providers	
Community perception:	Quite unsatisfied with the staff's behavior as poor attitude of staff were reported at facility during OPD hours.
Out of Pocket expenditure in public health facilities	
Community perception:	The major contributor towards the OOPE for beneficiaries in Farrukhabad can be attributed to delivery care services particularly at the CHC/ PHC level. As Instances of taking bribe by the concerned staff from the patient were reported. Out of pocket expenditure 1000 Rs on Delivery care services. Overall, 4000-5000 Rs OOPE of beneficiaries were reported from ANC to Delivery care to PNC process.
Coverage, Knowledge and skills of ASHA as perceived by the community	
Community perception:	Beneficiaries were well-counseled about the ANC services, Pregnancy care, and transportation/ ambulance services by ASHAs. On the other hand, beneficiaries were not well counseled about the delivery care services.
Availability of services for MCH & preferred facilities	
Community perception:	Mostly prefer public facilities for maternal & child services, Immunization, ANC (partially), FP, COVID Vaccination, & Nutritional counseling. For delivery care services, the community also prefers private facilities reason being ASHAs mostly refer pregnancy cases directly to private hospitals instead of public health facilities as they received greater financial incentive from private sector.
Screening for common NCDs and preferred facilities	
Community perception:	Majority of the community for NCD Screening opt public facilities However for treatment & medicines rely/ prefer private facilities.
Preferred facilities for Eye ailments & Dental ailments	
Community perception-U:	For Eye services opt- Private clinics, while for Dental prefer both public & private facilities.

Chapter 6

CONCLUSION AND KEY RECOMMENDATIONS

The purpose of this report is to present a brief overview of the major components pertaining to Maternal & Child Health, Family planning & Immunisation by monitoring & evaluation action at each health tier. This report also highlights the broad status of healthcare system in Farrukhabad of Uttar Pradesh regarding the Infrastructure, Manpower, NHM program implementation, fund utilization, and finally HMIS data validation.

Total five healthcare facilities in Farrukhabad were visited for Monitoring & Evaluation purpose in the June 2022. Besides visiting the facilities the team had interacted with the

beneficiaries and conducted FGD's in the community i.e., Rajepur block. The major contributor towards the OOPE for beneficiaries in Farrukhabad can be attributed to delivery care services particularly at the CHC/ PHC level. Overall, all the mortality indicators i.e. Infant deaths, child deaths, still births, and maternal deaths have decreased in the district in last financial year. However, still births & Infant deaths have observed to be significantly high as compared to others mortality indicators in the district. Hence, there is dire need for targeted action policies for lessening newborn mortality & preventing still births.

Human resource availability emerged as a notable cause of concern across the district, especially in medical Specialists (Radiologist, Surgeon, Anesthetist, and OBGY), MO and Staff Nurses. Furthermore, poor fund documentation management, first ANC registration, LAMA cases after delivery, Outdated/ inappropriate IEC & missing citizen charter at lower health tier is also a matter of grave concern in the district. Further, Health facilities, specifically at the lower tier, do not have the sufficient/ essential equipments i.e. Glucometer, & Thermometer. There is wide scope of improvement with regards to basic equipments & basic amenities at the same for the smooth healthcare services. The timing and supply of drugs and medicines are well synchronized according to the needs of the health facilities at the DH & CHC level. Sometimes, shortage of skin & infection related medicines were observed at the lower health tier. With regards to NHM specific programmes, the district needs to really focus the following national health programmes:

- ⊕ Quality Care Programmes at lower health tier: NQAS, Kayakalp, & LaQshya
- ⊕ JSSK Program for access of cashless delivery care services & adequate nutrition up to 3 days at lower health tier as women don't want to stay 48hours at facility after delivery.
- ⊕ HBNC Program by addressing the equipment gap in ASHA's Kit
- ⊕ Pradhan Mantri Surakshit Matritva Abhiyaan (PMSMA) for ensuring the ANC checkup
- ⊕ Management of Essential Drugs according to seasonal demand on timely at lower health tier.

Recommendations

This section covers the recommendations for the policy makers for the improvement of health care system in the Farrukhabad of Uttar Pradesh. Recommendations with the key challenges of the district are mentioned below:

- ⊕ Budget delay & late receipt of approved RoPs is the biggest obstacle in achieving the physical targets of the district. Timely release of the funds & approved RoP must be planned for the district so as to plan accordingly.
- ⊕ The fund documentation management was seen to be exceptionally unfortunate and poor at the PHC level in the district as concerned facility were not being aware about fund

availability and utilization. This is a very important aspect and a colossal issue for any district that needs to be addressed.

- ⊕ The major contributor towards the OOPE for beneficiaries in Farrukhabad can be attributed to delivery care services particularly at the CHC level. As Instances of taking bribe by the concerned staff from the patient were observed. Strict Action must be taken against corrupt staffs of the government facility for said issue.
- ⊕ Observation found that ASHAs mostly refer pregnancy cases directly to private hospitals instead of public health facilities as they received greater financial incentive from private sector. Frequent monitoring/ review of block-wise indicators of same can play a significant role to identify the particular area and then immediate measures must be taken to address the current scenario of delivery care diversion in private sector.
- ⊕ There is dire need to re-monitor the quality certified facilities at a specific interval as observed, the Kayakalp certified facilities markedly lacking in maintaining the sanitation and hygienic protocols, particularly in washroom. In the given scenario, it is recommended that the quality care facility must be fined/ penalty if found to be exceptionally unhygienic based on protocol violation.
- ⊕ Chronic shortage of specialists i.e. OBGY, Radiologist, Surgeon & Anaesthetist are notably concerning across all CHCs in the district. To ensure the full range of the services with the quality care, the district must prioritize the immediate filling post of specialists at CHC level.
- ⊕ There is dire need of residential infrastructure policy for contractual medical as well as paramedical staff, which will ensure 24*7 emergency as well as delivery care services with quality in the district hospital.
- ⊕ Majority of the male community opt to PHCs instead of SCs even for minor health issues as it is a myth that only women & children get medicine in SCs. Community level awareness needs to be greatly strengthened by ensuring the citizen charter at SC level & strong IEC campaign with effective pictorial will help in reducing OPD load at PHCs.
- ⊕ For the success of ambitious vision of tele-consultation services through E-Sanjivini, the district needs to be strengthened of robust IT related equipment/infrastructure & internet connectivity.
- ⊕ The supply of skin related medicines at the CHC/ PHC level in the district was reported to be less than the demand. According to the seasonal needs of the drug demand should be met timely.

- ⊕ Health facilities, specifically at the lower tier, do not have the sufficient essential equipments i.e. Glucometer, & Thermometer. There is wide scope of improvement with regards to basic essential equipments at the same for the smooth healthcare services.
- ⊕ Some important indicators i.e., post-surgical site infection rate were not recorded/captured by the respective department of district hospital. The record for the important service delivery indicators is mandate and should be maintained at the facility.
- ⊕ Maximum data mismatch was observed with regards to manpower and service availability at the DH level due to the data carry forward same as previous year. It is highly recommended that every month at the time of carry forwarding of Infrastructure statistics, the data should be updated as per the current details.

Annexure**Table 1:** Key Demographic Indicators: All India, Uttar Pradesh & Farrukhabad

Health Facility	Farrukhabad	UP	India
Population (Census 2011)	18.85 (lakh)	19.98 (Crore)	1,210,854,977
Male	10.06 (lakh)	10.4 (Crore)	623,270,258
Female	8.78 (lakh)	9.5 (Crore)	587,584,719
Decadal growth rate in % (Census 2011)	20.1	20.2	17.6
Rural Population (%)	77.9	77.7	68.9
Urban Population (%)	22.1	22.3	31.1
Child Population	-	-	13.6
Literacy rate (%)	69.0	67.7	73
Male literacy rate (%)	77.4	77.3	80.9
Female literacy rate (%)	59.4	57.2	64.6
Sex ratio	874	912	943
Density/km2	864	829	382

Source: Census of India 2011, ORGI, GOI

Table 2: Health Care Service Delivery Indicators in Farrukhabad of Uttar Pradesh, 2021-22

Indicators	Farrukhabad
1. Maternal Health	
1.(a) Pre Natal Care	
% 1st Trimester registration to Total ANC Registrations	68%
% Pregnant women received \geq 4 ANC checkups to total ANC Regist.	68%
% Pregnant women given 180 IFA to Total ANC Registrations	100%
1.(b) Home Deliveries	
% Deliveries SBA attended home deliveries to total home deliveries	0.8%
% Deliveries attended by non- SBA to total home deliveries	99.2%
% Home deliveries to total reported deliveries	22.8%
1.(c) Institutional Deliveries including C-Section Deliveries	
Total Number of Institutional Deliveries including C-section	21499
% of Institutional Deliveries to total reported deliveries	77.2
% Institutional Deliveries to total ANC Registrations	38%
% women discharge in < 48 hours of delivery to total deliveries (Public)	87%
% of C-Section deliveries to total institutional deliveries	0.67%
1.(d) Post Natal Care/New Born Care	
% 1st post-partum checkup b/w 48 hours & 14 days to total deliveries	51%
% Newborn breast fed within 1 hour of birth to Total Live Birth	94%
% Newborn weighed at Birth to Live Birth	97%
% Newborn having weight less than 2.5 kg to total weighted	15%
2. Child Immunization	
Number of Fully Immunized children (9-11 months)	41001
% Infants received BCG to full immunization	111%
3. Family Planning	
Total Sterilization conducted	465
% Male Sterilization (Vasectomies) to Total sterilization	0.6%
% Female Sterilization (Tubectomies) to Total sterilization	99.4%
4. Mortality Indicators	
Maternal Deaths	36
Infants deaths within 24 hours	45
Infants deaths up to 4 weeks	64
Infant deaths (1-12months)	33
Child Deaths (1-5 years)	27
Still birth	345

Source: HMIS Standard Report, 2021-22

Table 3: Breakup of resource envelope, NHM FY 2021-22, Uttar Pradesh

Indicators	Amount* (GoI Share)	Percent (GoI share)	State Share
1.Total NRHM-RCH Flexible Pool (a+b)	3128.82	70.6%	
(a) RCH Flexible Pool (including RI, IPPI, NIDDCP)	891.04	20.2%	
RCH Flexible Pool, Cash Grant Support	643.24	-	
RCH Flexi Pool (Kind grant support under immunization)	247.8	-	
(b) HSS under NRHM	2237.78	50.6%	
Other HSS covered under NRHM	1837.85	-	
Ayushman Bharat- HWCs under NRHM	258.44	-	
ASHA Benefit Package	141.49	-	
2. NUHM Flexible Pool	103.48	2.3%	
Other Health System Strengthening covered under NUHM	76.69	-	
Ayushman Bharat- HWCs under NUHM	26.79	-	
3. NDCP Flexible Pool	207.47	4.7%	
NVBDCP (Cash & Kind)	29.6	-	
NTEP (Cash &Kind)	135.17	-	
NVHCP (Cash &Kind)	30.14	-	
NLEP	4.20	-	
IDSP	6.25	-	
NRCP	1.95	-	
Programme for Prevention and Control of Leptospirosis (PPCL)	0.16	-	
4. NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)	102.15	2.3%	
5. Infrastructure Maintenance (Incl. Direction & Administration)	877.93	19.9%	
Total Resource Envelope (1+2+3+4+5)	4419.86	100%	2946.5 7
Grand Total Resource Envelope (GOI Allocation + UT Share)	7366.43		

Source: Record of Proceedings (NHM Uttar Pradesh 2021-22), MoHFW

*indicated amount in Crore

Table 4: Summary of budget approval, 2021-22, (Rs. in lakhs) – State specific

FMR	Budget Head	Proposed Amount	Total Approved	%Share in Approval	%Approve d to proposed
U.1	Service Delivery - Facility Based	120403.20	114863.85	11.94	95.40
U.2	Service Delivery - Community Based	27465.84	23816.56	2.48	86.71
U.3	Community Interventions	136781.71	132480.72	13.77	96.86
U.4	Untied Fund	30852.40	26941.38	2.80	87.32
U.5	Infrastructure	71805.45	70762.92	7.35	98.55
U.6	Procurement	136534.92	117379.00	12.20	85.97
U.7	Referral Transport	79692.55	72295.65	7.51	90.72
U.8	Human Resources	290196.24	251647.80	26.15	86.72
U.9	Training and Capacity Building	24705.14	22451.78	2.33	90.88
U.10	Reviews, Research, Surveys & Surveillance	1931.21	1568.82	0.16	81.24
U.11	IEC/BCC	16714.13	12308.73	1.28	73.64
U.12	Printing	9270.77	8284.69	0.86	89.36
U.13	Quality Assurance	1495.50	1495.00	0.16	99.97
U.14	Drug Warehousing and Logistics	9906.32	6445.16	0.67	65.06
U.15	PPP	33058.12	26015.75	2.70	78.70
U.16	Programme Management	67570.57	65268.75	6.78	96.59
U.17	IT Initiatives (strengthening Service Delivery)	8809.74	5695.29	0.59	64.65
U.18	Innovations (if any)	3025.14	2456.70	0.26	81.21
Grand total		1070218.92	962178.62	100.00	89.90
Total amount approved		962178.62			
	Infrastructure maintenance (a)	87793			
	Immunization kind grants (b)	24780			

Grand total approved including (a+b) 1074751.62

Source: Record of Proceedings (NHM 2021-22), MoHFW

Table 5: Program-wise Status of Budget Utilization for the year 2021-22, Farrukhabad UP

Indicators	Budget Released	Budget Utilized	% Utilization	Max. Utilization
RCH & Health Systems Flexi pool	5086.7	3195.4	63%	
Maternal Health	1211.5	770.1	64%	PC-PNDT, Comprehensive Primary healthcare
Child Health	472.8	254.7	54%	
RBSK	259.9	199.7	77%	
Family Planning	164.4	76.9	47%	
RKSK/ Adolescent health	101.1	52.3	52%	
PC-PNDT	141.2	127.3	90%	
Immunization	196.7	96.3	49%	
Untied Fund	216.0	53.4	25%	
Comprehensive Primary Healthcare	531.4	470.8	89%	
Blood Services and Disorders	29.4	13.4	46%	
Infrastructure	436.5	237.4	54%	
ASHAs	797.8	482.6	60%	
HR	152.1	112.8	74%	
Programme Management	7.0	4.5	64%	
IMEP	228.9	177.9	78%	
MIS	72.8	26.3	36%	
Procurement	8.9	6.2	70%	
Quality Assurance	58.1	32.7	56%	
NIDDCP	0.1	0.0	0%	
NUHM	291.5	105.6	36%	-
Communicable Diseases Pool	507.4	249.0	49%	
IDSP	33.2	19.4	58%	NTEP & IDSP
NVBDCP	47.1	6.3	13%	
NLEP	65.2	0.0	0%	
NTEP	361.9	223.2	62%	
Non-Communicable Diseases Pool	524.8	511.5	97%	
NPCB+VI	89.7	24.6	27%	NPPC & NPCDCS
NMHP	9.0	0.0	0%	
NPHCE	38.5	21.8	57%	
NTCP	41.1	22.3	54%	
NPCDCS	301.3	176.1	58%	
National Dialysis Programme	-	-	-	
NPCCHH	2.4	0.0	0%	
NOHP	13.9	4.5	32%	
NPPC	11.8	8.5	72%	
NRCP	4.8	0.3	5%	
NPPCD	11.6	4.4	38%	
NVHCP	0.7	0	0%	
Total (RCH+NUHM+CD+NCD)	6410.4	4061.5	63%	

Source: CMO Office, Farrukhabad, Uttar Pradesh, 2021-22

Table 6: Status of Human Resources in the Farrukhabad, Uttar Pradesh

Manpower	Uttar Pradesh Government			
	Sanctioned	In place	Vacant	% Vacant
ANM	461	274	187	41%
MPW (Male)	6	6	0	0%
Staff Nurse	153	84	69	45%
Lab technician	48	36	12	25%
Pharmacist (Allopathic)	75	69	6	8%
MO (MBBS)	141	49	92	65%
OBGY	3	1	2	67%
Paediatrician	5	4	1	20%
Anaesthetist	4	1	3	75%
Surgeon	11	1	10	91%
Radiologists	13	1	12	92%
Other Specialists	7	7	0	0%
Dentists/ Dental Surgeon/ Dental MO	11	7	4	36%
Dental Hygienist	11	7	4	36%
Radiographer/ X-ray technician	13	9	4	31%
OT technician	1	0	1	100%
CHO/ MLHP	145	82	63	43%
AYUSH MO	20	20	0	0%
AYUSH Pharmacist	9	9	0	0%

Source: CDMO Office (2021-22), Farrukhabad, Uttar Pradesh* RNTCP

Table 7: Details of Frontline health workers, MAS & UHSNC in Farrukhabad

Status of ASHAs/ MAS/UHSNC	(In number)
ASHAs Facilitators	-
ASHAs	
Total working	1501
Required as per population	1530
ASHAs covering more than 1500 rural population	156
ASHAs covering more than 3000 urban population	-
No. of Villages/ slum areas with no ASHA	25
MAS	
Formed	77
Trained	77
MAS account opened	77

Source: CMO Office, Farrukhabad, Uttar Pradesh, 2021-22

Table 8: Status of Non-Communicable Diseases in Farrukhabad of Uttar Pradesh, 2022

Diseases	No. of cases screened	No. of detected cases	No. of treated cases
Hypertension	-	1743	1735
Diabetes	-	1836	1825

Oral Cancer	1	-	-
Breast Cancer	-	-	-
Cervical Cancer	-	-	-

Source: CMO Office, Farrukhabad, Uttar Pradesh

District Level Checklist

Key Correspondence: DPMU

1. District Profile

A.1. Healthcare				
Indicator	Values		Source	
2. Name of the District				
3. Total number of Blocks				
4. Total number of Villages				
5. Total Population				
• Rural population				
• Urban population				
6. Literacy rate				
7. Sex Ratio				
8. Sex ratio at birth				
9. Population Density				
10. Estimated number of deliveries				
11. Estimated number of C-section				
12. Estimated numbers of live births				
13. Estimated number of eligible couples				
14. Estimated number of leprosy cases				
15. Target for public and private sector TB notification for the current year	Public:			
	Private:			
16. Estimated number of cataract surgeries to be conducted				
*Estimated numbers (Sl. No 9-15) to be filled for the financial year 2021-22				
Mortality Indicators:	Financial year (2021-21)		Financial Year (2021-22)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
A.2. Healthcare Infrastructure				
Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Center (DEIC)				
11. First Referral Units (FRU)				
12. Blood Bank				

13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	_____	_____
• At SDH	_____	_____
• At CHC	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	_____	_____
• Providing 1st trimester services	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____
A.3 Infrastructure Construction Status Details		
• Details of Construction pending for more than 2 years		
• Details of Construction completed but not handed over		

17. Overview: Submission & approval timelines of DHAP

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

18. Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all)	
• Number of lab tests notified	
C.2. Status Of Delivery Points	
• No. of SCs conducting >3 deliveries/month	
• No. of 24x7 PHCs conducting > 10 deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
• No. of DH/ District Women and child hospital conducting C-section	
• No. of Medical colleges conducting > 50 deliveries per month	
• No. of Medical colleges conducting C-section	
• Number of institutes with ultrasound facilities (Public+Private)	Public: Private:
• Of these, how many are registered under PCPNDT act	Public: Private:

Indicator	Remarks/ Observation	
C.3. National Health Programmes		
3. Pradhan Mantri SurakshitMatritva Abhiyan (PMSMA)	1. No. issued MCP card and Safe Motherhood Booklet: _____ 2. Number of health facilities where current round of PMSMA was conducted: a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UCHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____	
4. Rashtriya Bal Suraksha Karyakram (RBSK)	Total no. of RBSK teams sanctioned	
	No. of teams with all HR in-place (full-team)	
	No. of vehicles (on the road) for RBSK team	
	No. of Teams per Block	
	No. of block/s without dedicated teams	
	Average no of children screened per day per team	
	Number of children born in delivery points screened for defects at birth	
5. Special Newborn Care Units (SNCU)	<ul style="list-style-type: none"> • Total number of beds <ul style="list-style-type: none"> • In radiant warmer _____ • Stepdown care _____ • Kangaroo Mother Care (KMC) unit _____ • Number of non-functional radiant warmer for more than a week _____ • Number of non-functional phototherapy unit for more than a week _____ 	
	Inborn	Out born
• Admissions (2021-22)		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		
7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> • Total Admissions(2021-22) • Discharged • Referral/ Medical transfer • LAMA • Died 	

	<ul style="list-style-type: none"> • Admission <ul style="list-style-type: none"> • Bilateral pitting oedema • MUAC<115 mm • <-3SD WFH • with Diarrhea • ARI/ Pneumonia • TB • HIV • Fever • Nutrition related disorder • Others • Admission to NRC Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency
<p>8. Home Based Newborn Care (HBNC)</p>	<ul style="list-style-type: none"> • Status of availability of HBNC kit with ASHAs >Total No. of ASHAs: _____ > No. of ASHAs with HBNC kits: _____ > Reasons of Non-provision: _____ _____ _____ • Total Newborns visited under HBNC: _____ • Status of availability of drug kit with ASHAs: > Total No. of ASHAs: _____ > No. of ASHAs with drug kits: _____ > Reasons of Non-provision: _____ _____ _____
<p>9. Peer Education (PE) programme (Adolescent Health) & Weekly Iron Folic Acid Supplementation(WIFS)</p>	<ul style="list-style-type: none"> • No. of Blocks covered under Peer Education (PE) programme:..... • No. of villages covered under PE programme:..... • No. of Peer Educators: • No. of Adolescent Friendly Clinic (AFC) meetings held:..... • WIFS stockout:.....
<p>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</p>	<ul style="list-style-type: none"> • No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____ • MMU team Composition _____ _____ _____ • List of Services provided by MMU _____ _____ _____ • No. of trips per MMU/month • No. of camps per MMU/month • No. of villages covered • Average number of OPD per MMU per month

PHC						
Others						
<p>• Details of Referral Transport – Performance Indicators:</p>						
Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2020-21						
2021-22						
				ALS	BLS	
<ul style="list-style-type: none"> ○ Operational agency (State/ NGO/ PPP) ○ If the ambulances are GPS fitted and handled through centralized call centre ○ Average number of calls received per day ○ Average number of trips per ambulance per day ○ Average km travelled per ambulance per day ○ Key reasons for low utilization (if any) 						
<ul style="list-style-type: none"> • No. of transport vehicle/102 vehicle (on the road) ○ If the vehicles are GPS fitted and handled through centralized call centre ○ Average number of trips per ambulance per day ○ Average km travelled per ambulance per day ○ Key reasons for low utilization (if any) ○ 						
16. National Fluorosis Control Programme				<ul style="list-style-type: none"> • Key activities performed in 2021-22 as per ROP: 		
17. National Iron Deficiency Disorders Control Programme				<ul style="list-style-type: none"> • Key activities performed in 2021-22 as per ROP: 		
18. National Tobacco Control Programme				<ul style="list-style-type: none"> • Key activities performed in 2021-22 as per ROP: 		
19. National Vector Borne Disease Control Programme (NVBDCP)				<ul style="list-style-type: none"> • Micro plan and macro plan available at district level Y/N • Annual Blood Examination Rate: <ul style="list-style-type: none"> ○ 2019-20: ○ 2020-21: ○ 2021-22: ○ Reason for increase/ decrease (as per the trend of last 3years) • LLIN distribution status • IRS • Anti-larval methods • Contingency plan for epidemic preparedness • Weekly epidemiological and entomological situations are monitored • No. of MDR rounds observed • No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 		
20. National Tuberculosis Elimination Programme (NTEP)				<ul style="list-style-type: none"> • Target TB notification achieved Y/N 		

<ul style="list-style-type: none"> Patients notification from public sector (2021-22) Patients notification from private sector (2021-22) 	<ul style="list-style-type: none"> Whether HIV Status of all TB patient is known: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____ Eligible TB patients with UDST testing Whether drugs for both drug sensitive and drug resistance TB available No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No
<p>21. Implementation of National Leprosy Eradication Programme (NLEP)</p>	<p>No. of new cases detected</p> <p>No. of G2D cases</p> <p>MDT available without interruption Y/N</p> <p>Reconstructive surgery for G2D cases being conducted Y/N</p> <p>MCR footwear & selfcare kit avl Y/N</p>

<p>22. ASHAs</p>	<p>Number of ASHAs</p> <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural) population No. of ASHAs covering more than 3000 (urban) population Villages with no ASHA Slum areas with no ASHA <p>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</p> <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan 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)
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	<ul style="list-style-type: none"> No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme _____ 									
23. Mahila Arogya Samitis (MAS)-	Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened Samiti addresses issues related to..... 									
24. Village Health Sanitation and Nutrition Committee (VHSNC)	Status of Village Health Sanitation and Nutrition Committee (VHSNC): <ol style="list-style-type: none"> Formed: Trained: MAS account opened: 									
25. Kayakalp and Quality Assurance	<ul style="list-style-type: none"> No. of facilities quality certified NQAS..... LaQshya Status of Kayakalpprogramme- No. of awarded DH CHC PHC SC..... Activities performed by District Level Quality Assurance Committee (DQAC) 									
26. Maternal and Child Health	<ul style="list-style-type: none"> Number of maternal deaths reported at: DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death..... Number of Maternal Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ Number of Neonatal Deaths: _____ Number of Total Child Deaths: _____ Number of Child Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ 									
C.4. Healthcare Systems										
27. Payment status:	<table border="1"> <thead> <tr> <th>No. of beneficiaries</th> <th>Backlog</th> <th>DBT status</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> JSY beneficiaries </td> <td></td> <td></td> </tr> <tr> <td> <ul style="list-style-type: none"> ASHA payment: <ul style="list-style-type: none"> A- Routine and recurring at increased rate of Rs. 2000 pm </td> <td></td> <td></td> </tr> </tbody> </table>	No. of beneficiaries	Backlog	DBT status	<ul style="list-style-type: none"> JSY beneficiaries 			<ul style="list-style-type: none"> ASHA payment: <ul style="list-style-type: none"> A- Routine and recurring at increased rate of Rs. 2000 pm 		
No. of beneficiaries	Backlog	DBT status								
<ul style="list-style-type: none"> JSY beneficiaries 										
<ul style="list-style-type: none"> ASHA payment: <ul style="list-style-type: none"> A- Routine and recurring at increased rate of Rs. 2000 pm 										

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

19. Implementation of CPHC

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

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

5. Number of HWCs providing Teleconsultation services		
6. Number of HWCs organizing wellness activities		

20. Status of HRH

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned		In-place	Vacancy (%)
• ANM				
• MPW (Male)				
• Staff Nurse				
• Lab technician				
• Pharmacist (Allopathic)				
• MO (MBBS)				
• OBGY				
• Pediatrician				
• Anesthetist				
• Surgeon				
• Radiologists				
• Other Specialists				
• Dentists/ Dental Surgeon/ Dental MO				
• Dental technician				
• Dental Hygienist				
• Radiographer/ X-ray technician				
• CSSD Technician				
• OT technician				
• CHO/ MLHP				
• AYUSH MO				
• AYUSH Pharmacist				
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section	
• LSAS trained doctors				
• EmOC trained doctors				

21. State of Fund Utilization

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

Indicator	Budget Released	Budget utilized	Reason for low utilization
FMR 1: Service Delivery: Facility Based			
FMR 2: Service Delivery: Community Based			
FMR 3: Community Intervention			
FMR 4: Untied grants			
FMR 5: Infrastructure			
FMR 6: Procurement			
FMR 7: Referral Transport			
FMR 8: Human Resource (Service Delivery)			
FMR 9: Training			
FMR 10: Review, Research and Surveillance			
FMR 11: IEC-BCC			
FMR 12: Printing			
FMR 13: Quality			
FMR 14: Drug Warehouse & Logistic			

FMR 15: PPP			
FMR 16: Programme Management			
FMR 17: IT Initiatives for Service Delivery			
FMR 18: Innovations			

Programme Wise

Status of Expenditure (Financial year 2021-22):

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			
• National programme for Prevention and Management of Burn & Injuries			
• Programme for Prevention and Control of Leptospirosis (PPCL)			

22. Status of trainings

Status as on: _____

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

10.		
11.		
12.		

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

Service Delivery:

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

Indicator	Remarks/ Observation																					
1. OPD Timing																						
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____																					
3. Number of functional in-patient beds	_____ No of ICU Beds available:																					
4. List of Services available																						
• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	<table border="1"> <thead> <tr> <th align="center">Sl.</th> <th align="center">Service</th> <th align="center">Y/N</th> </tr> </thead> <tbody> <tr> <td align="center">1</td> <td align="center">Medicine</td> <td></td> </tr> <tr> <td align="center">2</td> <td align="center">O&G</td> <td></td> </tr> <tr> <td align="center">3</td> <td align="center">Pediatric</td> <td></td> </tr> <tr> <td align="center">4</td> <td align="center">General Surgery</td> <td></td> </tr> <tr> <td align="center">5</td> <td align="center">Anesthesiology</td> <td></td> </tr> <tr> <td align="center">6</td> <td align="center">Ophthalmology</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology	
	Sl.	Service	Y/N																			
	1	Medicine																				
	2	O&G																				
	3	Pediatric																				
	4	General Surgery																				
	5	Anesthesiology																				
6	Ophthalmology																					

Indicator	Remarks/ Observation				
	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			
	22	Teaching block (medical, nursing, paramedical)			
	22	Skill Lab			
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average cases per day _____				
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT: Others:				
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ If No, availability of blood storage unit:-----				
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.Other				
11. Details of HR available in the facility (Sanctioned and In-place)	HR				
	MO (MBBS)		San.	Regular	Cont.
	Specialist	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
Orthopedic					
Radiologist					

Indicator	Remarks/ Observation			
	Pathologist			
	Others			
	Dentist			
	Staff Nurses/ GNMs			
	LTs			
	Pharmacist			
	Dental Technician/ Hygienist			
	Hospital/ Facility Manager			
	EmOC trained doctor			
	LSAS trained doctor			
Others				
12. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ 			
13. Kayakalp (for year 2021-22)	Initiated: Facility score: Award received:			
14. NQAS (for year 2021-22)	Assessment done: Internal/State Facility score: Certification Status:			
15. LaQshya	Labour Room: Operation Theatre:			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
17. Implementation of DVDMS(Drugs & Vaccine Management Distribution System) or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
18. Shortage of 5 priority drugs from EDL in last 30 days, if any				
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____			
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed			
<ul style="list-style-type: none"> In-house tests (For 2021-22) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:			
<ul style="list-style-type: none"> Outsourced/ PPP (For 2021-22) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:			
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			

Indicator	Remarks/ Observation
	If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> o Previous year (2020-21) _____ o Current FY(2021-22) _____
26. If there is any shortage of major instruments/ equipment(List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation
	If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)
36. Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant
42. Number of sterilizations performed in last one month	Male: Female:
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
44. Who counsels on FP services?	
45. Please comment on utilization of other FP services	
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescentscounseled in last 6 months _____
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days

Indicator	Remarks/ Observation		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in 2021-2022:			Screened
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year (2021-22) Fund utilized last year: (2021-22)		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		
55. Frequency of RKS meeting Last meeting held on (date):			
<ul style="list-style-type: none"> • Availability of ambulance services in the area 	<input type="checkbox"/> Own ambulance available (Number) _____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number) _____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available		
	Comment (if any):		

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

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

Service Delivery:

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

6. Number of functional in-patient beds					
7. List of Services available					
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N		
	1	Medicine			
	2	O&G			
	3	Pediatric			
	4	General Surgery			
	5	Anesthesiology			
	6	Ophthalmology			
	7	Dental			
	8	Imaging Services (X – ray)			
	9	Imaging Services (USG)			
	10	Newborn Stabilization Unit			
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available				
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
8. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____				
9. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:				
10. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
11. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
12. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:				
13. Details of HR available in the facility (Sanctioned and In-place)	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					
14. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 				

	<ul style="list-style-type: none"> Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____
15. Kayakalp (2021-22)	Initiated: Facility score: Award received:
16. NQAS (2021-22)	Assessment done: Internal/State Facility score: Certification Status:
17. LaQshya	Labour Room: Operation Theatre:
18. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
19. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If other, which one _____
20. Shortage of 5 priority drugs from EDL in last 30 days, if any	
21. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
	In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____
22. Availability of essential diagnostics	<input type="checkbox"/> In-house
	<input type="checkbox"/> Outsourced/ PPP
	<input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests (for 2021-22) 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP (for 2021-22) 	Timing: Total number of tests performed: _____ Details of tests performed:
23. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If Yes, type & nos. of functional X-ray machine is available in the hospital:
	Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
24. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL
	<input type="checkbox"/> Free for elderly
	<input type="checkbox"/> Free for JSSK beneficiaries
	<input type="checkbox"/> Free for all
25. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
	(List the name of kits for which there is shortage)
26. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: 2020-21 ____ Current year: 2021-22 __
36. Number of Child Death reported in the facility	2020-21: 2021-22:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Number of sterilizations performed in last one month	Male__ Female____
42. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
43. Who counsels on FP services?	
44. Please comment on utilization of other FP services	

45. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
46. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months _____		
47. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
48. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
49. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
50. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
53. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
54. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
55. How much fund was received and utilized by the facility 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)			

56. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
57. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
58. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____
	<input type="checkbox"/> CHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Sub centre PHC Types of cases referred in:
• How many cases from the CHC were referred to the DH last month?	Number: Types of cases referred out:
59. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	

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

• **Service Delivery:**

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

<p>1. OPD Timing</p> <p>For U-PHC, check if evening/morning OPD/Clinics being conducted</p>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																											
<p>2. Whether the facility is functioning in PPP mode</p>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																											
<p>3. Condition of infrastructure/ building</p> <p>Please comment on the condition and tick the appropriate box</p>	<p>Comments:</p> <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding																																											
<p>4. Number of functional in-patient beds</p>																																												
<p>5. List of Services available</p>																																												
<p>6. If 24*7 delivery services available</p>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																											
<p>7. Tele-medicine/Consultation services available</p>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																											
<p>8. Biomedical waste management practices</p>	Sharp pit: Deep Burial pit: Other System, if any:																																											
<p>9. Details of HR available in the facility (Sanctioned and In-place)</p>	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MO (AYUSH)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SNs/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ANM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Public Health Manager (NUHM)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LHV/PHN</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				HR	San.	Reg.	Cont.	MO (MBBS)				MO (AYUSH)				SNs/ GNMs				ANM				LTs				Pharmacist				Public Health Manager (NUHM)				LHV/PHN				Others			
HR	San.	Reg.	Cont.																																									
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Pharmacist																																												
Public Health Manager (NUHM)																																												
LHV/PHN																																												
Others																																												
<p>10. IT Services</p>	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____																																											
<p>11. Kayakalp (2021-22)</p>	Initiated: Facility score: Award received:																																											
<p>12. NQAS(2021-22)</p>	Assessment done: Internal/State Facility score: Certification Status:																																											
<p>13. Availability of list of essential medicines (EML)/ drugs (EDL)</p>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																											

14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	
16. Drugs Available for Hypertension & Diabetic patients:	
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____ (Also list the consumables for which there was shortage)
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests For 2021-22 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP For 2021-22 	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:

27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
29. Number of normal deliveries in last three month		
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Practice related to Respectful Maternity Care		
32. Number of Maternal Death reported in the facility	Previous year:2020-2021 Current FY:2021-2022	
33. Number of Child Death reported in the facility	Previous year: Current year:	
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
35. Number of newborns immunized with birth dose at the facility in last 3 months		
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)		
37. Number of sterilizations performed in last one month	Male Female	
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
39. Who counsels on FP services?		
40. Please comment on utilization of other FP services		
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days	
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
	Screened	Confirmed

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

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

Sub-Centre (SC)Level Checklist

Service Delivery

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

Indicator	Remarks/ Observation																								
1. List of Services available																									
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASHA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____																								
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																								
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No																								
8. Shortage of 5 priority drugs from EDL in last 30 days, if any																									
9. Drugs Available for Hypertension & Diabetic patients:																									

Indicator	Remarks/ Observation		
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days			
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____		
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
15. Number of Maternal Death Review conducted	Previous year:2020-21 Current year:2021-22		
16. Number of Child Death Review conducted	Previous year: Current year:		
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:			Screened
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			Confirmed
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.	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop:		

Indicator	Remarks/ Observation																	
Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	(Average OOP/month)																	
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:																	
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:																	
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																	
33. Status of Tuberculosis in the area:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Indicators</th> <th style="width: 20%;">2020-21</th> <th style="width: 20%;">2021-22</th> </tr> </thead> <tbody> <tr> <td>Number of presumptive TB patients identified:</td> <td></td> <td></td> </tr> <tr> <td>Number of presumptive TB patients referred for testing</td> <td></td> <td></td> </tr> <tr> <td>Number of TB patients diagnosed out of the presumptive patients referred</td> <td></td> <td></td> </tr> <tr> <td>Number of TB patients taking treatment under the Sub centre area</td> <td></td> <td></td> </tr> </tbody> </table>			Indicators	2020-21	2021-22	Number of presumptive TB patients identified:			Number of presumptive TB patients referred for testing			Number of TB patients diagnosed out of the presumptive patients referred			Number of TB patients taking treatment under the Sub centre area		
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Number of TB patients diagnosed out of the presumptive patients referred																		
Number of TB patients taking treatment under the Sub centre area																		
34. ASHA Interaction																		
<ul style="list-style-type: none"> • Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) 																		
<ul style="list-style-type: none"> • Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) 																		
<ul style="list-style-type: none"> • ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> ○ Average delay 																		
<ul style="list-style-type: none"> • ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) 																		
35. Number of Village Health & Sanitation days conducted in last 6 months																		
36. Incentives:	<ul style="list-style-type: none"> • Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																	
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)																		
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																	
39. Maintenance of records on	<ul style="list-style-type: none"> • TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																	
	Fund Received last year:																	

Indicator	Remarks/ Observation
40. How much fund was received and utilized by the facility under NHM?	Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	