



Ministry of Health & Family Welfare
Government of India



A MONITORING AND EVALUATION REPORT NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION PLAN GHAZIPUR DISTRICT, UTTAR PRADESH



Prof. SURESH SHARMA
Ms. JYOTI CHAUDHARY
Population Research Centre,
Institute of Economic Growth,
Delhi



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Dr. Suresh Sharma
Ms. Jyoti Chaudhary

Population Research Centre
Institute of Economic Growth
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ABBREVIATIONS

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BMW	Biomedical waste
BSU	Blood Storage Unit
CMO	Chief District Medical Officer
CHC	Community Health Centre
DH	District Hospital
DPM	District Programme Manager
EMOC	Emergency Obstetric Care
FRU	First Referral Unit
HMIS	Health Management Information System
HWC	Health & Wellness Centre
IPD	In Patient Department
IUCD	Intra Uterine Contraceptive Device
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LSAS	Life Saving Anesthetic Skill
M&E	Monitoring and Evaluation
MDR	Maternal Death Review
MMU	Mobile Medical Unit
MOIC	Medical Officer In- Charge
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
NHM	National Health Mission
NVBDCP	National Vector Borne Disease Control Programme
NSV	No Scalpel Vasectomy
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Programme Implementation Plan
PRC	Population Research Centre
PNC	Post Natal Care
PPP	Public Private Partnership
RBSK	Rashtriya Bal Suraksha Karyakram
RCH	Reproductive Child Health
RKS	Rogi Kalyan Samiti
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Special New Born Care Unit
VHND	Village Health and Nutrition Day

EXECUTIVE SUMMARY

One of the salient factors that measure the progress of National Health Mission (NHM) remains the monitoring and evaluation activities undertaken by The Ministry of Health and Family Welfare on a continuous basis. It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocation for any area. In this regard, the Ministry of Health and Family Welfare has assigned Population Research Centres (PRC), Delhi the task of quality monitoring of essential components of State Programme Implementation Plan under NHM.

This report focuses on the monitoring of essential components of NHM in Ghazipur district of Uttar Pradesh for the year 2021-22. The evaluation was carried out in the month of November 2022 and as part of the district level assessment, the following public health care facilities were visited by a two-member team from PRC: District Women Hospital Ghazipur, CHC Mohammadabad, CHC Saidpur, UPHC Hathikhana, PHC Andhau, and HWC Nagwa urf Navpura. Interactions with district and block level health administrators were held to understand the challenges being faced by them in service provisioning. Further beneficiary interactions were held at each visited facility to understand the problems being faced by them in accessing the public health facilities.

Following are the key findings based on the monitoring visits and interactions with health officials at the site.

1. **Strengthening of BPMU:** Several posts of BPMU units (BAM, BCPM, BPM) in the district are vacant and due to this the district is facing problems in implementation of the national health programmes.
2. **Strengthening of delivery points:** There is high burden of deliveries at the District Hospital but due to absence of laboratory services and the blood bank, both the hospital administration and the beneficiaries face difficulties.
3. **Stagnant salaries of NHM officers:** The salaries for the DPM, DAM and DCPM have not been revised much over the years and remain stagnant. The existing salaries being paid to them are very low compared to the amount of work and responsibilities that lie with them.
4. **Online trainings:** Since the COVID time period, most of the meetings have been conducted in online mode. It was reported by district officials that online trainings are less effective compared to offline mode. One of the most significant disadvantages of online training sessions is the lack of face-to-face interaction. A constant connection with adequate speed remains a challenge in smaller cities and villages. Online training is

unfavorable when a large portion of the training session is based on the information gained via hands-on training.

5. **Quality assurance programmes not implemented:** Programmes for improving the quality of care at public health facilities have not been implemented in the district. It was cited that the positions for designated core workforce for implementation of these programmes such as quality assurance manager, hospital manager etc. has been vacant for several years and hence the delay in implementation.
6. **No dedicated health programme for adolescents:** There is no dedicated health programme running for adolescents in the district. AFHC clinics have not been set up at any health facility and community programmes such as peer educators programme have not been implemented. However, the distribution of Weekly Iron Folic Acid Supplementation (WIFS) and sanitary napkins to adolescents is being done.
7. **Uptake of Antara:** HMIS data shows a sharp drop in uptake of subsequent doses of injectable contraceptive Antara. The same was also confirmed by the family planning counsellor at the visited district hospital.
8. **Lack of awareness among the community:** A lack of awareness among the community regarding the available health services at public health facilities was observed.
9. **High utilization of budget:** In the financial year 2021-22, the district utilized more than ninety percent of the allotted budget as per approved district health action plan.
10. **Community health:** For the treatment of what people called as “small ailments” like cold, cough, fever, generic pain, and skin infections, people reported local private practitioners as their first preference, owing to ready reach, ease of access and deeply engrained behavior. In rural areas, absence of all-weather roads and public transport pose hindrance in reaching health facilities. For both rural and urban areas, difficulty in availing laboratory and imaging services was reported.

GHAZIPUR DISTRICT HIGHLIGHTS, 2021-22

Number of delivery points with ultrasound facilities: **0**

% LaQshya certified Labor rooms to total Labor rooms : **0%**

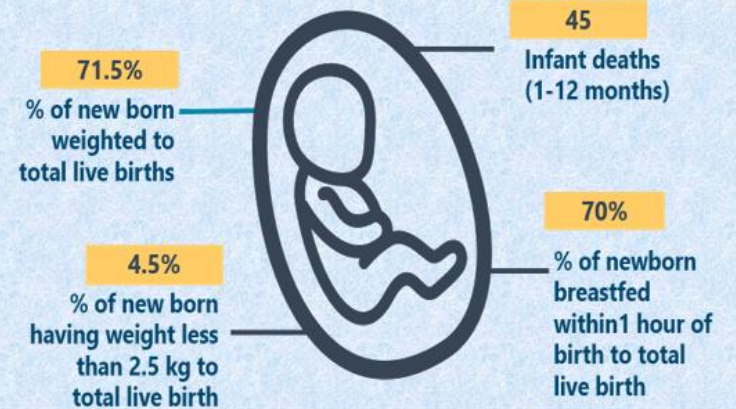
% Kayakalp awarded facilities to total facilities: **1.3%**

Number of NQAS certified facilities: **0**

% Facilities reporting on HMIS Portal: **100%**



All women age 15-49 years who are anemic as per NFHS: **45.7%**



78.2% Pregnant women with 4 or more ANC checkups to total ANC registration

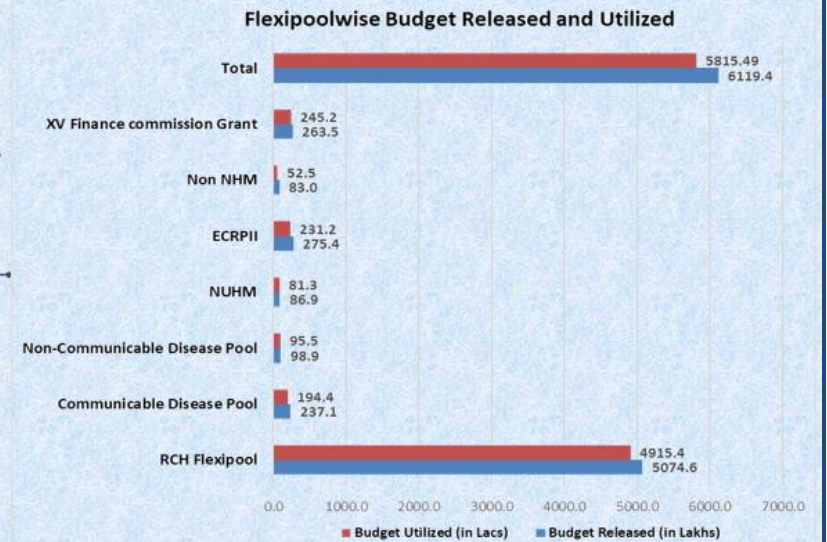


99.3% Institutional deliveries to total reported deliveries

1.6% C-section deliveries to total reported deliveries

18 Maternal Deaths in the year 2021-22

99% Pregnant women given 180 IFA to total ANC registrations



INTRODUCTION

1.1 Introduction

The National Health Mission was launched to make health care more accessible and affordable to all, especially who are vulnerable and underserved, it has now become one of the integral parts of the health service delivery in the country. People are being provided with promotive, preventive curative and rehabilitative services through primary health care delivery system. One of the salient factors that measure the progress of NHM remains the monitoring and evaluation activities undertaken by The Ministry of Health and Family Welfare on a continuous basis. It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocation for any area. In this regard, the Ministry of Health and Family Welfare has assigned Population Research Centres (PRC) the task of quality monitoring of essential components of State Programme Implementation Plan under NHM.

State Programme Implementation Plan is a document prepared by States annually which helps them in identifying and quantifying their targets required for programme implementation, and propose strategies and activities to address the challenges in public health for the proposed year. A PIP is a need driven document prepared by consolidating information from various District Health Action Plans (DHAPs) submitted by districts under the State. Program Implementation Plans (PIPs) goes through a formal process of appraisal each year by MoHFW and with subsequent approval, the state's commence implementation. A holistic reporting of commitments made in the State PIP, forms an essential component of Monitoring and Evaluation of NHM progress.

This PIP monitoring report concerns the district of Ghazipur in Uttar Pradesh. The report is prepared on the basis of field-based observations during visits to selected public health facilities in Ghazipur and the interviews of CMO, District Health Officials, ANM and beneficiaries. The report highlights key observations made during the team's visit to these health facilities along with secondary data reviews and also brings forth essential inputs provided by the key personnel of NHM. It essentially throws lights on the overall status of the healthcare systems in the district, covering comprehensively the demographic profile of the district, health financing, physical health infrastructure in the district, followed by sections on human resource for healthcare, community health, and facility assessments.



1.2 Major objectives of monitoring & evaluation visit

- i. To review the status of implementation of key components of the programmes under the umbrella of NHM including maternal health care, infant health, child and adolescent healthcare services, family planning and communicable and non-communicable disease control programmes.
- ii. To assess the current condition of physical infrastructure and health service provision at selected District Hospital, CHCs, PHCs and SCs of the district.
- iii. To examine the status and availability of human resources for health including staffing position, vacancies and staff trainings at the selected health facilities.
- iv. To assess availability of finance for the NHM activities in the district. This includes assessing the utilization of NHM programme budgetary allocations on various components including utilization of untied funds at selected health facilities through Rogi Kalyan Samitis (RKS).
- v. To identify the gap between demand and supply of health service delivery under NHM programme based on the perspective of the community as well as the health service providers.

The report aims to cover all the building blocks of health system including service delivery, access to essential medicines, health workforce, health financing, health information system and leadership and governance.

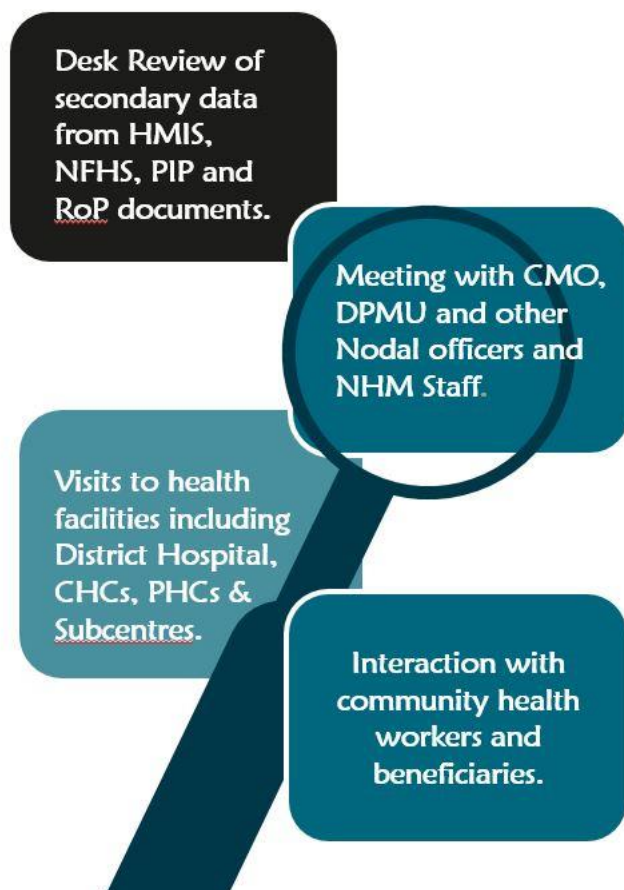


Figure 1: Building Blocks of Health Systems



1.3 Methodology

The report is based on Primary data collected from health facility visits and secondary data collected from DPMU and CMO office as well as information collected from HMIS Web Portal for Ghazipur District. Structured interview schedules were used for nodal officers and health facilities.



The assessment is based on observations made and information collected during: Round table meeting with CMO, DPMU and other Nodal officers and NHM staff, visits to health facilities and interactions with community health workers and beneficiaries

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Ghazipur was held. The interactions gave an enriching insight into the health situation of the district, key challenges being faced by the district, and a prospective way forward. The DPMU further elaborated the plan of visit to the health facilities.

Table 1 reports the list of institutions and facilities visited in the Ghazipur district. The team interacted with key programme officials at the Office of the CMO, the DPMU and discussed the

status of the key activities.

Health facilities from all the three levels (at district, block and village level) were selected for supportive supervision after consultations with the CMO and the DPM. Further, to understand the health service providers' perspectives about the services delivery, in-depth discussions were done with the Chief Medical Officer, Block Medical Officer-in-Charge, Medical Officers, ANMs and ASHAs.



Table 1: List of institutions and facilities visited by the PRC-IEG Team, Ghazipur 2021-22

Institutions and Facilities		Key Contact Person
Office of the Chief Medical Officer	CMO	Dr. Hargovind Singh
District Programme Management Unit	DPM	Mr. Prabhunath
District Women Hospital, Ghazipur	CMS	Dr. Tarkeshwar
Community Health Centre, Mohammadabad	MOIC	Dr. Aashish Rai
Community Health Centre, Saidpur	MOIC	Dr. Sanjeev Singh
Urban Primary Health Centre, Hathikhana	MOIC	Dr. Ishani Vardhan
Primary Health Centre, Andhau	MO	Dr. Sanjay Jaiswal
Health and Wellness Centre, Nagwa urf Navpura	ANM	Mrs. Sunita Bharti

1.4 Demographic Profile

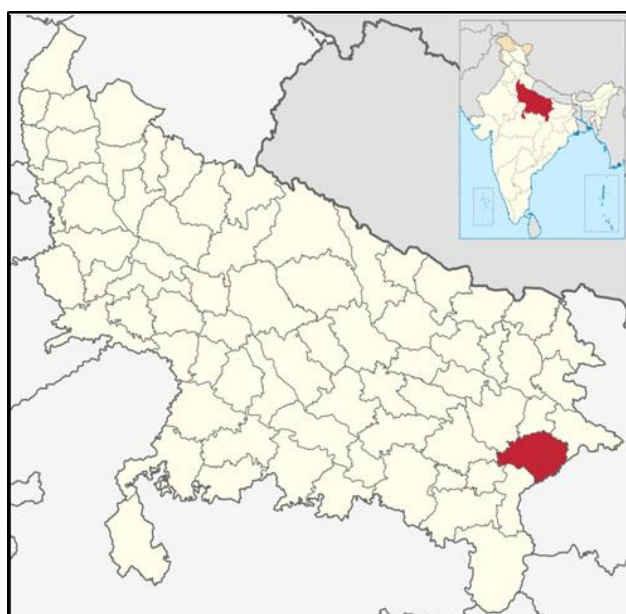


Figure 2: District Map of Uttar Pradesh highlighting Ghazipur District

Ghazipur district is a district of Uttar Pradesh state in northern India. The city of Ghazipur is the district headquarters. The district forms the eastern part of the Varanasi Division.

The district is surrounded by Ganga, Karmnasa and Gomti, that makes this locality stronger in economic and geographic condition. The total geographic area of this district is 3384 Sq. Km. Ghazipur District is present in the sub-tropical region and it is best known for rice and rose cultivation. The district is also famous for Black rice. This district does not contain any forest area. It forms the border of Uttar Pradesh and Bihar.

It is well connected with major cities of India by railways and by roads. The nearest Air Port is Babatpur in Varanasi, which is just 70 kms away from here, where the daily flights for all the major cities are available. At the time of the 2011 Census of India, 66.16% of the population in the district spoke Bhojpuri, 30.98% Hindi and 2.80% Urdu as their first language.



Table 2 lists the key demographic indicators of Ghazipur district. It covers a total area of 3377 square kilometer and has a population of 36.20 lakhs (Census of India 2011) residing across 16 development blocks of the district. The Census of India (2011) provides the following highlights for the district. The district is home to about 18.5 lakh (52 per cent) males and about 17.6 lakh (48 per cent) females. The population of the district equals to around 1.6 per cent of the total population of Uttar Pradesh. More than 90 percent of the population in the State resides in villages. Total of about 75 percent of the population in the district is literate and across gender, about 85 percent males and 62 percent females are literate.

The sex ratio of the Ghazipur District is 952 females per 1000 males and is higher compared to the state sex ratio of 912 females per 1000 males. Sex ratio for India stands at 943. Ghazipur district is more densely populated as compared to the state of Uttar Pradesh. It has population density of 1286 persons per square kilometers compared to the state average of 829 persons per square kilometers.

Table 2: Key Demographic Indicators, India, Uttar Pradesh and Ghazipur

Indicators	India	Uttar Pradesh	Ghazipur
Total number of Blocks	6612	820	16
Total number of Villages	649481	97941	3385
Actual Population	1,21,08,54,977	23,15,21,022	3620268
Male	623,270,58	104,480,510	1855000
Female	58,75,84,719	95,331,831	1765000
Urban Population %	31.16	22.3	7.5
Rural Population %	68.84	77.7	92.5
Male literacy rate (%)	80.9	77.28	85.77
Female literacy rate (%)	64.6	57.18	62.29
Density/ km ²	382	829	1100
Literates %	72.98	67.7	74.5
Sex Ratio (females per/000 male)	943	912	952
Child Sex Ratio (0-6 age)	914	899	908

Source: Census of India 2011, ORGI, GOI



1.5 Health and Healthcare

In Ghazipur, out of the number of pregnant women who registered for ANC, 71 percent of them registered in the first trimester which is higher than the state average of 64 percent. Percentage of pregnant women who underwent 4 or more ANC check-ups to total ANC registration is 78.2. IFA supplementation was given to 99.25 percent of all women who registered for ANC while pregnant women given 360 Calcium tablets to total ANC registrations is 85 percent.

A vital component of Infant Health is proper delivery care. GoI recognizes Skilled Birth Attendant (SBA) as someone who can handle common obstetric and neonatal emergencies, hence form a crucial presence in times of such emergencies. As observed, 71 percent of the home deliveries are SBA attended in Ghazipur. With respect to home-based new-born care (HBNC), a total of 40338 new-borns were visited by ASHA workers in the year 2021-22.

A total of about 99 per cent of all deliveries were observed to be institutional deliveries. However, the percentage of institutional deliveries to total ANC registrations is reported as 63 percent on HMIS which is lower. Presence of ASHA workers are very mandatory for creating awareness among community regarding importance of maternity care including ANC, Institutional delivery and PNC.

With regards to Post Natal Care, 70 per cent of the new-borns were breast fed within 1 hour of delivery and 4.5 per cent of new-borns weighted less than 2.5kgs at birth. Out of the total women who delivered, approx. 41 percent of women received 1st post- partum check-up within 48 hours and 14 days of delivery. The district reported a total of 18 maternal deaths, 341 still births, 21 child deaths and 45 infant deaths in the year 2021-22.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilization (Tubectomies) as a method of permanent family planning dominates the statistics with 99 percent of all sterilization conducted in 2021-22 in Ghazipur. Total Sterilization Conducted was 9280 in the district. Of the total deliveries conducted in the district, 17.5 percent females got IUCD insertions done.



PUBLIC HEALTH FINANCING

2.1 State Programme Implementation Plan

Annual Program Implementation Plan (PIP) process facilitates the planning, approval and allocation of budgets of various programmes under the National Health Mission (NHM). State Programme Implementation Plan is a document to be prepared by States annually which helps them in identifying and quantifying their targets required for programme implementation, and propose strategies and activities to address the challenges in public health for the proposed year. A PIP is a need driven document prepared by consolidating information from various District Health Action Plans (DHAPs) submitted by districts under the State.

The documents are then finalized in the NPCC (National Programme Coordination Committed) meeting for administrative approval, resource envelope is created and accordingly conveyed to the state through the Record of Proceedings (RoP). The monitoring of PIPs enables measurement of physical and financial progress made by states against the approved PIPs.

For the financial year (FY) 2021-22, against a resource envelope of Rs. 7366.43 Crore (calculated assuming state share of 40%), Uttar Pradesh received administrative approval for an amount of Rs.9621.79 Crore. The total support from Government of India is Rs. 4419.86 crore whereas the state share of 40% works out to be Rs. 2946.57 Crore. The resource envelope for FY 2021-22 consists of union government's support of Rs. 2998.19 crore for flexible pool allocation including cash and kind, Rs.543.74 crore for incentive pool based on last year's performance and Rs. 877.93 Crore for infrastructure maintenance.

It may be noted that Uttar Pradesh had proposed a total of Rs.10312.63 Crore for NHM and Rs.389.55 Crore for NUHM. The state received approvals of Rs.9251.48 Crore for NHM and Rs.370.29 Crore for NUHM. Thus, 89.7.0% of the proposed budget under NHM and 95% of the budget under NUHM is approved by the National Program Coordination Committee (NPCC). The state has received the full proposed amount of Rs.877.93 Crore for infrastructure maintenance during 2021-22. Similarly, the state also proposed and received immunization kind grants of 247.8 Crore.

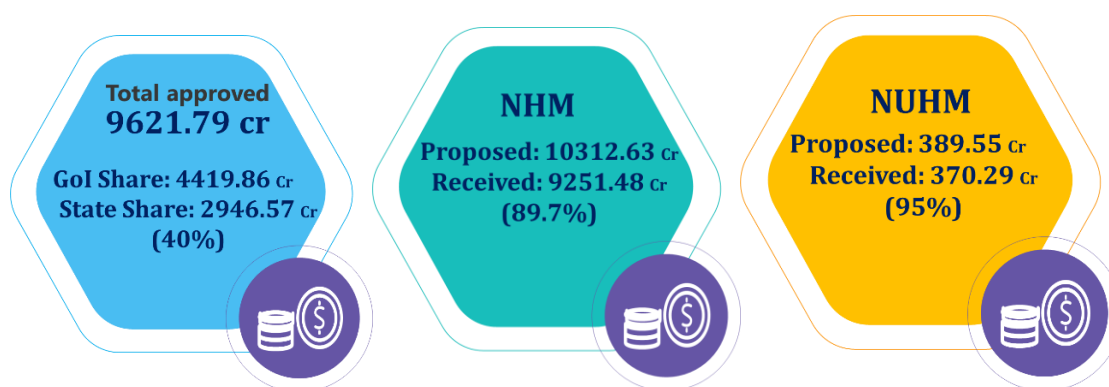
The breakup of the total resource envelope (Appendix Table A1) shows that Rs. 891.04 Crore is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 2237.78 Crore is allocated for Health System Strengthening (HSS) under NHM. Thus, the Government of India's contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 3128.82 Crore. The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and Non-Communicable Disease



(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 is allocated for NTEP activities. Finally, over one-fifth of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance (including Direction and Administration).

The physical and financial outlay approved for Uttar Pradesh for FY 2021-22 is Rs.962178 Lakhs (Table A2). The outlays are categorized in 18 different groups as per the financial management report (FMR) codes. Overall, 89.9% of the total proposed amount was approved. However, lower approvals are received for drug warehousing and logistics (65.06%), IEC/BCC (73.64%) and IT Initiatives for strengthening service delivery (64.65%).

Of the total outlay, 26% is allocated for human resources under the program. About 14% of the outlay is earmarked for community intervention. About 12% of the funds each are allocated for procurements and facility-based services whereas 2.5% is allocated for community-based services. Further, 7.5% of the funds is allotted for referral transport services. Programme management also accounts for about 7% of total funds allocations. Uttar Pradesh has received 2.3% of the total funds for training activities and 2.8% for untied funds.



2.2 District Health Action Plan

Similar to State PIPs, the annual action plans for the district are called District Health Action Plan (DHAP). A DHAP 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. The District Health Mission is responsible for the preparation of DHAP which is done by constituting a planning team responsible for providing overall guidance and support to the planning process. Planning process under NRHM is follows a bottom up approach wherein inputs are taken from implementing levels starting at village to form Block Health Plans which are aggregated and consolidated to form DHAPs.



For the financial year 2021-22, the district Ghazipur had prepared and submitted the DHAP in the month of December 2020 and the first sanction against DHAP from the State was received in the month of May 2021. For the current financial year, 2022-23, the DHAP was submitted in the month of January 2022 and first sanction against the submitted DHAP was received in the month of May.

An in-depth reading of the approved DHAP was taken up to understand the kind of resource envelope approved for district Ghazipur, during the year 2021-22. For the said financial year, the approved budget for the district, including COVID-19 and NUHM proceedings, accounted to approximately Rs. 122.7 crores.

Table 4: FMR Wise NHM funds utilization, Ghazipur, FY 2021-22 (Rs. In Lakhs)

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	% Utilization
FMR 1: Service Delivery: Facility Based	1044.82	879.08	84.14
FMR 2: Service Delivery: Community Based	117.89	43.85	37.20
FMR 3: Community Intervention	1391.45	1380.50	99.21
FMR 4: Untied grants	116.58	94.28	80.87
FMR 5: Infrastructure	461.07	247.83	53.75
FMR 6: Procurement	591.78	495.41	83.72
FMR 7: Referral Transport	0.39	0.25	64.10
FMR 8: Human Resource (Service Delivery)	1361.03	1282.55	94.23
FMR 9: Training	64.98	11.99	18.45
FMR 10: Review, Research and Surveillance	8.08	-	
FMR 11: IEC-BCC	100.97	25.36	25.12
FMR 12: Printing	81.68	73.82	90.38
FMR 13: Quality	3.65	3.33	91.23
FMR 14: Drug Warehouse & Logistic	33.57	28.80	85.79
FMR 15: PPP	63.73	59.51	93.38
FMR 16: Programme Management	505.28	485.75	96.13
FMR 17: IT Initiatives for Service Delivery	20.48	-	
FMR 18: Innovations	2.40	0.85	35.42
Total	5969.83	5113.16	85.65

Source: District Checklist, NHM PIP Monitoring, 2021-22



Budget utilization is one of the key aspects to understand the progress of the NHM programmes and identify gaps and patterns in spending. In FY 2021-22, a total of Rs. 59.69 crores (including both allotted and previous unspent balance) under the 18 FMR heads were available with Ghazipur district of Uttar Pradesh. Out of the total available budget, Rs. 51.13 crores are utilized (85.6% utilization rate).

The district had Rs. 10.44 crore for facility-based service delivery. This accounts for about 17% share in the usual NHM budget of the district. Against the allotment, expenditure of Rs. 8.79 crore is reported thus yielding a utilization rate of 84%. In 2021-22, Rs.1391.45 crore was available for community interventions in the district. The utilization remained high at 99%. Utilization rate is also high for human resource component (94%), printing (90%), quality (91%), PPP (93%), programme management (96%) and drug, warehousing and logistics (86%). No funds were utilized under the head's IT Initiatives for Service Delivery and Review, research and surveillance.

An analysis of programme-wise fund utilization for Ghazipur district of Uttar Pradesh shared by the DPMU provides the following insights. Overall, a total Rs.60.30 crores were released in FY 2021-22 for various components and activities out of which a total of Rs.54.80 crores (90.8%) was utilized. Out of the total release, Rs, 54.98 crore was allocated for RCH and Health Systems Flexipools, Rs. 89.40 lakhs were allocated for NUHM, Rs.4.99 crores toward communicable diseases pool and Rs.31.99 lakhs toward Non-Communicable Disease pool. The utilization rate across these categories is 91.1%, 89.3%, 91.6% and 56.7% respectively.

Under RCH and Health Systems flexipools, utilization was highest (above ninety percent) under the heads ASHA (99%), programme management (96%), quality assurance (94%), Human Resources component (94%), PPP (93.3%), and family planning (93%). Utilization was low in adolescent health (14%) and blood services and disorders (15%). Maternal health and child health components also showed lower utilization 27% and 34% respectively. Under the Communicable Diseases Pool, bulks of the funds are allotted for IDSP. Funds are also received for NVBDCP, NLEP and NTEP. For the IDSP, the utilization rate is 95%. The proportion of funds utilized under NVBDCP is 61%, under NLEP 95%, and 81% under NTEP.

Under the NCD pool, the district was allotted Rs.31.99 lakhs for eight selected programmes. This includes, NPCB+VI, NMHP, NPHCE, NTCP, NPCDCS, NPPCD, National Rabies control programme and NAPCC. However, no expenditure is reported under NPHCE and National Rabies control programme. Expenditures are incurred under NTCP (71.4% utilization rate), NPCB+VI (57%) and NPPCD (93% utilization rate). It is apparent that the implementation of activities under various programmes including communicable and NCD programmes in terms of utilization of funds is good for the district.



Table 5: Programme Wise Budget Received and Utilized for Ghazipur, FY 2021-22

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Percent Utilized
RCH and Health Systems Flexi-pool			
Maternal Health	681.26	591.86	86.88
Child Health	38.44	10.69	27.81
RBSK	65.76	22.42	34.1
Family Planning	130.68	122.27	93.56
RKSK/ Adolescent health	2.36	0.33	14.01
PC-PNDT	1.9	0.95	50
Immunization	62.52	55.38	88.57
Untied Fund	116.58	94.28	80.87
Blood Services and Disorders	5.04	0.79	15.69
Infrastructure	461.07	395.47	85.77
ASHAs	1406.52	1395.33	99.2
HR	1361.03	1282.55	94.23
Programme Management	505.28	485.75	96.14
Referral Transport	0.39	0.25	64.1
Procurement	591.78	482.64	81.56
Quality Assurance	3.81	3.61	94.75
PPP	63.73	59.51	93.38
NIDDCP	0.13	0.13	100
Total	5498.28	5004.21	91.01
NUHM	89.4	79.8	89.35
Communicable Diseases Pool			
Integrated Disease Surveillance Programme	406.63	385.85	94.89
National Vector Borne Disease Control Programme	22.04	13.41	60.85
National Leprosy Eradication Programme	9.15	8.73	95.44
National TB Elimination Programme	61.93	50.16	81
Total	499.75	458.15	91.6
Non-Communicable Diseases Pool			
National Program for Control of Blindness and Vision Impairment	7.62	4.32	56.66
National Mental Health Program	1	0.03	3
National Programme for Health Care for the Elderly	0.24	N/A	0
National Tobacco Control Programme	5.68	4.06	71.43
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke	10.7	6.97	65.16
National Programme for Prevention and Control of Fluorosis	0.88	0.5	57.14
National Rabies Control Programme	3.44	N/A	0
National Programme for Prevention and Control of Deafness	2.43	2.26	93.2
Total	31.99	18.14	56.7
Grand Total	6030.02	5480.5	90.88

Source: District Checklist, NHM PIP Monitoring, 2021-22



PUBLIC HEALTH PLANNING & IMPLEMENTATION**3.1 Health Infrastructure**

Infrastructure provides health system the foundation to deliver, evaluate and respond to community health needs. It is essential to effectively provide essential public health services. An adequate system is capable of providing preventive, diagnostic, and curative care, according to the requirements of the people being served. The Public Health Care Infrastructure under NHM includes Sub Health Centres at the most peripheral level, Primary Health Centres to provide an integrated curative and preventive health care, and Community Health Centres which serve as a referral center for PHCs and also provides facilities for obstetric care and specialist consultations.

With regards to Public health infrastructure, there are 2 District Hospitals, 18 Community Health Centres (CHCs) (14 CHC+ 4 BPHC), 58 Primary Health Centres (PHCs), 2 Urban Primary Health Centres (UPHCs) and 393 Sub Centres (SCs) in Ghazipur District. An assessment of delivery points across the tiers of health facilities tells that 75 out of the 393 sub-Centres in the district are conducting more than 3 deliveries per month and 12 out of 58 PHCs are conducting more than 10 deliveries per month. A sizeable number of CHCs (11) are functional as optimal delivery points in the district. It is crucial that the district strengthens delivery points at the peripheral level.

Table 6 also exhibits the details of ancillary health infrastructure in the district. There is 1 SNCU, 1 NRC, no DEIC, 1 blood bank and 19 tuberculosis units. Public health facilities with strengthened services for child care and improved diagnostic services, especially with regards to ultrasound provisions, could definitely be an important consideration for the district's healthcare strengthening plans. All possible measures must be taken to at least ensure that the healthcare service availability and accessibility has a wider reach.



Table 6: Details of health facilities available in Ghazipur, 2021-22

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	2	2
No. of DH conducting > 50 deliveries /month	-	1
No. of DH conducting C-section	-	1
3. Community Health Centers (CHC)	18	18
No. of CHCs conducting > 20 deliveries /month	-	5
4. Primary Health Centers (PHC)	58	58
No. of 24X7 PHCs conducting > 10 deliveries /month	-	12
5. Sub Centers (SC)	393	393
No. of SCs conducting >3 deliveries/month	-	75
6. Urban Primary Health Centers (U-PHC)	2	2
8. Special Newborn Care Units (SNCU)	1	1
9. Nutritional Rehabilitation Centers (NRC)	1	1
10. District Early intervention Center (DEIC)	0	0
11. First Referral Units (FRU)	7	1
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	1	0
14. No. of PHC converted to HWC	-	-
15. No. of U-PHC converted to HWC	2	2
16. Number of Sub Centre converted to HWC	-	153
17. Designated Microscopy Center (DMC)	-	37
18. Tuberculosis Units (TUs)	-	19
19. CBNAAT/TruNat Sites	-	2/4
20. Drug Resistant TB Centres	-	1
21. Number of institutes with ultrasound facilities (Public+Private)	-	58 (0+58)
22. Of these, how many are registered under PCPNDT act	-	58 (0+58)

Source: District Checklist, NHM PIP Monitoring, 2021-22

Health and Wellness Centres (HWCs), under the ambit of Ayushman Bharat, are envisaged to deliver expanded range of services that go beyond Maternal and child health care services to include care for non -communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma, including free essential drugs and diagnostic services. Towards this vision, a number of Sub-Centres and PHCs are being actively converted into HWCs. In Ghazipur, 1563 SCs and 2 UPHCs have been upgraded to a HWC, implying a wider range of services for the community, and improved accessibility.



3.2 Human Resource for Healthcare

Human resources are one of the principle health system inputs with the knowledge, skills and motivation of these individuals deriving the performance and the outcomes of the healthcare delivery. Under NHM, financial support is provided to strengthen the health system including engagement of nurses, doctors and specialist on contractual basis based on the appraisal of requirements proposed by the States in their annual Programme Implementation Plans.

The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. Table 7 provides the Human Resource Availability in Ghazipur District. An analysis of vacancy percentages reflects that the vacant positions are high for specialist doctors –Surgeons (78%), Radiologists (100%), OBGY (92%), Anesthetists (78%), and Pediatricians (35%). 33 out of 103 positions for staff nurses stand vacant in the district. Vacancy with regards to Staff Nurses, radiographers and CHOs must be seriously attended to, as the same was reported to cause serious issue pertaining to workload and patient management.

The district has 98 MOs in place. This translates to a health worker (MBBS Doctors) density of 2.7 doctors for a population of one lakh. Prioritized attention must be given to the HRH situation in the district, and by all means, vacant posts should be filled against, in a timely manner.

Table 7: Availability of human resource, Ghazipur, 2021-22

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM	723	422	41.6
MPW (Male)	-	-	0.0
Staff Nurse	103	70	32.0
Lab technician	26	26	0.0
Pharmacist (Allopathic)	127	85	33.1
MO (MBBS)	134	98	26.9
OBGY	14	01	92.9
Pediatrician	14	09	35.7
Anesthetist	14	03	78.6
Surgeon	14	03	78.6
Radiologists	05	0	100.0
Other Specialists	5	3	40.0
Dentists/ Dental Surgeon/ Dental MO	-	-	-
Dental Hygienist	14	10	28.6
Radiographer/ X-ray technician	16	9	43.8
OT technician	3	3	0.0
CHO/ MLHP	254	149	41.3
AYUSH MO	24	18	25.0
AYUSH Pharmacist	2	15	-650.0

Source: District Checklist, NHM PIP Monitoring, 2021-22



The community health workforce acts as an interface between the community and the public health system. The district requirement of ASHA workers in accordance with the population norms is that of 3623 ASHAs. However, against the said number, 3511 ASHAs are currently in place. This leaves 103 ASHA workers covering more than the designated 1500 population.

A notable number of ASHA workers in the district are insured under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY). These are both governments backed insurance schemes. In a yet another social welfare scheme oriented towards pensions, 1892 ASHA workers are registered beneficiaries of the Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

The Mahila Arogya Samitis are community worker groups in urban areas. The district has 26 MASs in place – 17 trained and with a valid account. The district further has 1665 Village Health Sanitation and Nutrition Committees, and all have completed their trainings.

3.3 Health Systems Strengthening

3.1.1 Referral Transport

Health system strengthening includes transport facilities provided by the district for safe and timely movement of patients. These include ambulances or any other form/mode of transport used to commute by the people of the community.



The district has 79 Basic Life Support (BLS) ambulances and 3 advance life support ambulances. There are 5 mobile medical units functioning in the district. The operational agency for ALS and BLS Referral ambulances is the State, and a PPP agency, respectively. Both the BLS and ALS vehicles are GPS fitted and cover an average distance of approximately 150 and 160 kms per day. No new purchase of any referral transport has been made in the last two years. Of the total BLS ambulances, 5 are stationed at DH, 50 are stationed at the CHCs and 24 at the PHCs.

3.1.2 Drugs and Diagnostics



The district has implemented ‘Free Drug Services’ and ‘Free Diagnostic Services’ for ALL. However, there were some concerns raised by the pharmacists at health facilities with regard to the availability of drugs. Shortage of anti-allergic and anti-biotic medicines was reported at some of the health facilities.



3.1.3 HR Training as per RoP



Workforce training is another important component of health system strengthening. A properly trained and competent workforce is essential to any successful health care system. In the last financial year, some trainings have been planned and completed in the district. A list of these trainings is given in table below.

Since the COVID time period, most of the meetings have been conducted in online mode. It was reported by district officials that online trainings are less effective compared to offline mode. One of the most significant disadvantages of online training sessions is the lack of face-to-face interaction. Also, there is not enough time to meet with other trainees and discuss important matters.

Another significant problem of online trainings is technological limitations such as internet access. A constant connection with adequate speed remains a challenge in smaller cities and villages. Online training is unfavorable when a large portion of the training session is based on practical knowledge, and online training cannot replace the information gained via hands-on training.

Table 9: Details of HR training as per RoP approval, 2021-22

Training	Status
Orientation activities on vitamin A supplementation and Anemia Mukta Bharat Programme	Completed
Orientation on National Deworming Day	Completed
Other Child Health Training	Completed
Orientation/review of ANM/AWW for New schemes, FP-LMIS	Completed
District Level One Day Orientation of newly recruited ANM/SN ON Family Planning Schemes	Completed
Training of Medical officers (Injectable Contraceptive Trainings)	Completed
Training of AYUSH doctors (Injectable Contraceptive Trainings)	Completed
Training of Nurses (Staff Nurse/LHV/ANM) (Injectable Contraceptive Trainings)	Completed
FP-LMIS training-Urban Staffs and others	Completed
FP-LMIS training- ASHA Sangni Refresher	Completed
Training of two nodal teachers per school	Completed
Training under Immunization-CCH	Completed
Training under Immunization-Data Handler	Completed
Kayakalp Trainings	Completed
Training cum review meeting for HMIS & MCTS at District level	Completed
Training / Capacity Building (Malaria)	Completed
Trainings for District Tobacco Control Centre	Completed



NATIONAL HEALTH MISSION PROGRAMMES

4.1 Reproductive, Maternal, Neonatal, Child and Adolescent Health

The Reproductive, Maternal, Child and Adolescent Health programme is at the heart of the flagship programme National Health Mission (NHM). Central tenets guiding this programme have been equity, universal care, entitlement and accountability. The aim is to protect the lives and safeguard the health of women, adolescents and children. RMNCH+A links maternal and child survival to other components namely, family planning, adolescent health, gender & PNDT. It also denotes inclusion of adolescence as a distinct 'life stage' in the overall strategy. Table 11(refer Appendix) provides details on several programmes running under RMNCH+A in the district.

A total of 43729 beneficiaries were registered for JSY cash transfer, out of which 2740 (6.3%) had not yet received the payments. During the visit, it was reported by medical officers that any delay in JSY incentive was mostly because of delay in receipt of funds from the district authorities. Interaction with beneficiaries revealed that they were satisfactorily aware about the JSY scheme, and most of the them had bank accounts.

JSSK has been implemented and is functional in Ghazipur District. Beneficiaries are being provided free of cost consultation, drugs and referral transport. With respect to diet, the one's delivering at facilities level are being given food. Free referral transport is also being utilized by the beneficiaries.

PMSMA programme is running in the district. ANC checkups are being provided on 9th of every month. Mothers who are found to be severely anemic during the checkups are given injectable iron supplements (iron sucrose). Also, it was observed that pregnant women are being distributed bananas and biscuits on the PMSMA day. Also, the mothers are instructed to take similar nutritious diet on daily basis.

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service.



Ghazipur observed 18 maternal deaths in the year 2020-21. Maternal Death Review is reportedly being carried out in the district and reasons are being identified for both facility and community deaths. However, the same is not being uploaded on the data portals.

HBNC is functioning in the district. As reported, a total of 3031 ASHA workers have HBNC kits. New-born are being visited by ASHA workers. A total of 40338 new born have been visited in the year 2021-22.

There are 32 RBSK teams sanctioned in the district, however none of the teams have all the HR in place. There are 6 vehicles available to RBSK teams. Only 6 blocks have dedicated RBSK teams. Screening for defects is being done in schools and aaganwadi Centres.

4.2 National Nutritional Programmes

In the entire district, there is only one NRC. Table 12 provides details with respect to the staff and service provision at the NRC. It shows that a total of 59 children were admitted in the year 2021-22 of which 45 were discharged with improved health. Most of the admissions (about fifty percent) were referred by frontline workers.

Table 11: Details of Nutritional Rehabilitation Centre functional at the district level, 2021-22

Nutrition Rehabilitation Centers (NRC)	
Total admission	59
Bilateral pitting oedema	1
Mid-Upper Arm Circumference (MUAC) <115 mm	31
<-3SD WFH	46
With Diarrhea	10
With ARI/Pneumonia	5
Fever	4
Nutrition related disorder	27
Referred by Frontline worker	28
Self	3
Refer from VCDC / CTC	0
RBSK	8
Pediatric ward / emergency	14
Discharged	45
Referral / Medical transfer	2
LAMA	5

Source: District Checklist, NHM PIP Monitoring



4.3 Communicable Diseases Programmes

Table 13 shows the status of implementation of four communicable disease programmes in the district. Integrated Disease Surveillance Programme (IDSP) has been implemented in the district with the rapid response team comprising of MBBS doctors, lab technicians, and field workers. The IDSP data is used for surveillance of several communicable diseases and for outbreak investigations. It was reported that a total of 10 outbreaks were investigated in 2021-22 and 8 outbreaks were investigated in 2020-21.

The micro and macro plan for National Vector Borne Disease Control Programme (NVBDCP) have been reported to be available at the district level and weekly epidemiological and entomological situations are monitored. There has been an increased boosted surveillance at ward village level. IRS has been done in the kalazar affected areas.

National Tuberculosis Elimination Programme (NTEP) is functional in the district. There are 1296 eligible TB patients with UDST testing. Drugs for both, drug sensitive and drug resistance TB have been reported to be available. Number of patients notified from public sector was 3077 and from private sector was 264 in 2021-22. The treatment success rate is reported to be 87% for public sector and 81% for private sector. Beneficiaries are being paid under the Nikshay Poshan Yojana.

A total of 174 cases new cases were detected for leprosy in the year 2021-22 under the National Leprosy Eradication Programme (NLEP). There are no cases of G2D. Multi Drug Therapy was reported to be available without any interruption.

4.4 Non-Communicable Diseases Programme

The district has a high focus on the National Tobacco Control Programme (NTCP) under the Non-communicable disease programmes. The activities conducted under the NTCP for the year 2021-22 include Enforcement Squads Meeting, visits conducted by the enforcement squads, challans on tobacco use, trainings/sensitization programmes for different stakeholders organized by DTCC, school programmes etc.



Table 13: Status of implementation of Comprehensive Primary Health Care (CPHC), 2021-22

Indicator	Planned	Completed
1. Number of CBAC forms filled	-	51195
2. Number of HWCs started NCD screening:		
a. SHC- HWC	132	132
b. PHC- HWC	38	38
c. UPHC – HWC	1	1
3. Number of individuals screened for:		
a. Hypertension		48095
b. Diabetes		48093
c. Oral Cancer	-	48081
d. Breast Cancer		NA
e. Cervical Cancer		NA
4. Number of HWCs providing Teleconsultation services	132	132

Source: District Checklist, NHM PIP Monitoring

Table 14 shows the status of implementation of comprehensive primary health care in the district. A total of 132 HWCs have been reported to have started NCD screening. A total of 48095 individuals have been screened for hypertension, 48093 screened for diabetes and oral cancer. Teleconsultation and wellness activities are being conducted by 132 HWCs.

4.5 Other National Programmes

- **Quality Assurance Programmes**

Quality Certification program for public health facilities has been launched with aim of recognizing the good performing facilities as well improving credibility of public hospitals in community. Certification is provided against National Quality Assurance Standards (NQAS) on meeting pre-determined criteria. National Quality Assurance Standards have been developed keeping in the specific requirements for public health facilities as well global best practices. None of the facilities in the district is yet certified for NQAS. It was reported that the process has been initiated for one of the CHCs. However, the delay as reported was due to vacant positions of the appropriate HR personnel such as hospital manager, quality assurance agent who have been designated to carry out the process.



- **Status of Kayakalp programme**

The kayakalp programme aims to promote cleanliness, hygiene and infection control practices in public healthcare facilities, through incentivizing and recognizing such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control. For the year 2021-22, the district received kayakalp award for 6 health facilities including 2 CHCs, 2 PHCs and 2 UPHCs.

The major healthcare priorities for the district on the basis on programme-specific evaluations are:

- a) The district has high proportion of institutional births (99%) but there is a need to ensure full coverage of ANC registration in first trimester and four ANC visits.
- b) Timely provision for ultrasound for pregnant women.
- c) Counselling women on importance of institutional supervision for 48 hours post-delivery.
- d) Dedicated counselling for adolescents.
- e) Chronic diseases treatment and follow-up care.
- f) Expanded availability of Dental health services.
- g) Expanded screening for children with nutrition deficiency requiring NRC admissions.
- h) Initiating the quality assurance programmes at the earliest.



PUBLIC HEALTH FACILITY ASSESSMENT

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarize the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc.



5.1 District Women Hospital, Ghazipur

- The hospital has been recently merged with the district medical college. There was some confusion with respect to the ambit of services that now are to be provided by the hospital. The laboratory and diagnostics have been shifted to the medical college building which is 5kms away from the women hospital building. This is causing a lot of inconvenience for the beneficiaries.
- It is an 80 bedded facility and has 12 SNCU beds.
- The facility offers the services of General OPD, ANC, Delivery, PNC, Immunization, family counselling, neonatal health, STD/HIV clinic, COVID vaccination etc.
- Blood Bank is not available in the hospital and for any blood transfusion, the blood is procured from the medical college.
- The biomedical waste of the hospital is collected by an outside agency every alternate day.
- Kayakalp assessment was not done for the facility in the last financial year.
- All of the diagnostic services are free for beneficiaries. However, the facility only acts as a collection centre and the collected samples are then sent to the lab at the medical college for testing.
- An average of 275 deliveries are performed every month. Number of C-section deliveries performed monthly is around 50 on average. No maternal death was reported at the facility in the last one year. Both JSY and JSSK are functional. All free entitlements under JSSK are being provided.

For an effective and efficient functioning of a District hospital, the number of human resources along with them being motivated, empowered, trained and skilled is indispensable. The facility has a total of 26 Staff nurses, 2 LTs, 4 Pharmacists. The specialists include 1 ObGy, 1 pediatrician and 1 anesthetist.



Table 14: Availability of Human resources at District Hospital Ghazipur, 2021-22

HR Positions	Sanctioned	Regular in Place	Contractual in Place	Total
Medicine	-	-	-	-
ObGy	4	1	-	1
Pediatrician	1	1	2	3
Anesthetist	2	1	0	1
Radiologist	1	0	0	0
Pathologist	1	0	0	0
Others	-	-	-	-
Staff Nurses/ GNMs	-	12	14	26
LTs	-	2	-	2
Pharmacist	-	4	-	4

Source: District Checklist, NHM PIP Monitoring

Major Challenges:

- The hospital premise faces an acute space crunch.
- Quality care certifications through NQAS have not been received.
- The facility does not have ultrasound, laboratory, blood storage unit etc within its premises.
- Radiologist is not there.



Figure 3: District Women Hospital, Ghazipur





5.2 Community Health Centers

Tables 15 and 16 provide the status of health infrastructure, service availability and human resource availability at the visited CHCs i.e. CHC Saidpur and CHC Mohammadabad.

Table 15: Availability of specialized services at CHC, 2021-22

List of services	CHC	CHC
	SAIDPUR	MOHAMMADABAD
Medicine	NO	YES
O&G	NO	YES
Pediatrician	YES	YES
General Surgery	YES	NO
Anesthesiology	YES	NO
Ophthalmology	YES	YES
Dental	YES	YES
Imaging Services (X – ray)	YES	NO
Imaging Services (USG)	NO	PPP
Newborn Stabilization Unit	YES	YES
Tele-medicine/Consultation	YES	YES
Operation theatre	YES	YES
Availability of functional blood storage unit	NO	NO

Table 16: Human resources availability at Community Health Centre, 2021-22

HR Positions	CHC SAIDPUR		CHC MOHAMMADABAD	
	Regular	Contractual	Regular	Contractual
MO (MBBS)	02	-	03	-
Medicine (Specialist)	-	-	-	-
OB & GY (Specialist)	00	-	01	-
Pediatrician (Specialist)	01	-	01	-
Anesthetist (Specialist)	01	-	-	-
Dentist	01	-	01	00
Staff Nurses/ GNMs	04	04	03	00
LTs	01	03	01	00
Pharmacist	02	-	02	00
Dental Technician/ Hygienist	01	-	00	-
EmOC trained doctor	-	-	00	-
LSAS trained doctor	-	-	01	-

Major Challenges: CHC SAIDPUR

- The facility is not geriatric and disabled friendly.
- Ultrasound facility is not available even though the delivery load is high.
- The facility doesn't have a central roof top water tank thus it disrupts water supply to health facility.
- The demand for specialized services is high at the facility but there is shortage of specialists.



- There is power shortage and no fund for fuel has been received in last 18 months.

Major Challenges: CHC MOHAMMADABAD

- The facility is not geriatric and disabled friendly.
- The building of the facility is very old and has started to wear off in places. It needs revamping.
- There is acute shortage of staff for the NBSU. Although the equipment's are there but it is not functional due to shortage of manpower.
- The facility needs X-ray machine.



Figure 4: CHC Mohammadabad



Figure 5: CHC Saidpur



5.3 Primary Health Centres

Tables 17 and 18 provide the status of health infrastructure, service availability and human resource availability at the visited PHCs i.e. PHC Andhau and UPHC Hathikhana.

Table 17: Human resources availability at Primary Health Centre

HR Positions	UPHC HATHIKHANA		PHC ANDHAU	
	Regular	Contractual	Regular	Contractual
MO (MBBS)	00	01	01	-
MO (AYUSH)	00	-	-	-
SNs/ GNMs	00	02	-	00
ANM	-	06	01	-
LTs	-	01	01	-
Pharmacist	-	01	01	-
LHV/PHN	-	-	-	-
Ward Boy	-	02	-	02

Table 18: Status of health services at Primary Health Centre, 2021-22

Drugs and diagnostics services	UPHC HATHIKHANA	PHC ANDHAU
Availability of list of essential medicines (EML)/ drugs (EDL)	NO	YES
EDL/EML display in OPD area	NO	NO
Implementation of E-Aushidi	YES	YES
Shortage of 5 priority drugs from EDL in last 30 days, if any	YES	NO
Drugs Available for Hypertension & Diabetic patients	YES	YES
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	NO	NO
Availability of Testing kits/ Rapid Diagnostic Kits	YES	YES
Line listing of all high-risk pregnancies	YES	YES
Availability of vaccines and hub cutter	YES	YES
Availability of trained provider for IUCD / PPIUCD	YES	YES

Major Challenges: UPHC HATHIKHANA

- The facility is not geriatric and disabled friendly.
- The delivery room is very small in size. There is crunch of space to run any preventive health awareness programs.
- Separate washrooms for patients are not available.
- The facility does not have a radiant warmer even though it is a delivery point.



Major Challenges: PHC ANDHAU

- There is problem in water supply.
- The facility is a delivery point; however, the cleanliness is not up to the mark due to unavailability of water.
- It was reported that the facility has not received any untied funds for last two years.



Figure 4: PHC Andhau



Figure 5: UPHC Hathikhana





5.4 Sub-Health Center

The HWC Nagwa urf Navpura caters to a population of 9500 from 11 villages. The average OPD at the Bankapur HWC is 18 to 20 cases per day. The services provide are delivery, care in pregnancy and child birth, Routine Immunization, Family planning counselling, tele medicine consultation, NCD screening and COVID vaccination. Eight Village Health and Nutrition Day sessions are organized every month. Register is maintained for ANC, RI and Delivery.

Branding has been done at the HWC but is partial. There is no power backup, drinking water supply and boundary wall. There is 1 ANM and 1 CHO posted at the HWC. 8 ASHA workers are attached to the HWC. Essential Drug List was displayed in the OPD area. A total of 45 drugs were available on the day of the visit. Drugs for hypertension and diabetes namely telmisartan and glimepride are available. For Family planning, IUCD, Chaya and condoms are actively promoted. Telemedicine facility is also provided at the HWC. The facility has not received untied funds for past 2-3 years. The ANM posted at the facility said that they need a trained “dai” to help during delivery. The delivery load at the facility is three to four deliveries in a month.



Figure 6: HWC Nagwa urf Navpura



COMMUNITY HEALTH

6.1 Background:

India is in the early phase of an epidemiological transition which has become manifest in an increasing burden of morbidity and mortality due to non-communicable diseases (NCD) along with a continuing twin burden of communicable diseases and of malnutrition. With an intent to cater to these needs, there has been emphasis on designing comprehensive models of primary health care proposed to deliver comprehensive services close to the community in India. Several national programmes have been designed and rolled out at public health institutions to cater to specific health problems.

Against this backdrop, it is important to examine if community expectations from the public health facilities, resonate with the existing model of service provision. Thus, community perspectives on healthcare services being provided by public health facilities merit a stand-alone discussion in the report. Focus Group Discussions were held with the beneficiaries at the Public Health Facilities across the district. The discussions focused primarily on the perceived health needs of the community members, and how the services can be strengthened further to cater to the same. A summarized presentation of the FGDs is presented below:

6.2 Community Interaction:



Health seeking behavior	
Community perception:	For the treatment of what people called as “small ailments” like cold, cough, fever, generic pain, and skin infections, people reported local private practitioners as their first preference, owing to ready reach, ease of access and deeply engrained behavior.
Frontline worker perception:	People from low economic strata are more likely to visit government facilities, while others tend to rely on private hospitals.
Access to health	
Community perception:	In rural areas, absence of all-weather roads and public transport pose hindrance in reaching health facilities. For both rural and urban areas, difficulty in availing laboratory and imaging services was reported.
Healthcare Providers:	No barrier reported.
Behavior of health service providers	
Community perception:	All providers including medical and para medical staff was reported to have a cordial behavior. No major issue/complaint in this regard was raised.
Out of Pocket expenditure in public health facilities	
Community perception:	The only component on which out of pocket expenditure was reported is travelling cost to and from the health facility and some reported spending money on medicines. All medical services are being provided for free in the visited health facilities.
Coverage, Knowledge and skills of ASHA as perceived by the community	
Community perception:	Work of ASHA workers was reported to be satisfactory. Pregnant women reported to being accompanied by ASHA workers for their ANC visits and delivery.
Availability of services for Immunization, ANC, PNC, family planning services, Nutrition counseling and preferred facilities for each	
Community perception:	During pregnancy, women said that with the help of ASHA workers, they registered for antenatal care at public facilities and used its immunization services.
Frontline worker perception:	All efforts being made to sensitize people on importance of family planning. Preferred methods include usage of IUCD, Chaya and condoms.
Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment	
Community perception:	Some people reported accessing private practitioners if their budgets allowed. A few people reported getting stocks of long-term drugs from the public facilities; but these drugs were reportedly consumed for as long as stocks lasted and refilled at irregular intervals. Some reported not being aware of available screening facilities.
Frontline worker perception:	Symptomatic people being tested for NCDs in the OPD. Dedicated days for testing all individuals above 30 years of age. Difficult to convince people to come for regular follow ups.
What can be done to improve the healthcare provision?	
Community perception:	Availability of specialists at CHCs, more awareness campaigns, public transportation to reach health facilities.
Healthcare Providers:	Filling up vacant post, improved availability of drugs and expanding diagnostic services and timely fund disbursement.



6.3 Key Observations:

Our community discussions revealed the following about utilization of services at public health facilities:

- A lack of awareness among the beneficiaries with regards to the set of health services available at health facilities was observed at the PHC and CHC level.
- For the treatment of what people called as “small ailments” like cold, cough, fever, generic pain, and skin infections, people reported local private practitioners as their first preference, owing to ready reach, ease of access and deeply engrained behavior.
- For specific requirements like treatment after animal bites; or for the treatment of diseases such as malaria or tuberculosis or for services like tubectomy, people preferred public health facilities over private health providers.
- During pregnancy, women said that with the help of ASHA workers, they registered for antenatal care at public facilities and used its immunization services. However, for delivery their preference was influenced by their economic status with people from well off families preferring to deliver in private facilities.
- For non-communicable diseases such as diabetes or hypertension, care-seeking behavior was unclear; some people reported accessing private practitioners if their budgets allowed. A few people reported getting stocks of long-term drugs from the public facilities; but these drugs were reportedly consumed for as long as stocks lasted and refilled at irregular intervals.
- There was an understanding that public health facilities including PHCs and sub centres could not help with complicated health issues. So, people did not expect staff to treat all ailments.



CONCLUSION AND RECOMMENDATIONS

7.1 Conclusion

This report focuses on the monitoring of essential components of NHM in Ghazipur district of Uttar Pradesh for the year 2021-22. One of the salient factors that measure the progress of NHM remains the monitoring and evaluation activities undertaken by The Ministry of Health and Family Welfare on a continuous basis. It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocation for any area.

The evaluation was carried out in the month of November 2022 and as part of the district level assessment, the following public health care facilities were visited by a two-member team from PRC: District Women Hospital Ghazipur, CHC Mohammadabad, CHC Saidpur, UPHC Hathikhana, PHC Andhau, and HWC Nagwa urf Navpura. Interactions with district and block level health administrators were held to understand the challenges being faced by them in service provisioning. Further beneficiary interactions were held at each visited facility to understand the problems being faced by them in accessing the public health facilities.

The report summarizes the status of Public Health Care provision in Ghazipur, with regards to NHM and its components. It highlights key observations made during the team's visit to these health facilities along with secondary data reviews and also brings forth essential inputs provided by the key personnel of NHM. The report aims to cover all the building blocks of health system including service delivery, access to essential medicines, health workforce, health financing, health information system and leadership and governance.

Health Service Delivery:

With regards to Public health infrastructure, there are 2 District Hospitals, 18 Community Health Centres (CHCs) (14 CHC+ 4 BPHC), 58 Primary Health Centres (PHCs), 2 Urban Primary Health Centres (UPHCs) and 393 Sub Centres (SCs) in Ghazipur District. An assessment of delivery points across the tiers of health facilities tells that 75 out of the 393 sub-Centres in the district are conducting more than 3 deliveries per month and 12 out of 58 PHCs are conducting more than 10 deliveries per month. A sizeable number of CHCs (11) are functional as optimal delivery points in the district. It is crucial that the district strengthens delivery points at the peripheral level.



With respect to ancillary health infrastructure in the district, there is 1 SNCU, 1 NRC, no DEIC, 1 blood bank and 19 tuberculosis units. Public health facilities with strengthened services for child care and improved diagnostic services, especially with regards to ultrasound provisions, could definitely be an important consideration for the district's healthcare strengthening plans. All possible measures must be taken to at least ensure that the healthcare service availability and accessibility has a wider reach.

Health Financing: For the financial year 2021-22, the district Ghazipur had prepared and submitted the DHAP in the month of December 2020 and the first sanction against DHAP from the State was received in the month of May 2021. For the current financial year, 2022-23, the DHAP was submitted in the month of January 2022 and first sanction against the submitted DHAP was received in the month of May.

For the said financial year, the approved budget for the district, including COVID-19 and NUHM proceedings, accounted to approximately Rs. 122.7 crores.

Health Workforce: The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. An analysis of vacancy percentages reflects that the vacant positions are high for specialist doctors –Radiologists (100%), OBGY (92%), Anesthetists (78%), Surgeons (78%), and Pediatricians (35%). 33 out of 103 positions for staff nurses stand vacant in the district. Vacancy with regards to Staff Nurses, radiographers and CHOs must be seriously attended to, as the same was reported to cause serious issue pertaining to workload and patient management.

The community health workforce acts as an interface between the community and the public health system. The district requirement of ASHA workers in accordance with the population norms is that of 3623 ASHAs. However, against the said number, 3511 ASHAs are currently in place. This leaves 103 ASHA workers covering more than the designated 1500 population.

Access to essential medicines: The district has implemented 'Free Drug Services' and 'Free Diagnostic Services' for ALL. The essential Drug List was displayed in the OPD area of only a few of the visited health facilities. Shortage of anti-allergy and anti-biotic drugs was reported by some of the pharmacists.

Community health: For the treatment of what people called as "small ailments" like cold, cough, fever, generic pain, and skin infections, people reported local private practitioners as their first preference, owing to ready reach, ease of access and deeply engrained behavior. In rural areas, absence of all-weather roads and public transport pose hindrance in reaching health facilities. For both rural and urban areas, difficulty in availing laboratory and imaging services was reported.



During pregnancy, women said that with the help of ASHA workers, they registered for antenatal care at public facilities and used its immunization services. On being asked so as to what can improve healthcare provision at public facilities, the following were the response, availability of specialists at CHCs, more awareness campaigns, public transportation to reach health facilities.

7.2 Recommendations

1. Process for initiation of NQAS and LaQshya certifications at all health facilities needs to be speeded up. The post of core Human Resource responsible for facilitating the process must be filled on priority basis.
2. There is acute shortfall of medical staff particularly the specialist, obstetrics and Gynecologist, Anesthetics, etc. The vacant post of the specialist doctors must be filled as soon as possible.
3. The base salaries being paid to the DPM, DAM and DCPM need to be revised. It was reported that programme officers who have joined recently are being paid more than those who have been working for long time.
4. BPMUs needs to be strengthened with respect to the human resource component for better implementation of NHM programmes.
5. Women who take up Anantara as a method of contraception need to be counselled on the probable side effects of it. It was reported that most women complain of abdominal discomfort and bleeding after getting the injection. Knowing that these are common side effects might help to eliminate the fear and retain Anantara as a long-term contraception method.
6. A dedicated clinic for counselling of adolescents should be opened at the tertiary and secondary health care facilities. At the primary health care facilities, devoted days for counselling can be marked and the community workers can be assigned the role of making the adolescents in their area aware of the presence of counselling services.
7. The health facilities reported shortage of anti-diabetic, anti-hypertensive and anti-allergic medicines. This drives away the patients and creates a perception of inefficiency for the public health system. Timely indenting, procurement and distribution of these essential medicines is necessary to provide NCD services which are among the focus areas under the HWCs.
8. EmOC and LSAS training should be given to LMOs and MOs to fill the shortage of gynecologist and anesthetist in the district. It will also strengthen the CHCs for C-section deliveries.
9. Sustained efforts are needed to sensitize the masses through community health workers and other communication channels about the available services at their nearby public health facilities.



ANNEXURES**Table 3 : Status of Key Health Indicators, Uttar Pradesh and Ghazipur 2021-22**

Indicators	Ghazipur	Uttar Pradesh
1. Maternal Health –Delivery care		
Total number of pregnant women registered for ANC	111779	6440941
% of beneficiaries registered for 1st trimester to total ANC registration	70.91	64.7
% of pregnant women with 4 or more ANC checkups to total ANC registration	78.2	83.0
% of pregnant women given 180 IFA to total ANC registrations	83.79	90.5
% Pregnant women given 360 Calcium tablets to Total ANC Registrations	85.10	82.6
Total number of reported deliveries	71035	3824217
% of SBA attended home deliveries to total home deliveries	71.52	13.1
% of institutional deliveries to total reported deliveries	99.37	98.7
% of institutional deliveries to total ANC registrations	63.15	54.0
% of C-Section deliveries to total institutional deliveries	1.61	9.4
% of women received 1st postpartum checkup after delivery	41.7	66.1
2. Newborn and Child Health		
% of newborn weighted to total live birth	71.57	90.0
% of newborn breast fed within 1 hour of birth to total live birth	70.30	91.7
% of newborns having weight less than 2.5 kg to total live birth	4.59	9.6
Number of children (9-11 months) fully immunized	94030	4419723
3. Family Planning		
n of emergency contraceptive pills distributed	18089	1192702
% of female sterilization to total sterilization	99.3	98.9
% of IUCD insertion to total institutional deliveries	17.5	40.9
Total Sterilization conducted	9280	259718
4. Mortality Indicators		
Maternal death	18	3345
Child (1-5 years) death	21	1473
Infant (1-12 months) death	22	10130
Still Birth	331	33936

Source: HMIS, 2021-22



Table A1: Summary of Budget Approval, 2021-22, (Rs. in Lakhs), Uttar Pradesh

FMR	Budget Head	Total Amount Proposed	Total Amount Approved	% Approved to Proposed	% Share in Approved Budget
1	U.1 Service Delivery - Facility Based	120403.20	95.40	95.40	11.94
2	U.2 Service Delivery - Community Based	27465.84	86.71	86.71	2.48
3	U.3 Community Interventions	136781.71	96.86	96.86	13.77
4	U.4 Untied Fund	30852.40	87.32	87.32	2.80
5	U.5 Infrastructure	71805.45	98.55	98.55	7.35
6	U.6 Procurement	136534.92	85.97	85.97	12.20
7	U.7 Referral Transport	79692.55	90.72	90.72	7.51
8	U.8 Human Resources	290196.24	86.72	86.72	26.15
9	U.9 Training and Capacity Building	24705.14	90.88	90.88	2.33
10	U.10 Reviews, Research, Surveys and Surveillance	1931.21	81.24	81.24	0.16
11	U.11 IEC/BCC	16714.13	73.64	73.64	1.28
12	U.12 Printing	9270.77	89.36	89.36	0.86
13	U.13 Quality Assurance	1495.50	99.97	99.97	0.16
14	U.14 Drug Warehousing and Logistics	9906.32	65.06	65.06	0.67
15	U.15 PPP	33058.12	78.70	78.70	2.70
16	U.16 Programme Management	67570.57	96.59	96.59	6.78
17	U.17 IT Initiatives for strengthening Service Delivery	8809.74	64.65	64.65	0.59
18	U.18 Innovations (if any)	3025.14	81.21	81.21	0.26
	Total	1070218.92	962178.62	89.9%	100%
Total Amount Approved (FY 2021-22)			962178.62		
Infrastructure Maintenance			87793.00		
Immunization Kind Grants			24780.00		
Grand Total including IM & Immunization Kind Grants			10,74,751.62		

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



Table A2: Breakup of resource envelope (in crores), NHM FY 2021-22, Uttar Pradesh

S. No.	Particulars	GoI Share	% Share	State Share
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	891.04	20.2%	
1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	643.24		
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	247.8		
2	Health System Strengthening (HSS) under NRHM	2237.78	50.6%	
2(i)	Other Health system Strengthening covered under NRHM	1837.85		
2(ii)	Comprehensive Primary Health Care under HSS	258.44		
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	141.49		
	Total NRHM-RCH Flexible Pool	3128.82		
3	NUHM Flexible Pool	103.48	2.3%	
3(i)	Other Health System Strengthening covered under NUHM	76.69		
3(ii)	Ayushman Bharat-Health & Wellness Centres under NUHM	26.79		2946.57
4	NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)	207.47	4.7%	
4(i)	NVBDCP (Cash & Kind)	29.6		
4(ii)	NTEP (Cash & Kind)	135.17		
4(iii)	NVHCP (Cash & Kind)	30.14		
4(iv)	NLEP	4.20		
4(v)	IDSP	6.25		
4(vi)	National Rabies Control Programme (NRCP)	1.95		
4(vii)	Programme for Prevention and Control of Leptospirosis (PPCL)	0.16		
5	NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)	102.15	2.3%	
6	Infrastructure Maintenance (including Direction and Administration)	877.93	19.9%	
	Total Resource Envelope	4419.86	100%	2946.57
	Grand Total Resource Envelope (Central Allocation + State Share)	7366.43	-	

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



Table 8: Status of social benefit scheme for ASHAs and ASHA Facilitators, 2021-22

		Observations
1	Status of ASHAs	
1.1	Required as per population	3623
1.2	Selected ASHAs	3511
1.3	No. of ASHAs covering more than 1500 (rural) population	103
1.4	No. of villages with no ASHA	0
1.5	No. of slum areas with no ASHA	0
2	Status of social benefit scheme for ASHAs and ASHA Facilitators	
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	2463
2.2	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima	128
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana	3511
2.4	No. of ASHA facilitator enrolled for Pradhan Mantri Suraksha Bima Yojana	143
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	1892
2.6	ASHA facilitator enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	128
3	Status of Mahila Arogya Samitis (MAS)	
3.1	Formed	26
3.2	Trained	17
3.3	MAS account opened	17
4	Status of Village Health Sanitation and Nutrition Committee (VHSNC)	
4.1	Formed	1665
4.2	Trained	1665
4.3	MAS account opened	NA

Source: District Checklist, NHM PIP Monitoring, 2021-22



Table 10: Details of RMNCHA+ programmes functional at the district level, 2021-22

Janani Suraksha Yojana (JSY)	<ul style="list-style-type: none"> Total Deliveries 2021-22: Total: 71035 Institutional: 70589 C-Section: 1135 Total JSY Beneficiaries 2021-22: 43729 Backlog: 2740 																												
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	<ul style="list-style-type: none"> Whether issued MCP card and Safe Motherhood Booklet: YES Number of health facilities where current round of PMSMA was conducted: <ul style="list-style-type: none"> a. Medical College: NA b. DH: 1 c. CHC/UCHC: 12 d. PHC/UPHC: 6 e. Private Clinics: 0 																												
Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> Total Newborns visited under HBNC: 40338 Total No. of ASHAs with drug kits: 3511 Total no. of ASHAs with HBNC Kits: 3031 																												
Rashtriya Bal Swasthya Karyakram (RBSK)	<ul style="list-style-type: none"> Total No. of RBSK teams sanctioned: 32 No. of teams with all HR in-place (full-team): 0 No. of vehicles (on the road) for RBSK team: 6 No. of teams per block: 1 No. of blocks without dedicated teams: 10 Number of children born in delivery points screened for defects at birth: - 																												
Maternal and Child Deaths	<ul style="list-style-type: none"> Number of maternal deaths 2021-22: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>DH</th> <th>CHC</th> <th>PHC</th> <th>SC</th> <th>Other</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>2021-22</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1. Deaths</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>18</td> <td>18</td> </tr> <tr> <td>2. MDR</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> Number of Total Child Deaths: 21 Number of Child Death Review conducted: <ul style="list-style-type: none"> 2020-21: - 2021-22: - 		DH	CHC	PHC	SC	Other	Total	2021-22							1. Deaths	0	0	0	0	18	18	2. MDR	0	0	0	0	0	0
	DH	CHC	PHC	SC	Other	Total																							
2021-22																													
1. Deaths	0	0	0	0	18	18																							
2. MDR	0	0	0	0	0	0																							

Source: District Checklist, NHM PIP Monitoring, 2021-22



Table 12: Details of Communicable disease programmes implemented in the District. 2021-22

1. National Vector Borne Disease Control Programme (NVBDCP)	
• Micro plan and macro plan available at district level:	YES
• Annual Blood Examination Rate:	
○ 2019-20:	1
○ 2020-21:	0.96
○ 2021-22:	2.09
• Total LLIN distributed vs procured:	NA
• Weekly epidemiological and entomological situations are monitored:	YES
• No. of MDR rounds observed:	3
2. National Tuberculosis Elimination Programme (NTEP)	
• Target TB notification achieved:	NO
• Whether HIV Status of all TB patient is known:	NO
If No, no. of TB patients with known HIV status:	3351/3460 97%
• Eligible TB patients with UDST testing:	1296
• Whether drugs for both drug sensitive and drug resistance TB available	YES
• Patients notification from public sector	<ul style="list-style-type: none"> • No of patients notified:3077 • Treatment success rate: 87% • No. of MDR TB Patients: 111 • Treatment initiation among MDR TB patients:111
• Patients notification from private sector	<ul style="list-style-type: none"> • No of patients notified: 264 • Treatment success rate: 81% • No. of MDR TB Patients: 0 • Treatment initiation among MDR TB patients: NA
3. Implementation of National Leprosy Eradication Programme (NLEP)	
No. of new cases detected:	174
No. of G2D cases:	0
MDT available without interruption:	YES
Reconstructive surgery for G2D cases being conducted:	NO
MCR footwear & selfcare kit available:	YES
4. Integrated Disease Surveillance Programme (IDSP)	
• Rapid Response Team (RRT) Constituted	YES
• Team Composition:	06
• Outbreaks investigated:	
• 2020-21:	8
• 2021-22:	10
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	NIL

Source: District Checklist, NHM PIP Monitoring



ANNEXURE 2



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

Key Correspondence: DPMU

A. District Profile

A.1. Healthcare				
Indicator	Values		Source	
1. Name of the District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year	Public:			
	Private:			
15. 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		

B. Overview: Submission & approval timelines of DHAP

Year	Prepared & submitted any District Programme Implementation Plan (DPIP/ DHAP)	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)				

C. Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of Free drugs services (if it is free for all)	



Indicator	Remarks/ Observation
2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> • Number of lab tests notified 	
C.2. Status Of Delivery Points	
<ul style="list-style-type: none"> • No. of SCs conducting >3 deliveries/month 	
<ul style="list-style-type: none"> • No. of 24x7 PHCs conducting > 10 deliveries /month 	
<ul style="list-style-type: none"> • No. of CHCs conducting > 20 deliveries /month 	
<ul style="list-style-type: none"> • No. of DH/ District Women and child hospital conducting > 50 deliveries /month 	
<ul style="list-style-type: none"> • No. of DH/ District Women and child hospital conducting C-section 	
<ul style="list-style-type: none"> • No. of Medical colleges conducting > 50 deliveries per month 	
<ul style="list-style-type: none"> • No. of Medical colleges conducting C-section 	
<ul style="list-style-type: none"> • Number of institutes with ultrasound facilities (Public+Private) 	Public: Private:
<ul style="list-style-type: none"> • Of these, how many are registered under PCPNDT act 	Public: Private:
C.3. National Health Programmes	
3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	<ul style="list-style-type: none"> • No. issued MCP card and Safe Motherhood Booklet: _____ • Number of health facilities where current round of PMSMA was conducted: <ul style="list-style-type: none"> 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 _____



Indicator	Remarks/ Observation	
	Inborn	Out born
• Admissions (2021-22)		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		
7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> • Total Admissions (2021-22) • Discharged • Referral/ Medical transfer • LAMA • Died • Admission <ul style="list-style-type: none"> • Bilateral pitting oedema • MUAC<115 mm • <-3SD WFH • with Diarrhea • ARI/ Pneumonia • TB • HIV • Fever • Nutrition related disorder • Others • Admission to NRC Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency 	
8. Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> • Status of availability of HBNC kit with ASHAs <ul style="list-style-type: none"> > 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: <ul style="list-style-type: none"> > Total No. of ASHAs: _____ > No. of ASHAs with drug kits: _____ 	



	> Reasons of Non-provision: _____ _____																					
9. Peer Education (PE) programme (Adolescent Health) & Weekly Iron Folic Acid Supplementation (WIFS)	<ul style="list-style-type: none"> No. of Blocks covered under Peer Education (PE) programme: No. of villages covered under PE programme: No. of Peer Educators: No. of Adolescent Friendly Clinic (AFC) meetings held: WIFS stockout: 																					
10. Mobile Medical Unit (MMU) (on the road) and micro-plan	<ul style="list-style-type: none"> No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____ MMU team Composition _____ List of Services provided by MMU _____ No. of trips per MMU/month No. of camps per MMU/month No. of villages covered Average number of OPD per MMU per month Average no. of lab investigations per MMU per month Avg. no. of X-ray per MMU per month Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month Avg. no. of sputum collected for TB detection per MMU per month Average Number of patients referred to higher facilities Payment pending (if any) <p>If yes, since when and reasons thereof</p>																					
11. Universal health screening	<ul style="list-style-type: none"> If conducted, what is the target population Number of Community Based Assessment Checklist (CBAC) forms filled till date <ul style="list-style-type: none"> No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer <table border="1"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated																		
Screened	Diagnosed	Treated																				
12. Integrated Disease Surveillance Programme (IDSP)	<ul style="list-style-type: none"> Rapid Response Team (RRT) Constituted: Y/N Team Composition: Outbreaks investigated: <ul style="list-style-type: none"> 2021-21: 																					



	<ul style="list-style-type: none"> • 2021-22: • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP • How is IDSP data utilized? Elaborate. _____ _____ _____
--	---

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

15. Vehicle for Referral Transport

- **Details of Referral Transport – Number and Distribution:**

Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others
Medical College						
DH						
SDH						
CHC						
PHC						
Others						

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

Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2020-21						
2021-22						

		ALS	BLS
○ Operational agency (State/ NGO/ PPP)			
○ If the ambulances are GPS fitted and handled through centralized call centre			
○ Average number of calls received per day			
○ Average number of trips per ambulance per day			
○ Average km travelled per ambulance per day			
○ Key reasons for low utilization (if any)			
<ul style="list-style-type: none"> • No. of transport vehicle/102 vehicle (on the road) 			
○ If the vehicles are GPS fitted and handled through centralized call centre			
○ Average number of trips per ambulance per day			



<ul style="list-style-type: none"> ○ Average km travelled per ambulance per day 	
<ul style="list-style-type: none"> ○ 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 3 years) • 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"> • Patients notification from public sector (2021-22) • Patients notification from private sector (2021-22) 	<ul style="list-style-type: none"> • Target TB notification achieved Y/N • Whether HIV Status of all TB patient is known: <ul style="list-style-type: none"> <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____ • Eligible TB patients with UDST testing • Whether drugs for both drug sensitive and drug resistance TB available • No of patients notified: • Treatment success rate: • No. of MDR TB Patients: • Treatment initiation among MDR TB patients: • No of patients notified: • Treatment success rate: • No. of MDR TB Patients: • Treatment initiation among MDR TB patients:



	<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Implementation of National Leprosy Eradication Programme (NLEP)	No. of new cases detected No. of G2D cases MDT available without interruption Y/N Reconstructive surgery for G2D cases being conducted Y/N MCR footwear & selfcare kit avl Y/N

22. ASHAs	Number of ASHAs <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 Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme
23. Mahila Arogya Samitis (MAS)-	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 Kayakalp programme- No. of awarded



	DH CHC PHC SC..... <ul style="list-style-type: none"> 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:	No. of beneficiaries	Backlog	DBT status	
<ul style="list-style-type: none"> JSY beneficiaries ASHA payment: <ul style="list-style-type: none"> A- Routine and recurring at increased rate of Rs. 2000 pm B- Incentive under NTEP C- Incentives under NLEP Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) Patients incentive under NTEP programme Provider's incentive under NTEP programme FP compensation/ incentive 				
28. Recruitment for any staff position/ cadre conducted at district level				
29. Details of recruitment	Previous year (2020-21)		Current Year (2021-22)	
	Regular cadre	NHM	Regular cadre	NHM
<ul style="list-style-type: none"> Total no. of posts vacant at the beginning of FY Among these, no. of posts filled by state 				



<ul style="list-style-type: none"> 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 Mera Aspataal 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..... of Dissatisfied with quality of treatments..... of With other reason 			

D. 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		

E. Status of HRH

Status as on: _____

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



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

F. State of Fund Utilization

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

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

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



18. 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)			
• National Mental Health Program (NMHP)			



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

G. 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.		
13.		
14.		



15.



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

H. Service Delivery:

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

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



Indicator	Remarks/ Observation		
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	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



Indicator	Remarks/ Observation																																																																																				
	3. Incinerator 4. Using Common Bio Medical Treatment plant 5. Other																																																																																				
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th data-bbox="611 264 778 293">HR</th> <th data-bbox="778 264 1007 293">San.</th> <th data-bbox="1007 264 1278 293">Regular</th> <th data-bbox="1278 264 1401 293">Cont.</th> </tr> </thead> <tbody> <tr> <td data-bbox="611 293 778 331">MO (MBBS)</td> <td data-bbox="778 293 1007 331"></td> <td data-bbox="1007 293 1278 331"></td> <td data-bbox="1278 293 1401 331"></td> </tr> <tr> <td data-bbox="611 331 778 360">Specialist</td> <td data-bbox="778 331 1007 360">Medicine</td> <td data-bbox="1007 331 1278 360"></td> <td data-bbox="1278 331 1401 360"></td> </tr> <tr> <td></td> <td data-bbox="778 360 1007 389">ObGy</td> <td data-bbox="1007 360 1278 389"></td> <td data-bbox="1278 360 1401 389"></td> </tr> <tr> <td></td> <td data-bbox="778 389 1007 418">Pediatician</td> <td data-bbox="1007 389 1278 418"></td> <td data-bbox="1278 389 1401 418"></td> </tr> <tr> <td></td> <td data-bbox="778 418 1007 448">Anesthetist</td> <td data-bbox="1007 418 1278 448"></td> <td data-bbox="1278 418 1401 448"></td> </tr> <tr> <td></td> <td data-bbox="778 448 1007 477">Surgeon</td> <td data-bbox="1007 448 1278 477"></td> <td data-bbox="1278 448 1401 477"></td> </tr> <tr> <td></td> <td data-bbox="778 477 1007 506">Ophthalmologist</td> <td data-bbox="1007 477 1278 506"></td> <td data-bbox="1278 477 1401 506"></td> </tr> <tr> <td></td> <td data-bbox="778 506 1007 535">Orthopedic</td> <td data-bbox="1007 506 1278 535"></td> <td data-bbox="1278 506 1401 535"></td> </tr> <tr> <td></td> <td data-bbox="778 535 1007 564">Radiologist</td> <td data-bbox="1007 535 1278 564"></td> <td data-bbox="1278 535 1401 564"></td> </tr> <tr> <td></td> <td data-bbox="778 564 1007 593">Pathologist</td> <td data-bbox="1007 564 1278 593"></td> <td data-bbox="1278 564 1401 593"></td> </tr> <tr> <td></td> <td data-bbox="778 593 1007 622">Others</td> <td data-bbox="1007 593 1278 622"></td> <td data-bbox="1278 593 1401 622"></td> </tr> <tr> <td></td> <td data-bbox="611 622 778 651">Dentist</td> <td data-bbox="778 622 1007 651"></td> <td data-bbox="1007 622 1401 651"></td> </tr> <tr> <td></td> <td data-bbox="611 651 778 680">Staff Nurses/ GNMs</td> <td data-bbox="778 651 1007 680"></td> <td data-bbox="1007 651 1401 680"></td> </tr> <tr> <td></td> <td data-bbox="611 680 778 710">LTs</td> <td data-bbox="778 680 1007 710"></td> <td data-bbox="1007 680 1401 710"></td> </tr> <tr> <td></td> <td data-bbox="611 710 778 739">Pharmacist</td> <td data-bbox="778 710 1007 739"></td> <td data-bbox="1007 710 1401 739"></td> </tr> <tr> <td></td> <td data-bbox="611 739 778 768">Dental Technician/ Hygienist</td> <td data-bbox="778 739 1007 768"></td> <td data-bbox="1007 739 1401 768"></td> </tr> <tr> <td></td> <td data-bbox="611 768 778 797">Hospital/ Facility Manager</td> <td data-bbox="778 768 1007 797"></td> <td data-bbox="1007 768 1401 797"></td> </tr> <tr> <td></td> <td data-bbox="611 797 778 826">EmOC trained doctor</td> <td data-bbox="778 797 1007 826"></td> <td data-bbox="1007 797 1401 826"></td> </tr> <tr> <td></td> <td data-bbox="611 826 778 855">LSAS trained doctor</td> <td data-bbox="778 826 1007 855"></td> <td data-bbox="1007 826 1401 855"></td> </tr> <tr> <td></td> <td data-bbox="611 855 778 884">Others</td> <td data-bbox="778 855 1007 884"></td> <td data-bbox="1007 855 1401 884"></td> </tr> </tbody> </table>	HR	San.	Regular	Cont.	MO (MBBS)				Specialist	Medicine				ObGy				Pediatician				Anesthetist				Surgeon				Ophthalmologist				Orthopedic				Radiologist				Pathologist				Others				Dentist				Staff Nurses/ GNMs				LTs				Pharmacist				Dental Technician/ Hygienist				Hospital/ Facility Manager				EmOC trained doctor				LSAS trained doctor				Others		
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	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	<table border="1"> <tbody> <tr> <td data-bbox="611 1644 722 1682">1</td> <td data-bbox="722 1644 1401 1682"></td> </tr> <tr> <td data-bbox="611 1682 722 1720">2</td> <td data-bbox="722 1682 1401 1720"></td> </tr> <tr> <td data-bbox="611 1720 722 1758">3</td> <td data-bbox="722 1720 1401 1758"></td> </tr> <tr> <td data-bbox="611 1758 722 1796">4</td> <td data-bbox="722 1758 1401 1796"></td> </tr> <tr> <td data-bbox="611 1796 722 1834">5</td> <td data-bbox="722 1796 1401 1834"></td> </tr> </tbody> </table>	1		2		3		4		5																																																																											
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19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage																																																																																				



Indicator	Remarks/ Observation
	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/ <input type="checkbox"/> Both/ Mixed PPP
<ul style="list-style-type: none"> In-house tests (For 2021-22) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
<ul style="list-style-type: none"> Outsourced/ PPP (For 2021-22) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free 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"> ○ Previous year (2020-21) _____ ○ Current FY (2021-22) _____



Indicator	Remarks/ Observation
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th If No, reasons thereof:
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	



Indicator	Remarks/ Observation		
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 Adolescents counseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in 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 		



Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year (2021-22) Fund utilized last year: (2021-22) Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting Last meeting held on (date):	
<ul style="list-style-type: none"> Availability of ambulance services in the area 	<input type="checkbox"/> Own ambulance available (Number)_____
	<input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____
	<input type="checkbox"/> Ambulances services with Centralized call centre
	<input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> How many cases from CHC, PHC, SC, referred to in last month? 	Number: CHC PHC SC Types of cases referred in:
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: Types of cases referred out:
2. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
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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 • 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 score:		
Facility					
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	1				
	2				
	3				



	4		
	5		
21. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____	Supply Shortage	
22. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed	PPP	
• In-house tests (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:		
• Outsourced/ PPP (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:		
23. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
24. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all		
25. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)	Supply 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		
• 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: _____		
• Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:		
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section)		



	<input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:	
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
33. Practice related to Respectful Maternity Care		
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
35. Number of Maternal Death reported in the facility	Previous year: 2020-21 ____ Current year: 2021-22 __	
36. Number of Child Death reported in the facility	2020-21: ____ 2021-22: ____	
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
39. Number of newborns immunized with birth dose at the facility in last 3 months		
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)		
41. Number of sterilizations performed in last one month	Male__ Female_____	
42. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
43. Who counsels on FP services?		
44. Please comment on utilization of other FP services		
45. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
46. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months _____	
47. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days	
48. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
	Screened	Confirmed



49. Number of individuals screened for the following in last 6 months:	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)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
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Primary Health Centre (PHC/U-PHC) Level Checklist

Service Delivery:

Name of facility visited	
Facility Type	<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
Whether the facility has been converted to HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	
Next Referral Point	Facility: Distance:
Indicator	Remarks/ Observation
1. OPD Timing	
• For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
3. Condition of infrastructure/ building	Comments:



Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding																																								
4. Number of functional in-patient beds																																									
5. List of Services available																																									
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																								
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																								
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																								
9. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th data-bbox="606 909 900 943">HR</th> <th data-bbox="900 909 1043 943">San.</th> <th data-bbox="1043 909 1166 943">Reg.</th> <th data-bbox="1166 909 1286 943">Cont.</th> </tr> </thead> <tbody> <tr> <td data-bbox="606 943 900 976">MO (MBBS)</td> <td data-bbox="900 943 1043 976"></td> <td data-bbox="1043 943 1166 976"></td> <td data-bbox="1166 943 1286 976"></td> </tr> <tr> <td data-bbox="606 976 900 1010">MO (AYUSH)</td> <td data-bbox="900 976 1043 1010"></td> <td data-bbox="1043 976 1166 1010"></td> <td data-bbox="1166 976 1286 1010"></td> </tr> <tr> <td data-bbox="606 1010 900 1043">SNs/ GNMs</td> <td data-bbox="900 1010 1043 1043"></td> <td data-bbox="1043 1010 1166 1043"></td> <td data-bbox="1166 1010 1286 1043"></td> </tr> <tr> <td data-bbox="606 1043 900 1077">ANM</td> <td data-bbox="900 1043 1043 1077"></td> <td data-bbox="1043 1043 1166 1077"></td> <td data-bbox="1166 1043 1286 1077"></td> </tr> <tr> <td data-bbox="606 1077 900 1111">LTs</td> <td data-bbox="900 1077 1043 1111"></td> <td data-bbox="1043 1077 1166 1111"></td> <td data-bbox="1166 1077 1286 1111"></td> </tr> <tr> <td data-bbox="606 1111 900 1144">Pharmacist</td> <td data-bbox="900 1111 1043 1144"></td> <td data-bbox="1043 1111 1166 1144"></td> <td data-bbox="1166 1111 1286 1144"></td> </tr> <tr> <td data-bbox="606 1144 900 1223">Public Health Manager (NUHM)</td> <td data-bbox="900 1144 1043 1223"></td> <td data-bbox="1043 1144 1166 1223"></td> <td data-bbox="1166 1144 1286 1223"></td> </tr> <tr> <td data-bbox="606 1223 900 1256">LHV/PHN</td> <td data-bbox="900 1223 1043 1256"></td> <td data-bbox="1043 1223 1166 1256"></td> <td data-bbox="1166 1223 1286 1256"></td> </tr> <tr> <td data-bbox="606 1256 900 1290">Others</td> <td data-bbox="900 1256 1043 1290"></td> <td data-bbox="1043 1256 1166 1290"></td> <td data-bbox="1166 1256 1286 1290"></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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Others																																									
10. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • All ANMs have functional Tablets: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____																																								
11. Kayakalp (2021-22)	Initiated: Facility _____ score: _____ Award received:																																								
12. NQAS (2021-22)	Assessment _____ done: _____ Internal/State Facility _____ score: _____ Certification Status:																																								
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																								
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																								



15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1		
	2		
	3		
	4		
	5		
16. Drugs Available for Hypertension & Diabetic patients:	1		
	2		
	3		
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1		
	2		
	3		
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)		Supply Shortage
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed		PPP
• In-house tests For 2021-22	Timing: Total number of tests performed: _____ Details of tests performed:		
• Outsourced/ PPP For 2021-22	Timing: Total number of tests performed: _____ Details of tests performed:		
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 <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage		Supply 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		
• If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:		



27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges		
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
29. Number of normal deliveries in last three month			
30. Availability of Daksh/ Dakshita trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Practice related to Respectful Maternity Care			
32. Number of Maternal Death reported in the facility	Previous year:2020-2021 Current FY:2021-2022		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		



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



	Number _____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
• How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:
• How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others _____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month _____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter _____ Type of specialties provided during special outreach camps: _____



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre



November 2022

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			
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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	<table border="1"> <tbody> <tr> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> </tbody> </table>	1		2		3																			
1																									
2																									
3																									



Indicator	Remarks/ Observation		
	4		
	5		
9. Drugs Available for Hypertension & Diabetic patients:	1		
	2		
	3		
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1		
	2		
	3		
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage) _____		
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
15. Number of Maternal Death Review conducted	Previous year: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	Confirmed
	a. Hypertension		



Indicator	Remarks/ Observation		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised Medicines for Others:	for Lifestyle management:	Hypertension: Diabetes:
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From From From other govt. facilities: From pvt. Chemist shop: (Average OOP/month)	Linked facilities:	SC-HWC: PHC: (Specify)
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	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		
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 		



Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> 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)	
38. Whether CHO and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



