



Ministry of Health & Family Welfare
Government of India



National Health Mission

A Report on

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

GONDA DISTRICT OF UTTAR PRADESH, INDIA



Submitted by

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- Dr. William Joe, Dr. Saroj Kumar & Mr. Arun Singh

Acronyms and Abbreviations

AFHS	Adolescent Friendly Health Clinic
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
BCC	Behaviour change communication
BCG	Bacillus Calmette Guerin
BEmOC	Basic Emergency Obstetric Care
BPL	Below Poverty Line
BSU	Blood Storage Unit
CHC	Community Health Centre
CMO	Chief Medical Officer
DEIC	District Early Intervention Centre
DH	District Hospital
DHQ	District Health Quarter
DOTS	Directly Treatment Strategy
DPMU	District Programme Management Unit
DPT	Diphtheria Pertussis Tetanus
DWH	District Women Hospital
EmOC	Emergency Obstetric Care
F-IMNCI	Facility based Integrated Management of Neonatal and Childhood Illness
FRU	First Referral Unit
HBNC	Home Based New Born Care
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HWC	Health & Wellness Centre
ICDS	Integrated Child Development Services
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IMEP	Infection Management and Environment Plan
IPD	Indoor-Patients Department
IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSSK	Janani Shishu Suraksha Karyakaram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care

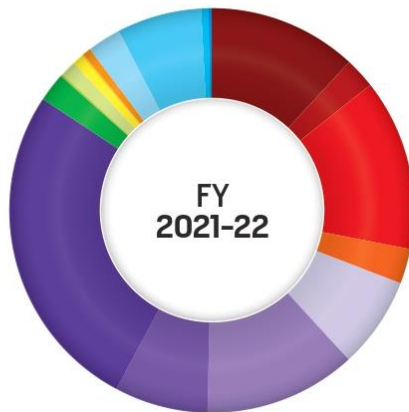
LaQshya	Labour room Quality improvement initiative
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthesia Skill
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MOIC	Medical Officer In-Charge
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NGO	Non-Government Organization
NHM	National Health Mission
NLEP	National Leprosy Eradication Programme
NPCB	National Programme for Control of Blindness
NPCC	National Program Coordination Committee
NRC	National Rehabilitation Centre
NRHM	National Rural Health Mission
NSSK	Navjat Shishu Surksha Karyakram
NSV	Non-Scalpel Vasectomy
NUHM	National Urban Health Mission
NVBDCP	National Vector Borne Disease Control Programme
NVHCP	National Viral Hepatitis Control Programme
OBG	Obstetrics Gynaecologist
OCP	Oral Contraceptive Pill
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PFMS	Public Financial Management System
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PPIUCD	Post-Partum Intra-uterine Contraceptive Device
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SNCU	Special Newborn Care Unit
STI	Sexually Transmitted Infection
U5MR	Under 5 Mortality Rate
VHND	Village Health and Nutrition Day



NHM-PIP MONITORING GONDA DISTRICT HIGHLIGHTS



Budget Share in Total Approval, Uttar Pradesh



Service Delivery - Facility Based	11.9%
Service Delivery - Community Based	2.5%
Community Interventions	13.7%
Untied Fund	2.8%
Infrastructure	7.3%
Procurement	12.2%
Referral Transport	7.5%
Human Resources	26.5%
Training and Capacity Building	2.3%
Reviews, Research, Surveys and Surveillance	0.2%
IEC/BCC	1.3%
Printing	0.9%
Quality Assurance	0.2%
Drug Warehousing and Logistics	0.7%
PPP	2.7%
Programme Management	6.8%
IT Initiatives for strengthening Service Delivery	0.6%
Innovations (if any)	0.3%

INR **10702.2 cr**
PIP Budget (Proposed)

INR **9621.8 cr**
ROP Budget (Approvals)
(**89.9%** of the PIP budget)
excluding Infrastructure maintenance and
Immunization kind grants

Key MCH Indicators, Gonda District



81.8%
Institutional Births



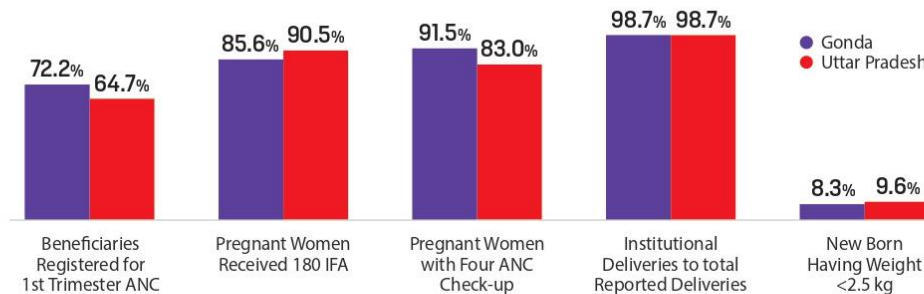
59.9%
Full Immunization Coverage



41.7%
Mother who had Four ANC Visits

Source: NFHS 2019-21

Key HMIS Indicators, Gonda District



The Gonda district has improved in coverage of 1st trimester ANC visit as compared to state level. There is need for improvement in coverage of 180 IFA supplementation among pregnant women in Gonda district. ANC check-up is also higher than the state average during 2021-22. Institutional deliveries are almost equal to the state figure. New born having less than 2.5 kg. weight was 8.3%. Source: Estimates based on HMIS Data (Gonda District) FY 2021-22

♥ District Women Hospital, Gonda

District women hospital is functioning with 234 bedded hospital including the 100 beds of MCH Wing. The average normal delivery performed at the facility stands at 1200 to 1500 per month. Whereas, the C-section conducted per month is an average of 400 to 500 deliveries. The official of DWH have reported shortage of specialist doctors. No ICU is available at DWH and critical new born cases are referred to Lucknow. SNCU is functioning with 11 radiant warmer and 2 phototherapies. DWH has skill-training centre to provide SBA training to ANMs and ASHAs from whole division. It also provides CCHN training for six months course in a year to the selected candidates by NHM-UP. Antara Focus Day were organized on every Friday at DWH to provide the necessary services related to Antara injectables to the beneficiaries.

♥ Community Health Centre, Colonelganj

Community Health Centre Colonelganj renders services like: normal delivery care, ANC, PNC, family planning, basic lab tests and dental. Due to high delivery load, there is shortage of beds as per norm. Hence, the facility has added 20 beds to manage delivery load. JSY and JSSK services are available at the facility for beneficiaries who get delivered their child in public health care institution and stay 48 hours after delivery. The JSY incentives were disbursed till July 2022 and average delay for payments is of two months. CHC has OT room with instruments but so far it was not functioning due to non-availability of Anesthesia and Gynecologist doctors. CHC Colonelganj has facility of Designated Microscopy Centre (DMC) for screening of TB patients. Nearly 4.8% of OPD patients whose samples were tested for TB (microscopy) in last six month.

♥ Community Health Centre, Mankapur

CHC Mankapur provides services like OPD, delivery care, Immunization, Emergency services, family planning, dental, tele-medicine services and basic lab tests. The facility is functioning with 30 bedded hospital. An Average of 3 to 4 normal deliveries were conducted per month. No C-section facility is available at CHC. Due to unavailability of health personnel under the RBSK programme, the district is unable to function in full capacity. The facility has recently initiated the Kayakalp programme and scored 56.43% in 2021-22. CHC Mankapur is the Designated Microscopy Centre (DMC) for screening of TB patients. Since January to September 2022, total 907 have been screened and 188 patients found positive. One case of leprosy has been detected and one

case was detected having Grade II deformity in the last financial year. No NCD clinic was functioning at CHC.

♥ Primary Health Centre-HWC, Kanjemau

PHC Kanjemau does not provide delivery care services. The delivery care cases are referred to CHC Colonelganj. The facility has four functional beds which is less than the IPHS norms. The facility has planned to initiate for normal delivery care services. Tele-medicine or consultation service is not being provided by the facility. Facility is functioning with only one medical officer (community health), two contractual staff nurses, one pharmacist and one ward boy are available at the PHC to provide their services. No lab test is being conducted at the PHC due to vacancy of lab technician post. PHC Kanjemau has received Rs. 87500 funds under NHM in FY 2021-22 and out of which Rs. 84000 funds have been utilized during the said year.

♥ Primary Health Centre, Dumariya Deeh

PHC Dumariya Deeh is situated and easily accessible near to road side. The referral point is CHC Wazeerganj which is at a distance of 10 km. away from the PHC. There is no running water facility available in the hospital. PHC Dumariya Deeh is functioning with SC in the same building. The delivery care service was conducted in sub-centre with help of ANM and staff nurse. The facility has no boundary wall, which affects the delivery services at night for security concern. The facility provides OPD, ANC, routine immunization, COVID-19 vaccination, screening of sputum of suspected cases and basic lab tests like RBS, HB, Typhoid and malaria to the patients. Kayakalp and NQAS programme was not implemented by the facility. No digital HB meter is made available at both PHC and SC.

♥ Sub-Centre-HWC, Nagwa

Sub-Centre Nagwa is located outskirts from the village with distance of 6 km from the CHC Wazeerganj. As the road towards the facility is low lying area and not connected from road. Community Health Officer has not received smart tablet for daily record of the NCD cases in the HWC portal. SC-HWC is functioning with one CHO, ANM and six ASHAs. There is lack of medical equipment's such as digital HB meter, colour strip for BP measurement and Glucometer which is made available to the ANMs. A total of 237 individuals screened for the hypertension and diabetes in the last two months. Of these, 25 have confirmed for hypertension and 20 for diabetes.

Recommendations

- **Strengthening the FRU for delivery care:** There is shortage of C-section delivery points in the district despite its proximity to the capital Lucknow. The C-section facility is functional only at DWH Gonda and CHC Mankapur.
- **Increase the delivery care services at the PHC level:** Since there is a lack of C-section facility at the CHC level in most places therefore strengthening of high beneficiary service coverage areas and their adjoining PHCs is critical to expand delivery care services in the district.
- **Ensure functioning of all NHM programmes such as the mental health programme:** There are budget provisions for the same, however, placing of appropriate staff and also IEC to enhance awareness regarding the various newly added initiatives under the NHM is critical.
- **To establish ICU at DWH in the district:** District does not have intensive care unit and there is high dependency of such services in the district. The patients are referred to Lucknow which is about 120 km from the district. These units provide intensive care for the patients who are critically ill or unstable.
- **Improving supplies of chronic disease drugs:** The district should improve availability and distribution anti-hypertensive and anti-diabetic drugs for improved service delivery on a regular basis. Diagnostic provision for chronic diseases especially glucometer should be also monitored for availability and functional status along with the required consumables. The CHO should be also oriented regarding the NCD care component of NHM through the health and wellness centre initiative for referrals.

Population Research Centre (PRC) Delhi, Institute of Economic Growth (IEG), University Enclave, North Campus, Delhi - 110007

Executive Summary

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2022-23). This report of Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) presents the key findings from the concurrent monitoring of essential components of under NHM in Gonda district of Uttar Pradesh. The report provides information on coverage of services, constraints in service delivery and utilization of health services by the population in the catchment area. The report is prepared on the basis of visits to the following public health facilities in Gonda: District Women Hospital, Community Health Centre, Colonelganj and Mankapur, Primary Health Centre HWC, Kanjemau and Dumariya Deeh, Sub-Centre-HWC, Nagwa. Meetings were held with the Chief Medical Officer (CMO) and the NHM Nodal Officials (ACMO and RCH Nodal Officer). Interactions were also held with various programme officers and the Medical Officer-in-Charge (MOIC) of the selected health facilities, health care providers (ANM, ASHAs etc.) to understand the strengths and weakness of the facilities in service provisioning. HMIS data was verified for the District Hospital Ranking data validation purposes.

Key Findings

- District Women Hospital has high burden of delivery load. The district conducts 1200 to 1500 deliveries per months including C-section. The nearby districts deliveries come at DWH Gonda.
- District has no ICU unit. The critical new born was referred to RML hospital Lucknow. DEIC proposed at district male hospital under progress.
- Sampoorna clinic is functioning to provide screening of cervical cancer with collaboration of Clinton Health Access Initiative (CHAI). They are provided Thermal Ablation device support from KGMU Lucknow.
- District has initiated the MANTRA app for tracking the deliveries conducted at sub-centre level on daily basis by ANM or staff nurse. It has tracked nearly 60 to 70% of the deliveries. There is no transparency to know about who filled the data in case of any discrepancy of data.
- Under the SUMAN scheme, third party is informed about any maternal death in the community to the ASHA and ANM, which is one of the aims of community level maternal death reporting with Rs.1000 as financial incentive.

- District proposed six new delivery points to be started in SC in Colonelganj block. A total of 179 ASHAs, only 62 ASHAs have received smart phone for their work.
- CHC Colonelganj have separate OT room and their instruments but it is not functional due to lack of Anesthetist and Gynecologist. Blood storage unit is available but not functional.
- VHND session was conducted at AWC on September 14, 2022, in Budwaniya village. VHND session did not have basic facilities of weighing scale (for child), Co-trimoxazole tablet (used for bacterial infection), IFA syrup, no digital HB meter, and EC-pills.
- Four posts of Block Account Manager (BAM) were vacant in Mujehna, Haldharmau, Paraspur and Babhanjot block in Gonda district. Three posts of BCPM were vacant in Haldharmau, Paraspur and Tarabganj blocks since last one year.
- 19 TB Units and 28 Designated Microscopy Centres are functioning in the district. Nine Senior TS post were vacant and only 14 LSTS posted against 29 posts have been sanctioned.
- Under the blindness programme, 17054 cataract surgeries were completed against the 29654 targeted for the year 2021-22. About 3438 are targeted for distribution of spectacles in the school and 1719 spectacles are distributed to elderly people during 2022-23.
- National Mental Health Programme is not well functioning due to vacant posts of Psychiatric and Psychologist. There is no Ophthalmologist surgeon available at district hospital and three posts are vacant.
- IDSP portal is converted into IHIP portal, which is fully functional since April 2022. There are total 322 reporting units while 317 units reported on portal for S-form. However, 73 reporting units reported under the P and L-form, which covered nearly 60 to 64% of reporting on ISIP portal.
- Nine Encephalitis Treatment Centres (ETC) established in the district. It requires 36 staff nurses as per norm of four SNs per ETC. Currently, 21 SNs have joined ETC.
- HMIS portal updation is very poor in the district. There is no information reported for infrastructure and HR position by DWH. HMIS operator needs to be provided with orientation training of HMIS.
- District has two Urban-PHC in Civil Line and Bariyarpurwa. These are functional on rented building with seven ANMs working against 11 required as per 2011 census population.
- District has 40 ambulance of 102 number and 39 ambulance of 108 number. The average response time of 108 ambulance is about 15 minutes and 20 minutes of 102 ambulance to reach the destination of the patients.

Chapter-1: Introduction

1.1. Background

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2022-23). Considering PIP as a priority activity, Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the listed components.

This report presents the key findings from the concurrent monitoring of essential components of under NHM in Gonda district. The overall objective is to monitor the functioning of National Health Mission in Gonda. Especially, the report aims to provide information on coverage of services, constraints in service delivery and utilization of health services by the population.

The report also provides insights on the status of utilization of health care services under NHM by the population in facility catchment areas. The report is expected to help NHM programme officials and health policymakers to comprehend the status of service delivery in Gonda and assess the gaps and challenges for further improvements in service delivery.

The specific objectives of the study are as follows.

- To monitor the status and adequacy of physical infrastructure of selected DH, CHC, PHC and SC equivalent facilities in Gonda district.
- To assess the availability of human resources and specialists along with their training status.
- To review service delivery status of institutional deliveries, antenatal care, post-natal care, immunization, and family planning services in the district.
- To understand the performance of incentive schemes such as JSSK and JSY of NHM.
- To review bio-medical waste management and infection control practices; community processes and activities related to ASHAs; functioning of disease control programme etc.
- To understand the budgetary allocations and utilization on various components including untied funds at selected health facilities through Rogi Kalyan Samiti (RKS).

The report is prepared on the basis of field observations and visits to the following public health facilities in Gonda: District Women Hospital, District Hospital (Male) for DH Ranking, Community Health Centre, Colonelganj and Mankapur, Primary Health Centre, Kanjemau and Dumariya Deeh, Sub-Centre-HWC, Nagwa. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the umbrella of NHM including the National Urban Health Mission (NUMH) activities.

Meetings were held with the Chief Medical Officer (CMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Review of relevant programmatic data and information available from the NHM nodal officials were also conducted. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes. Specific observations regarding the status of service provisioning are also monitoring and evaluation of field visit and the key components of NHM are included.

Table 1: List of institutions and facilities visited in Gonda district, Uttar Pradesh

Institution and facilities	Contact Person
Chief Medical Officer	Dr. Rashmi Verma
Additional CMO & RCH Nodal Officer	Dr. A. P. Singh
Chief Medical Superintendent (District Women Hospital)	Dr. Sushma Singh
District TB Officer (DTO)	Dr. Jai Govind
District Programme Coordinator (DPC)-NTEP	Mr, Vivek Saran
Medical Officer In-Charge, CHC Colonelganj	Dr. Mohammad Mudassir
Medical Officer In-Charge, CHC Mankapur	Dr. D. K. Baskar
Medical Officer In-Charge, PHC Kanjemau	Dr. Vibha
Medical Officer In-Charge, PHC Dumariya Deeh	Dr. Kaushalendra Singh
District Programme Manager	Mr. Amar Nath
Block Programme Manager, Mankapur	Mr. Chanchal Kumar
Maternal Health Consultant	Dr. Amir Mohammad Khan
District Accounts Manager	Mr. Sandeep Mehrotra

1.2. Demographic Profile

Gonda district is situated in the north-east of the state and comes under the Devipatan division. Gonda covers a total area of 4003 square kilometer and has a population of 34.34 lakh (Census of India 2011) residing across 16 development blocks of the district. There are 1054 Gram

Panchayats and 1817 Revenue villages with 1812 inhabited villages and 05 uninhabited villages in the district. Gonda tehsil has the highest number of inhabited villages 589, while Tarabganj tehsil has the lowest number (263) of inhabited villages. The Census of India (2011) provides the following highlights for the district. It may be noted that the Gonda district ranks 26th in terms of population across districts in Uttar Pradesh. The percentage share of urban population in the district is 6.6% as against 22.3% in urban areas of the state. The district ranks 20th in terms of sex ratio (922) which is higher than the state average of 912 females per 1000 males. The literacy rate of the district is 58.7% as compared to 67.7% of Uttar Pradesh which ranked 64th across the districts in state. Decadal growth rate of the district is 24.2% which is higher than the state average of 20.2%. Gonda district has population density 858 persons per sq.km, which is higher than the state average 829 persons per sq. km.

Table 2: Key demographic indicators for Gonda, Uttar Pradesh and India, 2011

Indicators	Gonda	Uttar Pradesh	India
Population (Census 2011)	34.34 (in Lakh)	19.98 (in Crore)	1.21 (in Crore)
Male	17.87 (in Lakh)	104,480,510	62,37,24,248
Female	16.46 (in Lakh)	95,331,831	58,64,69,174
Decadal growth rate in % (Census 2011)	24.2	20.2	17.6
Literacy rate (%)	58.7	67.7	73.0
Male literacy rate (%)	69.4	77.3	80.9
Female literacy rate (%)	47.1	57.2	64.6
Urban population (%)	6.5	22.3	31.6
Schedule caste (%)	15.5	20.7	16.6
Sex ratio	922	912	943
Child sex ratio (0-6 years)	926	899	914
Density (persons sq. Km.)	858	829	382
Area (in Sq. Km.)	4003	240928	3,287,240

Source: Census of India, 2011

1.3. Maternal and Child Health

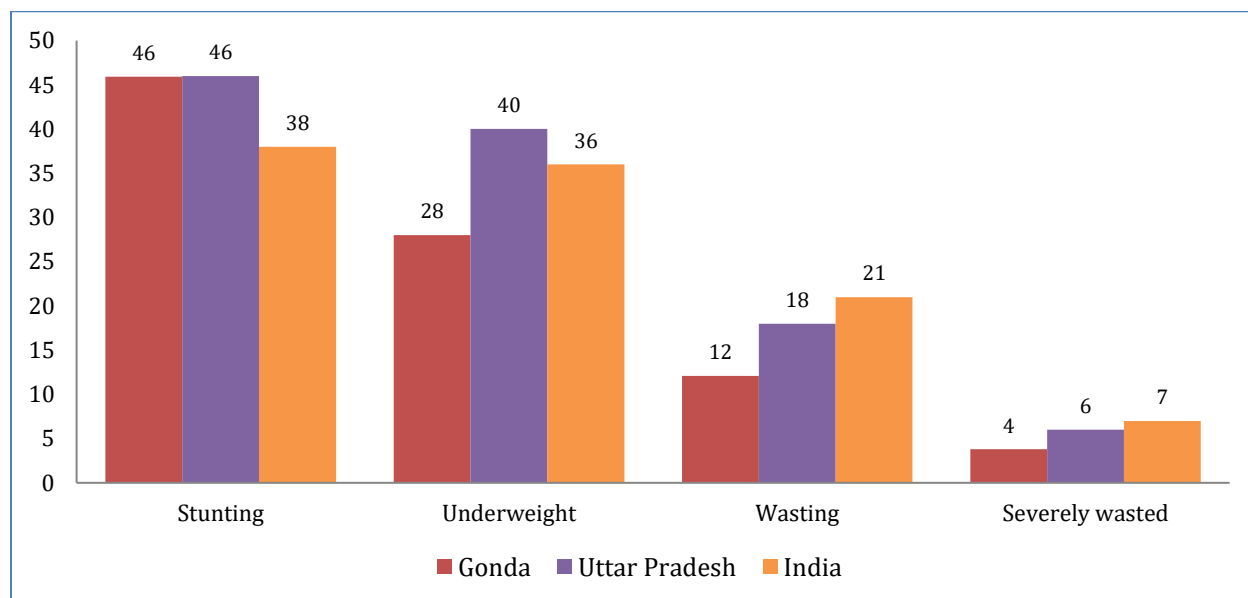
As per NFHS 2019-21, 44.4% mothers had antenatal check up in the first trimester and 42% had undertaken at least four ANC visits in Gonda district. IFA consumption for 100 days or more was reported at 17% during pregnancy and 12% mother consumed IFA 180 days or more during their pregnancy. A total of 82% births took place in institutional facilities with 67% births happening across public health facilities. Of the total births, 83% births were assisted by a skilled birth attendant whereas 11% births were through caesarean section (public sector 8% and private sector 38%). About 69% mothers received postnatal care from doctor or other skilled

health personnel. The average out of pocket expenditure per delivery in public health facility was Rs. 2602.

About 60% children aged 12-23 months are fully immunized (BCG, measles, and 3 doses each of polio and DPT). The coverage of 3 doses of polio is 70% and the coverage of 3 doses of Hepatitis B vaccine is 64%. The district has high prevalence of diarrhoea in the last two weeks prior to the survey among children (15%). In 2019-21 the treatment of diarrhea is increased from 64% in 2015-16 to 78% in 2019-2 with about 48% receiving oral rehydration solution and 31% of children under age 5 years is received Zinc.

In Gonda district, 25% women in the age group 15-49 years have a low body mass index (BMI < 18.5 kg/m²). In addition, 18% women are overweight or obese (BMI > 25.0 kg/m²). Anemia is noted as a major concern among women in Gonda. A total of 49% of pregnant women age groups between 15-49 years were anaemic. The Anemia prevalence among non-pregnant women is also similar to the pregnant women (49%). However, 62% children age between 6-59 months are anaemic in Gonda district. The prevalence of high blood sugar among women is 3.6% and hypertension (slightly above normal with systolic 140-159 mm of Hg and/or diastolic 90-99 mm of Hg) is 12.2% among those 15 years and above.

Figure 1: Prevalence of under-nutrition among children (0-5 years), NFHS-5



Source: District Fact Sheet Gonda, NFHS-5, 2019-21

In the district, 46% children under five years are stunted, 28% are underweight and 12% are wasted including 4% with severely wasting children. Stunting prevalence is higher among children in Uttar Pradesh and Gonda as compared with India. However, severely wasting

children is slightly lower in Gonda district from the state and India. Underweight children are lower proportion in Gonda district (28%) as compared with Uttar Pradesh (40%).

1.4. Family Planning Services

As per NFHS-5 (2019-21), in Gonda, 58% women are literate and 32% women have 10 or more years of schooling. Further, 25% of women aged 20-24 years were married before the age of 18 years. Nearly, 2% women age 15-19 years were already mother or pregnant at the time of the survey in Gonda district. The use of any modern method of contraception was 37% with female sterilization having 9% coverage and 16% reported using of condoms. Use of IUD/PPIUD (1.7%) and pills (6.6%) is also very low. Male sterilization is negligible at 0.2%. Overall, the total unmet need for family planning was 24.5% including a 9.2% unmet need for spacing. The use of hygienic methods for protection during their menstrual period was 61% among women age 15-24 years in Gonda district.

1.5. HMIS Services Delivery Indicators

In Gonda district, 72.2% of the ANC registrations occurred in the first trimester which is higher than state average. Pregnant women received 4 or more ANC registration was 9.1.5% in Gonda and 83% in the state. The coverage of 180 IFA tablets among pregnant women is 86% in district and higher proportion was covered by state which show 90.5% during 2021-22. About 73% pregnant women received 360 calcium tablets in district and 83% covered by state. In the district, about 99% births are institutional deliveries to total reported deliveries in the district. The C-section births were accounting for 14% to the total institutional births conducted in district which is higher than state average (9.4%). Also, 88% of women received 1st post-partum check-up after delivery in the district which is higher than state (66%).

The HMIS data shows that 92% of the newborn are breastfed within the first hour of birth in Gonda. About 8.3% of the newborn were categorized as low birth weight baby (weight below 2.5 kg). A total of 97,730 children (9-11 months) have been immunized in the district. About 79% of children were discharged with target weight gain from the NRC in the district which higher than the state figure (67%) during 2021-22. Male sterilization is less than one percent (0.2%) which is very low from the state level (1.1%). Female sterilization is dominant method of family planning in the district. Data shows that female sterilization was more than 99% in both district as well as state level. Women used IUCD insertion to total institutional deliveries were 49% in the district. The mortality indicators were reported a total of 30 maternal deaths during 2021-22. While 64 infant and nine child deaths were reported in the district during 2021-22 whereas the number of still births were 956 reported.

Table 3: Status of key maternal and child health indicators, Gonda district, Uttar Pradesh

HMIS indicators	Gonda	Uttar Pradesh
1. Maternal Health		
% of beneficiaries registered for 1st trimester to total ANC registration	72.2	64.7
% of pregnant women with 4 or more ANC checkups	91.5	83.0
% of pregnant women given 180 IFA to total ANC registrations	85.6	90.5
% Pregnant women given 360 Calcium tablets	73.2	82.6
a) Institutional and Home Deliveries		
% of SBA attended home deliveries to total home deliveries	4.4	13.1
% of institutional deliveries to total reported deliveries	98.7	98.7
% of institutional deliveries to total ANC registrations	39.0	54.0
% of C-Section deliveries to total institutional deliveries	14.4	9.4
% of women received 1st post-partum checkup after delivery	87.7	66.1
2. Newborn and Child Health		
% of newborn weighted to total live birth	90.9	91.7
% of newborn breast fed within 1 hour of birth to total live birth	92.2	90.0
% of newborns having weight less than 2.5 kg to total live birth	8.3	9.6
% of children admitted in NRC	60.5	112.9
% of children discharged with target weight gain from NRC	77.8	67.3
Number of children (9-11 months) fully immunized	97730	4419723
3. Family Planning		
% of male sterilization to total sterilization	0.2	1.1
% of female sterilization to total sterilization	99.8	98.9
% of IUCD insertion to total institutional deliveries	49.3	40.9
Total Sterilization conducted	2710	259718
4. Mortality Indicators		
Maternal death	30	3345
Child (1-5 years) death	9	1473
Infant (1-12 months) death	64	10130
Still Birth	956	33936

Source: HMIS data, 2021-22

Chapter-2: NHM Budget and Finance

2.1 State Resource Envelope and District Allocation

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.

Table 4: Breakup of resource envelope, NHM FY 2021-22, Uttar Pradesh

S.No.	Particulars	Amount (GoI Share)	Percent (GOI 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

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. The breakup of the total resource envelope 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 GOI 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.

Table 5: Summary of Budget Approvals (Rs. In Lakhs) Uttar Pradesh, RoP-2021-22

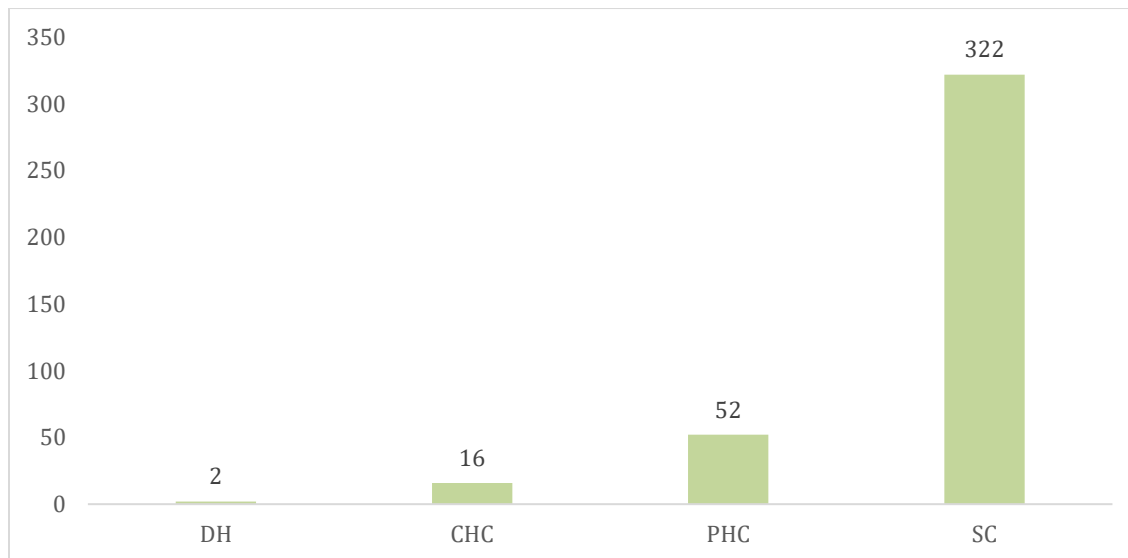
FMR Code	Budget heads	Proposed 2021-22	Approved 2021-22	% out of total Approval
1	Service Delivery - Facility Based	120403.20	114863.85	11.9
2	Service Delivery - Community Based	27465.84	23816.56	2.5
3	Community Interventions	136781.70	132480.72	13.7
4	Untied Fund	30852.40	26941.38	2.8
5	Infrastructure	71805.45	70762.92	7.3
6	Procurement	136534.92	117379.00	12.2
7	Referral Transport	79692.55	72295.65	7.5
8	Human Resources	290196.24	251647.80	26.5
9	Training and Capacity Building	24705.14	22451.35	2.3
10	Reviews, Research, Surveys and Surveillance	1931.21	1568.82	0.2
11	IEC/BCC	16714.13	12308.73	1.3
12	Printing	9270.78	8284.69	0.9
13	Quality Assurance	1495.50	1495.50	0.2
14	Drug Warehousing and Logistics	9906.32	6445.16	0.7
15	PPP	33058.12	26015.75	2.7
16	Programme Management	67570.57	65268.75	6.8
17	IT Initiatives for strengthening Service Delivery	8809.74	5695.29	0.6
18	Innovations (if any)	3025.14	2456.70	0.3
	Grand total	1070218.95	962178.62	100
	Total amount approved for FY 2021-22		9,62,178.62	
	Infrastructure Maintenance (IM)		87,793.00	
	Immunization Kind Grants		24,780.00	
	Grant Total approved including IM and Immunization Kind Grants		10,74,751.62	

Chapter-3: Public Health Planning and Implementation

3.1 Status of Infrastructure and Service Delivery

Two district hospital (Separate for Male and Female) are functioning in the district, 16 Community Health Centers (CHC), 52 Primary Health Centers (PHC) and 322 Sub-Centers (SC) were functioning in the district as per the HMIS Facility Master Report 2022.

Figure 2: Total number of health facilities available in Gonda district, August 2022



Source: Facility Master Report, Gonda district, HMIS, 2022

However, according to the monitoring checklist, Gonda district has two District Hospital (Male and Female), 16 Community Health Centre (CHC), 52 Primary Health Centers (PHC) and 529 Sub-Centers. District Women hospital is conducting more than 30 deliveries per month. Two Urban Primary Health Centre was available in the district. One District Early Intervention Centre (DEIC) was proposed in the district. One Nutritional Rehabilitation Centers and Special Newborn Care Unit (SNCU) was functioning at DWH Gonda for providing child health care services.

About 322 sub-centers are planned as Health and Wellness Center but so far 148 sub-centers have been converted into HWCs in 2022. However, 36 primary health centers have been converted into HWC-PHC in the district and one Urban-PHC has also been converted into HWC. One blood bank is functioning at district hospital (Male) in Gonda. District was functioning with 28 Designated Microscopy Center (DMC) which was provided screening and medicine to the TB patient in the district including public and private facility. District was running with 19 Tuberculosis Unit which consist of a designated Medical Officer-tuberculosis Control (MO-TC) and two full time RNTCP contractual supervisory staff exclusive for tuberculosis work at the

block level. NCD clinic is functional at district hospital and at five CHCs level. No information was available about ultrasound services and their registration under the PC-PNDT act.

Table 6: Operational health facilities in Gonda district, 2021-22

Facility Details	Planned/Operational
1. District Hospitals	2
1a) No. of DH conducting > 50 deliveries /month	1
1b) No. of DH conducting C-section	1
2. Community Health Centres (CHC)	16/16
2a) No. of CHCs / MH conducting > 20 deliveries /month	NA
3. Primary Health Centres (PHC)	52/52
4. Urban Primary Health Centre	2/2
5. Sub Centres (SC)	529/322
6. Special New-born Care Units (SNCU)	1 (DWH)
7. Nutritional Rehabilitation Centres (NRC)	1 (DWH)
8. District Early intervention Centre (DEIC)	1/0 (Proposed)
9. First Referral Units (FRU)	3/3
10. Blood Bank	1 (Male Hospital)
11. Blood Storage Unit (BSU)	2/1
12. No. of PHC converted to HWC	52/36
13. No. of U-PHC converted to HWC	1/1
14. Number of Sub Centre converted in to HWC	322/148
15. Designated Microscopy Centre (DMC)	28
16. Tuberculosis Units (TUs)	19
17. CBNAAT/ TruNat Sites	NA
18. Drug Resistant TB Centres	NA
19. Functional NCD Clinic at DH	1
20. Functional NCD Clinic at CHCs / MH	5
21. Institutions with ultrasound facilities (Public + Private)	NA
22. Of these, how many are registered under PCPNDT act	NA

Source: District Checklist, NHM PIP Monitoring, 2022

3.2 Human Resource for Health

The status of human resources at district hospital male and female in Gonda district suggests shortage of post for MO (MBBS), specialized doctors in both district hospital. In case district female hospital, one post was vacant for each in Obs. & Gynecologist, Pathologist, Radiologist and Medical Officer. 10 staff nurse posts were vacant against 15 posts sanctioned. Post for X-ray and lab technician are shortfall to against sanctioned post in the district female hospital. On the other hand, 20 doctors including specialist were working against 44 posts have been sanctioned at district male hospital. One post was vacant for each in Radiologist, Orthopedician and Pathologist in district female hospital. Some of the specialist post were as reappointment after retired

doctors. However, 54 paramedical staff were posted against 136 posts sanctioned in district hospital (Male). Of these, 43 posts recruited through outsource and 46 posts were vacant. Similarly, 12 staff nurses are working against 57 posts have been sanctioned in the district hospital (Male) and 11 posts are vacant. Most of the staff nurses are joined through outsourcing firm. A total of four lab technician are posted in the district against six posts sanctioned. A total of 11 posts for Sister were vacant against 14 posts have been sanctioned in district hospital. No regular OT technician was available against four have been sanctioned. Apart from that fourth-grade employee is the supporting system to maintain hygiene and cleanliness in the hospital. In district male hospital, 39 posts for fourth class were working as regular employee and 33 working under outsource or other sources

Table 7: Availability of human resources at district hospital (both male and female) Gonda

Human Resources	DWH			DH (Male)			
	Sanctioned	In-place	Vacant	Sanctioned	In-place	Outsource	Vacant
Doctors							
Medical Officers	2	1	1	2	1	0	1
OBs. & GY.	3	2	1	NA	NA	NA	NA
Pediatrician	3	1	2	3	3	1	0
Anesthetists	2	0	2	4	1	1	2
General Surgeon	-	-	-	4	1	1	2
Pathologist	1	0	1	3	2	0	1
Radiologists	1	0	1	2	1	0	1
E.M. O	3	1	2	6	1	2	3
Orthopedics	-	-	-	4	3	0	1
Eye surgeon	-	-	-	3	0	0	3
Dental surgeon	-	-	-	2	0	0	2
Para-medical staffs							
Staff Nurses	15	5	10	57	12	31	14
Sisters				14	3	0	11
Pharmacist	11	11	0	14	12	0	2
X-ray technician	2	1	1	3	3	3	0
Lab technician	2	1	1	6	4	2	0
Dental Hygienist	-	-	-	1	1	0	0
OT technician	-	-	-	4	0	2	2

Source: District Checklist, NHM PIP Monitoring, 2022

3.3 Ayushman Bharat Programme

The Ayushman Bharat-Health and Wellness Centres (AC-HWCs) was launched in 2018 under the Ayushman Bharat Programme to get rid from selective health care to a more comprehensive range of services for all age groups. AB-HWCs provide free essential medicines and diagnostic

services. To ensure delivery of Comprehensive Primary Health Care (CPHC) services, existing sub-centres are being converted into Health and Wellness Centre. The Health and Wellness Centre provides expanded range of services such as pregnancy, childhood and adolescent services, family planning, care of ENT problems, oral health care, elderly services, emergency and mental health services. Apart from that major focused on the screening, prevention, control and management of Non-Communicable Disease (NCD) in the community.

Table 8: Implementation of Comprehensive Primary Health Care (CPHC), Gonda district

Indicators	Planned	Completed
1. Number of individuals enumerated	NA	53922
2. Number of CBAC forms filled	NA	39.44
3. Number of HWCs started NCD screening		
3.1 SHC- HWC	NA	146
3.2 PHC- HWC	NA	17
3.3 UPHC – HWC	NA	1
4. Number of individuals screened for:		
4.1 Hypertension		53019
4.2 Diabetes		47559
4.3 Oral Cancer		8514
4.4 Breast Cancer		3809
4.5 Cervical Cancer		2981
5. Number of HWCs providing Tele-consultation services		146
6. HWCs organizing wellness activities		125
7. Universal health screening conducted		Yes
7.1. No. of CBAC form filled till date		39.44 (in thousands)
8. If grievance redressal mechanism in place		Yes
9. If Mera-Aaspatal has been implemented		Yes

Source: District Checklist, NHM PIP Monitoring, 2022

The information regarding the comprehensive primary health centre in the district 2021-22 is ascertained. A total number of 53922 individuals were enumerated and 39.44 thousand CBAC forms have been filled. In the district, 146 SHC-HWC started NCD screening whereas 17 PHC-HWC and 1 UPHC-HWC provided NCD services. Under NCD screening, a total 53019, 47559, 8514, 3809 cases are screened for hypertension, diabetes, oral cancer and breast cancer, respectively. A total of 146 HWC were provided tele-consultation and 125 sub-centre conducted wellness or yoga activities in the district.

3.3 Emergency Services

Emergency services is the primary responsibility to access the health facility by the patients. Under the National Health Mission (NHM), technical and financial support is provided to States/UTs to strengthen their healthcare systems including support for ambulance services including Dial-108, Dial-102 - Advance Life Support (ALS) and Basic Life Support (BLS) ambulances. Table 9 provided information about emergency services available in the district. In Gonda district, total 40 Basic Life Support (BLS) are on the road and 39 Advance Life Support (ALS) ambulances are operational. The operational agency of ambulances is based PPP mode. Both ambulances are GPS fitted and are handled through centralized call centre. BLS ambulance was received 378 calls of patients an average per day and travelled around 159 km. per day. BLS ambulance was completed about 11 trips per day. On the other hand, 258 calls were received by ALS ambulance per day to complete 157 km. per day. However, four mobile medical units (MMU) available in the district. MMU team has consist with five staff (Doctor, Pharmacist, Lab technician, Staff nurse and pilot). It was covered 12 villages and organized 24 camps per MMU per month. Total 60 OPD conducted average per MMU per month and 21% of lab test conducted per MMU in a month. MMU has also conducted rapid diagnostic test for malaria per month

Table 9: Status of emergency services available in Gonda district, 2022

Referral transport		Observations	
1	No. of 102 ambulances on the road and their distribution	40	
2	No. of 108 ambulances on the road and their distribution	39	
3	Details about referral transport	ALS	BLS
3.1	Operational agency (State / NGO / PPP)	PPP	PPP
3.2	Ambulances are GPS fitted and handled through centralized call centre	Yes	Yes
3.3	Average number of calls received per day	258	378
3.4	Average number of trips per ambulance per day	5.33	11.79
3.5	Average Km. travelled per ambulance per day	157	159
3.6	Average response time per patients	8.47	7.64
4	Status of Mobile Medical Unit (MMU)		
4.1	No. of Mobile Medical Unit (MMU) (on the road) and micro-plan available	04	
4.2	MMU team composition	5 staffs	
4.3	No. of trips per MMU per month	24	
4.4	No. of camp per MMU per month	24	
4.5	No. of villages covered	12	
4.6	Average number of OPD per MMU per month (in 2022)	60	
4.7	Average number of lab test per MMU per month (in 2022)	21%	
4.8	Average number of X-ray test per MMU per month	0	
4.9	Average number of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria per MMU / month	4%	

Chapter-4: NHM Programmes and Interventions

4.1 RMNCH+A Services

The Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy is built upon the continuum of care concept and aimed to improve health infrastructure, referral transport and supply chain management.

Table 10: Status of NRC, RBSK and SNCU programmes in Gonda, 2021-22

Intervention / Activities	Indicator status	
Nutrition Rehabilitation Centers (NRC)	1 NRC at DWH	
Total admission	86 (Male-40, Female-46)	
Referred by Frontline worker	43 (Male-19, Female-24)	
By OPD / Pediatric ward	23	
RBSK	14	
Self	6	
Discharge from NRC with target weight	51 (Male-28 and Female-23)	
Discharge from NRC with partial weight	11 (Male-6 and Female-5)	
Defaulters	11 (Male-2 and Female-9)	
Bed occupancy rate	25.34%	
Rashtriya Bal Swasthya Karyakram	Implemented	
Total No. of RBSK teams sanctioned	32	
No. of team active	30	
No. of complete teams	4 (complete team have 4 members-2 MO, 1 SN/ANM and 1 Pharmacist)	
No. of partial teams	26 (partial team have less than 4 members of the team)	
Special Newborn Care Unit (SNCU)	Implemented	
• Total number of beds	16	
• Radiant warmer	13 (including 2 phototherapies)	
• Stepdown care: 1	1	
• Kangaroo Mother Care (KMC) unit	1 room	
• Non-functional radiant warmer	3 (More than a week)	
• Non-functional phototherapy unit	0 (Last three week)	
	In-born	Out-born
Admissions	1659	1112
Male	1092	703
Female	567	409
Discharged	1176	590
Defects at birth	NA	NA
Referral	87	85
LAMA	151	136
Died	243	301
Home Based New-born Care (HBNC)	<ul style="list-style-type: none"> • Total number of ASHA: 3046 • Total no. of ASHAs with HBNC kits: 2206 • ASHAs with drug kits: 2206 • Total no. of newborn visited under HBNC: 5369 	

Source: District Performa, NHM PIP Gonda, 2022

National Rehabilitation Centre is functioning at DWH Gonda. Under NRC unit, a total of 86 malnutrition children are admitted in the district hospital. Out of total admission, 40 children have been male and 46 females. In which, 43 children have been referred by frontline workers (AWW, ASHAs and ANM), 23 from OPD / Pediatric ward, 14 by RBSK teams and six by the parents of the child themselves. Outcome status shows that 51 children were discharged from the NRC with target weight and 11 discharged from NRC with partial weight. The bed occupancy rate was 25.34% of NRC during 2021-22. On the other hand, total 32 teams are available for screening of children in Anganwadi centre and school at the block level. Each team of RBSK has 4 members and 2 teams available per block. Only four teams have completed with HR and 26 have partial teams which is less than four members in the groups. Special new born care units (SNCU) is functioning with 16 bedded unit in the district. Total 13 radiant warmer were working including two phototherapies. Three radiant warmer were non-functional for more than a week. Under the HBNC, a total of 3046 ASHAs are working in the district and 2206 ASHAs have received the drug and HBNC kits. About 5369 newborn visited under HBNC by ASHAs.

4.2 Disease Control Programmes

In the district, Integrated Disease Surveillance Programme (IDSP), National Vector Borne Disease Control Programme (NVBDCP), National Tuberculosis Elimination Programme (NTEP) and National Leprosy Elimination Programme (NLEP) programmes were operational. Rapid response team are being constituted under the Integrated Disease Surveillance Programme (IDSP). The team comprises of Nodal Officer Vector Borne Disease, District Malaria Officer (DMO), Epidemiologist, Pharmacist and Lab Technician. Under the NVBDCP, micro plan is available at district level. From Jan to Aug 2022, total 18959 malaria clinic conducted in the district and only six positives (5 cases of PV and one PF cases) found during this period.

Under National Tuberculosis Elimination Programme (NTEP), the target TB notification from public and private practitioners were reported in 2021-22. Under the programme, drugs for both drug sensitive and drug resistance TB were made available. Public sector notified a total number of 4550 of TB patients to local health authorities while private sector notified only 1147 patients. Of the total notified cases, treatment success rate was almost 86% in public and only 50% in private sector. Number of MDR-TB patients identified were 123 cases in public sector and 11 cases were reported by private sector in 2021-22. Under National Leprosy Eradication Programme, 145 new cases were detected and three cases were found of Grade 2 Disabilities (G2D) which is 3.06% of the total new cases. The deformity rate was declined from 3.77% in 2021 and 1.66% in 2022.

Table 11: IDSP, NVBDCP, NTEP and NLEP services, Gonda district 2021-22

National Disease Control Programmes		Observations
1	Implementation of Integrated Disease Surveillance Programme	Yes
1.1	Rapid response team constituted and composition of the team	Yes, 05 members
1.2	No. of outbreaks investigated in previous and current year	0 due to COVID-19
2	Implementation of National Vector Borne Disease Control Programme (NVBDCP)	Yes
2.1	Micro plan and macro plan available at district level	Yes
2.2	Attended Malaria Clinic (Jan to Aug 2022)	18959
	Positive Cases	6
	PV cases	5
	PF cases	1
3	Implementation of National Tuberculosis Elimination Programme	Yes
3.1	Target TB notification achieved	Yes
3.2	Whether HIV Status of all TB patient is known	No
3.3	If No, Number of TB patients with known HIV status	4466/4739 (94%)
3.4	Eligible TB patients with UDST testing	1395/2115 (66%)
3.5	Whether drugs for both drug sensitive and drug resistance TB available	Yes
3A	Patients notification from public sector	
	No of patients notified	4550
	Treatment success rate	86%
	No. of MDR TB Patients	123
	Treatment initiation among MDR TB patients	105
3B	Patients notification from private sector	
	No of patients notified	1147
	Treatment success rate	50%
	No. of MDR TB Patients	11
	Treatment initiation among MDR TB patients	10
3C	Beneficiaries paid under Nikshay Poshan Yojana	Yes
	No. of Beneficiaries received NPY-DBT	1304
	% paid Beneficiaries under NPY-DBT	29% in Jan to Aug 2022
4	Implementation of National Leprosy Eradication Programme (NLEP)	Yes
	No. of new cases detected	145
	No. of G2D cases	3 (2.06%)
	MDT available without interruption	Yes
	MCR footwear and self-care kit available	Yes
	Deformity rate	1.66% till Aug 2022
	FY 2021	3.77%
	MB ratio	64.15% in 2021
	PB ratio	36.85% in 2021

Source: District Performa, NHM PIP Gonda, 2022

4.3 Status of Newborn

In this section, information about status and outcome of newborn admitted in SNCU in DWH Gond during 2020-21. A total of 2771 children were admitted in SNCU including in-born and out-born children. Out of total admission, 1795 male and 979 female children were admitted in SNCU. Lager number of children was admitted under low birth weight and birth asphyxia. Most of the children (1118) stayed between 1 to 3 days whereas 774 children stayed for more than 7 days in SNCU. Total 2404 children were admitted in SNCU for required oxygen followed by 132 children needed antibiotics and 401 for phototherapies in the SNCU. A total of 1766 children have been discharged from SNCU and 544 children died in the hospital. Total 1766 children have been discharged from SNCU and 544 children died in the hospital. 172 children were referred from the hospital and 287 have LAMA cases.

Table 12: Status of newborn received services in SNCU, Gonda, 2021-22

1. Special Newborn Care Units (SNCU), 2021-22	Numbers
Total admission in SNCU	2771
Male	1795
Female	976
1.1 Birth Weight at Admission	
>=2500 gm	1193
1500-2499 gm	1262
1000-1499 gm	254
<1000 gm	64
1.2 Duration of Stay	
<1 day	202
1-3 days	1118
4-7 days	675
>7 days	774
Average duration of stay	13
1.3 No. of Newborn Received;	
Phototherapy	401
Antibiotics	1321
Oxygen	2404
1.4 Outcome	
Discharge	1766
Referred	172
LAMA	287
Died	544

Source: District Performa, NHM PIP Gonda, 2022

Chapter-5 Health Facilities Monitoring Assessment

5.1 District Women Hospital (DWH), Gonda

- District Women Hospital is functioning with 234 bedded hospital including the 100 beds of MCH Wing. The C-section services are provided and average 400 to 500 deliveries conducted per month but the DWH reported shortage of specialist doctors. Only two Gynecologist and one Pediatrician were available.
- Average delivery about 1200 to 1500 per month including C-section at DWH. No ICU is available at DWH, critical new born cases referred to the Lucknow.
- District Women Hospital provides specialized services in Obstetrics and Gynecology, Pediatrics, Anesthesiology and emergency services for the patients. Most of the services were provided in district male hospital.
- SNCU is functioning with 11 radiant warmer and 2 phototherapies. There is shortage of bed was noted that two new born put on one bed due to high burden of deliveries.
- The 10 bedded Nutritional Rehabilitation Centre is available at district hospital (Male) to provide institutional care of children with severe malnourishment. The structure of the building is very old and there is no proper cross ventilation in the room.
- DWH has skill-training centre to provide SBA training to ANMs and ASHAs from whole division. It also provides CCHN training for six months course in a year to the selected candidates by NHM-UP.
- Major diagnostic and laboratory services like X-ray, CT scan and USG etc. are available in district male hospital.
- Saathiya clinic is functioning at DWH. Under this programme, 10,000 money is entitled for this work but no money received in the last 1.5 years.
- DWH found very dirty and bathroom is not clean well. Outside OT family member / caretaker was sitting on the ground. Some of the pregnant women were sitting on ground for waiting C-section due to high load of cases.
- It observed that patient's caretaker taken food in KMC ward. There is lack of security gourd in the hospital.
- The supply of drugs and logistics system is very poor in the district and availability of drugs at the PHC and SC level is delayed about 3 to 4 months.

- Antara Focus Day were organized on every Friday at DWH to provide the necessary services related to Antara injectables to the beneficiaries. ASHAs were informed to the clients and mobilize them to health facility for services.
- There is no Anesthetist available at DWH despite two posts were sanctioned. This may lead the high burden of C-section deliveries.
- District Women Hospital faced high burden of delivery cases from nearby districts against this, only five staff nurses were working against total 15 posts have been sanctioned.
- The 100 bedded MCH wing in DWH is not sufficient to cater the high load of delivery cases. The hospital added extra beds to receive the beneficiaries for delivery care. There is need upgraded the MCH wing to increase the number of more beds.
- DWH has found any complications regarding the childbirth and mothers, they referred to the King George Medical University (KGMU), RML hospital and Queen Merry hospital Lucknow which is about 130 km away from the Gonda district.

Table 13: Services available at District Women Hospital, Gonda 2021-22

List of services	Yes/No
Medicine	N
O&G	Y
Paediatrician	Y
General Surgery	N
Anaesthesiology	Y
Ophthalmology	N
Dental	N
Imaging Services (X – ray)	N
Imaging Services (USG)	Y
District Early Intervention Centre (DEIC)	Y
Nutritional Rehabilitation Centre (NRC)	N
SNCU/ Mother and New-born Care Unit (MNCU)	Y
Comprehensive Lactation Management Centre / Lactation Management Unit (LMU)	Y
Neonatal Intensive Care Unit (NICU)	Y
Paediatric Intensive Care Unit (PICU)	N
Labour Room Complex	Y
Incentive Care Unit (ICU)	N
Dialysis Unit	N
Emergency Care	Y
Burn Unit	Y
Teaching block (medical, nursing, paramedical)	Y
Skill Lab	Y

Source: District Checklist, NHM PIP Monitoring, 2022

Table 14: Status of infrastructure at District Women Hospital (DWH), Gonda 2021-22

Infrastructure indicators	Yes/No
24*7 running water facility	Y
Clean functional toilets available (separate for Male and female)	Y
Drinking water facility available	Y
OPD waiting area has sufficient sitting arrangement	Y
Facility is geriatric and disability friendly (ramps etc.)	Y
ASHA rest room is available	Y
Drug storeroom with rack is available	Y
Power backup (Complete Hospital / Part of the hospital)	Y
Availability of delivery services	Y
If facility is designated as FRU, whether C-section are performed	Y
PMSMA services provided on 9 th of every month	Y

Source: District Checklist, NHM PIP Monitoring, 2022

Table 15: Emergency services available at DWH Gonda 2021-22

Emergency services	Yes/No	Key information
General emergency	Y	
Facility available for-Triage	Y	
Facility available for-Resuscitation	Y	
Facility available for-Stabilization	Y	
OT services available	Y	
If Yes, types of OT services available	Y	
If yes, Single general OT	Y	
Elective OT-Major (General)	Y	
Elective OT-Major (Ortho)	N	
Obstetrics & Gynaecology OT	Y	
Ophthalmology / ENT OT	N	Available at District Male Hospital
Emergency OT	Y	
Other services		
Availability of functional blood bank	N	Available at District Male Hospital
Whether blood is issued free or user fee charged	Y	Free for BPL, Elderly and JSSK
Biomedical waste management practices	Y	Spectrum Waste Solution
Line listing of high-risk pregnancies	Y	
Whether facility have register for entering births and deaths	Y	
Comprehensive abortion care (CAC) available	Y	
Availability of vaccine and hub cutter	Y	

Source: District Checklist, NHM PIP Monitoring, 2022

Figure 3: Pictures of visited District Women Hospital, Gonda 2022



Meeting with NHM Programme Officers, CMO Office



CMS, DWH Gonda



PICU ward at DWH, Gonda



Patients waiting outside OT ward, DWH Gonda



SNCU ward, DWH, Gonda



Two newborns in one radiant warmer, SNCU Gonda

5.2 Community Health Centre, Colonelganj

- CHC Colonelganj provides OPD (Eye), normal delivery services, ANC, PNC, pregnancy check-up, family planning, basic lab tests and dental. Average 170 to 180 OPD patients were come at the facility.
- CHC Colonelganj has high delivery load which lacked the shortage of beds as per norm. The facility has increased 20 additional beds to reduce delivery load.
- JSY and JSSK services are available at the facility for beneficiaries who delivered their child and stay 48 hours after delivery. During this period, they received free diet, drugs, diagnostics and free referral transport.
- The JSY incentives were disbursed till July 2022 and average delayed of two months. From April to August 2022, total 1617 deliveries were conducted, of these, 1277 deliveries were conducted at public facilities, 208 deliveries at private hospital and 132 home-based deliveries reported by CHC.
- CHC has OT room with available instruments but currently it is not functioning due to non-availability of Anesthesia and Gynecologist.
- Blood storage unit is available but not functional due to lack of human resources.
- There was shortage of certain drugs such as Atropine injection, Adrenalin injection, Dexamethasone and Hydrocortisone.
- No family planning counsellor was available at CHC. The family planning counselling was given by RKSK counsellor.
- CHC Colonelganj has facility of Designated Microscopy Centre (DMC) for screening of TB patients through CBNAAT/TruNat machine. Nearly 4.8% of OPD patients whose samples were tested for TB (microscopy) in last six month
- Since February to August 25, 2022 a total of 1103 tests have been conducted. Of these, 253 TB patients found positive, 278 patients on treatment and 5 patients found MDR cases.
- PMSMA services is being provided to pregnant women on 9th of every month at the facility. A total of 40 women were identified as high-risk pregnancies cases.
- The facility has NCD clinic for screening only hypertension and diabetes and there no screening is being conducted of three cancer (Oral, breast and cervical) at the facility.
- In the last six months, a total of 2595 individuals screened for hypertension and diabetes, 190 cases were confirmed of hypertension and 388 confirmed as diabetes patients.

- CHC Colonelganj was initiated Laqshya assessment of labour room and maternal OT and also worked under the Kayakalp program in 2021-22.
- The facility is designated as FRU provide the normal delivery services and 316 deliveries were conducted in the August 2022. A total of 11 staff nurses were working in the labour room. Of these, four staff nurses for NBSU, eight SNs for maternal health and two SNs for Encephalitis Treatment Centre (ETC).
- The Nurse Mentor was posted at the facility. Currently they sent for ASHAs training centre Sultanpur in last few months. In turn which affect the delivery care services despite high load delivery cases by CHC.
- The facility has three 108 and 102 ambulance to provide free emergency and delivery services to the patients. Two ambulance were received from the Vidhayak Nidhi.

5.3 Community Health Centre, Mankapur

- Community Health Centre Mankapur provides OPD, delivery care, Immunization, Emergency services, family planning, dental, tele-medicine services and basic lab tests. The facility is functioning with 20 bedded hospital.
- Average 3 to 4 normal deliveries were conducted in a month. No C-section facility is available at CHC due to non-availability of Gynecologist and Anesthetist against one post for each has been sanctioned at CHC.
- Only one regular staff nurse and eight SNs were hired on contraction basis. Two lab technician and five pharmacists were fully filled against equal to sanctioned post. Two regular Medical Officer (MBBS) is posted.
- Specialized services like Ophthalmology, Dental, X-ray and NBSU were available in addition to general services. Tele-medicine / Consultation services were available at the facility.
- Essential diagnostics is available in house and 25184 tests have been conducted in the year 2021-22. Digital X-ray machine is also at the facility but no AERB certified. These diagnostic services are free for all.
- RBSK programme is not functioning in the block due to both the teams were partially completed where less than four members of the teams. The team A contained three members (1-MO Ayush, ANM and Pharmacist) and team B has only one ANM in the block.
- The facility was implemented the Kayakalp programme and facility scored 56.43% in 2021-22. CHC has not initiated LaQshya and NQAS activities.

- CHC Mankapur is the Designated Microscopy Centre (DMC) for screening of TB patients. Since January to September 2022, total 907 have been screened and 188 patients found positive.
- JSY payment was disbursed about 697 women registered under this scheme. Of these, 385 beneficiaries have received their incentives and 312 were pending which shows about 55% coverage of payment under the JSY scheme.
- A total of 16 mother and child cases from the CHC were referred to the district hospital in last month due to complications of PPH, fetal distress and birth asphyxia etc.
- CHC has operational leprosy eradication programme and one case was detected having Grade II deformity in last one year. No NCD clinic was functioning at CHC.
- The facility maintained the records of TB treatment card, TB notification registered, Malaria cases, dengue, Chikungunya and leprosy cases.

Figure 4: Pictures of Community Health Centre, Colonelganj and Mankapur, Gonda 2022



Table 16: Availability of specialized services at CHC Colonelganj and Mankapur, 2021-22

Services	CHC-Colonelganj	CHC-Mankapur
Medicine	No	No
Obstetrics & Gynecologist	Yes	No
Paediatrician	Yes	No
General Surgery	No	No
Anaesthesiology	No	No
Ophthalmology	No	Yes (cataract surgery)
Dental	Yes	Yes
Imaging Services (X – ray)	Yes	Yes
Imaging Services (USG)	No	No
New-born Stabilization Unit	Yes	Yes
Tele-medicine/Consultation services available	Yes	Yes
Operation theatre	Yes (not functional)	Yes (not functional)
Availability of functional blood storage unit	No	No

Source: Community Health Centre Checklist, NHM PIP Monitoring, 2021

Table 17: Emergency, OT, TB programme and other services at CHC Colonelganj and Mankapur

Emergency and OT services	CHC Colonelganj	CHC-Mankapur
General emergency	Yes	Yes
Facility available for-Triage	Yes	No
Facility available for-Resuscitation	Yes	No
Facility available for-Stabilization	Yes	No
OT services available (Yes, but not functional)	Yes	Yes
If Yes, major OT available	No	No
Minor OT available	No	No
Drugs and Diagnostic		
Availability of list of essential medicines (EML)/ drugs	Yes	Yes
DVDMS or similar supply chain management system	Yes	Yes
Availability of essential diagnostics	Yes	Yes
X-ray services is available	Yes	Yes
Is the X-ray machine AERB certified	Yes	No
Maintenance of records		
Maintenance of records on TB cases	Yes	Yes
TB notification registers	Yes	Yes
Maintenance of records on Malaria cases	No	Yes
Maintenance of records on Palliative cases	No	No
Maintenance of records on Dengue and Chikungunya	No	Yes
Maintenance of records on Leprosy cases	No	Yes
Other services		
Line listing of high-risk pregnancies	Yes	Yes
Facility have register for entering births and deaths	Yes	Yes
Comprehensive abortion care (CAC) service available	No	No
Availability of trained provider for IUCD / PPIUCD	Yes	Yes
FP-LMIS has been implemented	Yes	Yes
Availability of Adolescent Friendly Health Clinic (AFHC)	No	No
Whether facility has fixed day for NCD clinic	Yes (all days)	No
Reporting of weekly data in P, S and L form under IDSP	Yes	Yes
Are service provider trained in cancer services?	No	No

5.4 Primary Health Centre (PHC-HWC), Kanjemau

- The facility does not provide delivery care services. Hence, no provisions for JSY or JSSK is applicable. The delivery cases are referred to CHC Colonelganj, which is 12 km. of distance from the centre.
- The facility has four functional beds. There is no RO facility for clean drinking water in the hospital. Facility has power backup with inverter. The ramp facility is available for old age and disable.
- PHC Kanjemau is to planned initiate of normal delivery care services. For that, instruments have been purchased and two staff nurses joined on September 2022, training was received at CHC kanjemau.
- Essential Drug List (EDL) is available and no proper displayed in OPD areas at the facility. A total of 45 drugs are available on the day of visit.
- It observed that shortage of several drugs like Metformin 500mg, Fluconazole tablet, Cetirizine, Iron tablets and Diclofenac tablet from EDL in last 30 days.
- PHC Kanjemau provides only ANC, OPD, family planning services and no medical officer (MBBS) and ANM was noted during the visit. ANM was posted at sub-centre from the PHC.
- Facility is functioning with only one medical officer (community health), two contractual staff nurses, one pharmacist and one ward boy is available at the PHC to provide their services. No lab test was conducted at the PHC due to lab technician post is vacant.
- Tele-medicine or consultation service is not being provided by the facility. No desktop / laptop available at PHC. Only smart phones have given to all ASHAs worked at HWC.
- PHC is not own ambulance and patient can use centralized call number to ask for ambulance. No referral register was available at facility.
- Facility is functioning without lab technician despite having a one regular sanctioned post at the PHC. Which is the constraint to provide expand range of test for community.
- PHC Kanjemau provide day care services and no provision of stay overnight. The facility was not initiated the Kayakalp and NQAS programme.
- There is no vehicle facility for bio-medical waste material at the facility. They dump the waste material into sharp available in the hospital premises.
- PHC Kanjemau was received Rs. 87500 funds under NHM in FY 2021-22 and Rs. 84000 funds have been utilized during the year.

5.5 Primary Health Centre (PHC-HWC), Dumariya Deeh

- PHC Dumariya Deeh is situated near to road side. The referral point is CHC Wazeerganj which is 10 km. away from the PHC. There is no running water facility available in the hospital.
- PHC Dumariya Deeh is functioning with SC available in the same building. The delivery care service was conducted in sub-centre with help of ANM and staff nurse. The facility has no boundary wall, which affect the delivery services at night for security concern.
- The facility has five functional beds. There is no RO facility for clean drinking water in the hospital. Facility has power backup with inverter. The ramp facility is available for old age and disable. Drug storeroom with rack is available.
- The facility provides OPD, ANC, routine immunization, COVID-19 vaccination, screening of sputum of suspected cases and basic lab tests like RBS, HB, Typhoid and malaria to the patients.
- It observed that facility has low OPD patients per month and average 30-40 patients per day. Only one contractual lab technician and one regular pharmacist was available at facility.
- The facility is organized Jan Arogya Mela on every Sunday which provides free services of diagnostic, counselling by specialist doctors and free medicine to the patients.
- Tele-medicine or consultation services is not available at the facility. IT facilities like desktop and functional tablets has been given to the ANMs and ASHAs.
- Essential Drug List (EDL) is available and proper displayed in OPD areas at the facility. A total of 46 drugs are available on the day of visit. DVDMS system is implemented by the facility for supply chain management.
- Kayakalp and NQAS programme was not implemented by the facility, observed during the visit. No digital HB meter available at both PHC and SC.
- Lab test was hampered for two years due to lab technician posted in COVID-19 duty. The lab test started since August 2022, total 23 tests conducted since August to September 2022.
- There is no X-ray service available at the facility. Line listing of high-risk pregnancy is maintained by the ASHAs. Malaria and RBS kits was expired during the visit.
- The facility has vaccines and hub cutter and ANMs/Nurses are aware about the open vial policy. ASHAs were reporting weekly data in S form under the IDSP.
- Under NCD programme, the screening for hypertension, diabetes, oral, breast and cervical cancer was conducted and 57 confirmed cases of hypertension found in last six months.

5.6 Sub-Centre (SC-HWC), Nagwa

- Sub-Centre Nagwa is located outskirts from the village with distance of 6 km. from the CHC Wazeerganj. From road toward SC is low lying area and not connected with clear access from road. SC is serving about 6000 population.
- The condition of building is good and surface areas is low lying. There is security concern for theft of things from the centre. No RO available for clean drinking water facility.
- SC-HWC is functioning with one CHO, ANM and four ASHAs. Inverter is available for power backup. No water facility is available in the bathroom.
- Community Health Officer is not received the smart tablet for daily record of the NCD cases. They record the daily screening patients on physical registers. Average 10-12 OPD received per day by SC.
- No digital HB meter and Glucometer available to the ANMs and used colour strip for BP measurement.
- No CBAC form was filled of individual above 30 years of age in the HWC population by ASHAs due to CBAC form was not available to ASHAs, reported by CHO.
- ANC check-up, Immunization, HIV, Syphilis, Hemoglobin, blood sugar and pregnancy check-up tests are available at SC.
- Smart phone is given to ASHAs worked at HWC and internet facility is provided by CHC and quality of internet speed is very poor.
- Family planning basket is kept in a corner of the facility, which contained various methods like; Antara, Chhaya, easy pills and Mala-N etc. Every Friday family planning day was organised at SC.
- A total of 237 individuals screened for the hypertension and diabetes in the last two months. Of these, 25 confirmed for hypertension and 20 for diabetes.
- Wellness activities were not conducting at SC-HWC due to lack of space. No separate room is available for this activity.
- The sub-centre has maintained the record of TB cases, malaria, dengue and chikungunya cases. ASHAs done the household survey in the community every year to detect the suspected cases.

Figure 5: Pictures of visited PHC-Kanjemau, Dumariya Deeh and SC-HWC Nagwa, Gonda



Figure 6: VHND session conducted at AWC in Budwaliya village, Gonda



Table 18: Status of SC-HWC health services and records, Gonda 2021-22

Indicators	SC-HWC Nagwa
Infrastructure	
Condition of building	Good
Clean drinking water facility available	No
Specified or separate space for yoga / welfare activities	No (no space)
Power backup with inverter	Yes
Key services at SC	
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes
EDL/EML display in OPD area	No
Availability of anti-TB drugs at facility	Yes
Shortage of 5 priority drugs from EDL in last 30 days, if any	No
Availability of Testing kits/ Rapid Diagnostic Kits	Yes
Availability of delivery services	No
Tele-medicine / Consultation services available	Yes
Availability of vaccines and hub cutter	Yes
Availability of trained provider for IUCD / PPIUCD	No
Availability of Vaccine and hub cutter	Yes
Whether Universal screening of NCD has started	Yes
Whether reporting weekly data in S form under IDSP	Yes
Whether wellness activities are performed	No
Line listing of all pregnant women in the areas	Yes
Line listing of all eligible couple in the areas	Yes
Availability of Equipment	
BP instrument	Yes, used strip
Thermometer	Yes
Contraceptive	Yes
Glucometer	No
Maintenance of Records	
Maintenance of records on TB cases (drug sensitive/resistant cases)	Yes
Maintenance of records on Malaria cases	Yes
Maintenance of records on Palliative cases	No
Maintenance of records on Dengue and Chikungunya	Yes
Maintenance of records on Leprosy cases	No

Source: Sub-Centre Checklist, NHM PIP 2022

Chapter-6: Conclusion and Recommendations

6.1 Conclusion

The report is based on monitoring visits to District Women Hospital Gonda, Community Health Centre, Colonelganj and Mankapur, Primary Health Centre-HWC, Kanjemau and Dumariya Deeh, Sub-Centre-HWC, Nagwa. Meetings were held with the Chief Medical Officer (CMO) and the NHM Nodal Officials (ACMO and RCH Nodal Officer). Interactions were also held with the Medical Officer-in-Charge (MOIC) of the selected health facilities, health care providers (ANM, ASHAs etc.) including those at VHND session site at Anganwadi Centre in Budwaliya village.

As per NFHS 2019-21, only 44.4% mothers had antenatal check up in the first trimester and 41.7% had undertaken at least four ANC visits in Gonda district. A total of 81.8% births took place in institutional facilities with 66.9% births occurring across public health facilities. Of the total births, 82.6% births were assisted by a skilled birth attendant whereas 11% births were through caesarean section (public sector 8.1% and private sector 37.8%). The average out of pocket expenditure per delivery in public health facility was Rs. 2602. Anaemia among children age 6-59 months is 62% whereas 48.8% pregnant women are anaemic in the district during 2019-21.

Two district hospital (Male and Female hospital) is fully operational in the district. The DWH has 234 bedded hospital including the 100 bedded MCH wing. Average of 1200 to 1500 deliveries are conducted per month including C-section by DWH. District has 16 Community Health Centres (CHC) facilities, 52 Primary Health Centre (PHCs) and 529 Sub-Centres (SC) are functioning in the district. Two Urban-PHC are functioning in the district. One Nutritional Rehabilitation Centre and Special Newborn Care Unit (SNCU) was functioning at DWH for providing newborn and child health services. SNCU unit is functioning with 11 radiant warmer and two phototherapies. There is high burden of deliveries and hence in some instances two newborn babies were lying on the radiant warmer. Saathiya clinic is functioning at DWH under the RKSK programme.

Hemodialysis (or blood dialysis) unit is functional on PPP mode at district male hospital. A total of 10 machines are available, nine for sero negative and one sero positive machines were available. In the last six months, total 3117 patients received dialysis services, out of total dialysis, 2670 patients were sero-negative and 447 sero-positive cases found in the district between on March to August 2022.

CHC Colonelganj provides OPD, normal delivery, ANC, pregnancy check-up, family planning services and basic lab tests. CHC has high load of delivery cases which lacked the shortage of bed and facility has increased 20 additional bed to reduce the delivery load. A total of 52 Primary

Health Centre (PHC) are operational and provide general services like: OPD, immunization, ANC check-up and family planning services at the centre. Total 529 sub-centres are functional in the district. About 322 sub-centres are planned to be converted into Health and Wellness Centre and currently, 148 sub-centres have been converted into HWC in 2022. Further, 36 PHCs have been converted into HWC. Blood bank facility is available in the district male hospital, only blood storage unit is available at CHC Colonelganj. The implementation of JSY and JSSK services to provide free diet, medicine and ambulance facility is available for pregnant women. In the district, a total of 3046 ASHAs are working as per population norm. ASHAs of the district have conducted a total of 5369 newborn visited under the HBNC in 2021-22.

Under communicable diseases programme, the National Vector Borne Disease Control Programme (NVBDCP) is functioning in the district. Total 18959 malaria clinic attended during Jan to August 2022. The National TB Elimination Programme (NTEP) have TB notification targets and public sector notified 4550 patients and private sector had 1147 notified patients in 2021-22. The district has achieved 86% and 50% treatment success rate in public and private sector respectively. 123 have MDR TB patients in public sector and 11 patients have the same in the private sector.

Under National Leprosy Eradication Programme, 145 new cases were detected and three Grade 2 disability patients detected in 2021-22. In 2021, the prevalence rate was 0.28 patient per 10000 population and annual new cases detected rate (ANCDR) was 3.93 patients per 100000 population in the district. On the other hand, Paucibacillary (PB) ratio was 36.8% of patients who are skin smear negative and show no evidence of more advance disease on biopsy. Multibacillary (MB) patients who are skin smear positive and have a biopsy indicating more advance disease which was 64.2% in 2021.

District has 19 Tuberculosis Units (TU) and 28 Designated Microscopy Centre (DMC). District has also established the Encephalitis Treatment Centre (ETC) because the district under the Japanese Encephalitis (JE). ETCs were functioning in the nine blocks in Gonda district. For that, a total of 36 staff nurses were required (4 SN per ETC) but only 21 joined. The reporting of S, P and L form on IHIP portal since April 2022 in the district. Nearly, 28% reported of S form on IHIP portal, 63% of P form and 60% of L form reported on this portal. In absolute number, total 73 reporting units for P and L form and 322 reported units for S form but 317 units were reported on IHIP portal. A total of 32 RBSK teams were sanctioned and 30 teams were working in the district. Of these, only four RBSK teams are complete with four members and 26 teams were partially with less than four team at the blocks. The school health programme is functional with RBSK teams undertaking visits as per the microplan.

6.2 Recommendations

- **Strengthening the FRU for delivery care:** There is shortage of C-section delivery points in the district despite its proximity to the capital Lucknow. The C-section facility is functional only at DWH Gonda and CHC Mankapur.
- **Increase the delivery care services at the PHC level:** Since there is a lack of C-section facility at the CHC level in most places therefore strengthening of high beneficiary service coverage areas and their adjoining PHCs is critical to expand delivery care services in the district.
- **Ensure functioning of all NHM programmes such as the mental health programme:** There are budget provisions for the same, however, placing of appropriate staff and also IEC to enhance awareness regarding the various newly added initiatives under the NHM is critical.
- **To establish ICU at DWH in the district:** District does not have intensive care unit and there is high dependency of such services in the district. The patients are referred to Lucknow which is about 120 km from the district. These units provide intensive care for the patients who are critically ill or unstable.
- **Improving supplies of chronic disease drugs:** The district should improve availability and distribution anti-hypertensive and anti-diabetic drugs for improved service delivery on a regular basis. Diagnostic provision for chronic diseases especially glucometer should be also monitored for availability and functional status along with the required consumables. The CHO should be also oriented regarding the NCD care component of NHM through the health and wellness centre initiative for referrals.

Annexure-I: DH Checklist



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

Service Delivery:

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

Please remember that along with the checklist you have to list five key challenges observed in the facility, explore the root causes during the discussion in the facility, and document them.

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, 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sl.</th> <th style="width: 70%;">Service</th> <th style="width: 20%;">Y/N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine	
Sl.	Service	Y/N					
1	Medicine						

Indicator	Remarks/ Observation
Immunization, FP, Laboratory services	2 O&G 3 Pediatric 4 General Surgery 5 Anesthesiology 6 Ophthalmology 7 Dental 8 Imaging Services (X – ray) 9 Imaging Services (USG) 10 District Early Intervention Centre (DEIC) 11 Nutritional Rehabilitation Centre (NRC) 12 SNCU/ Mother and Newborn Care Unit (MNCU) 13 Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU) 14 Neonatal Intensive Care Unit (NICU) 15 Pediatric Intensive Care Unit (PICU) 16 Labour Room Complex 17 ICU 18 Dialysis Unit 19 Emergency Care 20 Burn Unit 21 Teaching block (medical, nursing, paramedical) 22 Skill Lab
5. Emergency	General emergency: 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 case per day _____
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries

Indicator	Remarks/ Observation																																																												
	<input type="checkbox"/> Free for all																																																												
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																																																												
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">HR</th> <th style="width: 10%;">San.</th> <th style="width: 10%;">Reg.</th> <th style="width: 10%;">Cont.</th> </tr> </thead> <tbody> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Specialists</td> <td> Medicine ObGy Pediatrician Anesthetist Surgeon Ophthalmologist Orthopedic Radiologist Pathologist Others </td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		HR	San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine ObGy Pediatrician Anesthetist Surgeon Ophthalmologist Orthopedic Radiologist Pathologist Others					Dentist					Staff Nurses/ GNMs					LTs					Pharmacist					Dental Technician/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others			
	HR	San.	Reg.	Cont.																																																									
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	Hospital/ Facility Manager																																																												
	EmOC trained doctor																																																												
	LSAS trained doctor																																																												
	Others																																																												
12. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____																																																												
13. Kayakalp	Initiated: Facility score: Award received:																																																												
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:																																																												
15. LaQshya	Labour Room: Operation Theatre:																																																												
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																																												
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																																												
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2																																																												

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

Indicator	Remarks/ Observation
	<input type="checkbox"/> Free for all
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> Previous year _____ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No 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

Indicator	Remarks/ Observation		
35. Number of Maternal Death reported in the facility	Previous year: Current year:		
36. Number of Child Death reported in the facility	Previous year: Current year:		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. 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		

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

Indicator	Remarks/ Observation
a)	
b)	
c)	
d)	

Annexure-II: CHC Checklist



**Ministry of Health & Family Welfare
Government of India**



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:

Please remember that along with the checklist you have to list five key challenges observed in the facility, explore the root causes during the discussion in the facility, and document them.

Indicator	Remarks/ Observation
4. OPD Timing	
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
6. Condition of infrastructure/ building	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available

Indicator	Remarks/ Observation																																	
	Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital																																	
7. Number of functional in-patient beds																																		
8. List of Services available																																		
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1"> <thead> <tr> <th data-bbox="634 562 667 583">Sl.</th> <th data-bbox="667 562 1247 583">Service</th> <th data-bbox="1247 562 1412 583">Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>Newborn Stabilization Unit</td><td></td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	Newborn Stabilization Unit	
Sl.	Service	Y/N																																
1	Medicine																																	
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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																																	
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																	
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:																																	
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																																	
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																	
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																	

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> In-house tests 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests performed: _____ Details of tests performed:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
27. If there is any shortage of major instruments/ equipment	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: ____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home)

Indicator	Remarks/ Observation		
	<input type="checkbox"/> No user charges		
32. 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:		
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
34. Practice related to Respectful Maternity Care			
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
36. Number of Maternal Death reported in the facility	Previous year: Current year:		
37. Number of Child Death reported in the facility	Previous year: Current year:		
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month			
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		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			

Indicator	Remarks/ Observation
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • 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:
54. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:
55. Maintenance of records on	<ul style="list-style-type: none"> • 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
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated

Indicator	Remarks/ Observation
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: Types of cases referred in:
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: Types of cases referred out:
60. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	

Annexure-III: PHC Checklist



Ministry of Health & Family Welfare
Government of India



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:
--	-----------

Please remember that along with the checklist you have to list five key challenges observed in the facility, explore the root causes during the discussion in the facility, and document them.

Indicator	Remarks/ Observation																																												
A. OPD Timing																																													
a. For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																												
B. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																												
C. 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																																												
D. Number of functional in-patient beds																																													
E. List of Services available																																													
F. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																												
G. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day_____																																												
H. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																												
I. Details of HR available in the facility (Sanctioned and In-place)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">San.</th> <th style="width: 10%; text-align: center;">Reg.</th> <th style="width: 10%; text-align: center;">Cont.</th> </tr> </thead> <tbody> <tr><td>HR</td><td></td><td></td><td></td></tr> <tr><td>MO (MBBS)</td><td></td><td></td><td></td></tr> <tr><td>MO (AYUSH)</td><td></td><td></td><td></td></tr> <tr><td>SNs/ GNMs</td><td></td><td></td><td></td></tr> <tr><td>ANM</td><td></td><td></td><td></td></tr> <tr><td>LTs</td><td></td><td></td><td></td></tr> <tr><td>Pharmacist</td><td></td><td></td><td></td></tr> <tr><td>Public Health Manager (NUHM)</td><td></td><td></td><td></td></tr> <tr><td>LHV/PHN</td><td></td><td></td><td></td></tr> <tr><td>Others</td><td></td><td></td><td></td></tr> </tbody> </table>		San.	Reg.	Cont.	HR				MO (MBBS)				MO (AYUSH)				SNs/ GNMs				ANM				LTs				Pharmacist				Public Health Manager (NUHM)				LHV/PHN				Others			
	San.	Reg.	Cont.																																										
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Pharmacist																																													
Public Health Manager (NUHM)																																													
LHV/PHN																																													
Others																																													
J. IT Services	• Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																																												

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> 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: _____
K. Kayakalp	Initiated: Facility score: Award received:
L. NQAS	Assessment done: Internal/State Facility score: Certification Status:
M. 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) _____
N. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
O. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5
P. Drugs Available for Hypertension & Diabetic patients:	1 2 3
Q. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1 2 3
R. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how, many times there was shortage _____
S. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests performed: _____ Details of tests performed:
T. 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

Indicator	Remarks/ Observation
U. 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
V. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
W. If there is any shortage of major instruments/ equipment	
X. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Y. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Z. 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:
AA. 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
BB. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
CC. Number of normal deliveries in last three month	
DD. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
EE. Practice related to Respectful Maternity Care	
FF. Number of Maternal Death reported in the facility	Previous year: Current FY:
GG. Number of Child Death reported in the facility	Previous year: Current year:
HH. 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

Indicator	Remarks/ Observation		
II. Number of newborns immunized with birth dose at the facility in last 3 months			
JJ. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
KK. Number of sterilizations performed in last one month			
LL. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
MM. Who counsels on FP services?			
NN. Please comment on utilization of other FP services			
OO. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
PP. 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		
QQ. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
RR. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
SS. 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		
TT. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
UU. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
VV. 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): _____		
WW. 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 			

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> 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:
XX. 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:
YY. 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
ZZ. 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)
AAA. 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
BBB. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
CCC. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available <input type="checkbox"/> PHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
<ul style="list-style-type: none"> How many cases from sub centre were referred to this PHC last month? 	Number: Types of cases referred in:
<ul style="list-style-type: none"> How many cases from the PHC were referred to the CHC last month? 	Number: Types of cases referred out:
DDD. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	

Indicator	Remarks/ Observation
e)	
Only for U-PHC	
EEE. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
FFF. Number of CBAC forms filled (NUHM)	
GGG. 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:
HHH. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month:
III. 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:

Annexure-VI: HSC Checklist



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

Please remember that along with the checklist you have to list five key challenges observed in the facility, explore the root causes during the discussion in the facility, and document them.

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="0" style="width: 100%;"> <tr> <td style="width: 30%;">HR</td> <td style="width: 15%;">San.</td> <td style="width: 15%;">Reg.</td> <td style="width: 15%;">Cont.</td> </tr> <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> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection:																								
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL: EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL)																								
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																								

Indicator	Remarks/ Observation
	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	1 2 3 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
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: Current year:
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	

Indicator	Remarks/ Observation		
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		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> • 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	Last year	Current year
	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) 			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> Average delay 	
<ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) 	
35. Number of Village Health & Sanitation days conducted in last 6 months	
36. Incentives:	<ul style="list-style-type: none"> Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
37. Frequency of VHSNC/ MAS meeting (check minutes of last meeting held)	
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
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 observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	