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MONITORING AND EVALUATION OF NHM PROGRAMME IMPLEMENTATION PLAN

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NHM PIP MONITORING REPORT

Gorakhpur, Uttar Pradesh



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October, 2022

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

List of Acronyms & Abbreviations

ANC	Ante Natal Care	MoHFW	Ministry of Health and Family Welfare
ANM	Auxiliary Nurse Midwife	MOIC	Medical Officer In- Charge
BEMOC	Basic Emergency Obstetric Care	NBCC	New Born Care Corner
BMW	Biomedical waste	NBSU	New Born Stabilization Unit
BSU	Blood Storage Unit	NLEP	National Leprosy Eradication Programme
CDMO	Chief District Medical Officer	NQAS	National Quality Assurance Standards
CHC	Community Health Centre	NUHM	National Urban Health Mission
DH	District Hospital	NTCP	National Tobacco Control Programme
DPM	District Programme Manager	NTEP	National TB Elimination Programme
DVDMS	Drugs and Vaccine Distribution Management System	NVBDCP	National Vector Borne Disease Control Programme
EDL	Essential Drug list	OCP	Oral Contraceptive Pill
EMOC	Emergency Obstetric Care	OPD	Out Patient Department
FRU	First Referral Unit	OPV	Oral Polio Vaccines
HMIS	Health Management Information System	PIP	Programme Implementation Plan
IDSP	Integrated Diseases Surveillance Programme	PNC	Post Natal Care
IEC	Information, Education and Communication	PPP	Public Private Partnership
IPD	In Patient Department	PRC	Population Research Centre
IUCD	Intra Uterine Contraceptive Device	RBSK	Rashtriya Bal Suraksha Karyakram
IYCF	Infant and Young Child Feeding	RKSK	Rashtriya Kishor Swasthya Karyakram
JSSK	Janani Shishu Suraksha Karyakram	RCH	Reproductive Child Health
JSY	Janani Suraksha Yojana	RKS	Rogi Kalyan Samiti
LAQSHYA	Labour Room Quality Improvement Initiative	ROP	Record of Proceedings
LHV	Lady Health Visitor	SBA	Skilled Birth Attendant
LT	Laboratory Technician	SN	Staff Nurse
M&E	Monitoring and Evaluation	SNCU	Special New Born Care Unit
MCTS	Mother and Child Tracking System	TFR	Total Fertility Rate
MDR	Maternal Death Review	TT	Tetanus Toxoid
MMU	Mobile Medical Unit	USG	Ultrasonography

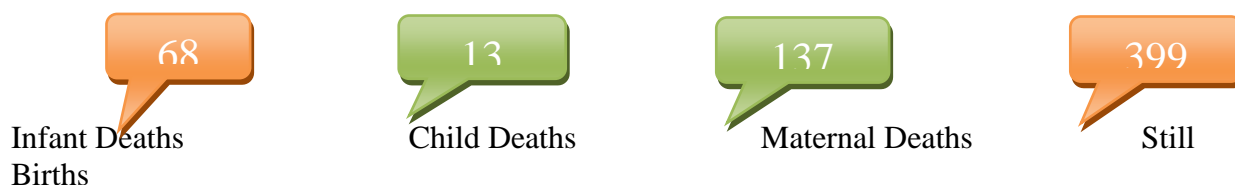
GORAKHPUR, UTTAR PRADESH

HIGHLIGHTS (NHM-PIP): FY 2021-22

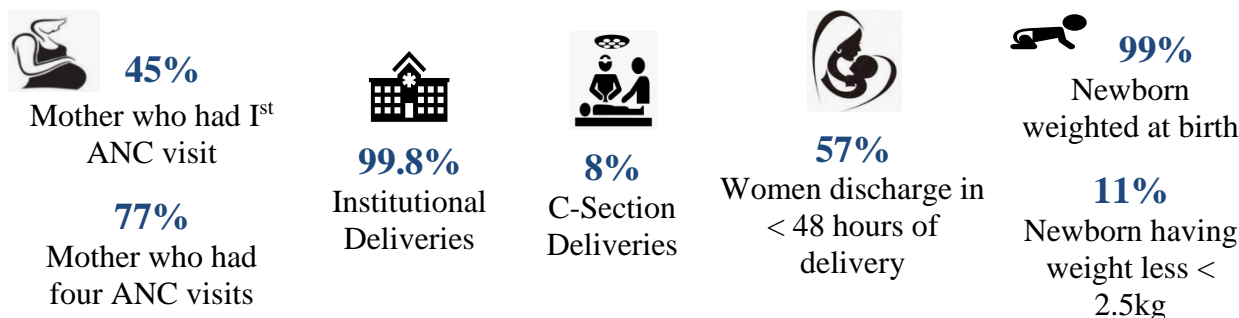


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Health ATM Centre	Medical College	District Hospital	Sub District Hospital	CHCs	PHCs	U-PHCs	SCs

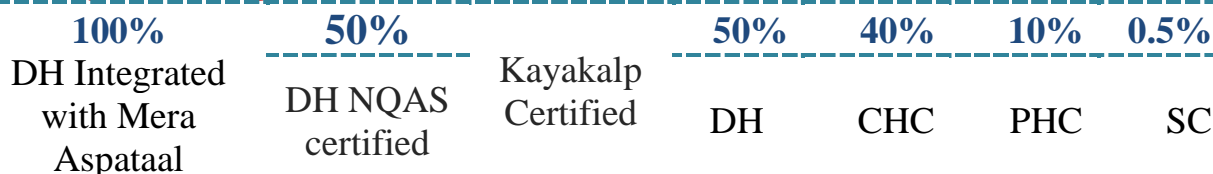
Key Mortality Indicators



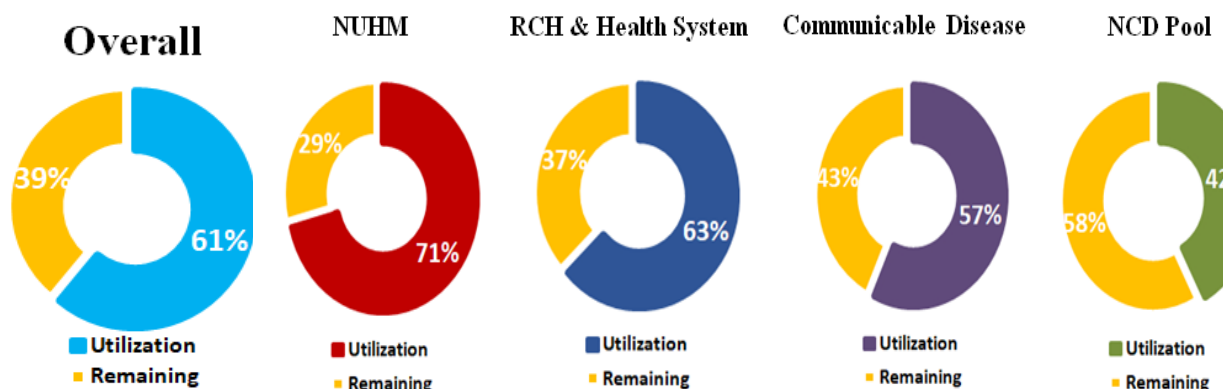
MCH Indicators



Quality care Programmes



Fund Utilization



Executive Summary

The National Health Mission (NHM) embodies the prime mission of the government of India for the Indian Health scenario holistically. The advancement of NHM is carried out by the Monitoring and Evaluation action which is also a significant determinant. The Ministry of Health and Family Welfare has assigned the responsibility to Population Research Centres (PRCs) for the evaluation with respect to quality monitoring of important components of NHM Programme Implementation Plan (PIP) 2021-22. A two-member team from PRC Delhi visited the allotted district of Gorakhpur, Uttar Pradesh during August 2022.

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

Key Findings

- **Specialist Shortage at CHC level:** Chronic shortages of medical specialists are notably concerning across all CHCs in the district.
- **Low ANC Registration:** Antenatal Care (ANC) registration in the first trimester is a serious concern in the district, which needs to be addressed.
- **Big Jumps in Institutional Births/ deliveries:** In 2021-22, about 99 per cent of all reported deliveries in the district were institutional deliveries.
- **The length of the postpartum stay of women at the facility requires greater attention:** Majority of the women do not stay in the facility for 48 hours after delivery, particularly the facility located in rural areas due to the safety issues and cultural / ritual issues.
- **Lacking in LaQshya program Implementation:** The district is markedly lacking in LaQshya Implementation program as there were labor room & OT certified in the district
- **Out of pocket Expenditure:** As gathered from community interactions, the major contributor towards the OOPE for beneficiaries in Gorakhpur can be attributed to delivery care services across all health tier i.e. DH/CHC/PHC.
- **Budget Issue:** Budget release & late receipt of approved RoPs is the biggest obstacle in achieving the physical targets of the district, and also resulting in less fund utilization.
- **JSY Payment Gap:** Around 20% JSY Payment gap was noted in the district majorly due to the budget delay.

- **Poor Fund documentation Management at lower health tier:** The fund documentation management was seen to be exceptionally unfortunate and poor at the PHC level in the district as concerned facility were not being aware of it.
- **Medicine Shortage:** The supply of medicines at the SC level in the district was reported to be less than the demand.
- **Inadequate physical Infrastructure at Sub-Centre Level:** Health facilities, specifically at lower tier, do not comply with the mandates of physical outlay standards. There is wide scope of improvement with regards to basic amenities & internet connectivity as well.
- **Health ATM Centres:** The district has been allotted/ assigned 5 health ATM machines in the initial stage.
- **Delivery care diversion:** Community interaction indicated instances of ASHAs indulging in delivery care diversion practices. ASHAs mostly refer pregnancy cases directly to private hospitals instead of public as they received greater financial incentive from private.
- **HMIS data item mismatch:** In Maternal Mortality Indicators, data mismatch was observed at district level due to non-reporting of data from medical college on HMIS portal.

Recommendations

- Timely release of the funds & approved RoP must be planned for the district.
- The fund documentation management was seen to be exceptionally poor at lower health tier. This is key aspect/colossal issue for any district that needs to be addressed.
- To address the issue of data quality in mortality indicators, the government must direct the medical college to implement the HMIS portal and punch the data of key HMIS indicators.
- To ensure the full range of the services with the quality care, the district must prioritize the immediate filling post of medical specialists, Medical Officers and ANM in the district.
- Instances of taking bribe for delivery care services from the patient were noticed across all health tiers in the district except SC. Strict action must be taken against the corrupt staffs of the government facility to reduce the out of pocket expenditure of the beneficiaries.
- There is wide scope of improvement with regards to basic essential medicine at the primary health tier for the better healthcare services.
- The district is markedly lacking in LaQshya Implementation program as there were labor room & OT LaQshya Certified in the district, which needs to be addressed seriously.
- Under the inventory management process, stock must be carefully recorded so that there is no mismatch between the recorded value in the register and the availability at the stock.

- ⊕ Under JSSK, the length of the postpartum stay of women at the facility requires greater attention. The provision of deputation of a security guard at the rural CHC/PHC level will help in ensuring the mothers & newborn care.

Chapter 1

INTRODUCTION

1.1 Background and Objectives

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

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

The monitoring and evolution report is based on both primary as well as secondary data. Primary data collected from visited health facility and CMO Office while secondary data has been collected from HMIS Web Portal. Prior to visiting to district, the monitoring and evaluation team reviewed district PIP document and formulated semi-structured interviews schedules for the DPM, facility staff and beneficiaries. Before visiting the different level of healthcare facilities, a meeting with key personnel of NHM was held. The main motive of interaction with the officials i.e., CMO, DPMO and Nodal officer, was to know their problems

and take their opinions for the improvement of the programmes. Moreover, the interactions gave an enriching insight into health situation of the district, key challenges that lay ahead, and a prospective way forward. The healthcare facilities visited are listed below:

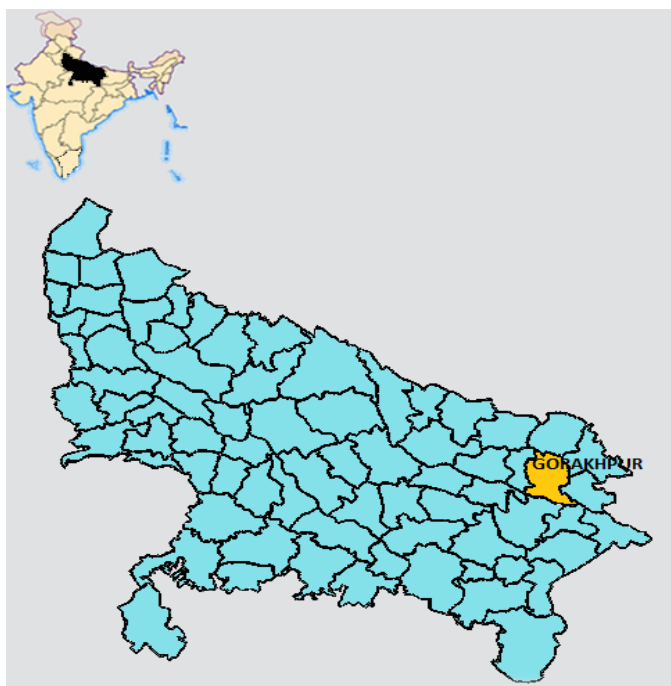
Table 1: List of Visited Healthcare Facilities in Gorakhpur, Uttar Pradesh

Healthcare Facility	Name of the Facilities /Place	Team Composition
District Hospital	District Women Hospital, Gorakhpur	Ms. Bindiya Kumari & Prof. Suresh Sharma
CHC	Pipraich & Bhathat	
PHC	Chargawan & Pepergaon	
SC	Lahsari & Yadavpur	

1.2 Demographic Profile: Gorakhpur, Uttar Pradesh

As per census 2011, Gorakhpur district ranks 10th in terms of population across districts in Uttar Pradesh. The Population of the District is around 44.4 lakh including Male Population- 22.8 lakh and female population-21.6 lakh. The percentage share of urban population in the district is 18.8% as against 22.3% of the population in urban areas of the state. The district ranks 15th in terms of sex ratio (950) which is higher than the state average of 912 females per 1000 males. The literacy rate of the district is 70.8% which is more than the state average of 67.7% which ranked 27th across the districts in state. Decadal growth rate of the district is 17.8% which is lower than the state average of 20.2%. The sex-ratio of Gorakhpur district is 950 as compared to 912 in the state show the more female per 1000 male. The literacy rate of the district is 70.8% out of which 81.8% males are literate and 59.4% females are literate. Gorakhpur district has population density of 1337 persons per sq.km, which is higher than the state average 829 persons per sq. km. The map of Gorakhpur is given in figure 1.

Figure 1: Map of Gorakhpur of Uttar Pradesh



The Gorakhpur city is home to the Gorakhnath Math, a Gorakhnath temple. The district is situated 270 kilometers east of the state capital Lucknow. It is situated about 100 km from the Nepal border, 193 km from Varanasi, 260 km from Patna and 270 km from Lucknow. It is one of the flood vulnerable districts in Eastern Uttar Pradesh. Data over the past 100 years show a considerable increase in the intensity and frequency of floods, with extreme events occurring every three to

four years. Roughly 20% of the population is affected by floods, which are an annual occurrence in some areas, causing huge loss of life, health, and livelihoods for the poor inhabitants, as well as damage to public and private property. The state government has also declared Gorakhpur, as a metropolis on 22 November 2021.

1.3 Health Profile

This section will discuss the health care service delivery indicators in public institutions in Gorakhpur District of Uttar Pradesh with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2021-22 (See Annexure, table 2). First ANC registration is a matter of grave concern in the district. According to the HMIS, just 45 per cent of women in Gorakhpur registered for ANC in the first trimester. However, around 78 proportions of pregnant women received four or more ANC check-up. According to the HMIS data source, IFA supplementation was given to more than 100 per cent of all women who registered for ANC.

Delivery care is a vital factor of Infant health. Of the total home deliveries in Gorakhpur Uttar Pradesh, 25 per cent deliveries were attended by non- SBA worker. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 99 per cent of all deliveries were institutional deliveries. Around 8 per cent of institutional deliveries were reported C-section in the district. It must be noted that out of total institutional deliveries, more than 55 per cent women discharged within 48 hours of delivery.

With regards to Post Natal Care, only 33 per cent of women received 1st post-partum checkup within 48 hours and 14 days of delivery. Around 94 per cent of the newborns were breast fed within 1 hour of delivery and 96 percent newborns were weighed at birth in the district. Overall more than one lakh children fully immunized (9-11 months) observed in district. Female sterilization as a method of permanent family planning dominates the statistics with more than 99 per cent of all sterilization conducted in the year 2021-22 in Gorakhpur Uttar Pradesh.

As per HMIS data, the district has observed a total of 78 maternal deaths during 2021-22. The number of infant deaths (1-12 months) reported is 37 whereas Infant deaths (within 24 hours & up to 4 weeks) were reported 31. The number of child death (1-5 years) reported is 13. With regards to still births, total 399 cases reported in the district.

Chapter 2

PUBLIC HEALTH FINANCING

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

2.1. State Resource Envelope

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

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

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

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

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

DHAP is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process. It is an NHM document that depicts the need at sub district level units for programme implementation in terms of infrastructure, HR, procurement, various schemes running etc. and provides an overall budget required to execute those activities. Initially, for the preparation of DHAP, stakeholder gathers the inputs from block, cities, CHC/PHC and Village level. These inputs are collated into a guiding document i.e. DHAP which serves to consolidate the State PIP. For finalizing DHAP, an action plan meeting is held between the district and block officials to approve or disapprove the requirements after discussions. The table 2 shows the time process of preparation & approval of PIPs/DHAP in said District. It was mentioned that the biggest obstacle in achieving the physical targets of the district was the late receipt of approved PIP and fund release from state. After December, the district was unable to receive the fund (as per demand) from the state and even committed payments were reported pending in the district.

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

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

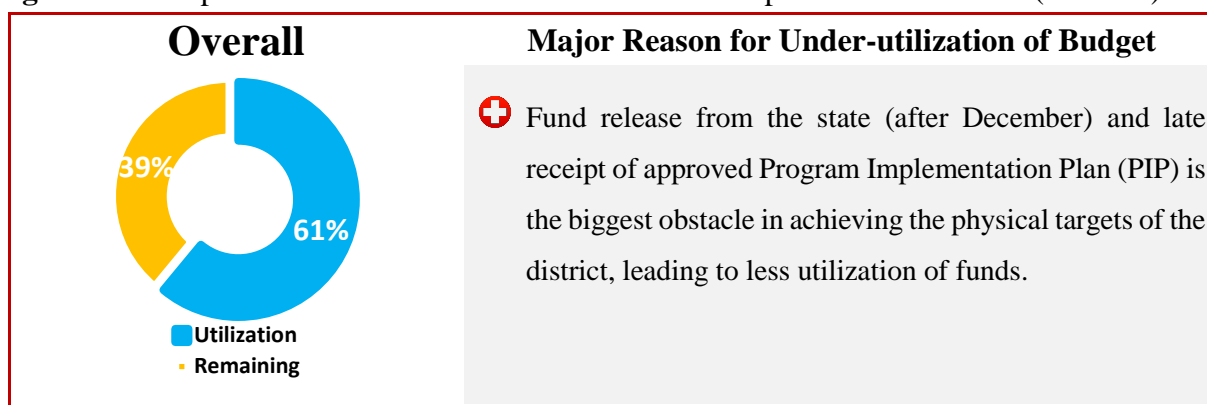
Source: CMO Office, Gorakhpur, Uttar Pradesh, 2020-21

For the year 2021-22, the district has submitted DHAP in January 2021 & received approved ROPs in August 2021. Similarly, the same situation can be seen in 2022-23. The district has not received their approved RoP of the district till August or September. Timely release of the funds & approved RoP must be planned for the district so that district can plan accordingly.

2.3. National Health Mission Fund Utilization

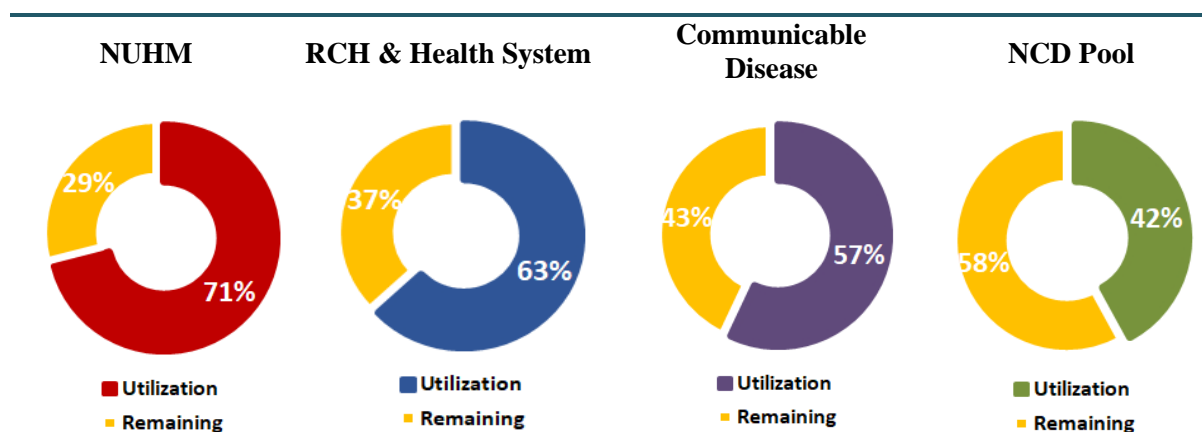
This section will attempt to discuss in depth details the NHM fund utilization against the sanctioned amount for the last financial year.



Figure 2: A snapshot of Overall Fund Utilization in Gorakhpur of Uttar Pradesh (2021-22)



Against the sanctioned fund amount, around 39 per cent of funds remained unspent at the end of the last financial year as depicted in the above graph. Fund release problem from the state side after December 2022 was reported a biggest issue as district receives the funds in limits. Secondly, late receipt of PIP approval is also the biggest obstacle in achieving the physical targets of the district, thus again leading to less utilization of funds. The following figure highlights flexipool wise budget utilization of Gorakhpur of Uttar Pradesh in last financial year (See annexure, table 5).The budget categorized into 4 broad categories i.e., RCH & Health System Flexipool, NUHM, Communicable Disease and finally NCD Flexipool.

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



Max. Utilization 	-	RBSK & Program Management	NVDCP & IDSP	NRCP & NMHP
Mini. Utilization 	-	Referral Transport, Infrastructure & Untied fund	NLEP	NPCCHH & NTCP

In Gorakhpur, the maximum fund utilization was observed in NUHM flexipool. However, the least fund utilization was observed in the Communicable & Non- Communicable diseases pool. Under RCH flexipool, the maximum utilization of funds is observed in the RBSK Program & Program Management with more than 70%. However, the least utilization can be seen on Referral Transport (5%), Infrastructure (29%), and Untied Fund (30%) due to budget release issue from the state. Owing to the budget release problem all the vehicle payment, vendor payment etc. were pending in the district, thus resulted in underutilization of budget.

Under communicable, the maximum utilization is observed in NVDCP (67%), & followed by IDSP (61%). With regards to NCD pool, maximum utilization of funds is observed for the rabies control program and on mental health program. However, no utilization of budget as per sanctioned amount can be observed in the NPCCHH program in said pool. On the contrary, less fund utilization was observed for blindness control program. Similarly, less fund utilization was observed on Tobacco control program due to the lack of dedicated manpower under the said.

Chapter 3

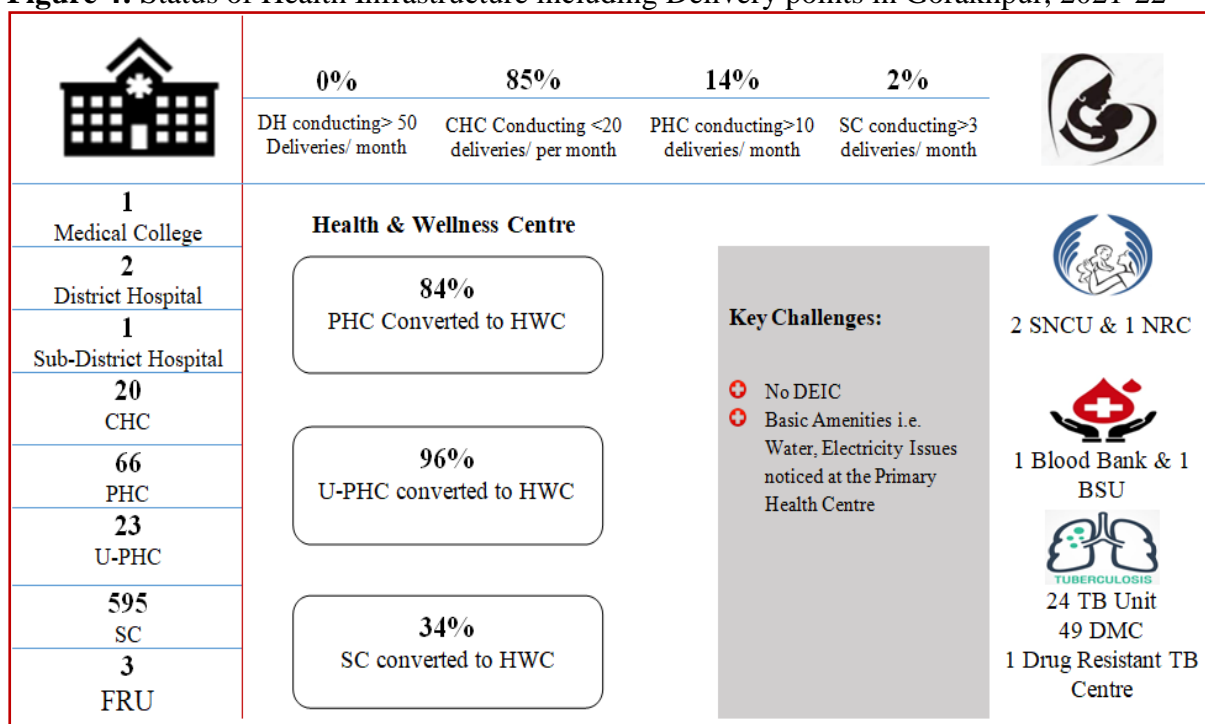
PUBLIC HEALTH PLANNING

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

3.1. Health Infrastructure

Infrastructure is the basis for planning, delivering, and evaluating a wide range of essential public health services. Healthcare institutions and healthcare infrastructure is an important indicator to understand the health care status, health care delivery provisions and mechanism. Therefore, this section examines the analysis of health care infrastructure in Gorakhpur, Uttar Pradesh. Overall, district has 1 AIIMS Medical College, 2 district hospitals; District Women Hospital, District Male Hospital, Gorakhpur. It has 1 Sub- District Hospital, 20 Community Health Centre (3 FRU), 66 Primary Health Centre and 595 Sub-Centre. The district has more than 40 delivery points, however it has 1 Blood bank and 2 blood storage units.

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



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

Out of two district hospital, one DH was conducting the delivery care services including C-section; which were conducting less than 50 deliveries per month in the district. Owing to the availability of Medical College in the district, most of the delivery care cases conducted at the AIIMS Gorakhpur. With regards to Community Health Centre, around 85% CHC were conducting more than 20 deliveries per month. 14% PHC are able to conduct more than 10 deliveries in a month. Out of the total Sub-centre, just 2% sub-centres are able to conducting the more than 3 deliveries in a month.

In addition, district has 2 Special newborn care units (SNCU). During the last financial year 2021-22, there were 1538 neonates admitted in SNCUs in district. With regards to NRC, more than 574 newborn were admitted in the last financial year and out of the total, around 95% newborns were successfully discharged. It must be noted that the district does not have any District Early Intervention Centre (DEIC) for the better delivery of services. To address the TB elimination, there are 24 Tuberculosis Unit, 49 DMC and one drug resistant TB centre.

Health infrastructure also includes digital health centre at the district which provide basic healthcare facilities at a minimum cost. It was reported that total 5 Health ATM centres were installed in the district in 2022. First Health ATM Center was inaugurated at PHC, Chargawan by the Prime Minister Sh. Yogi Aadiyanath Gorakhpur's in September, 2022.

Figure 5: First Digital Health ATM in Gorakhpur

The prime goal of health ATMs is to provide basic healthcare facilities at a minimum cost. It is the most recent example of high-tech in the healthcare industry as more than 50 different sorts of tests from health ATMs can be completed while seated for a few minutes. Further, by sending the test results online to a qualified doctor for consultation, the proper medical advice can be obtained.

- ✓ Instant Diagnostic
- ✓ Tele-consultation with Doctor
- ✓ Digital Health Record

The broadly following test performed in the Health ATM centres:

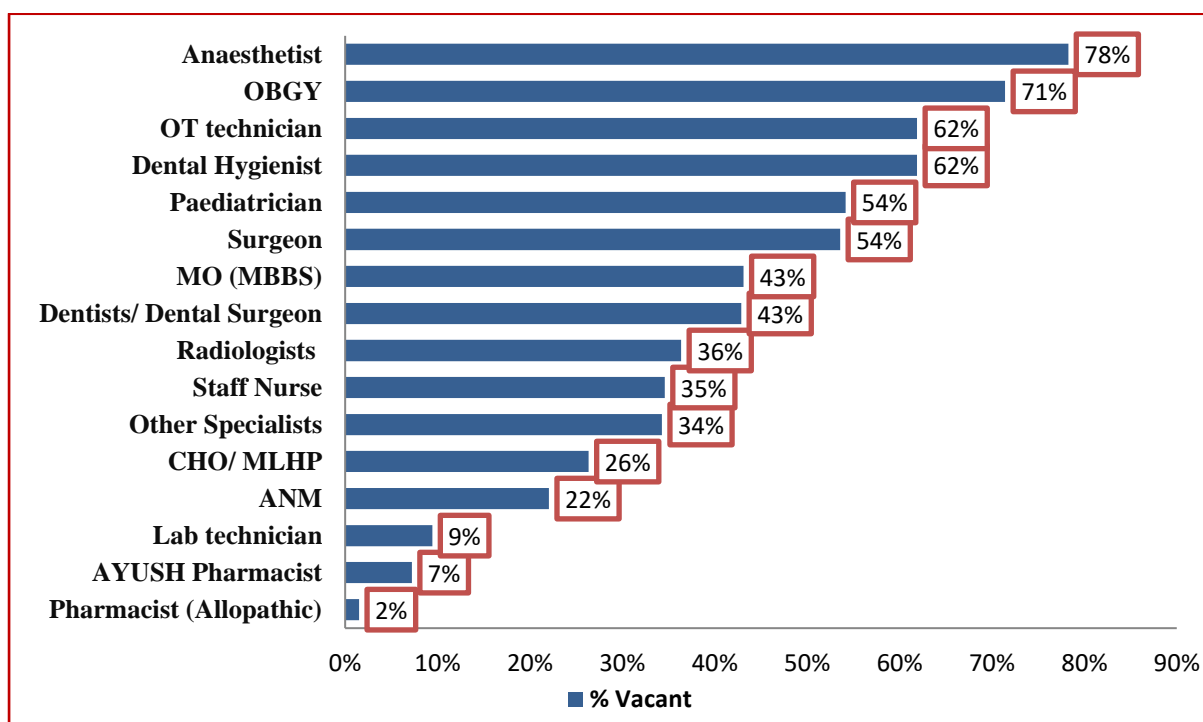
- ⊕ General Body Checkups
- ⊕ Cardiac Checkups
- ⊕ Diabetes, Haemoglobin & Urine
- ⊕ Rapid Diagnostic Checkups
- ⊕ GP Tele- Consultation
- ⊕ White Blood Cell
- ⊕ HBA1C

3.2. Human Resources for Public Health

Lack of Human Resource is one of the major concerns of the district; more specifically major issue was reported regarding the shortage of specialist (OBGY, Anesthetist, Surgeon, and Pediatrician), Medical officer & ANM in the district. More than 60% post for OT Technician were vacant in the district due to which operations & surgical services were hampered. In addition, there is shortage of Staff Nurse, CHO, therefore hampered the essential health care services in the district. The component of Human Resources under NHM is to ensure the availability of adequate work force at the public health facilities in the State. To ensure smooth service delivery NHM made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure. In district, total 795 ANM, 121 Staff Nurse, 8 OBGY, 11 Pediatrician, 5 Anesthetist, 13 Surgeon, 7 Radiologist, 23 other specialists, 12 dentist, 153 MO, 298 Pharmacist (Allopathic & Ayush), 48 LT, 22 Radiographer, 204 CHO and 54 AYUSH MO were in-position in the district (See Annexure, Table 6). Overall, under Uttar Pradesh Government in the district, total number of sanctioned posts for Medical is 269

out of which only 153 have been filled and 116 posts is still held vacant (See Annexure, table 6). Position for the ANM, CHO & Staff Nurse is also significantly high in the district.

Figure 6: Shortage of Human Resources in Gorakhpur District, Uttar Pradesh, 2021-22



Against the sanctioned post in the district, 78% position of Anesthetist, 71% of OBGY, 62% position of OT Technician, and 54% of Surgeon position vacant under Uttar Pradesh government in the district as depicted in the below figure. Further, less than 50% post were laid vacant for MO, Radiologist, Staff Nurse, Dentists/ Dental Surgeon, other Specialists, CHO, and ANM. Overall, 43% position of Medical Officer’s (MO), 36 % of Radiologist, and 35% of Staff Nurse vacant position observed in the district. Around 20-30 % position lied vacant of ANM & CHO in the district.

It must be noted that in the FY 2021-22, a total of 408 posts of medical & paramedical staff were found vacant in the district under Regular cadre (See Annexure, table 6). On the other hand under NHM, 513 vacant positions were seen at the beginning of the last financial year; out of them, 472 numbers of posts filled by state and 8 posts filled by the district. Thus, 33 post are positions still vacant for the same.



The bottom-up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors. At present, a total of 4019 ASHAs (4123 sanctioned/ required) are working in the district and there are 4 vacant positions against the sanctioned position for ASHAs as depicted in table 7 (See Annexure). MAS in one of the key interventions under National Health Mission aimed at promoting community participation in health at all levels, including planning, implementing

and monitoring of health programmes. Total 338 number of Samiti formed & trained in the district, while the MAS account opened was 330. Meeting of MAS was held at least once every month, which addresses local issues related to Health i.e., Immunization, Family planning, COVID, Water, and Sanitation at slum level.

3.3. Capacity Building of HR

Following table shows the training status of doctors for Live Saving Anesthetics Skills (LSAS) & Emergency Obstetric Services (EmOC).

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

 EmOC Trained	2	2	1	Remarks/ Challenge 50% EmOC trained doctor performing C-section
	Trained Doctors	Posted in FRU	Performing C-section	
 LSAS Trained	2	2	1	Remarks/ Challenge 50% LSAS trained doctor performing C-section
	Trained Doctors	Posted in FRU	Performing C-section	

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

In Gorakhpur, two doctors trained in EmOC, both were posted in FRU; however, only one was performing C-Section deliveries. Similarly, 2 doctors were trained for LSAS in last financial year, out of them just one performing C-section.

It was reported that many training, such as, SAANS, HBYC etc. were postpone due to the Budget release/ limitation issue in the district.

Chapter 4

NATIONAL HEALTH MISSION PROGRAMMES



This section will attempt to discuss in details the implementation of various national programmes related to mother, newborn, child & adolescent healthcare services under National Health Mission. It will also make an attempt to deliberate the Nutrition Programmes as well. One of the key objectives of NHM programme is prevention and control of most common communicable and non-communicable disease. Therefore, it will discuss the diseases control programs. Finally, it will discuss the Quality care programs as well as other NHM programs.

4.1. RMNCH+ N Programmes

Improving the well-being of mothers, infants and children is an important public health goal for Government of India. In this context, Ministry of Health & Family Welfare launched Reproductive, Maternal, Newborn Child plus Adolescent Health (RMNCH+A) to

influence the key interventions for reducing maternal and child morbidity/mortality. The following table depicts the scenario of mortality indicators in Gorakhpur for last two years.

Table 4: Mortality Indicators in Gorakhpur over last two Years

Mortality Indicators	In Numbers		Increase/ Decrease
	2020-21	2021-22	
Infant Deaths	26	68	
Child Deaths	3	13	
Maternal Deaths	177	137	
Still births	665	399	

Source: CDMO Office, Gorakhpur, Uttar Pradesh


Overall, total number of Infant and child deaths, have decreased from 2020- 21 to 2021-22 in the district. On the other hand, still births and maternal deaths have increased in the district in said period. The total number of still births & maternal deaths has observed to be significantly high as compared to others mortality indicators in the district in both years. In Maternal Mortality Indicators, drastic data mismatch was found at district level due to non-reporting of data from medical college on HMIS portal (See Annexure Table 2). To address the issue of data quality, the government must direct the medical college to implement the HMIS portal and punch the health care data.

This section will attempt to discuss in details implementation of various national programmes related to mother, children, newborns and adolescent health services under National Health Mission.

Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana prevalently known as the conditional cash transfer scheme, started in 2005. JSY is an initiative for safe motherhood under NRHM. It aims at reducing maternal and neo mortality rate, promoting institutional deliveries among poor pregnant women by incentivizing them through cash benefits for getting institutional deliveries. The initiative is effectively working in the district however the level of awareness among the beneficiaries is satisfactory in the district. Following figure depicts the disbursement of the JSY entitlements.

Table 5: JSY Payments Status in Gorakhpur, Uttar Pradesh: 2021-22

 जननी सुरक्षा योजना		Key Challenges: Majority of JSY gap was observed due to Budget Delay
53815	82%	

Total Number of Beneficiaries	Beneficiaries received Incentives	Incomplete Records of the beneficiaries.
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Source: CDMO Office (2021-22), Gorakhpur, Uttar Pradesh

Overall, around 20% JSY Payment gap were observed in the district. The said gap was primarily due to budget delay. Further, remaining 4-5% gap was due to incomplete records of the beneficiaries. Most of the beneficiaries don't have relevant valid papers/ documents & bank accounts that are required. It is mandating that JSY payment will be released only after the receipt of all document like BPL Card, Income certificate etc.


Janani Shishu Suraksha Karyakaram

Janani Shishu Suraksha Karyakaram (JSSK) aims to improve maternal and child health by minimizing financial expenses of pregnancy and sick new born child. Furthermore, the aim of this scheme is to promote institutional deliveries. After the implementation of the program, the institutional deliveries have been increased in the district. However, it was noted that majority of the women do not stay in the facility for 48 hours after delivery, particularly the facility located in rural areas due to the safety issues as well as some myths/ community cultural / ritual issues. The provision of deputation of a security guard at CHC and PHC level will help in ensuring the mothers & newborn care. The JSSK scheme is not well implemented in the Gorakhpur of Uttar Pradesh across few key domains. Free diet was given to beneficiary mothers at the DH, CHC and Block PHC level. However, the diet services were not functioning well at upper tier of healthcare as quality of the beneficiaries' diet was observed to be quite poor.

Pradhan Mantri Surakshit Matritva Abhiyaan

PMSMA program has been launched, to improve the quality and coverage of ANC including diagnostics and counseling services as part of the RMNCH+A Strategy. The prime aim was to provide comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. Despite the implementation of PMSMA program, poor quality of ANC services is a serious concern in the district. It was reported that HRP Identify/tracking were not successfully possible under the said programme due to constant changes in guidelines for tracking/ identify High Risk Pregnancy (HRP) cases which makes it less clear.

Table 6: Status of PMSMA programme in the Gorakhpur, Uttar Pradesh

44 Total Facilities	 Facilities Covered at tier	Key Challenge
281697	100% Medical College	Continuous changes in guidelines for tracking/ identify High Risk Pregnancy (HRP) cases


No. of MCP Card Issued	50% DH 65% CHC 44% PHC	Budget Limitation Issue
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Overall, there are 44 such healthcare facilities (1 Medical college, 1 DH, 13 CHC, & 29 PHC) in district where PMSMA round are being conducted. It was reported that MCP card/ Safe Motherhood Booklet issued under PMSMA in district. A sticker is added on the MCP card on each visit, if the women is detected with no risk, then a green sticker is added. However, the red sticker indicates high-risk pregnancy case.

Home Based Newborn Care Programme

ASHAs are responsible for the HBNC & HBYC visits in the villages or slums. HBNC programme is well implemented in the district. In the last financial year, ASHAs were also actively involved in the counseling of Immunization & HBNC visit as well. Around 90 thousands neonatal visits were conducted by ASHA worker under HBNC programme in the district. From the table it can be seen that around 90% ASHAs have the complete HBNC as well as drug kits. The following table 7 depicts the status of HBNC programme in the district.

Table 7: Status of HBNC programme in the Gorakhpur of Uttar Pradesh, 2021-22

 <p>Home based Newborn Visits</p>	54010	90%	90%	Key Challenge: Incomplete ASHA’s Kit and non-functional equipment in kit
	HBNC Visits by ASHAs	ASHA having HBNC Kits	ASHAs having Drugs Kits	

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

Rashtriya Bal Swasthya Karyakram/ School Health Scheme Program

RBSK is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 ‘D’s viz. RBSK programme is well implemented in the district despite the lack of dedicated manpower. In Gorakhpur district, there are a total of 38 RBSK teams, with 2 teams per block, which ensure coverage of children. 37 teams are complete in place as per the composition and 19 numbers of vehicles are on the road for RBSK team. Per day, on an average of more than 80 children are being screened by the team in the year 2022. More than 50 thousand children have been screened at the delivery points for defects at birth. The district required DEIC Centre for the treatment of children under the said program.

Immunization Program

The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, 1.12 lakh children fully immunized (9-11 months) observed in Gorakhpur Uttar Pradesh. In the last financial year, out of the total planned session 58675, around 98% (57466) Immunization session were held in the district. In addition, out of the total immunization session where ASHAs were presented to be 94 % session.

Family Planning Programs



Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. As per the HMIS data, female sterilization as a method of permanent family planning dominates the statistics with 99.8 per cent of all sterilization conducted in the year 2021-22 in Gorakhpur Uttar Pradesh (Tubectomies). Total sterilization conducted was reported to be more than 7 thousand in the district. Besides these, the total numbers of condom pieces that have been distributed in the last financial year were 16.5 lakh pieces followed by oral pills 1.19 lakh.

Rashtriya Kishor Swasthya Karyakram (RKSK)

The Ministry of Health & Family Welfare has launched a health programme for adolescents (10-19 years), in the year of 2014, which would target their nutrition, reproductive health and substance abuse, among other issues. The main objective of this Karyakaram was to improve nutrition, Sexual and Reproductive Health, enhance Mental Health, also prevent substance misuse injuries and violence. During last financial year, total 14587 adolescent registered under RKSK program in district, and out of which, 63 % were girls and remaining 38% were boys registered as depicted in the following table. Therefore, it can be observed that registration rate among girls were higher than the registered rate of boys in the district. Similar observation can be seen with regards to received counseling services. However, opposite trend can be observed with respect to clinical services; 80% boys received the clinical services against the 65% girls.

Table 8: Status of RKSK program in Gorakhpur of Uttar Pradesh, 2021-22

8632 Total Registered	RKSK	2021-22	Key Challenge
	Girls registered in AFHC	9110	Inadequate infrastructure is biggest constraint in proper services; No
	Out of registered, Girls received clinical services	65%	

	Out of registered, Girls received counselling	83%	separate AFHC Clinics in few blocks. Insufficient Funds
	Boys registered in AFHC	5477	
	Out of registered, Boys received clinical services	80%	
	Out of registered, Boys received counselling	53%	

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

No proper counseling session were taken in place in few blocks due to non- availability of separate AFHC. Owing to the inadequate Infrastructure and space crunch, most of the services were hampered with the respective programme.

4.2. Communicable Diseases Control Programmes

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

Under IDSP programme, the surveillance units have been established in the district. Rapid response teams are available/ constituted at district level and team includes 20 people. IDSP data utilized properly at the district level for identify trends and patterns of disease/ syndromes. The district generates EWS on the basis of weekly data analysis. After analysis of data, if any trend is found in a particular disease, it's highlighted to the state and further preventive measures taken accordingly. Overall, just 2% of private health facilities reported weekly data of IDSP.

Table 9: Status of Communicable Diseases Programme in Gorakhpur of UP, 2021-22

Communicable Diseases Programs	In No.	Remarks/ Challenges
IDSP		
Rapid response team constituted	Yes	Program well Implementation in the district
IDSP team composition	20	
Types of diseases reporting under IDSP	25-26	
Total Epidemic and outbreaks reported in district	No	
% Of private health facilities reporting	2%	
NLEP		
New case detected/ recorded (In no.)	238	Functional well

No. of G2D cases	-		
% of G2D cases of new cases deducted	-		
MDT available without interruption	Yes		
Reconstructive surgery for G2D cases conducted	-		
MCR footwear and self-care kit available	Yes		
NVBDCP			
Micro plan and macro plan available at district	Yes		
Annual Blood Examination Rate	1.22	Anti-larval methods: In Urban areas by Nagar Nigam & in Rural area by Panchayati Raj Department with 2.5 ml Temiphos in 10 Ltr water.	
Reason for decrease	COVID management		
LLIN distribution status	Yes		
Anti-larval methods	Yes		
Contingency plan for epidemic preparedness	Yes		
No. of MDR rounds observed	Yes		
W2weekly epidemiological & entomological situations monitored	By ACMO & DMO office		
NTEP			
Target TB notification achieved	Yes	Treatment success rate more in Private sector	
HIV Status of all TB patient is known	Yes		
Drugs available(both drug sensitive & drug resistance)	Yes		
Beneficiaries paid under NIKSHAY	Yes		
		Public	Private
Patients notified	5680	3750	
Treatment success rate	84%	97%	
No. of MDR TB Patients	285	11	
Treatment initiation among MDR TB patients	100%	100%	

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

National Vector Borne Disease Control Programme (NVBDCP), overall Annual blood examination rate was reported 1.22 in the district. Weekly epidemiological and entomological situations were monitored by ACMO (Additional Chief Medical Officer) in the district and annually one MDR round have been observed in the last financial year. There is a proper micro and macro plan available at the district level as to control the vector borne disease prevalent in the district. In the last 3-year, there have been a decrease in the vector borne disease due to COVID-19. It was highlighted that vector born diseases trend increased by 7 times in 2022.

NLEP programme is functioning well with MDT medicines & equipment available at all the facilities in the district. Overall, more than 200 new leprosy cases were detected in the district in the last financial year. As per the World Health Organizations (WHO) Document, the proportion of G2D cases among newly diagnosed patients and the G2D rate in a population indicate the efficiency of early detection of leprosy.

Moving forward to the Tuberculosis Programme, It remains to be major public health problem in India. Diagnosis of TB through Intermediary UDST testing/lab is established in the district. Overall, 28 Tuberculosis Unit, 49 Designated Microscopy centre and 1 Drug resistant

TB centre were reported in the district. Total number of TB cases notified under NIKSHYA significantly varies from 5680 (60%) in public sector to 3750 (40%) in private sector. In the last financial year, around 300 numbers of TB patient deaths were reported in the district and more than 95% MDR TB patient death was observed in public sector. However, treatment success rate was observed to be 84% in public sector.

4.3. Non- Communicable Diseases Control Programmes

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer, etc. are covered under NHM.

NPCDCS Programme

The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is launched in 2010 with an objective to prevent and control major Non-communicable Diseases. Overall, Hypertension & Diabetes prevalence were reported more in the district.

National Mental Health Programme (NMHP)

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

National Oral Health Programme

Taking into account the oral health situation in the country, Government of India has initiated a National Oral Health Programme to provide integrated, comprehensive oral health care in the existing health care facilities. There is wide scope of improvement with regards to oral healthcare services in the district. Overall, severe shortage of manpower was reported to be major concern in the district. There were 12 Dental Surgeon/ Dentist, & Technical Assistant in the district. Against the sanctioned post (21) of the dentist/ dental surgeon 43% of positions were laid vacant in the district. Further, 62% (13) positions of Dental hygienist were also vacant against the sanctioned post. It is highly recommended that to functioning the oral health services in the district, the said department needs to be strengthened in the district by providing the required manpower.

4.4. Quality Assurance Programmes

To address the issue of low-quality of services in the healthcare premises, the GOI has introduced a set of quality-oriented programs under the National Health Mission. Quality care improvement initiatives i.e., Indian Public Health Standard (IPHS), NQAS, KAYAKALP, MERA ASPATAAL, LaQshya, MusQan programme, have revolutionized the pathways of public healthcare service delivery in the country. There was no District quality assurance consultant in the district for the last six months to lookup these quality care programs. It can be noted that district has been markedly lacking in LaQshya program implementation across all health tier. There was no LaQshya certified facility in the district. Thus, there is a wide scope of improvement with the execution of the said program. The following table depicts the broad status of quality care program implementation in Gorakhpur.

Table 10: Status of Quality Care Programs in Gorakhpur, Uttar Pradesh, 2021-22

	50%	50%	40%	Key Challenge
100% DH Integrated with Mera Aspataal	NQAS Certified Hospital	Kayakalp Certified Hospital	Kayakalp Certified CHC	The district is markedly lacking in LaQshya Implementation Program No Labor room or neither OT LaQshya certified
	3%	10%	0.5%	
	NQAS Certified PHC	Kayakalp Certified PHC	Kayakalp Certified SC	

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

Out of the two District Hospital in district, one DH i.e. District women Hospital is NQAS certified. In Case of PHC, just 2 PHC (CHC Basantpur & CHC Derwa) was found NQAS certified with the share of 3% in the total facilities. There is no CHC observed to be NQAS certified in the district. It can be noted that the district has been markedly lacking in Kayakalp program implementation at the primary health tier. Out of the total sub-centre, Just 0.5% SCs were found Kayakalp certified. Similarly, in case of PHC it was observed to be just 10% of total PHCs. Thus, there is dire need to look up and implementation of the program at the grass root level facilities.

Mera-Aspataal initiative is well implemented at the DH level in the district. It is Ministry of Health, Government of India initiative to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as SMS, Outbound Dialing (OBD) mobile application and web portal. Currently, it has been implemented in both district hospital of Gorakhpur of Uttar Pradesh. However some issues were observed in data uploading on HMIS regarding the Patient satisfaction score due to the lack of ID & Password for the access

of Mera Aspataal score at facility. It was reported that facility has the only access to enter the patient feedback on the Mera Aspataal portal as they don't have the access of to see their overall score, thus unable to report on the HMIS portal. Further, it was reported that facility doesn't have the knowledge of appropriate Calculation methodology of the PSS score due to different attributes of IPD & OPD, which further leads to the same.

4.5 Others NHM programme

The introduction of the Accredited Social Health Activist (ASHA) workers by the Ministry of Health and Family Welfare Department in 2005 was to improve the accessibility, availability and acceptability of the existing health facilities particularly in rural areas. Community health workers like ASHAs play strategic role in the area of public health. ASHAs have been established as the first port of call for all health related and allied activities at the community level. The following tabulation will provide the summary of enrolled status of ASHAs worker under different social welfare scheme in the district.

Table 11: ASHAs Enrolled Status under social benefit scheme in Gorakhpur, 2021-22

4019	100%	100%	126
ASHAs Worker in district	ASHAs enrolled under PMJJBY	ASHAs enrolled under PMSBY	No. of ASHAs Facilitator enrolled under PMJJBY/ PMSBY

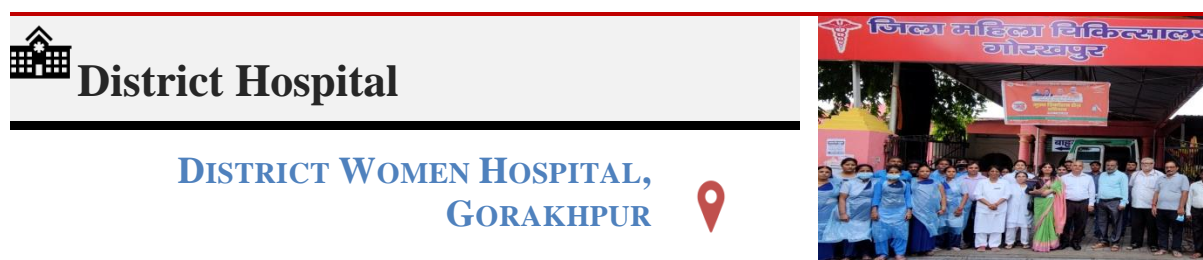
Source: CMO Office, Gorakhpur, Uttar Pradesh, 2021-22

Overall, all 100% ASHAs workers in the district are insured under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), and under Pradhan Mantri Suraksha Bima Yojana (PMSBY). These are both governments backed insurance schemes. With regards to ASHAs Facilitators, total 126 no. of facilitators were found to be enrolled in both schemes Pradhan Mantri Jeevan Jyoti Bima Yojana and under Pradhan Mantri Suraksha Bima Yojana.

Chapter 5

PUBLIC HEALTH FACILITY ASSESSMENT

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



District women hospital is a 205 bedded facility located in Gorakhpur District, Uttar Pradesh. The facility was awarded with Kayakalp & NQAS in the last financial year. However, the labour room of the facility was not observed to be LaQshya certified. Currently, the facility has an average OPD load of approximately 400-450 patients per day. Further, around 20 per day deliveries were conducted at the facility. In the last financial year 2021-22, total 4362 deliveries were conducted at the district women hospital, out of them 2084 were reported to be LSCS. Thus, the percentage of C-section was quite high i.e. 45-50% at the district hospital in 2021-22. Basically, two reasons reported behind the Increasing rate of C-section; first is on demand or to avoid the extreme labor pain, secondly due to refer cases from Periphery facilities.

Overall, there was acute shortage of Medical officer & Anesthetist was reported at the facility. It was highlighted that in MCH Wing, 18 posts sanctioned for medical staff under regular cadre since 2019 while all staff i.e. OBGYN, Paediatrician, Anaesthetist, Pathologist & Radiologist etc positioned under contract basis which needs to be addressed seriously.

With regards to record keeping maintenance, some indicators i.e. new born weighted at birth, newborns breast fed within 1 hour of birth, were not recorded/ captured by the respective department of female DH of Gorakhpur District. Owing to the lack of monthly record summary of the said indicators in Labour room & SNCU department, most of the mismatches were observed with the HMIS data. Further, in Live Birth – Male/ Female indicators, Human Error was observed in data compilation due to two different department records i.e. Labour room & OT (C-section) Records.

Table 12: Status of District Women Hospital across various Health Domains in the year 2020-21

Key Areas/ Observations		Remarks/ Challenges	
Human Resource			
MO (MBBS)	1	Hospital Manager	1
OB&GYN	7	Staff Nurse	47
Pediatrician	4	LTs	6
Anesthetist	1	Pharmacist	6
Radiologist	2	EmOC trained doctor	2
Pathologist	3	LSAS trained doctor	1
<p>Shortfall (%) against Sanctioned 25% MO 50% Anesthetist</p> <p>Required skilled HR for better service delivery</p>			
Physical Infrastructure			
Accessible from nearest road ahead	✓	Drinking water facility	✓
24*7 running water facility	✓	ASHA rest room available	✗
Geriatric and disability friendly	✓	Drug storeroom with rack	✓
Hospital located near residential area	✓	Power backup (Complete facility)	✓
Clean functional toilets	✓	Good Condition of Building	✓
OPD waiting area sufficient space	✓	Complete Construction Status	✓
Core/ Specialized Health care Services			
Medicine	✓	SNCU	✓
O&G	✓	CLMC	✗
Pediatric	✓	NICU& PICU	✗
General Surgery	✗	DEIC	✗
Anesthesiology	✓	Labour Room Complex	✓
Ophthalmology	✗	Emergency Care (Delivery)	✓
Dental	✗	Skill Lab	✓
Imaging Services (USG)	✓		
<p>In SNCU, out-born admissions were observed more than the inborn.</p>			
Drugs, Diagnostic & Equipment's			
Essential Medicine on the day of visit	✓	Blood Storage Unit	✗
Laboratory services	✓	Fully Equipped Blood Bank	✗
X-ray	✗	Availability of testing kits	✓
CT Scan	✗	Major Instrument Functional	✓
Service Delivery/ Mortality Indicators (2021-22)			
More than 8 thousand OPD per month	45-50% of total delivery were C-section		C- section rate was quite high at the facility
Around 950 IPD per month	No Maternal deaths was observed		
Around 360-370 Institutional deliveries	No child deaths		
NHM Program Implementation			
JSY Program	Functioning well		Facility lacking in quality of diet services under JSSK.
JSSK	Diet were being provided to beneficiaries		
NQAS & Kayakalp	Certified		
LaQshya	Labour room and OT not Certified		LaQshya program was not implemented well.
PM-National Dialysis programme	Not Implemented at the facility		
PMSMA	Services rendered on 9 th of every month & indentified high risk PW		
TB elimination Programme	Non- functional at female DH		
HMIS Data Verification (Indicators name with reason for mismatch)			
Newborns breast fed within 1 hour	Not captured/ recorded by department		Extreme mismatches were observed with regards to SNCU records, Labour room records & quality care score i.e. Kayakalp, Mera Aspataal Score in the Female District Hospital.
SNCU Admission- Inborn/out-born	Difference b/w manual & system compilation due to monthly record maintenance		
Live Birth – Male/ Female	Human Error in data compilation; two records		
New born having weight <2.5 kg	Due to different department records; OT & Labor room		
Stock out rate of essential Drugs	Not Recorded by department		
PSS score	Data not updated by the facility		
Kayakalp/ Quality Score	Data not updated by the facility		
Others			
NHM Fund Utilization	Fund under-utilization observed		Fund Delay & budget limit of Expenditure reported major issue



CHC Pipraich is 30 bedded health facilities, with average OPD of 350 per day. This facility caters around 2.14 lakh population. Total 30 Sub-centre and total of 168 ASHAs worker associated with this facility. All the essential services i.e. ANC, PNC, pregnancy check-up, labour room services including C-section, family planning, basic lab tests, COVID vaccination, health counseling, and dental services. Deliveries with minor test were handled effectively on the facility. However, the high risk cases & pregnant women with COVID positive referred to the District women Hospital, Gorakhpur. The specialized services i.e. Medicine, Gynecologist, General Surgery and Ophthalmology available at the CHC except the Paediatric, and Anesthesiology. Post for the Paediatric, and Anesthesiology were laid vacant at the facility. Furthermore, there were not seen any EmOC trained doctor.

Essential Drug List (EDL) is available and proper displayed in open areas at the facility. A total of 190 drugs listed in the EDL. Out of EDL drugs, most of the drugs are available on the day of visit. All essential tests i.e., Malaria, Dengue, Tiefert, HIV, VDRL, Hyp B, Urine Pregnancy Test, Pregnancy Test, HB, HCB, ABO, Sputum, performed at the facility. In the last month i.e. August 2022, there were 148 number of delivery cases were conducted at the facility. Out of the total delivery, 16 were reported to be C-section. It was reported that this facility is performing well in family planning especially in Tubectomies. However, Laparoscopic were unable to conduct at the facility due to the lack of instrument & training gap. Surgeon was positioned at the facility however, for the better services Instrument of laparoscopic set required.

The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization & HMIS data verification at the facility. Overall, non-availability of essential equipment, fully equipped Blood bank, Paediatric, and Anesthesiology specialized services was noted at this facility. Quality care program implementation was not up to the mark. This facility was Kayakalp certified in 2017-18, however 2018 onwards the facility was lacking in the same. No work is initiated of NQAS/ LaQshya programme at the facility.

Table 13: Status of CHC Pipraich across various Health Domains: 2021-22

Key Areas/ Observations		Remarks/ Challenges
Human Resource		
MO (MBBS)	6 LT	5
OB&GYN	2 Dental Assistant/ hygienist	1
Pediatrician	0 Pharmacist	3
Anesthetist	0 EmOC trained doctor	0
Dentist	1 LSAS trained doctor	1
Medicine	1 ASHAs	168
SNs/ GNMs	7	
Physical Infrastructure		
Accessible from nearest road ahead	✓ Drinking water facility	✓
24*7 running water facility	✓ Power backup (Complete facility)	✓
Geriatric and disability friendly	✓ Drug storeroom with rack	✓
Hospital located near residential area	✓ Complete Construction Status	✓
Clean functional toilets(separate M/F)	✓ Good Condition of Building	✓
OPD waiting area sufficient space	✓	✓
Facility premises is too old. Seepage issue was observed in NBSU unit		
Core/ Specialized Health care Services		
Medicine	✓ MCH Services inc. delivery	✓
O&G	✓ C-section	✓
Pediatric	✗ 24*7 Emergency (General)	✓
General Surgery	✓ Family Planning services	✓
Anesthesiology	✗ Blood storage Unit	✓
Ophthalmology	✓ OT available	✓
Dental	✓ OT Functional	✓
Imaging Services (X – ray)	✓ New Born Stabilization Unit	✓
Facility is facing the problem in enabling the full range of specialized services due to staff shortage and equipments.		
Drugs, Diagnostic & Equipment's		
Essential Medicine on the day of visit	✓ Blood Storage Unit	✓
Laboratory services	✓ Fully Equipped Blood Bank	✗
X-ray services	✓ Availability of testing kits	✓
CT Scan	✗ Major Instrument Functional	✓
The facility laboratory set was reported too old. Instrument of laparoscopic set required		
Service Delivery/ Mortality Indicators (2021-22)		
350 OPD per day	General OPD timing- 9 to 3pm (6 days)	
3-4 deliveries per day	High risk cases refer to Gorakhpur hospital	No Maternal & Child deaths observed
80 C-section delivery	Immunization day- Wednesday & Friday	
NHM Program Implementation		
JSY Program	JSY payment was observed 93%	
JSSK	Received all services except blood services	Facility is markedly lacking in quality care program implementation
NQAS/Kayakalp/ LaQshya	Not Certified	
NLEP	Well functional	
Anemia Mukht Bharat	Age-wise Iron syrup & tablets distributed by the ASHAs & Aanganwaadi worker	
PMSMA	Well implemented & identified high risk PW	
HMIS Data Verification& IT Services		
Service Delivery Indicators Verification	Mismatches were observed at the facility with regards to service delivery indicators i.e. 4 th ANC & BCG/ Measles.	-
IT services	Desktop available with good internet connectivity.	
Others		
NHM Fund Utilization	Fund Utilization record not maintained properly	Fund Delay



COMMUNITY HEALTH CENTRE, BHATHAT



The CHC is 30 bedded health facility, with average OPD of 300-350 per day on the normal day, however, on the Monday & Tuesday it's reported to be more than 400. The facility is effectively/ better performing in Immunization & Delivery care services. Antenatal Care (ANC) registration in the first trimester is a matter of grave concern at this facility, with persistent levels of low first trimester registration being recorded, especially among women from rural area. It was highlighted that majority of the women do not stay in the facility for 48 hours after delivery due to the safety issues as well as some myths/ community cultural / ritual issues. The provision of deputation of a security guard at CHC and PHC level will help in ensuring the mothers & newborn care.

In 2020-21, Bhathat CHC was Kayakalp Certified facility with a score of 81 and the award money that was received is Rs.1 lakh. Further, the facility was also NQAS certified. Overall the facility was observed to be clean & hygienic. PMSMA services are being provided to pregnant women on 9th of every month at the facility. Line listing and follow-up of High risk pregnancy cases were observed at the facility. The next referral centre of the facility was reported to be CHC Pipraich which is around 12km away from the facility.

With respect to manpower, the facility has 4 MO's, 1 OBGYN, 1 Dentist, 5 SNs/ANMs, 2 LT, 3 pharmacists, and 1 dental assistant. There was acute shortage of OBGYN and non-availability of specialist namely, Anesthetist & Pediatrician was observed at the facility.

The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization & HMIS data verification at the facility. Essential Drug List (EDL) is available, however, no proper displayed in open areas at the facility. Shortage of Cephlexin (250 mg), Omeprazole (20mg), Rentidiye (150 mg), Thyroxine Sodium 50 Mg medicine was reported an issue. Mismatch between the recorded value in the register and the availability at the medicine stock was observed. Stock recording process and distribution are the essential processes of the inventory management process. Stock must be carefully recorded

so that there is no mismatch between the recorded value in the register and the availability at the warehouse.

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

Key Areas/ Observations		Remarks/ Challenges	
Human Resource			
MO (MBBS)	4	LT	2
OB&GYN	1	SNs/ GNMs	5
Pediatrician	0	Dental Assistant	1
Anesthetist	0	Pharmacist	3
Dentist	1		
Shortage of OBGYN is a major challenge. Against Sanctioned post, 50% position of OBGYN lied vacant. Non- availability of Anesthetist & Pediatrician is also another concern			
Physical Infrastructure			
Accessible from nearest road ahead	✓	Drinking water facility	✓
24*7 running water facility	✓	Drug storeroom with rack	✓
Geriatric and disability friendly	✓	Power backup (Complete facility)	✓
Hospital located near residential area	✓	Complete Construction Status	✓
Clean functional toilets(separate M/F)	✓	Good Condition of Building	✓
OPD waiting area sufficient space	✓	ASHA rest room available	✓
Well maintained facility			
Core/ Specialized Health care Services			
Medicine	✓	MCH Services inc. delivery	✓
O&G	✓	C-section	✗
Pediatric	✗	24*7 Emergency (General)	✓
General Surgery	✗	Family Planning services	✓
Anesthesiology	✗	Blood storage Unit	✗
Ophthalmology	✗	OT Services	✗
Dental	✓	NBSU	✗
Imaging Services (X – ray)	✓		
Facility unable to deliver the full range of specialized services due to shortage of medical specialist.			
Drugs, Diagnostic & Equipment's			
Essential Medicine on day of visit	✗	Blood Storage Unit	✗
Laboratory services	✓	Fully Equipped Blood Bank	✗
X-ray services	✗	Availability of testing kits	✓
Ultrasound	✗	Availability of instruments	✓
Major Instrument Functional	✓		
Shortage of Cephlexin, Omeprazole medicine was reported an issue.			
Service Delivery/ Mortality Indicators (2021-22)			
300-350 OPD per day		Around 434 newborn immunized with birth dose (in last 3 months)	
Low First ANC registration			No Child & Maternal deaths in 2021-22
More than 2000 Lab test performed			
NHM Program Implementation			
JSY Program		JSY payment was observed 90%	
JSSK		Received all services under programme except blood services	JSY payment gap observed due delay in budget from DHS & Also incomplete documents of the beneficiaries.
NQAS/Kayakalp/ LaQshya		Kayakalp & NQAS Certified	
PMSMA		Well implemented & identified high risk PW	
Anemia Mukh Bharat		Age-wise Iron syrup & tablets distributed by the ASHAs & Aanganwaadi worker	
TB elimination Programme		Facility is designated as DMC	
HMIS Data Verification & IT Services			
Service Delivery Indicators Verification		Data Mismatches (HMIS Vs Register) were observed at the facility with regards to service delivery indicators i.e. Routine immunization/ Measles & MR, ANC registration.	Poor Internet connectivity was reported an issue at the facility.
IT services		Desktop available with poor internet connectivity.	
Others			

NHM Fund Utilization

64 % fund utilization were observed

Fund Delay



PHC Khorabar is running in an old government building where the issue Poor infrastructure of the premises, Seepage issue, medicine shortage, equipment shortage etc. persists. It is 8 bedded health facility with an average OPD of more than 300 per day. Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of Tuberculosis. However, this facility is not designated as DMC centre. Medicine with regards to anti TB was available at the facility. In the last financial year, more than 16 thousand test done at the facility. Per month on an average 50 delivery care cases were reported from this facility.

This facility is a nearest PHC from the main City. The next referral point from this facility is district Hospital of Gorakhpur which is just 10 km away. All essential services i.e. General OPDs, maternal and child health services, 24*7 Emergency services, Family Planning, adolescent services diagnosis, and follow-up for common NCDs were provided at the facility. With regard to manpower, presently there was 2 MO, 1 Ayush MO, 5 SNs/ GNMs, 2 ANM, 1 LT, and 1 Pharmacist working at the facility.

The following table depicts the availability as well as non- availability of the infrastructure, diagnostic services, medicine & equipment at the facility. All the essential medicines were not available as per the demand of the facility. Furthermore, non-availability of some essential NCD medicines was also observed at the facility. Family planning services were rendered well at the facility. Chhaya & Antara was noted to be most prominent method of the family planning at the facility.

Kayakalp programme is implemented by the facility and was certified in the year 2020-21 with the 85% score. No work is initiated on NQAS programme at the facility. Thus, despite the huge infrastructure challenge the facility is performing well in terms of facility maintenance. Further, LaQshya program and respective guidelines was not well implemented at the facility. Under JSY program, 10% pendency was noticed at the facility due to documentation gap by the beneficiaries' side.

Finally, with regards to data verification exercise or data quality (HMIS Vs Record in facility register), most of the mismatches were noted on ANC registration, Child Immunization (Penta and BCG).

Table 15: Status of PHC Khorabar across various Health Domains: 2021-22

Key Areas/ Observations		Challenges
Human Resource		
MO (MBBS)	2 Pharmacist	1
MO Ayush	1 LHV	1
Staff Nurse/ GNM	5 ASHAs	204
LT	1	-
Physical Infrastructure		
Accessible from nearest road ahead	✓ Drinking water facility	✓
24*7 running water facility	✓ Drug storeroom with rack	✗
Geriatric and disability friendly	✓ Complete Construction Status	✓
Facility located near residential area	✓ Power backup	✓
Clean functional toilets	✗ Good Condition of Building	✗
OPD waiting area sufficient space	✓	-
Old & Poor infrastructure of the premises; Seepage issue Water is dripping from the roof in rainy reason.		
Core Health care Services		
Availability of Delivery care services	✓	
ANC	✓	
Line Listing of High risk pregnancy	✓	The facility is performing well in child immunization in the district.
Immunization	✓	
Family Planning Services	✓	Chaya & Antra noted most prominent method of Family Planning.
COVID Vaccination	✓	
NCD services	✓	
Drugs, Diagnostic & Equipment's		
Essential Medicine on visited day	✗ Blood Transfusion & Storage	✗
Laboratory services	✓ Availability of testing kits	✓
COVID based testing	✓ Major Instrument Functional	✗
Shortage of essential medicine & NCD medicine an issue		
Service Delivery/ Mortality Indicators (2021-22)		
300 OPD per day	General OPD timing- 8 to 2pm (6 days)	
50 Delivery per month observed	High risk cases refer to DH Gorakhpur	No record of Maternal Death & Child deaths was observed
16852 number of test performed		
NHM Program Implementation		
Kayakalp	Certified	
TB elimination Programme	facility don't have DMC Centre	
PMSMA	Implement	
JSY	90% JSY Payment have been done	
No Tobacco Drive	Awareness by ASHAs worker in community	
Facility was lacking in the quality care program implementation.		
HMIS Data Verification & IT Services		
Service Delivery Indicators Verification	Data Verification done at the block level on monthly basis.	Data Mismatch: ANC & Immunization (BCG)
IT services	Good internet connectivity	

Others

NHM Fund Utilization 100% fund Utilization



PHC Chargawan is running in a government building where the issue old Infrastructure of the premises, Space crunch, medicine shortage, equipment shortage etc. persists. It is 8 bedded health facility. This facility is a delivery point, and the next delivery point is District Hospital of Gorakhpur which is just 8 km away from this facility. Total 180 cases from lower tier i.e. Sub- centre were referred to this PHC in last financial year. The infrastructure of the facility is not well-maintained despite old infrastructure of the facility. Health infrastructure also includes digital health centre at the district which provide basic healthcare facilities at a minimum cost. It was reported that Health ATM centres were installed at the facility in September, 2022 by Prime Minister Shri Yogi Adityanath. It is the most recent example of high- tech in the healthcare industry as more than 50 different sorts of tests from health ATMs can be completed while seated for a few minutes. Further, by sending the test results online to a qualified doctor for consultation, the proper medical advice can be obtained.

All essential services i.e. General OPDs, Ayush OPD, maternal and child health services, diagnosis, COVID Vaccination and follow-up for common NCDs were provided at the facility including delivery care services. Overall OPD load around 150 per day was observed at this facility. With regards to delivery care services, per month around 200 deliveries were reported from this facility. It was reported that women don't to stay for 48 hours at the facility after the delivery due to the social beliefs and their cultural ethnics. Among family planning services, Condom and oral pills was noted to be most prominent method among the people. With regards to mortality Indicators, there were 3 child deaths were observed at the facility in last financial year. There were 9 maternal death were recorded in the said period.

The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization & HMIS data verification at the facility. Overall, non-

availability of X-ray machine, (partially functional) dental chair, was observed at this facility. The facility is markedly lacking in fund documentation management as the concerned staff were not aware about the NHM fund utilization records.

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

Key Areas/ Observations		Challenges
Human Resource		
MO (MBBS)	2 Pharmacist	1
MO (AYUSH)	1 LHV	1
ANM	2 Sweeper	-
LTs	1 Staff Nurse	5
Physical Infrastructure		
Accessible from nearest road ahead	✓ Drinking water facility (by jar)	✓
24*7 running water facility	✓ ASHA rest room available	✗ Old Infrastructure: Space church
Geriatric and disability friendly	✓ Drug storeroom with rack	✓
Facility located near residential area	✓ Power backup (Functional)	✓ No space for the setup of Mini skill lab
Clean functional toilets(separate M/F)	✓ Good Condition of Building	✗
OPD waiting area sufficient space	✓ Complete Construction Status	✓
Core Health care Services		
Availability of Delivery care services	✓	
ANC	✓	
Line Listing of High risk pregnancy	✓	
Immunization	✓	
Family Planning Services	✓	
COVID Vaccination	✓	
NCD services	✓	
Childhood nutritional/ diseases	✓	
Drugs, Diagnostic & Equipment's		
Essential Medicine on visited day	✗ X-ray services	✗
NCD Medicine availability	✗ Availability of testing kits	✓ Dental chair is partially functional
Essential consumable availability	✓ NCD testing kits	✓ Shortage of sugar & NCD medicine
Laboratory services	✓ Major Instrument Functional	✗
COVID based testing	✓	
Service Delivery/ Mortality Indicators (2021-22)		
150 OPD per day	General OPD timing- 8 to 2pm	
200 Delivery care cases per month	High risk cases refer to DH	
9 Maternal deaths	ANC Checkup day fixed	
3 Child deaths	1 Sterlization per month	
NHM Program Implementation		
NQAS/Kayakalp/ LaQshya	Not Certified,	
JSY Programme	Well functional	
IDSP	Well Functional, Reporting P& L type form	
Anemia Mukh Bharat	Iron syrup & Albendazole tablets distributed by the ASHAs & Aanganwaadi worker	
JSSK Program	Free Drugs, diagnostic & Delivery	
HMIS Data Verification& IT Services		
Service Delivery Indicators Verification	Data Verification done at the block level every month. There were only few mismatch were	

IT services	observed at the facility with regards to ANC indicators. Good internet connectivity	
Others		
NHM Fund Utilization	100% Fund Utilization	Poor Fund documentation management noted a serious concern.



Sub-Centre Lahsari functioning in a government building where issues pertaining to shortage of essential medicine, Internet issue, and lack of basic amenities i.e. drinking water, electricity etc. persists and significantly hampered the quality of care services. The facility was well maintained in terms of cleanliness and hygiene. The health facility has the sufficient essential functional equipments i.e. BP instrument, Glucometer, & Thermometer. Further, all the essential testing kits/ rapid diagnostic kits are sufficient supply as per the demand at the facility. Availability of vaccine and hub-cutter was observed in the same. For the power backup, the facility has the Inverter but it was reported to be non- functional.

All essential services OPD, ANC, routine immunization, COVID vaccination, and family planning were rendered at the facility excluding Delivery care services. Among family planning IUCD and Mala method reported to be most prominent among the community.

Presently, this SC transformed as Health & Wellness centre (HWCs). The branding for Sub-centre - Health and Wellness (HWC) has been done/ completed. Proper display of IEC material was observed at the facility. Total 2 ANM & 1 ASHAs were associated with this health & wellness centre. However, CHO has not been appointed there, Yoga practices were not been taken at place.

Average OPD is around 15-20 per day. There is no CBAC forms have been filled in the last 6 months at the facility. The record maintenance was not up to the mark as it was found to missing, such as, Diseases prevalence, ANC and NCD record etc. ANM have received the tablet for the data entry, however they were facing the internet connectivity issue during the data entry at the RCH portal. Further, more training required to the ANM regarding the data

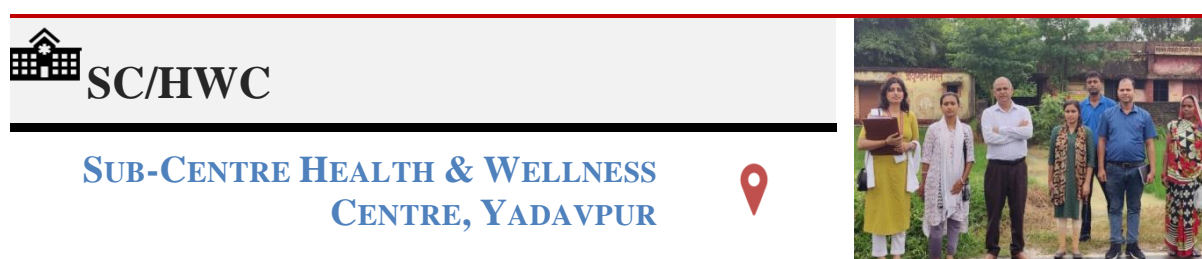
entry as they are facing the problem in data entry sometimes. Ambulance connectivity in this area was found to good with an half hour waiting time reported for the same.

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

Table 17: Status of SC Lahsari across various Health Domains: 2021-22

Key Areas/ Observations		Challenges	
Human Resource			
ANM	2	1 ASHAs were associated at this facility	Non availability of CHO was reported an issue.
CHO	0		
Physical Infrastructure			
Accessible from nearest road ahead	✓	Drinking water facility	✗
24*7 running water facility	✗	Complete Construction Status	✓
Geriatric and disability friendly	✓	Power backup (functional)	✗
Facility located near residential area	✓	Good Condition of Building	✓
OPD waiting area sufficient space	✓	Clean functional toilets	✓
Core Health care Services			
Availability of Delivery care services	✓	The facility is performing well in child immunization. Per month outreach session were observed for the same.	Unable to provide the proper healthcare services due to lack of medicines.
ANC	✓		
Line Listing of High risk pregnancy	✓		
Immunization	✓		
Family Planning Services	✓	IUCD & Mala noted most prominent method of Family Planning at this facility.	
COVID Vaccination	✓		
Adolescent Health Services	✗		
NCD services	✗		
Childhood nutritional	✓		
Drugs, Diagnostic & Equipment's			
Essential Medicine on visited day	✗	Major Instrument Functional	✓
NCD Medicine availability	✗	Availability of testing kits	✓
Essential consumable availability	✓	NCD testing kits	✓
Laboratory services	✗	ANM' s received tablet	✓
Service Delivery/ Mortality Indicators (2021-22)			
20 OPD load per day			Lack of Record Keeping maintenance
90% women & Children OPD		ANC Checkup day- Tuesday	
Hypertension & diabetes cases noted		Child Immunization day- Wednesday	
NHM Program Implementation			
NQAS/Kayakalp/ LaQshya		Not Certified	-
NLEP		No cases of Leprosy	-

Anemia Mukht Bharat	Iron syrup & Albendazole tablets distributed by the ASHAs & Aanganwaadi worker twice in a week.	
Poshan Maah	Awareness on the Child nutrition, ANC Nutrition, Breast feeding, lactation etc.	
JSY Program	Registration of beneficiaries	
HMIS Data Verification & IT Services		
Data Verification	-	-
IT services	Tablets were provided to ANM	Internet Issue were reported
Others		
NHM Fund Utilization	ANM/ CHO was not aware about the fund details i.e. fund availability & utilization.	-



Sub-Centre Yadavpur functioning in a government building where issues pertaining to space crunch, shortage of medicine, Internet connection, and lack of basic amenities i.e. drinking water, electricity, inappropriate location etc. persists and significantly hampered the quality of care services. Further, the facility does not have the easy access to health facility to get health services during rainy season due to water logging. Incidence of snake appearance was reported at the facility which can harm staff and patient as well, needs to be addressed seriously. This Health facility do not comply with the mandates of physical outlay standards as the name of the facility only one room structure was observed at the facility. Thus, there is wide scope of improvement with regards to Infrastructure, basic amenities i.e. drinking water, electricity and internet connectivity as well.

All essential services OPD, ANC, routine immunization, family planning were rendered at the facility excluding Delivery care services. The record keeping maintenance with respect to CBAC form, NCD screening, and line listing of pregnant women were not up to the mark at the facility as it was found to missing. From March 2022 to August 2022, total 8 TB cases were reported at the facility. Among all the family planning methods, Chaya was the most preferred method among the community. The next referral point was CHC Pipraich, which was around 4 km away.

Presently, this SC transformed as Health & Wellness centre (HWCs). CHO has been appointed there. Further, 1 ANM & 8 ASHAs were associated with this health & wellness centre. Yoga practices were reported twice in a week i.e. Monday and Thursday at the facility. No separate room were available for this activity. Branding for Sub-centre - Health and Wellness (HWC) was almost complete. However, proper display of IEC material was not observed at the facility. With regards to IT services, tablet was given to CHO at HWC; however internet connectivity issue was reported a major concern.

The following table clearly depicts the availability as well as non- availability of the infrastructure, manpower, diagnostic services, medicine & equipment at the facility. Availability of Blood pressure machine, Thermometer, and Glucometer instruments noted at the SC-HWC. However, shortage of Painkiller and Acidity Tablet was reported at the facility.

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

Key Areas/ Observations		Remarks/Challenges	
Human Resource			
ANM	1	8 ASHAs were associated at	-
CHO	1	this facility	
Physical Infrastructure			
Accessible from nearest road ahead	×	Drinking water facility	×
24*7 running water facility	×	Complete Construction Status	✓
Geriatric and disability friendly	×	Power backup	×
Facility located near residential area	×	Good Condition of Building	✓
OPD waiting area sufficient space	×	Clean functional toilets	×
Core Health care Services			
Availability of Delivery care services	×	The facility is performing well in child immunization. Per month outreach session were observed for the same.	Unable to provide the proper healthcare services due to lack of physical infrastructure and medicines.
ANC	✓		
Line Listing of High risk pregnancy	✓		
Immunization	✓		
Family Planning Services	✓	Chaya noted most prominent method of Family Planning at this facility.	
Adolescent Health Services	×		
NCD services	✓		
Childhood nutritional/ diseases	✓		
Drugs, Diagnostic & Equipment's			
Essential Medicine on visited day	×	Major Instrument Functional	✓
NCD Medicine availability	✓	Availability of testing kits	✓
Essential consumable availability	✓	NCD testing kits	✓
Laboratory services	×	CHO' s received tablet	✓
Service Delivery/ Mortality Indicators (2021-22)			
20 OPD load per day		High risk cases refer to CHC Pipraich	Lack of Record Keeping maintenance
90-95% women & Children OPD			
Skin cases & TB cases noted			
NHM Program Implementation			

NQAS/Kayakalp/ LaQshya	Not Certified	
NLEP	Cases of Leprosy noted	
Anemia Mukht Bharat	Iron syrup & Albendazole tablets distributed by the ASHAs & Aanganwaadi worker twice in a week.	-
Poshan Maah	Awareness on the Child nutrition, ANC	
JSY Program	Nutrition, Breast feeding, lactation etc. Registration of beneficiaries	
HMIS Data Verification & IT Services		
Data Verification	Data validation exercise were not noted	-
IT services	Tablets were not provided to CHO	Internet Connectivity Issue
Others		
NHM Fund Utilization	The facility has not received the untied fund of the last year	Fund Issue needs to be resolved

Chapter 6

CONCLUSION AND KEY RECOMMENDATIONS

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

Total six healthcare facilities in Gorakhpur were visited for Monitoring & Evaluation purpose in the June 2022. Besides visiting the facilities the team had interacted with the beneficiaries. The major contributor towards the OOPE for beneficiaries in Gorakhpur can be attributed to delivery care services across all the health tier i.e. DH/CHC/PHC. At higher tier average OOPE was observed more and vice a versa at lower tier. Overall, Infant deaths, and child deaths have decreased in the district in last financial year. However, still births & maternal deaths have increased and observed to be significantly high as compared to others mortality indicators in the district. Hence, there is dire need for targeted action policies for lessening maternal mortality & preventing still births.

The biggest issues was reported regarding the budget release from the state, limit of Expenditure, and late receipt of approved RoPs, which is the biggest obstacle in achieving the physical targets of the district. Human resource availability emerged as a notable cause of concern across the district, especially in medical Specialists (OBGY, Anesthetist, Surgeon, and Pediatrician), MO and Staff Nurses. Furthermore, low ANC registration, length of the

postpartum stay of women, internet connectivity, and lack of basic amenities i.e. drinking water, electricity, at lower health tier is a matter of grave concern in district. Further, Health facilities, specifically at the lower tier, do not have the sufficient/ essential medicines related to the painkiller, acidity & even NCD etc. There is wide scope of improvement with regards to basic medicines, amenities and Internet connectivity at the same for the smooth healthcare services. However, the timing and supply of drugs and medicines are well synchronized according to the needs of the health facilities at the DH & CHC level. With regards to NHM specific programmes, the district needs to really focus the following national programmes:

- ⊕ Quality Care Programmes at lower health tier: NQAS, Kayakalp
- ⊕ LaQshya Program for the Labour room & OT across all health tier
- ⊕ JSSK Program: Majority of women do not stay at facility for 48 hours after delivery, particularly the facility located in rural areas due to the safety issues and some cultural myths.
- ⊕ RBSK Program by addressing the required HR Gap
- ⊕ Pradhan Mantri Surakshit Matritva Abhiyaan (PMSMA) for ensuring the ANC checkup

Recommendations

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

- ⊕ In Maternal Mortality Indicators, data mismatch was observed at district level due to non-reporting of data from medical college on HMIS portal. To address the issue of data quality, the government must direct the medical college to implement the HMIS portal and punch the key indicators data.
- ⊕ Under JSSK program, majority of the women do not stay in the facility for 48 hours after delivery, particularly the facility located in rural areas due to the safety issues and cultural/ritual issues. The provision of deputation of a security guard at CHC/PHC level will help in ensuring the mothers & newborn care.
- ⊕ Stock recording process and distribution are the essential processes of the inventory management process. Stock must be carefully recorded so that there is no mismatch between the recorded value in the register and the availability at the warehouse.
- ⊕ Budget release & late receipt of approved RoPs is the biggest obstacle in achieving the physical targets of the district. Timely release of the funds & approved RoP must be planned for the district so as to plan accordingly.
- ⊕ The key drawback of the district was noticed regarding the fund documentation management at the CHC/PHC/SC level. The fund utilization record was seen to be

exceptionally unfortunate and poor as concerned facility were not being aware of it. This is a very important aspect for any district that needs to be addressed.

- ⊕ The major contributor towards the OOPE for beneficiaries in Gorakhpur can be attributed to delivery care services across all health tier i.e. DH/CHC/PHC. As seen the Instances of taking bribe by the concerned staff from the patient. At higher tier average OOPE was observed more and vice a versa at lower tier. Strict Action must be taken against corrupt staffs of the government facility.
- ⊕ Antenatal Care registration in the first trimester is a matter of grave concern in the district, with persistent levels of low first trimester registration being recorded, especially among women from rural areas in the district, which needs to addressed.
- ⊕ Health facilities, specifically at the lower tier, do not comply with the mandates of physical outlay standards. In addition, there is wide scope of improvement with regards to basic amenities i.e. drinking water, electricity and internet connectivity as well.
- ⊕ Observation found that ASHAs mostly refer pregnancy cases directly to private hospitals instead of public health facilities as they received greater financial incentive from private sector. Immediate measures must be taken to address the current scenario of delivery care diversion in private sector.
- ⊕ There exists a dire need to depute a Kayakalp Quality officer at the district level to look at the specificities of the said programme, in order to ensure effective implementation of the programme mandates.
- ⊕ The district is markedly lacking in LaQshya Implementation program as there were labor room & OT LaQshya Certified in the district, which needs to be addressed seriously.
- ⊕ To ensure the full range of the services with the quality care, the district must prioritize the immediate filling post of specialists (OBGY, Anesthetist, Surgeon, and Pediatrician), Medical Officers and ANM.

Annexure

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

Health Facility	Gorakhpur	UP	India
Population (Census 2011)	44.4 (lakh)	19.98 (Crore)	1,210,854,977
Male	22.8 (lakh)	10.4 (Crore)	623,270,258
Female	21.6 (lakh)	9.5 (Crore)	587,584,719
Decadal growth rate in % (Census 2011)	17.8	20.2	17.6
Rural Population (%)	81.2	77.7	68.9
Urban Population (%)	18.8	22.3	31.1
Child Population	-	-	13.6
Literacy rate (%)	70.8	67.7	73
Male literacy rate (%)	81.8	77.3	80.9
Female literacy rate (%)	59.4	57.2	64.6
Sex ratio	950	912	943
Density/km ²	1337	829	382

Source: Census of India 2011, ORGI, GOI

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

Indicators	Gorakhpur
1. Maternal Health	
1.(a)Pre Natal Care	
% 1st Trimester registration to Total ANC Registrations	45%
% Pregnant women received \geq 4 ANC checkups to total ANC Regist.	77%
% Pregnant women given 180 IFA to Total ANC Registrations	150%
1.(b) Home Deliveries	
% Deliveries SBA attended home deliveries to total home deliveries	75%
% Deliveries attended by non- SBA to total home deliveries	25%
% Home deliveries to total reported deliveries	0.2%
1.(c) Institutional Deliveries including C-Section Deliveries	
Total Number of Institutional Deliveries including C-section	53986
% of Institutional Deliveries to total reported deliveries	99.8%
% Institutional Deliveries to total ANC Registrations	34%

% women discharge in < 48 hours of delivery to total deliveries (Public)	57%
% of C-Section deliveries to total institutional deliveries	8%
1.(d) Post Natal Care/New Born Care	
% 1st post-partum checkup b/w 48 hours & 14 days to total deliveries	33%
% Newborn breast fed within 1 hour of birth to Total Live Birth	96%
% Newborn weighed at Birth to Live Birth	99%
% Newborn having weight less than 2.5 kg to total weighted	11%
2. Child Immunization	
Number of Fully Immunized children (9-11 months)	112467
% Infants received BCG to full immunization	114%
3. Family Planning	
Total Sterilization conducted	-
% Male Sterilization (Vasectomies) to Total sterilization	0.2%
% Female Sterilization (Tubectomies) to Total sterilization	99.8%
4. Mortality Indicators	
Maternal Deaths	78
Infants deaths within 24 hours	16
Infants deaths up to 4 weeks	15
Infant deaths (1-12months)	37
Child Deaths (1-5 years)	13
Still birth	399

Source: HMIS Standard Report, 2021-22

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

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

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

*indicated amount in Crore

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

FMR	Budget Head	Proposed Amount	Total Approved	% Share in Approval	% Approved to proposed
U.1	Service Delivery - Facility Based	120403.20	114863.85	11.94	95.40
U.2	Service Delivery - Community Based	27465.84	23816.56	2.48	86.71
U.3	Community Interventions	136781.71	132480.72	13.77	96.86
U.4	Untied Fund	30852.40	26941.38	2.80	87.32
U.5	Infrastructure	71805.45	70762.92	7.35	98.55
U.6	Procurement	136534.92	117379.00	12.20	85.97
U.7	Referral Transport	79692.55	72295.65	7.51	90.72
U.8	Human Resources	290196.24	251647.80	26.15	86.72
U.9	Training and Capacity Building	24705.14	22451.78	2.33	90.88
U.10	Reviews, Research, Surveys & Surveillance	1931.21	1568.82	0.16	81.24
U.11	IEC/BCC	16714.13	12308.73	1.28	73.64
U.12	Printing	9270.77	8284.69	0.86	89.36
U.13	Quality Assurance	1495.50	1495.00	0.16	99.97
U.14	Drug Warehousing and Logistics	9906.32	6445.16	0.67	65.06
U.15	PPP	33058.12	26015.75	2.70	78.70
U.16	Programme Management	67570.57	65268.75	6.78	96.59
U.17	IT Initiatives (strengthening Service Delivery)	8809.74	5695.29	0.59	64.65
U.18	Innovations (if any)	3025.14	2456.70	0.26	81.21
Grand total		1070218.92	962178.62	100.00	89.90
Total amount approved		962178.62			
Infrastructure maintenance (a)		87793			
Immunization kind grants (b)		24780			
Grand total approved including (a+b)		1074751.62			

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

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

Indicators	Budget Released	Budget Utilized	% Utilization	Max. Utilization
RCH & Health Systems Flexi pool	17661.8	11095.4	63%	
Maternal Health	3356.93	2315.65	69%	RBSK, Programme Management
Child Health	847.69	365.65	43%	
RBSK	776.22	633.14	82%	
Family Planning	420.05	282.89	67%	
RKSK/ Adolescent health	22.4	10.29	46%	
PC-PNDT	-	-	-	
Immunization	626.25	369.52	59%	
Untied Fund	598.54	176.72	30%	
Comprehensive Primary Healthcare	-	-	-	
Blood Services and Disorders	191.27	78.13	41%	
Infrastructure	1155.29	339.03	29%	
ASHAs	3163.44	2055.23	65%	
HR	5252.6	3610.94	69%	
Programme Management	1076.61	769.64	71%	
MMU	-	-	-	
Referral Transport	9.62	0.51	5%	
Procurement	29.86	18.87	63%	
Quality Assurance	132.06	67.91	51%	
NIDDCP	2.93	1.25	43%	
NUHM	974.89	693.44	71%	
Communicable Diseases Pool	2266.55	1289.71	57%	
IDSP	47.84	29.37	61%	NVDCP & IDSP
NVBDCP	905.77	606.42	67%	
NLEP	271.3	52.57	19%	
NTEP	1041.64	601.35	58%	

Non-Communicable Diseases Pool	1252.43	528.58	42%	NRC & NMHP
NPCB+VI	150.75	37.26	25%	
NMHP	79.09	54.29	69%	
NPHCE	60.29	19.72	33%	
NTCP	38.17	9.74	26%	
NPCDCS	894.07	390.57	44%	
National Dialysis Programme	-	-	-	
NPCCHH	2.65	0	0%	
NOHP	9.71	4.97	51%	
NPPC				
NRCP	8.08	6.7	83%	
NPPCD	9.62	5.33	55%	
NVHCP				
Total (RCH+NUHM+CD+NCD)	22155.63	13607.1	61%	

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

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

Manpower	Uttar Pradesh Government			
	Sanctioned	In place	Vacant	% Vacant
ANM	1020	795	225	22%
MPW (Male)	-	-	-	-
Staff Nurse	185	121	64	35%
Lab technician	53	48	5	9%
Pharmacist (Allopathic)	133	131	2	2%
MO (MBBS)	269	153	116	43%
OBGY	28	8	20	71%
Paediatrician	24	11	13	54%
Anaesthetist	23	5	18	78%
Surgeon	28	13	15	54%
Radiologists	11	7	4	36%
Other Specialists	35	23	12	34%
Dentists/ Dental Surgeon/ Dental MO	21	12	9	43%
Dental Hygienist	21	8	13	62%
Radiographer/ X-ray technician	22	22	0	0%
OT technician	21	8	13	62%
CHO/ MLHP	277	204	73	26%
AYUSH MO	54	54	0	0%
AYUSH Pharmacist	180	167	13	7%
Total no. of post vacant at the beginning of FY (2021-22)		Regular Cadre	Under NHM	
		408	513	
Among these, no. of posts filled by state		0	472	
Among these, no. of posts filled at district level		0	8	

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

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

Status of ASHAs/ MAS/UHSNC	(In number)
ASHAs Facilitators	-
ASHAs	
Total working	4019
Required as per population	4123
ASHAs covering more than 1500 rural population	0
ASHAs covering more than 3000 urban population	0
MAS	
Formed	338
Trained	338
MAS account opened	330

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

District Level Checklist

Key Correspondence: DPMU

1. District Profile

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

18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	_____	_____
• At SDH	_____	_____
• At CHC	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	_____	_____
• Providing 1st trimester services	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____
A.3 Infrastructure Construction Status Details		
• Details of Construction pending for more than 2 years		
• Details of Construction completed but not handed over		

17. Overview: Submission & approval timelines of DHAP

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

18. Service Availability

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

Indicator	Remarks/ Observation		
	2. Number of health facilities where current round of PMSMA was conducted: <ul style="list-style-type: none"> a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UCHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____ 		
4. Rashtriya Bal Suraksha Karyakram (RBSK)	Total no. of RBSK teams sanctioned		
	No. of teams with all HR in-place (full-team)		
	No. of vehicles (on the road) for RBSK team		
	No. of Teams per Block		
	No. of block/s without dedicated teams		
	Average no of children screened per day per team		
	Number of children born in delivery points screened for defects at birth		
5. Special Newborn Care Units (SNCU)	<ul style="list-style-type: none"> • Total number of beds <ul style="list-style-type: none"> • In radiant warmer _____ • Stepdown care _____ • Kangaroo Mother Care (KMC) unit _____ • Number of non-functional radiant warmer for more than a week _____ • Number of non-functional phototherapy unit for more than a week _____ 		
		Inborn	Out born
	• Admissions (2021-22)		
	• Defects at birth		
	• Discharged		
	• Referral		
	• LAMA		
	• Died		
6. Newborn Stabilization Unit (NBSU)	Inborn	Out born	
• Admission (2021-22)			
• Discharged			
• Referral			
• LAMA			
• Died			
7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> • Total Admissions(2021-22) • Discharged • Referral/ Medical transfer • LAMA • Died • Admission <ul style="list-style-type: none"> • Bilateral pitting oedema 		

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

	<ul style="list-style-type: none"> • Avg. no. of X-ray per MMU per month • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month • Avg. no. of sputum collected for TB detection per MMU per month • Average Number of patients referred to higher facilities • Payment pending (if any) <p>If yes, since when and reasons thereof</p>																																										
<p>11. Universal health screening</p> <ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 	<ul style="list-style-type: none"> • If conducted, what is the target population • Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:33%;">Screened</th> <th style="width:33%;">Diagnosed</th> <th style="width:33%;">Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated																																							
Screened	Diagnosed	Treated																																									
<p>12. Integrated Disease Surveillance Programme (IDSP)</p>	<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Y/N • Team Composition: • Outbreaks investigated: <ul style="list-style-type: none"> • 2021-21: • 2021-22: • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP • How is IDSP data utilized? Elaborate. _____ 																																										
<p>13. National Viral Hepatitis Control Program (NVHCP)</p>	<ul style="list-style-type: none"> • % of health workers immunized against Hep B • Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis 																																										
<p>14. If District notified a State Mental Health Authority (SMHA)</p>	<ul style="list-style-type: none"> • If District notified a State Mental Health Authority (SMHA) <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No SMHA in place <input type="checkbox"/> No Mental Health Service or Facility in the district 																																										
<p>15. Vehicle for Referral Transport</p> <ul style="list-style-type: none"> • Details of Referral Transport – Number and Distribution: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:25%;">Stationed at:</th> <th style="width:12.5%;">BLS</th> <th style="width:12.5%;">ALS</th> <th style="width:12.5%;">PTA</th> <th style="width:12.5%;">Kilkari</th> <th style="width:12.5%;">Neonatal</th> <th style="width:12.5%;">Others</th> </tr> </thead> <tbody> <tr> <td>Medical College</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td>DH</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td>SDH</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td>CHC</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td>PHC</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others	Medical College							DH							SDH							CHC							PHC						
Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others																																					
Medical College																																											
DH																																											
SDH																																											
CHC																																											
PHC																																											

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

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

<p>22. ASHAs</p>	<p>Number of ASHAs</p> <ul style="list-style-type: none"> • Required as per population • Selected • No. of ASHAs covering more than 1500 (rural) population • No. of ASHAs covering more than 3000 (urban) population • Villages with no ASHA • Slum areas with no ASHA <p>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</p> <ul style="list-style-type: none"> • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)
-------------------------	---

	<ul style="list-style-type: none"> No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme 									
23. Mahila Arogya Samitis (MAS)-	Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened Samiti addresses issues related to..... 									
24. Village Health Sanitation and Nutrition Committee (VHSNC)	Status of Village Health Sanitation and Nutrition Committee (VHSNC): <ol style="list-style-type: none"> Formed: Trained: MAS account opened: 									
25. Kayakalp and Quality Assurance	<ul style="list-style-type: none"> No. of facilities quality certified NQAS..... LaQshya Status of Kayakalp programme- No. of awarded DH CHC PHC SC..... Activities performed by District Level Quality Assurance Committee (DQAC) 									
26. Maternal and Child Health	<ul style="list-style-type: none"> Number of maternal deaths reported at: DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death..... Number of Maternal Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ <hr/> <ul style="list-style-type: none"> Number of Neonatal Deaths: _____ Number of Total Child Deaths: _____ Number of Child Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ 									
C.4. Healthcare Systems										
27. Payment status:	<table border="1"> <thead> <tr> <th>No. of beneficiaries</th> <th>Backlog</th> <th>DBT status</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> JSY beneficiaries </td> <td></td> <td></td> </tr> <tr> <td> <ul style="list-style-type: none"> ASHA payment: </td> <td></td> <td></td> </tr> </tbody> </table>	No. of beneficiaries	Backlog	DBT status	<ul style="list-style-type: none"> JSY beneficiaries 			<ul style="list-style-type: none"> ASHA payment: 		
No. of beneficiaries	Backlog	DBT status								
<ul style="list-style-type: none"> JSY beneficiaries 										
<ul style="list-style-type: none"> ASHA payment: 										

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

19. Implementation of CPHC

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

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

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

20. Status of HRH

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

21. State of Fund Utilization

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

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

FMR 13: Quality			
FMR 14: Drug Warehouse & Logistic			
FMR 15: PPP			
FMR 16: Programme Management			
FMR 17: IT Initiatives for Service Delivery			
FMR 18: Innovations			

Programme Wise

Status of Expenditure (Financial year 2021-22):

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

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

22. Status of trainings

Status as on: _____

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

9.		
10.		
11.		
12.		

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

Service Delivery:

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

Indicator	Remarks/ Observation																																																			
1. OPD Timing																																																				
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____																																																			
3. Number of functional in-patient beds	_____ No of ICU Beds available:																																																			
4. List of Services available																																																				
• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	<table border="1"> <thead> <tr> <th align="center">Sl.</th> <th align="center">Service</th> <th align="center">Y/N</th> </tr> </thead> <tbody> <tr><td align="center">1</td><td>Medicine</td><td></td></tr> <tr><td align="center">2</td><td>O&G</td><td></td></tr> <tr><td align="center">3</td><td>Pediatric</td><td></td></tr> <tr><td align="center">4</td><td>General Surgery</td><td></td></tr> <tr><td align="center">5</td><td>Anesthesiology</td><td></td></tr> <tr><td align="center">6</td><td>Ophthalmology</td><td></td></tr> <tr><td align="center">7</td><td>Dental</td><td></td></tr> <tr><td align="center">8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td align="center">9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td align="center">10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td align="center">11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> <tr><td align="center">12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr> <tr><td align="center">13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr> <tr><td align="center">14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr> <tr><td align="center">15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr> <tr><td align="center">16</td><td>Labour Room Complex</td><td></td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	District Early Intervention Centre (DEIC)		11	Nutritional Rehabilitation Centre (NRC)		12	SNCU/ Mother and Newborn Care Unit (MNCU)		13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)		14	Neonatal Intensive Care Unit (NICU)		15	Pediatric Intensive Care Unit (PICU)		16	Labour Room Complex	
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Indicator	Remarks/ Observation				
	17	ICU			
	18	Dialysis Unit			
	19	Emergency Care			
	20	Burn Unit			
	22	Teaching block (medical, nursing, paramedical)			
	22	Skill Lab			
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization				
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average cases per day _____				
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT: Others:				
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ If No, availability of blood storage unit:-----				
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5. Other				
11. Details of HR available in the facility (Sanctioned and In-place)	HR				
	MO (MBBS)				
	Specialist	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
		Others			
		Dentist			
		Staff Nurses/ GNMs			
	LTs				
	Pharmacist				
	Dental Technician/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
	LSAS trained doctor				

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

Indicator	Remarks/ Observation
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> o Previous year (2020-21) _____ o Current FY(2021-22) _____
26. If there is any shortage of major instruments/ equipment(List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No 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		
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:		
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Practice related to Respectful Maternity Care			
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of Maternal Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)		
36. Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month	Male: Female:		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in 2021-2022:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		

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

Indicator	Remarks/ Observation
	Types of cases referred out:
2. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	

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

Service Delivery:

Name of facility visited			
Facility Type		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC	
FRU		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):	
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Date of Visit			
Next Referral Point		Facility: Distance:	
Indicator	Remarks/ Observation		
3. OPD Timing			
4. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
5. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital		
6. Number of functional in-patient beds			
7. List of Services available			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
10	Newborn Stabilization Unit		
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available		

	<input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available																																																																								
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																																																								
8. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																																																								
9. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:																																																																								
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11. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																																								
12. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																																																								
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14. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____																																																																								
15. Kayakalp (2021-22)	Initiated: Facility score: Award received:																																																																								
16. NQAS (2021-22)	Assessment done: Internal/State Facility score: Certification Status:																																																																								
17. LaQshya	Labour Room: Operation Theatre:																																																																								
18. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																																																								

19. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
20. Shortage of 5 priority drugs from EDL in last 30 days, if any	
21. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____
22. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:
23. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
24. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
25. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
26. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

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

49. Number of individuals screened for the following in last 6 months:	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
50. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
54. Maintenance of records on	• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	• Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
55. How much fund was received and utilized by the facility under NHM?	Fund Received last year:		
	Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		
56. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		
57. Frequency of RKS meeting (check and obtain minutes of last meeting held)			
58. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____		
	<input type="checkbox"/> CHC has contracted out ambulance services Number_____		

	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: Sub centre PHC 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:
59. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	

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

• **Service Delivery:**

Name of facility visited	
Facility Type	<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
Whether the facility has been converted to HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	
Next Referral Point	Facility: Distance:
Indicator	Remarks/ Observation
1. OPD Timing For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding

4. Number of functional in-patient beds																																									
5. List of Services available																																									
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																								
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day_____																																								
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																								
9. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MO (AYUSH)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SNs/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ANM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Public Health Manager (NUHM)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LHV/PHN</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	MO (MBBS)				MO (AYUSH)				SNs/ GNMs				ANM				LTs				Pharmacist				Public Health Manager (NUHM)				LHV/PHN				Others			
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	LHV/PHN																																								
Others																																									
10. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____																																								
11. Kayakalp (2021-22)	Initiated: Facility score: Award received:																																								
12. NQAS(2021-22)	Assessment done: Internal/State Facility score: Certification Status:																																								
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																								
	If yes, total number of drugs in EDL_____																																								
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																																								
	No. of drugs available on the day of visit (out of the EDL) _____																																								
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____																																								
15. Shortage of 5 priority drugs from EDL in last 30 days, if any																																									
16. Drugs Available for Hypertension & Diabetic patients:																																									
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days																																									
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____ (Also list the consumables for which there was shortage)																																								

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

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

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

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

Sub-Centre (SC) Level Checklist

Service Delivery

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

Indicator	Remarks/ Observation
1. List of Services available	
2. Condition of infrastructure/ building	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 <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

Indicator	Remarks/ Observation																								
	<input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th data-bbox="705 344 1002 371">HR</th> <th data-bbox="1002 344 1145 371">San.</th> <th data-bbox="1145 344 1267 371">Reg.</th> <th data-bbox="1267 344 1394 371">Cont.</th> </tr> </thead> <tbody> <tr> <td data-bbox="705 371 1002 398">ANM/ MPW Female</td> <td data-bbox="1002 371 1145 398"></td> <td data-bbox="1145 371 1267 398"></td> <td data-bbox="1267 371 1394 398"></td> </tr> <tr> <td data-bbox="705 398 1002 425">MPW Male</td> <td data-bbox="1002 398 1145 425"></td> <td data-bbox="1145 398 1267 425"></td> <td data-bbox="1267 398 1394 425"></td> </tr> <tr> <td data-bbox="705 425 1002 452">MLHP/ CHO</td> <td data-bbox="1002 425 1145 452"></td> <td data-bbox="1145 425 1267 452"></td> <td data-bbox="1267 425 1394 452"></td> </tr> <tr> <td data-bbox="705 452 1002 479">ASHA</td> <td data-bbox="1002 452 1145 479"></td> <td data-bbox="1145 452 1267 479"></td> <td data-bbox="1267 452 1394 479"></td> </tr> <tr> <td data-bbox="705 479 1002 506">Others</td> <td data-bbox="1002 479 1145 506"></td> <td data-bbox="1145 479 1267 506"></td> <td data-bbox="1267 479 1394 506"></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____																								
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																								
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No																								
8. Shortage of 5 priority drugs from EDL in last 30 days, if any																									
9. Drugs Available for Hypertension & Diabetic patients:																									
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days																									
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																								
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____																								
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																								
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																								
15. Number of Maternal Death Review conducted	Previous year:2020-21 Current year:2021-22																								
16. Number of Child Death Review conducted	Previous year: Current year:																								
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																								
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																								
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																								

Indicator	Remarks/ Observation		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:	Screened		Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast 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		2020-21
	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		
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 and obtain minutes of last meeting held)	
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year:
	Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
<p style="text-align: center;">Challenge</p>	<p style="text-align: center;">Root causes</p>
a)	
b)	