



Ministry of Health & Family Welfare
Government of India



National Health Mission

A Report on

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

HAPUR DISTRICT OF UTTAR PRADESH, INDIA



Submitted by

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- Dr. William Joe and Dr. Saroj Kumar

Acronyms and Abbreviations

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

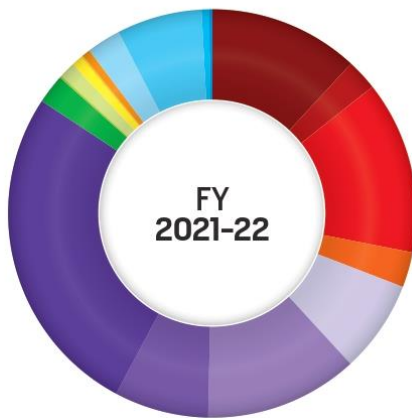
LaQshya	Labour room Quality improvement initiative
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthesia Skill
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MOIC	Medical Officer In-Charge
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NGO	Non-Government Organization
NHM	National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



NHM-PIP MONITORING HAPUR DISTRICT HIGHLIGHTS



Budget Share in Total Approval, Uttar Pradesh



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

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

INR **9621.8 cr**
ROP Budget (Approvals)
(**89.9%** of the PIP budget)

Key MCH Indicators, Hapur District



83.3%
Institutional Births



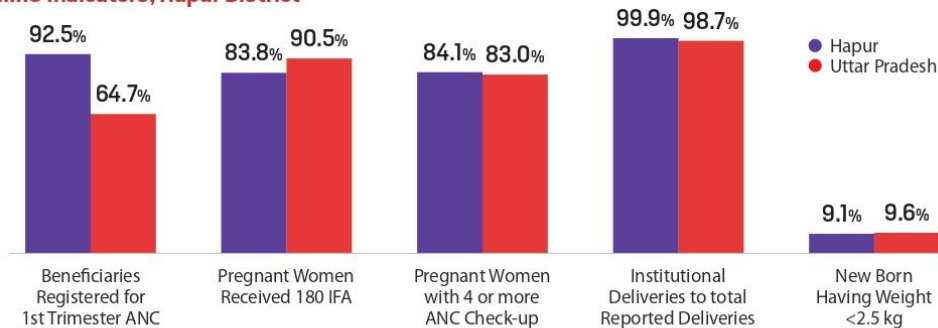
84.4%
Full Immunization Coverage



53.3%
Mother who had Four ANC Visits

Source: NFHS 2019-21

Key HMIS Indicators, Hapur District



The Hapur district has improved in coverage of 1st trimester ANC visit as compared to state level. There is need for some improvement in coverage of IFA supplementation among pregnant women.

Source: Estimates based on HMIS Data (Hapur District) FY 2021-22

District Combined Hospital, Hapur

DH is newly constructed 100-bedded hospital but provides only limited services. The DCH is located at the outskirts of the city and has low patient load. The main approach road towards the DCH is very narrow. Since January to April 2022, only five C-section and 25 normal deliveries have been conducted at DH. X-ray and ultrasound facility is unavailable.

Community Health Centre, Hapur

CHC Hapur provides ANC, PNC, pregnancy check-up, labour room services, family planning, Ayurvedic dispensary and dental services. Specialised services like medicine, Gynaecologist, Paediatric, Anaesthesiology and Ophthalmology are also available. There was shortage of certain drugs such as Metformin, Glimepiride, Tramadol tablets, Amoxicillin 250mg and Cefixime 200mg tablets. Lab tests facility was providing in house and digital X-ray and CT scan services available on PPP mode.

Community Health Centre, Garhmukteshwar

CHC Garhmukteshwar provides delivery services (elective C-section), ANC, PNC, pregnancy check-up, family planning, basic lab tests, and OPD care (dental and eye). The facility has fixed day screening of NCDs. The Mini Skill lab is established where Nurse Mentor provides training of staff nurse. There is no inverter in labour room and maternity OT.

Primary Health Centre-HWC, Kastala

The facility provides OPD, ANC, routine immunization, COVID-19 vaccination services to the patients. Basic lab tests like; Malaria, HIV, Syphilis, Hemoglobin, blood sugar and pregnancy check-up are available at PHC. Shortage

of blood pressure drugs of Amlodipine and anti-diabetics such as Metformin 500mg is noted at the facility from EDL in last 30 days. PHC-HWC is constituting Ayushman Bharat-Jan Arogya Samiti (AB-JAS). PHC, SC and HWC services are provided from the same physical facility.

Primary Health Centre, Dotai

The facility does not provide delivery care services. Hence, no provisions for JSY or JSSK is applicable. The facility provides only ANC and OPD services. Essential Drug List (EDL) is available and but not displayed in open areas. Only 99 drugs are available out of 190 drugs listed. Tele-medicine or consultation service is not being provided by the facility. Facility has no internet service. No power backup is available since 2017 at the centre.

Sub-Centre-HWC, Khilwai

The facility provides OPD, ANC, routine immunization, COVID-19 vaccination services to the patients. The condition of building is not good and surface areas is low lying. There is security concern for theft from the centre. CHO is not using the tablet due to battery problem.

Sub-Centre, Raghunathpur

The center provides ANC check-up, Immunization, HIV, Syphilis, Hemoglobin, blood sugar, pregnancy check-up and family planning services. SC is located near to the village pond which is a garbage disposal site and unhygienic location. The condition of recently constructed HWC is dilapidated and water is dripping from the roof during rains. The floor tiles of the HWC are damaged and cracked. No digital HB meter available to the ANMs.

Recommendations

- **Ensure full functioning of DH:** The DH is yet to be fully functional for the various services. In particular, institutional delivery, C-section births, NRC centre as well as SNCU etc has to be made fully functional. The flow of funds from NHM program to the DH also needs to be streamlined to enable disbursement of beneficiary incentives. The CMS of the DH needs greater support and assistance from the NHM DPMU.
- **Improving institutional delivery points:** The district currently has a higher contribution of the private sector in total institutional births. This has adverse implications for out of pocket expenditure and also at times leads to over-medication and procedures. Therefore, it is important for the public health system, especially the DH and CHCs, to strengthen the institutional delivery care services.
- **Strengthening the HWC services:** The newly constructed HWC buildings are in dilapidated status in certain places. The staffing and availability of drugs and equipment also varies across the HWCs. Some of the CHOs have also not received the performance-based incentives.
- **Boosting health services under VHND:** The VHND are often carried out at the PHC, HWC or the SC level. This is no different than regular provisioning of services. It is important that the VHND operations are carried out in community settings and in the village itself.
- **Improve supply of anti-diabetic, anti-hypertensive and anti-allergic medications:** The various health facilities reported acute shortage of anti-diabetic, anti-hypertensive and anti-allergic medicines. This drives away the patients and creates a perception of inefficiency for the public health system. Timely indent, procurement and distribution of these essential medicines is necessary to provide NCD services.

Executive Summary

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2022-23). This report of Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) presents the key findings from the concurrent monitoring of essential components of under NHM in Hapur, Uttar Pradesh. The report provides information on coverage of services, constraints in service delivery and utilization of health services by the population in the catchment area.

The report is prepared on the basis of visits to the following public health facilities in Hapur: District Combined Hospital, Community Health Centre, Hapur and Garhmukteshwar, Primary Health Centre-HWC, Kastala and Dotai, Sub-Centre-HWC, Khilwai and Raghunathpur and Anganwadi Centre Imtori. Meetings were held with the Chief Medical Officer (CMO) and the NHM Nodal Officials (ACMO and RCH Nodal Officer). Interactions were also held with the Medical Officer-in-Charge (MOIC) of the selected health facilities, health care providers (ANM, ASHAs etc.) to understand the strengths and weakness of the facilities in service provisioning. HMIS data was also verified for the District Hospital Ranking data validation purposes.

Key Findings

- ❖ All the 67 Sub-Health Centers have been converted into Health and Wellness Centre (HWC) in 2021-22. This has also led to increase in the footfall for OPD care. Also, it has improved diagnostic services like medicines for various non-communicable diseases including hypertension and diabetes.
- ❖ The HWCs functioning is affected by the varying attrition rate of the Community Health Officer (CHO). These are trained paramedical staff and have higher demand across the health sector. The retention of CHOs therefore was identified as a basic challenge for delivery of services at the HWCs.
- ❖ In this regard, it is observed that the district has pending issues related to disbursement of performance-based incentive for the CHOs posted in the district.
- ❖ RBSK team is functioning in both CHCs Garhmukteshwar and Hapur. The RBSK team was also found to be conducting regular screening visits to schools and AWCs according to micro plan. However, the schools did not have adequate supplies of IFA supplements (WIFS Jr and WIFS) for different age groups. The maintenance of records for IFA supplementation needs

orientation of school teachers. Also, coordination with the school education department was also weak.

- ❖ The DH Hapur is yet to be fully integrated with the NHM finances and fund flows. Consequently, some of the NRC admitted children and their mothers have not received any incentive. Also, they are unaware about the incentives.
- ❖ District hospital is not fully functional due to shortage of specialist doctors and staff nurses. Institutional delivery is negligible. There is only one gynecologist and two staff nurses. The DH has not received funds for JSY incentives and their low coordination with DPMU for improving service delivery at DH.
- ❖ VHND sessions are regularly conducted. However, in several places the sessions are conducted at the PHC or SC level buildings. Greater focus should be on planning the events at AWCs and other community settings.
- ❖ At CHC Garhmukteshwar the autoanalyzer is not working for the last one year due to non-availability of reagents. CHC Garhmukteshwar, however, is providing PPP based X-ray services. The post of the Radiologist is also vacant which affects medico-legal certification from the CHC. In fact, only two Radiologists are available in the district, one is posted at DH and the other at CHC Hapur.
- ❖ At PHC Kastala, the diagnostic tests and machines are available at the facility but shortage of Lab Technician is reported to be a challenge in providing a greater number of tests at PHCs. There is also greater competition from nearby private and public sector facilities which results in lower ANC as well as OPD cases.
- ❖ Nurse Mentoring Programme is implemented in the district. Under the programme, trained Nurse Mentor is posted at CHC (where delivery care services available) and district hospital in labour room. The Nurse Mentors posted in the district provide handholding support on key clinical competencies related to intrapartum and post-partum care and strengthening the referrals, data management and documentation skill to the staff nurses and ANMs.
- ❖ District has initiated formation of Ayushman Bharat-Jan Arogya Samiti (AB-JAS) at the SC-HWC. The existing Rogi Kalyan Samiti at PHC is being reformed as Jan Arogya Samiti-PHC (JAS-PHC) since 2022.
- ❖ The CMO of Hapur has initiated daily Zoom meeting in morning with the staff of CHCs and PHCs for attendance and monitoring purposes.
- ❖ DH Hapur has low capacity to conduct institutional deliveries and C-section deliveries due to shortage of specialists and staff nurses.

Chapter-1 Introduction

1.1. Background

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

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

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

The specific objectives of the study are as follows.

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

The report is prepared on the basis of field observations and visits to the following public health facilities: DH Hapur, CHC Hapur and CHC Garhmukteshwar, PHC Kastala and PHC Dotai, SC-HWC, Khilwai and SC Raghunathpur. Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and

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

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

Institution and facilities	Contact Person
Chief Medical Officer	Dr. Sunil Kumar
Additional CMO & RCH Nodal Officer	Dr. Praveen Sharma
Chief Medical Superintendent (District Combined Hospital Hapur)	Dr. Pradeep Mittal
Medical Officer In-Charge, CHC Hapur	Dr. Dinesh Khatri
Medical Officer In-Charge, CHC Garhmukteshwar	Dr. Dinesh Bharti
Medical Officer In-Charge, PHC Kastala	Dr. Kapil
Medical Officer In-Charge, PHC Dotai	Dr. Ahmad Arsalan
District Programme Manager (DPM)	Mr. Satish Kumar
Block Programme Manager, Hapur	Mrs. Jyoti
Block Programme Manager, Garhmukteshwar	Mr. D. P. Sharma
District Accounts Manager	Mr. Shiv Kumar
District Maternal Health Consultant	Mr. Anil Kumar
Quality Coordinator, DCH Hapur	Dr. Garima
Nurse Mentor, DCH	Mrs. Mohini

1.2. Demographic Profile

Hapur district was carved out from Ghaziabad district in 2011. Hapur is noted as manufacturing hub of making stainless steel pipes and tubes. It is situated about 60 km from the national capital. There are four blocks, three *nagar palika parishad*, and three tehsils in the district. Hapur has 273 Gram Panchayats across 352 villages. As per the Census of India 2011, the total population of Hapur is 13.38 lakhs with a total male population of 7.08 lakh and female population of 6.29 lakh. The population density is higher at 2000 persons per square km as compared to the state and national population density of 829 and 382 persons per square km, respectively. The literacy rate of the district is 74% which is higher than the state average. The male literacy rate is higher than the female literacy rate in Hapur district. Decadal population growth rate of the district is 41.7% which is higher than the state average of 20.2%.

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

Indicators	Hapur	Uttar Pradesh	India
Population (Census 2011)	13.38 lakhs	19.98 crore	1.21 crore
Male	7,08,910	104,480,510	62,37,24,248
Female	6,29,400	95,331,831	58,64,69,174
Decadal growth rate (Census 2011)	41.7	20.2	17.6
Literacy rate (%)	74.0	67.7	73.0
Male literacy rate (%)	88.7	77.3	80.9
Female literacy rate (%)	81.4	57.2	64.6
Sex ratio	917	912	943
Child sex ratio (0-6 years)	850	899	914
Density (persons sq. Km.)	2000	829	382
Area (in Sq. Km.)	1116	240928	3,287,240

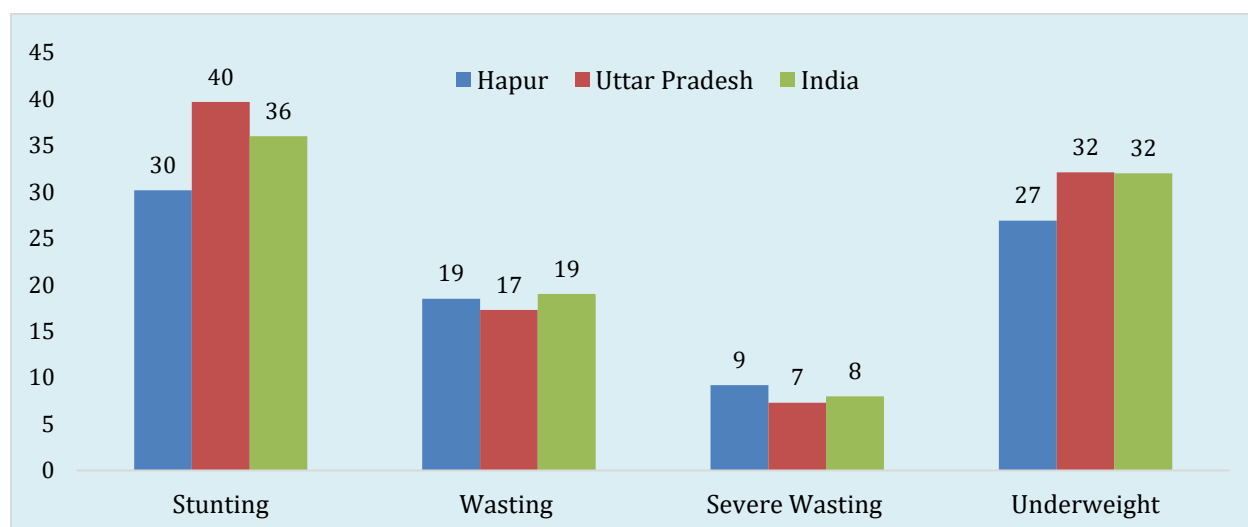
Source: <https://hapur.nic.in/> and https://upnrhm.gov.in/assets/site-files/dhap/districts/Hapur/Hapur_4.pdf

1.3. Maternal and Child Health

As per NFHS 2019-21, 80.1% mothers had antenatal check up in the first trimester and 53.3% had undertaken at least four ANC visits in Hapur district. IFA consumption for 100 days or more was reported at 29% during pregnancy and 12.6% mother consumed IFA 180 days or more during their pregnancy. A total of 83.3% births took place in institutional facilities with 34.7% births happening across public health facilities. Of the total births, 85.6% births were assisted by a skilled birth attendant whereas 16.5% births were through caesarean section (public sector 7% and private sector 28.9%). About 83% mothers received postnatal care from doctor or other skilled health personnel. The average out of pocket expenditure per delivery in public health facility was Rs. 1297. About 89.1% children aged 12-23 months are fully immunized (BCG, measles, and 3 doses each of polio and DPT). The coverage of 3 doses of polio is 88.3% and the coverage of 3 doses of Hepatitis B vaccine is 94.3%. The district has low prevalence of diarrhoea (3.9%) among children. In 2019-21, there was no information available about children receiving oral rehydration solution (ORS) and Zinc.

In Hapur district, 9.4% women in the age group 15-49 years have a low body mass index (BMI < 18.5 kg/m²). In addition, 32.4% women are overweight or obese (BMI > 25.0 kg/m²). Anemia is noted as a major concern among women in Hapur. A total of 50.6% women age groups 15-49 years are anemic. The anemia prevalence among non-pregnant women is 51.7%. However, 30.8% pregnant women age groups 15-49 years are anaemic in Hapur district. The prevalence of high blood sugar among women is 4.9% and hypertension (slightly above normal with systolic 140-159 mm of Hg and/or diastolic 90-99 mm of Hg) is 15.6% among those 15 years and above.

Figure 1: Child undernutrition (0-5 years) in Hapur, UP and India, NFHS-5 (2019-21)



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

In the district, 30% children under five years are stunted, 27% are underweight and 19% are wasted including 9% with severely wasting children. Stunting prevalence is higher for the overall states than the district or national prevalence. However, severely wasting children is slightly higher in Hapur district from the state and national average.

1.4. Family Planning Services

As per NFHS-5 (2019-21), in Hapur, 73.7% women are literate and 43.5% women have 10 or more years of schooling. Further, 7.1% of women aged 20-24 years were married before the age of 18 years. Nearly, one percent (0.8%) women age 15-19 years were already mother or pregnant at the time of the survey in Hapur district. The use of any modern method of contraception was 70.3% with female sterilization having 15.3% coverage and 26.5% reported using of condoms. Use of IUD/PPIUD (2.1%) and pills (2.4%) is also very low. Male sterilization is negligible at 0.1%. Overall, the total unmet need for family planning was 4.8% including a 2.2% unmet need for spacing.

1.5. HMIS Services Delivery Indicators

In Hapur district, 92.5% of the ANC registrations occurred in the first trimester which is more than the state average. Pregnant women receiving 4 or more ANC registration was 84.1% in Hapur and 83% in the state. The coverage of 180 IFA tablets among pregnant women is 83.8% in district and higher proportion was covered by state which show 90.5% during 2021-22. About 86% pregnant women received 360 calcium tablets in district and 83% in the state.

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

HMIS indicators	Hapur	Uttar Pradesh
1. Maternal Health		
% of beneficiaries registered for 1st trimester to total ANC registration	92.5	64.7
% of pregnant women with 4 or more ANC checkups	84.1	83.0
% of pregnant women given 180 IFA to total ANC registrations	83.8	90.5
% Pregnant women given 360 Calcium tablets	85.7	82.6
a) Institutional and Home Deliveries		
% of SBA attended home deliveries to total home deliveries	0.0	13.1
% of institutional deliveries to total reported deliveries	99.9	98.7
% of institutional deliveries to total ANC registrations	78.2	54.0
% of C-Section deliveries to total institutional deliveries	17.4	9.4
% of women received 1st post-partum checkup after delivery	97.2	66.1
2. Newborn and Child Health		
% of newborn weighted to total live birth	99.0	91.7
% of newborn breast fed within 1 hour of birth to total live birth	96.8	90.0
% of newborns having weight less than 2.5 kg to total live birth	9.1	9.6
No of children admitted in NRC	5	112.9
% of children discharged with target weight gain from NRC	100.0	67.3
Number of children (9-11 months) fully immunized	33402	4419723
3. Family Planning		
% of male sterilization to total sterilization	3.3	1.1
% of female sterilization to total sterilization	96.7	98.9
% of IUCD insertion to total institutional deliveries	51.4	40.9
Total Sterilization conducted	1593	259718
4. Mortality Indicators		
Maternal death	27	3345
Child (1-5 years) death	0	1473
Infant (1-12 months) death	0	10130
Still Birth	27	33936

Source: HMIS data, 2021-22

About 99% births are institutional deliveries. The C-section births were accounting for 17% to the total institutional births and is almost twice that of the state average (9.4%). Also, 97% of women received 1st post-partum check-up after delivery. The HMIS data shows that 97% of the newborn are breastfed within the first hour of birth in Hapur. About 9% of the newborn were categorized as low birth weight baby (weight below 2.5 kg). A total of 33402 children (9-11 months) have been immunized in the district. Male sterilization is 3% which is higher than the state level (1%). Female sterilization is dominant method of family planning in the district. Female sterilization was more than 96% in both district and state level. Women used IUCD insertion to total institutional deliveries is 51%. The mortality indicators were reported a total of 25 maternal deaths during 2021-22. The number of still births reported is 27.

Chapter-2 NHM Budget and Finance

2.1 State Resource Envelope and District Allocation

For the financial year (FY) 2021-22, against a resource envelope of Rs. 7366.43 Crore (calculated assuming state share of 40%), Uttar Pradesh received administrative approval for an amount of Rs.9621.79 Crore. The total support from Government of India is Rs. 4419.86 Crore whereas the state share of 40% works out to be Rs. 2946.57 Crore.

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

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

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

The total resource envelope for FY 2021-22 consists of union government's support of Rs. 2998.19 Crore for flexible pool allocation including cash and kind, Rs.543.74 Crore for incentive pool based on last year's performance and Rs. 877.93 Crore for infrastructure maintenance. The

breakup of the total resource envelope shows that Rs. 891.04 Crore is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (IPPI) and National Iodine Deficiency Disorders Control Programme (NIDDCP). The total amount of Rs. 2237.78 Crore is allocated for Health System Strengthening (HSS) under NHM. Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 3128.82 Crore. The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and Non-Communicable Disease (NCD) Flexible Pool is Rs. 103.48 Crore, Rs. 207.47 Crore and Rs. 102.15 Crore, respectively. Within NDCP Flexible Pool, bulk of the resources is allocated for NTEP activities. Finally, over one-fifth of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance.

Table 5: FMR wise budget status of expenditure (in lakhs) in Hapur district, 2021-22

Indicator	Budget Released	Budget utilized	Utilization
FMR 1: Service Delivery: Facility Based	417.06	220.56	53.0
FMR 2: Service Delivery: Community Based	82.69	35.80	43.0
FMR 3: Community Intervention	727.43	511.25	70.0
FMR 4: Untied grants	155.87	55.68	36.0
FMR 5: Infrastructure	484.36	231.44	48.0
FMR 6: Procurement	153.70	61.52	40.0
FMR 7: Referral Transport	2.72	0.53	19.0
FMR 8: Human Resource (Service Delivery)	1369.41	901.83	66.0
FMR 9: Training	65.83	12.25	19.0
FMR 10: Review, Research and Surveillance	4.89	0.06	1.0
FMR 11: IEC-BCC	75.71	9.94	13.0
FMR 12: Printing	55.89	15.93	29.0
FMR 13: Quality	9.82	2.31	24.0
FMR 14: Drug Warehouse & Logistic	39.92	31.23	78.0
FMR 15: PPP	8.68	1.05	12.0
FMR 16: Programme Management	364.23	241.41	66.0
FMR 17: IT Initiatives for Service Delivery	12.58	0.79	6.0
FMR 18: Innovations	0.44	0.00	0.0
Total	4031.23	2333.56	57.9

Source: District Level Checklist, DPMU Office, Hapur 2022-23

Table 5 show the summary of fund utilization based on budget allotted as per ROP in the district during 2021-22. A total of 18 budget heads divided into various sub heads. The 18 major budget heads of NHM received Rs. 4031.23 lakhs in FY 2021-22 and expenditure incurred about 2333.56 lakh which was 57.9% utilization rate of total allotted budget in 2021-22.

Table 6: Programmes wise budget expenditure (Rs. in lakhs) in Hapur district, 2021-22

Budget heads	Budget Released	Budget utilized	% Utilization
1. RCH and Health Systems Flexi-pool	3807.23	2144.23	56.30
Maternal Health	677.20	451.03	66.6
Child Health	259.38	131.17	50.6
RBSK	166.96	149.53	89.6
Family Planning	102.30	62.60	61.2
RKSK/ Adolescent health	10.32	2.29	22.2
PC-PNDT	1.20	0.09	7.7
Immunization	180.14	140.18	77.8
Untied Fund	155.87	55.68	35.7
Comprehensive Primary Healthcare (CPHC)	0.00	0.00	0.0
Blood Services and Disorders	7.77	5.88	75.7
Infrastructure	484.36	231.44	47.8
ASHAs	1486.72	771.54	51.9
HR	77.37	60.66	78.4
Programme Management	0.05	0.05	100.0
MMU	0.00	0.00	0.0
Referral Transport	2.72	0.53	19.5
Procurement	153.70	61.52	40.0
Quality Assurance	37.44	18.61	49.7
PPP	3.60	1.43	39.7
NIDDCP	0.13	0.00	0.0
2. NUHM	221.22	125.74	56.80
3. Communicable Diseases Pool	811.17	406.7	50.10
Integrated Disease Surveillance Programme (IDSP)	404.18	175.80	43.5
National Vector Borne Disease Control Programme (NVBDCP)	30.89	13.08	42.3
National Leprosy Eradication Programme (NLEP)	70.40	9.56	13.6
National TB Elimination Programme (NTEP)	305.70	208.26	68.1
4. Non-Communicable Diseases Pool	1042.63	76.0	7.30
National Program for Control of Blindness and Vision Impairment	24.35	4.16	17.1
National Mental Health Program (NMHP)	41.48	6.75	16.3
National Programme for Health Care for the Elderly (NPHCE)	26.84	7.60	28.3
National Tobacco Control Programme (NTCP)	33.04	5.62	17.0
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	914.27	51.87	5.70
National Dialysis Programme	0.00	0.00	0.00
National Program for Climate Change and Human Health (NPCCHH)	2.65	0.00	0.00
National Oral health programme (NOHP)	0.00	0.00	0.00
National Programme on palliative care (NPPC)	0.00	0.00	0.00
National Programme for Prevention and Control of Fluorosis (NPPCF)	0.00	0.00	0.00
National Rabies Control Programme (NRCP)	0.00	0.00	0.00
National programme for Prevention and Control of Deafness	0.00	0.00	0.00
National programme for Prevention and Management of Burn & Injuries	0.00	0.00	0.00
National programme for Prevention and Control of Leptospirosis	0.00	0.00	0.00
Total	5882.30	2752.70	46.80

Source: District Level Checklist, DPMU Office, Hapur 2022-23

Major expenditure is incurred on drug warehouse & logistics management (78%) followed by community intervention (70%) during 2021-22. The community-based service delivery was utilized only 43% and 53% used by facility-based services delivery under NHM in Hapur district.

Table 6 shows the programme wise fund utilization in the district for the FY 2021-22. A total budget of Rs. 5882.30 lakhs were released for NHM programme and Rs. 2752.7 lakhs spent on these programmes during 2021-22, which is nearly 47% utilization of the total released budget in Hapur district. Under RCH and Health Systems Flexi-pool, utilization was highest under the RBSK programme (89.6%) followed by human resources (78.4%), Immunization (77.8) and blood services and disorders (75.7%). The maternal health section expenditure had a utilization level of 67% of the total given budget. Some of the budget heads had lower utilization than total allotments. For example; RKSK/Adolescent health (22.2%), referral transport (19.5%) and PC-PNDT act (7.7%) have very low utilization during 2021-22. Hapur district received a total amount of Rs. 2.72 lakh for referral transport and only Rs. 0.53 lakh was used for this activity. Similarly, Rs.10.32 lakh was received for RKSK programme and utilization was Rs. 2.29 lakh during the 2021-22. It was noted that about 52% of the earmarked funds for ASHAs programme was utilized in the district. Hapur received an amount of Rs. 221.22 lakh for NUHM programme of which Rs.125.74 lakh was spent during 2021-22. It is 57% utilization of the total released budget.

Under the Communicable Diseases Pool, bulk of the funds are allotted for National TB Elimination Programme (NTEP) with relatively better utilization (68.1%) against the funds released. However, National Leprosy Eradication Programme (NLEP), National Vector Borne Disease Control Programme (NVBDCP) and Integrated Disease Surveillance Programme (IDSP), have lower utilization of 13.6%, 42.3% and 43.5%, respectively. Overall 50.1% of fund was used against the total budget allotted under the communicable disease pool.

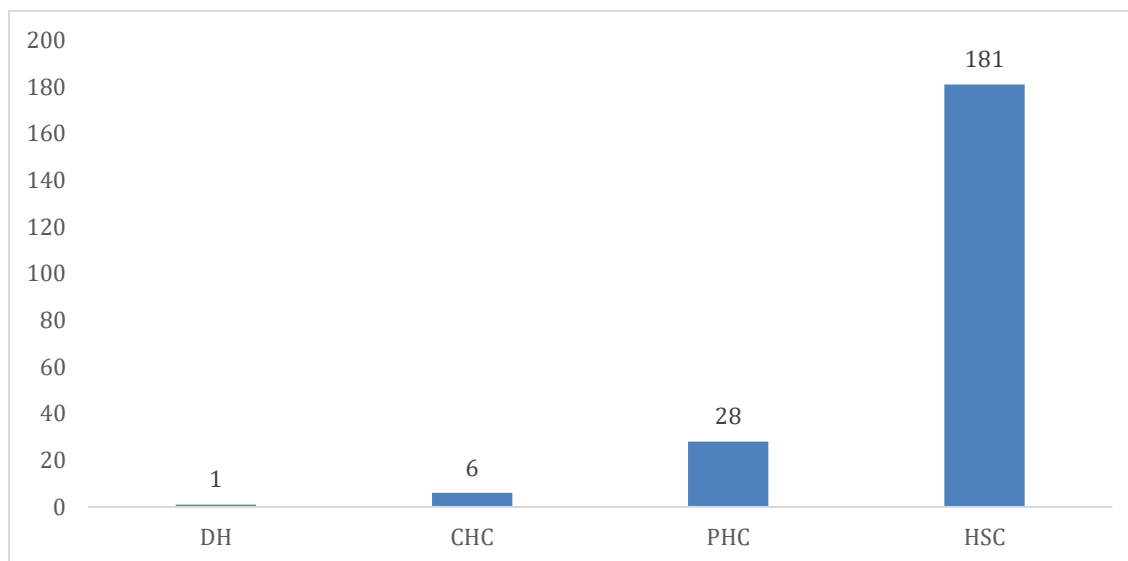
Under the Non-Communicable Disease pool, the district was allotted Rs.1042.63 lakh for six selected programmes are operational in the district. Out of total fund, expenditure incurred very less about Rs. 76.0 lakh under the Non-Communicable Disease. These programmes are; NPCB+VI, NMHP, NPHCE, NTCP, NPCDCS and NPCCHH. However, small expenditures are incurred under NPCDCS (5.7% utilization rate) and NMHP (16.3% utilization rate). It is apparent that the implementation of activities under various programmes including communicable and NCD programmes continue to be affected following the COVID-19 pandemic.

Chapter-3 Public Health Planning and Implementation

3.1 Status of Infrastructure and Service Delivery

As per the Facility Master Report 2022, Hapur has one district combined hospital, six community health centers, 28 primary health centers and 181 health sub-centers that were functioning in the district.

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



Source: Facility Master Report, HMIS, 2022

However, as per the monitoring checklist, Hapur district has one District Combined Hospital (DCH), seven Community Health Centre (CHC), 23 Primary Health Centers (PHC) and 180 Sub-Centers. District hospital is not conducting more than 30 deliveries per month in the last five months. No Urban Community Health Centre was available in the district. There was no District Early Intervention Centre (DEIC) facility in the district. Only one Nutritional Rehabilitation Centers and Special Newborn Care Unit (SNCU) was functioning in the district for providing child health care services. About 119 sub-centers to be planned into Health and Wellness Center but currently 92 sub-centers have been converted into HWCs in 2022. However, 21 primary health centers have been converted into HWC-PHC in the district. There is no blood bank facility available in Hapur district.

District was functioning with 16 Designated Microscopy Center (DMC) which was provided screening and medicine to the TB patient in the district including public and private facility. District was running with eight Tuberculosis Unit which consist of a designated Medical Officer-tuberculosis Control (MO-TC) and two full time RNTCP contractual supervisory staff exclusive

for tuberculosis work at the block level. NCD clinic is functional at district hospital and five CHCs level. In the district, one public health facility and 67 private facilities were providing ultrasound services and all the facilities are registered under the PC-PNDT act.

Table 7: Operational health facilities in Hapur district, 2021-22

Facility Details	Planned/Operational
1. District Hospitals	1/1
1a) No. of DH conducting > 50 deliveries /month	0
1b) No. of DH conducting C-section	0
2. Community Health Centres (CHC)	7
2a) No. of CHCs / MH conducting > 20 deliveries /month	NA
3. Primary Health Centres (PHC)	23
3a) No. of 24X7 PHCs conducting > 10 deliveries /month	NA
4. Sub Centres (SC)	180
4a) No. of SCs conducting >3 deliveries/month	0
5. Special New-born Care Units (SNCU)	1
6. Nutritional Rehabilitation Centres (NRC)	1
7. District Early intervention Centre (DEIC)	0
8. First Referral Units (FRU)	3
9. Blood Bank	0
10. Blood Storage Unit (BSU)	1
11. No. of PHC converted to HWC	21
12. No. of U-PHC converted to HWC	3
13. Number of Sub Centre converted in to HWC	119/92
14. Designated Microscopy Centre (DMC)	16/16
15. Tuberculosis Units (TUs)	8/8
16. CBNAAT/ TruNat Sites	1/1
17. Drug Resistant TB Centres	1/1
18. Functional NCD Clinic at DH	1/1
19. Functional NCD Clinic at CHCs / MH	5/5
20. Institutions with ultrasound facilities (Public + Private)	1 public and 67 privates
21. Of these, how many are registered under PCPNDT act	All (1+67)

Source: District Checklist, NHM PIP Monitoring, 2022

3.2 Human Resource for Health

The status of human resources at health facilities in Hapur district suggests shortage of post for MO (MBBS), specialized doctors in the district. For example, one post was vacant for each in Medical Officer-MH, MO-RNTCP and AYUSH-MO in the district. Three posts for MO at Urban Primary Health Centre were vacant. There are no Obstetrics & Gynecologist doctors available against three posts sanctioned. No post for surgeon and Radiologist doctors is sanctioned in the district. Three pharmacist posts were vacant against nine posts sanctioned. Of these, two posts

for AYUSH pharmacist are vacant. Post for ANM, Staff Nurse and lab technician are shortfall to against sanctioned post in the district. A total of 125 ANMs are currently in-position against 135 posts sanctioned and 10 posts for ANM are vacant. Similarly, 49 staff nurses are working against 102 posts have been sanctioned in the district and 53 posts are vacant. A total of 17 lab technician are posted in the district against 23 posts sanctioned. Six posts are lying vacant of LTs.

Table 8: Availability of human resources in Hapur district, 2021-22

Human Resources (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy
Paramedical staffs			
ANMs -MH	103	98	5
ANM -RBSK	3	2	1
ANMs/LHVs UPHC	29	25	4
MPW (Male)	0	0	0
Staff Nurse - HWC	21	8	13
Staff Nurse-MH	41	18	23
Staff Nurses-NCD	11	6	5
Staff Nurse -NRC	4	0	4
Staff Nurse -RBSK	6	5	1
Staff Nurse -SNCU/KMC	12	7	5
Staff Nurse UPHC	7	5	2
Laboratory Technician -Blood Storage	2	1	1
Laboratory Technician -NCD	5	4	1
Laboratory Technicians- RNTCP	13	10	3
Lab Technicians UPHC	3	2	1
Pharmacists -AYUSH	3	1	2
Pharmacist -RBSK	3	2	1
Pharmacist UPHC	3	3	0
Radiographer/ X-ray technician	0	0	0
Dental technician	0	0	0
CHO/ MLHP	119	92	27
Doctors			
Medical Officers -MH	3	2	1
MO at UPHC Full-Time	3	3	3
Medical Officers -CD RNTCP	3	2	1
OB & GY- MH	3	0	3
Pediatrician -SNCU	3	2	1
Anesthetists -MH	2	2	0
Surgeon	0	0	0
Radiologists	0	0	0
MOs- Dental/BDS	5	5	0
DENTAL HYGIENIST RBSK	5	5	0
AYUSH MOs	9	8	1
MOs- AYUSH RBSK	12	10	2

Source: District Checklist, NHM PIP Monitoring, 2022

Comprehensive primary health care services are provided in the district under the Ayushman Bharat scheme. These services are provided through Health and Wellness Centre. The Health and Wellness Centre provides expanded range of services such as pregnancy, childhood and adolescent services, family planning, care of ENT problems, oral health care, elderly services,

emergency and mental health services. Apart from that major focused on the screening, prevention, control and management of Non-Communicable Disease (NCD) in the community.

Table 9: Implementation of Comprehensive Primary Health Care (CPHC), Hapur district

Indicators	Planned	Completed
1. Number of individuals enumerated	NA	214000
2. Number of CBAC forms filled	NA	137000
3. Number of HWCs started NCD screening		
3.1 SHC- HWC	NA	92
3.2 PHC- HWC	NA	21
3.3 UPHC - HWC	NA	3
4. Number of individuals screened for:		
	Screened	Diagnosed
4.1 Hypertension	113000	181
4.2 Diabetes	112000	191
4.3 Oral Cancer	110000	0
4.4 Breast Cancer	48900	0
4.5 Cervical Cancer	0	0
5. Number of HWCs providing Tele-consultation services		115
6. HWCs organizing wellness activities		115
7. Universal health screening conducted		Yes
7.1. If conducted, what is the target population		213603
7.2. No. of CBAC form filled till date		137000
8. If grievance redressal mechanism in place		Yes
9. If Mera-Aaspatal has been implemented		Yes

Source: District Checklist, NHM PIP Monitoring, 2022

Total number of individuals enumerated under the Comprehensive primary health care services is 214000 and 137000 CBAC forms have been filled. In the district, 92 SC-HWC were started NCD screening, 21 PHC-HWC and 3 UPHC-HWC provided the NCD services. Under NCD screening, total 113000 for hypertension, 112000 for diabetes, 110000 for oral cancer and 48900 for breast cancer screening were completed. Of these, 181 patients were diagnosed for hypertension and 191 for diabetes during 2021-22. Given the low level of diagnosis and identification of NCD cases, it is important to improve the services for early identification of hypertensive and diabetic patients. A total of 115 HWC were providing tele-consultation and conducted wellness or yoga services in the district.

Chapter-4 NHM Programmes and Interventions

4.1 RMNCH+A Services

The Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy is built upon the continuum of care concept and aimed to improve health infrastructure, referral transport and supply chain management. It provides strong platform for delivery of services across the community to various level of health care system.

Table 10: RMNCH+A programmes status, Hapur district 2021-22

Intervention / Activities	Indicator status	
Janani Shishu Suraksha Karyakram (JSSK)	<ul style="list-style-type: none"> Total Delivery Points: 9 Facilities where free diet is available for PW: 9 Facilities where lab is functional for basic tests for PW: 9 	
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	<ul style="list-style-type: none"> Health facilities where current round of PMSMA was conducted: <ol style="list-style-type: none"> Medical College: NA DH: 1 SDH: NA CHC/UCHC: 3 PHC/UPHC: 4 Private Clinics: 0 	
Special New-born Care Units (SNCU)	<ul style="list-style-type: none"> Total number of beds: 8 In-radiant warmer: 8 Stepdown care: 1 Kangaroo Mother Care (KMC) unit: 1 room Non-functional radiant warmer for more than a week: 0 Non-functional phototherapy unit for more than a week: 0 	
	In-born	Out-born
Admissions	307	265
Discharged	241	175
Defects at birth	2	18
Referral	26	38
LAMA	31	30
Died	2	18
New-born Stabilization Unit	Inborn	Out born
Admissions	260	0
Discharged	255	0
Referral	2	0
LAMA	2	0
Home Based New-born Care (HBNC)	<ul style="list-style-type: none"> Total number of ASHA: 820 Total New-born visited under HBNC: 18961 ASHAs with drug kits: 820 Total no. of ASHAs with HBNC Kits: 820 	

Source: District Performa, NHM PIP Hapur, 2022

A total of nine delivery points in the district implement the JSY/JSSK services. Average delay of 10-12 days reported by hospital and payment of JSY incentive done till August 2022 by district hospital. The PMSMA activities are conducted at the district hospital, three CHCs and four PHCs. The Hapur district has SNCU with a capacity of 8 warmers and one KMC unit. A total of 307 in-born and 265 out-born admissions are reported in 2021-22. Out of total admission, 241 newborns were discharged under in-born and 175 discharged admitted under out-born.

On the other hand, Newborn Stabilization Units (NBSU) are an important service for new-born care. NBSUs have been established at the sub-district level (FRU/CHC) in order to provide facility based newborn care babies delivered at the same health facility and to sick and small newborn care closer to home or other health facilities. In Hapur district, total 260 have been admitted in NBSU functioning at CHC level. Under the HBNC, a total of 820 ASHAs are working in the district and all the ASHAs have received the drug kits. About 18961 HBNC visit have completed by ASHAs.

4.2 Communicable Disease Programmes

In the district, Integrated Disease Surveillance Programme (IDSP), National Vector Borne Disease Control Programme (NVBDCP), National Tuberculosis Elimination Programme (NTEP) and National Leprosy Elimination Programme (NLEP) were operational. Rapid response team are being constituted under the Integrated Disease Surveillance Programme (IDSP). The team comprises of Nodal Officer Vector Borne Disease, District Malaria Officer (DMO), Epidemiologist, Pharmacist and Lab Technician. Under the NVBDCP, micro plan is available at district level. The annual blood examination rate was decreased from 1.35% in 2019-20 to 1.20% in 2021-22. The district is undertaking efforts to strengthen the lab and training of frontline workers.

Under National Tuberculosis Elimination Programme (NTEP), the target TB notification from public and private practitioners were reported in 2021-22. Under the programme, drugs for both drug sensitive and drug resistance TB were made available. Public sector notified a total number of 2959 of TB patients to local health authorities while private sector notified only 490 patients. Of the total notified cases, treatment success rate was almost 91 and 94% for both public and private sector respectively. Number of MDR-TB patients identified were 88 cases in public sector and no case were reported by private sector in 2021-22. Under National Leprosy Eradication Programme, 65 new cases were detected, and there no cases were found of Grade 2 Disabilities (G2D). The supply of Multi Drug therapy (MDT) was available without interruption.

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

National Disease Control Programmes		Observations
1	Implementation of Integrated Disease Surveillance Programme	Yes
1.1	Rapid response team constituted and composition of the team	Yes, 05 members
1.2	No. of outbreaks investigated in previous and current year	0 due to COVID-19
2	Implementation of National Vector Borne Disease Control Programme (NVBDCP)	Yes
2.1	Micro plan and macro plan available at district level	Yes
2.2	Annual Blood Examination Rate	
	2019-20	1.35%
	2020-21	1.03%
	2021-22	1.20%
2.3	Reason for increase/ decrease (trend of last 3 years to be seen)	Strengthening the lab in progress and training of frontline workers was not completed.
2.4	Long Lasting Impregnated Bed nets (LLIN) distribution	NA
2.5	Indoor Residual Spray (IRS) for Malaria control	NA
2.4	Anti-larval methods	Drain water collection
2.5	Contingency plan for epidemic preparedness	Yes
2.6	No. of MDR rounds observed	0 in 2021-22
3	Implementation of National Tuberculosis Elimination Programme	Yes
3.1	Target TB notification achieved	Yes
3.2	Whether HIV Status of all TB patient is known	Yes
3.3	Whether drugs for both drug sensitive and drug resistance TB available	Yes
3.4	Eligible TB patients with UDST testing	Yes
3A	Patients notification from public sector	
	No of patients notified	2959
	Treatment success rate	91%
	No. of MDR TB Patients	88
	Treatment initiation among MDR TB patients	88
3B	Patients notification from private sector	
	No of patients notified	490
	Treatment success rate	94%
	No. of MDR TB Patients	0
	Treatment initiation among MDR TB patients	0
3C	Beneficiaries paid under Nikshay Poshan Yojana	Yes
4	Implementation of National Leprosy Eradication Programme (NLEP)	Yes
	No. of new cases detected	65
	No. of G2D cases	0
	MDT available without interruption	Yes
	MCR footwear and self-care kit available	Yes

Source: District Performa, NHM PIP Hapur, 2022

4.3 Community Processes

The community processes involve the ASHAs and Village Health Sanitation and Nutrition Committees and related support structure. ASHAs play important role to create awareness and provide information to the community on nutrition, sanitation and hygiene practice, safe delivery, immunization and prevention of common diseases.

Table 12: Key indicators for ASHA and ASHA facilitators, Hapur district, 2021-22

Sl.no.	Key indicators	Number
1	Status of ASHAs	
1.1	ASHAs required as per population	860
1.2	Selected ASHAs	820
1.3	No. of ASHAs covering more than 1500 (rural) population	18
1.4	Villages/ slum areas with no ASHA	0
2	Status of social benefit scheme for ASHAs and ASHA Facilitators	
2.1	ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	760
2.2	ASHA Facilitator enrolled for PMJJBY	38
2.3	ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	820
2.4	ASHA facilitator enrolled for PMSBY	38
2.5	ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	536
2.6	ASHA facilitator enrolled for PMSYMY	38
3	Status of Mahila Arogya Samitis (MAS)	
3.1	MAS Formed	71
3.2	MAS Trained	71
3.3	MAS account opened	69
4	Status of Village Health Sanitation and Nutrition Committee (VHSNC)	
4.1	VHSNC Formed	295
4.2	VHSNC Trained	295

Source: District Performa, NHM PIP Hapur, 2022

A total of 820 ASHAs are working in the district whereas 860 ASHAs are required as per the population norm whereby each ASHA can serve a population of 1000 in rural areas. The details of ASHAs and ASHA Facilitators enrolled under the Pradhan Mantri Suraksha Bima Yojana (Life Insurance) scheme in Hapur district is as follows. A total of 760 ASHAs were covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and 820 under the Pradhan Mantri Suraksha Bima Yojana (PMSBY) in district. Similarly, 38 ASHA Facilitator were covered under PMJJBY and PMSBY scheme. A total of 71 Mahila Arogya Samiti (MAS) was formed and basic training to the members was provided.

Chapter-5 Health Facilities Monitoring Assessment

5.1 District Combine Hospital (DCH), Hapur

- ❖ District Combined Hospital (DCH) is functioning with 100 bedded facility. It is a newly constructed hospital and provides only limited services at this early phase of its functioning. The approach road towards the DCH is very narrow due to which two ambulances cannot cross each other. The DCH is located at the outskirts of the city and has low patient load.
- ❖ The C-section services are provided but the DCH reported shortage of specialist doctors. Only one Gynaecologist was reappointed after 8-10 years from retirement.
- ❖ Since January to April 2022, only five C-section and 25 normal deliveries have been conducted at DH. Whereas there is a higher delivery case load at CHC Hapur.
- ❖ NCD services are functioning on a daily basis. District hospital have trained doctors for cancer services. X-ray and Ultrasonography (USG) machine was not available at the District Combined Hospital Hapur.
- ❖ The DCH provides free services such as delivery care, diet, drugs and consumables, some diagnostics, blood services only for JSSK women, elderly and BPL member, referral transport and drop back services.
- ❖ District Combined Hospital provides specialized services in Medicine, Obstetrics and Gynaecology, Pediatrics, General Surgery, Anesthesiology, Ophthalmology, Dental and emergency services for the patients.
- ❖ Nutritional Rehabilitation Centre is available to provide institutional care of children with severe malnourishment. The provision of incentive of Rs. 100 per day to the mother stay with children is not being provided at DCH due to lack of clarity on fund flow mechanism.
- ❖ The DCH has not initiated LaQshya and NQAS activities. Kayakalp initiative of peer assessment was conducted and the DH received a score of 75%. However, it has not received any award under Kayakalp.
- ❖ District Combined Hospital receives the services from Synergy Waste Management Pvt. Limited to collect waste material from the hospital.
- ❖ There is no facility of dialysis services at the DCH Hapur.
- ❖ DCH has implemented DVDMS system for supply chain management.
- ❖ There is no regular Surgeon available against the sanctioned post. Only one surgeon is attached from other facility for service.

- ❖ No Emergency Obstetrics Care (EmOC) and Life Saving Anaesthesia (LSAS) trained doctors are available at DCH Hapur while six posts are sanctioned for EmOC doctors.

Table 13: Status of infrastructure at District Combined Hospital (DCH), Hapur 2021-22

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

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

Table 14: Services available at District Combined Hospital, Hapur 2021-22

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

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

Figure 3: Pictures of visited health facilities of District Combined Hospital and AWC, Hapur, 2022



District Combined Hospital (DCH), Hapur



KMC Ward, DCH, Hapur



Mother Newborn Care Unit (MNCU), DCH Hapur



Interaction with RBSK team at AWC Imtori, Hapur



AWC and Primary school, Imtori Hapur



Visited primary school, Kasamabad, Hapur



Nurse examine in primary school, Kasamabad, Hapur



Labour room registered, DCH Hapur

Table 15: Emergency services available at DCH Hapur 2021-22

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

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

5.2 Community Health Centre, Garhmukteshwar

- ❖ CHC Garhmukteshwar provides delivery services (elective C-section), ANC, PNC, pregnancy check-up, family planning, basic lab tests, OPD (dental and eye) and health counselling.
- ❖ RBSK team is functioning. The Block has two teams and each team has 4 members. For field visit two vehicles are provided to the team.
- ❖ CHC Garhmukteshwar received 78% score under the Kayakalp programme in 2021-22. NQAS internal assessment was completed on Jan 2022 with 75.8% score.
- ❖ CHC Garhmukteshwar completed Laqshya assessment of labour room and maternal OT and received 78.3% score in 2021-22.
- ❖ X-ray facility is available on PPP mode with Krishna diagnostic which provide X-ray machine and maintenance by Cyrix company private limited.

- ❖ There is no Radiologist available at CHC and district have only two Radiologist. Most of the lab tests are conducted by CHC.
- ❖ There no facility of inverter in labour room and maternity OT and dental chair is not working due to irregular piped water supply that is necessary for dental services. Also, no equipment is available for advanced care such as root canal treatment.
- ❖ CHC Garhmukteshwar provides only elective C-section deliveries whereas any complications are referred to CHC Hapur.
- ❖ The Mini Skill lab is established at CHC Garhmukteshwar where Nurse Mentor provides clinical examination to assess the knowledge and skill of labour room service providers.
- ❖ IFA distribution is very low and lack of coordination between health department, education and CDPO for availability of stock and lack of reporting from the schools and inter-college staff is noted.
- ❖ The facility has fixed day screening of NCDs. Screening for hypertension, diabetes and cancer is conducted at the facility.
- ❖ CHC Garhmukteshwar has facility of Designated Microscopy Centre (DMC) for screening of TB patients through TruNat machine.
- ❖ Since February to August 25, 2022 a total of 1103 tests have been conducted. Of these, 253 TB patients found positive, 278 patients on treatment and 5 patients found MDR cases.
- ❖ Screening of Leprosy cases were conducted by CHC by field worker and any suspected cases send to CHC Simbhawali.

5.3 Community Health Centre, Hapur

- ❖ Community Health Centre Hapur provides ANC, PNC, pregnancy check-up, labour room services, family planning, basic lab tests and health counselling, Ayurvedic dispensary and dental services.
- ❖ Specialised services like medicine, Gynaecologist, Paediatric, Anaesthesiology and Ophthalmology available at the CHC Hapur.
- ❖ The facility provides adolescent friendly health clinic-based counselling to adolescents through a Medical Officer. However, no separate male and female counsellors are available.
- ❖ There was shortage of certain drugs such as Metformin, Glimepiride, Tramadol tablets, Amoxicillin 250mg and Cefixime 200mg tablets. Also, it was reported that there was sufficient supply of essential consumables.

- ❖ Essential diagnostics is available both in-house and PPP mode at the facility. Lab tests facility was providing in house and digital X-ray and CT scan services available on PPP mode through Star Imagine and Path Lab Private Ltd.
- ❖ A total of 112668 tests were performed in 2021-22. Out of total, 6088 digital X-ray tests have been conducted in the same year. X-ray machine is certified from Atomic Energy Regulatory Board (AERB) which provide legal framework for safe handling of radiation generating equipment.
- ❖ The facility has implemented quality assurance programmes like Kayakalp, NQAS and LaQshya and Kayakalp score was 76% in internal and 73% at state level score in 2021-22. The NQAS assessment was initiated and completed internal assessment during 2021-22 with facility score of 79%.
- ❖ LaQshya programme was initiated in 2019 to improve the quality of care of delivery care and post-partum care. In 2021, the internal assessment score 75% for both labour room and OT. The facility was conducted external assessment in 2022 with 74% score for labour room and 78% score received for OT.
- ❖ CHC Hapur have a total of 274 ASHAs as against 324 required number of ASHAs as per the population norm.
- ❖ Special New Born Care Unit is functioning with 8 beds and all the beds were occupied. A total of 303 in-born and 261 out-born children were admitted during 2021-22. SNCU have three Pediatricians, seven staff nurses and one data entry operator.
- ❖ Blood storage unit is functioning at the facility and four units of blood currently available. Total four blood transfusions were done in July 2022. Blood is issued free for JSSK beneficiaries.
- ❖ Shortage of equipment like digital blood pressure, oxygen concentrators and glucometer were noted during visit.
- ❖ PMSMA services is being provided to pregnant women on 9th of every month at the facility. A total of 671 women received ANC check-up, out of these, 40 women were identified as high-risk pregnancies cases during June and July 2022.
- ❖ CHC Hapur is the Designated Microscopy Centre (DMC) for screening of TB patients. Out of total OPD conducted in last six month, average 1.5% of patients were tested for TB. Total 29% patients tested through CBNAAT/TruNat for drug resistance in the last six months.

Figure 4: Pictures of Community Health Centre, Hapur and Garhmukteshwar, August 2022



Table 16: Availability of specialized services at CHC Hapur and Garhmukteshwar, 2021-22

Services	CHC-Hapur	CHC-Garhmukteshwar
Medicine	Yes	Yes
O&G	Yes	Yes
Paediatrician	Yes	Yes
General Surgery	No	No
Anaesthesiology	Yes	Yes
Ophthalmology	Yes	No
Dental	Yes	Yes
Imaging Services (X - ray)	Yes	Yes
Imaging Services (USG)	Yes	No
New-born Stabilization Unit	Yes	Yes
Tele-medicine/Consultation services available	No	No
Operation theatre	Yes	Yes
Availability of functional blood storage unit	Yes	No

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

Table 17: Availability of emergency, OT, TB programme and other services at CHC, Hapur

Emergency and OT services	CHC-Hapur	CHC-Garhmukteshwar
General emergency	Yes	No
Facility available for-Triage	Yes	No
Facility available for-Resuscitation	Yes	No
Facility available for-Stabilization	Yes	No
OT services available	Yes	Yes
If Yes, major OT available	Yes	Yes
Minor OT available	Yes	Yes
Drugs and Diagnostic		
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes	Yes
DVDMS or similar supply chain management system	Yes	Yes
Availability of essential diagnostics	Yes	Yes
X-ray services is available	Yes	Yes
Is the X-ray machine AERB certified	Yes	Yes
Maintenance of records		
Maintenance of records on TB cases	Yes	Yes
TB notification registers	Yes	Yes
Maintenance of records on Malaria cases	Yes	Yes
Maintenance of records on Palliative cases	Yes	No
Maintenance of records on Dengue and Chikungunya	Yes	Yes
Maintenance of records on Leprosy cases	Yes	Yes
Other services		
Line listing of high-risk pregnancies	Yes	Yes
Facility have register for entering births and deaths	Yes	Yes
Comprehensive abortion care (CAC) service available	No	No
Availability of trained provider for IUCD / PPIUCD	Yes	Yes
FP-LMIS has been implemented	Yes	Yes
Availability of Adolescent Friendly Health Clinic (AFHC)	No	No
Whether facility has fixed day for NCD clinic	No	Yes
Facility reporting weekly data in P, S and L form under IDSP	Yes	Yes
Are service provider trained in cancer services?	Yes	No

5.4 Primary Health Centre-HWC, Dotai

- ❖ The facility does not provide delivery care services. Hence, no provisions for JSY or JSSK is applicable. The delivery cases are referred to CHC Garhmukteshwar.
- ❖ The facility has four functional beds. There is no facility of ramp for geriatric and disable patients visit to the centre.
- ❖ Essential Drug List (EDL) is available and no proper displayed in open areas at the facility. A total of 190 drugs listed in the EDL. Out of EDL drugs, only 99 drugs are available on the day of visit.
- ❖ Shortage of several drugs like Metformin 500mg, Cetirizine and Glimepiride from EDL in last 30 days.
- ❖ PHC Dotai provides only ANC and OPD services and huge shortage of manpower was noted during the visit.
- ❖ Only one MO is available with one staff nurse and pharmacist provide their services. Only limited tests like Malaria, Typhoid, HIV, Blood sugar and NCD screening were conducted at facility.
- ❖ There is no provision of X-ray machine. Screening facilities for TB and Leprosy patients are available and suspected cases refer to the CHC Simbhawali.
- ❖ PHC does not have dedicated ambulance but the patients can use centralized call number to ask for ambulance. No referral register was available at facility they mentioned referral on OPD slip of the patients.
- ❖ Tele-medicine or consultation service is not being provided by the facility. ANMs have provided tablets and smart phones are given to all ASHAs.
- ❖ Facility is functioning without lab technician, which is the constraint to provide expand range of test for community. It is leads to increase the cost of expenditure and increase travel time of the patients.
- ❖ PHC Dotai provide day care services and no provision of stay overnight. Facility has no internet service. No power backup is available since 2017 at the centre.
- ❖ Kayakalp programme is implemented by the facility and received 75% score. No work is initiated of NQAS programme at the facility.
- ❖ Medical Officer undertakes visits mostly to monitor the VHND sessions. On the other hand, no vehicle is provided to the MO at PHC Dotai to facilitate monitoring visits.

5.5 Primary Health Centre-HWC, Kastala

- ❖ Primary Health Centre Kastala is situated near to road side. The referral point is CHC Hapur which is 10 km from the PHC.
- ❖ The facility provides OPD, ANC, routine immunization, COVID-19 vaccination services to the patients. Only two beds are available at the PHC.
- ❖ Basic lab tests like; Malaria, HIV, Syphilis, Hemoglobin, blood sugar and pregnancy check-up are available at PHC.
- ❖ It is observed that facility has low OPD patients per month and average 30-40 patients per day. There is no lab technician available at facility which affects the OPD numbers.
- ❖ The facility organizes Jan Arogya Mela every Sunday which provides free services of diagnostic, counselling by specialist doctors and free medicine to the patients.
- ❖ The construction of 6 bedded room under process in the premises of facility. No power back-up facility is available.
- ❖ Tele-medicine or consultation services is not available at the facility. IT facilities like desktop and functional tablets has been given to the ANMs.
- ❖ Drugs and Vaccine Distribution Management System (DVDMS) is not implemented by the facility. The entries are made in separate registers for stock of drugs and indenting.
- ❖ Shortage of blood pressure drugs of Amlodipine and anti-diabetics such as Metformin 500mg is noted at the facility from EDL in last 30 days. Total 35 drugs are listed in EDL.
- ❖ Kayakalp programme is implemented by the facility and received 73% score in 2021-22. No work is initiated on NQAS programme at the facility. Only one MBBS and Ayush doctors is available and no staff nurse available at the facility.
- ❖ Wellness activities were performed by Yoga instructor who visits once in 15 days at facility. The wellness activities are conducted on open space. No sperate yoga room is available.
- ❖ Village Health, Sanitation and Nutrition Day (VHSND) is being conducted on routine basis by ANMs, ASHAs and AWC.
- ❖ Autoanalyzer was not working reported by the facility. There is no X-ray service available at the facility.
- ❖ Line listing of high-risk pregnancy is maintained by the ASHAs.
- ❖ The facility has vaccines and hub cutter and ANMs/Nurses are aware about the open vial policy. ASHAs were reporting weekly data in S form under the IDSP.

- ❖ PHC-HWC is initial stage to constituted committee for Ayushman Bharat-Jan Arogya Samiti (AB-JAS) to replace the RKS account since 2022.
- ❖ Under NCD programme, ASHAs are engaged in population-based screening for women and men aged 30 years or more for hypertension, diabetes, oral, breast and cervical cancer with referral to secondary and tertiary care hospital for diagnostics and treatment.

5.6 Sub-Centre-HWC, Khilwai

- ❖ Sub-Centre Khilwai is located in the outskirts from the village with a distance of about 2 km. It is difficult for patients, especially pregnant women, to come to the SC without any transportation support.
- ❖ The condition of building is not good and surface areas is low lying. There is security concern for theft of things from the centre. Also, the nearby bushes have snakes and other insects.
- ❖ Community Health Officer is not using the tablet due to battery problem. They record the daily screening on service registers.
- ❖ ANC check-up, immunization, HIV, Syphilis, Hemoglobin, blood sugar and pregnancy check-up tests are available at SC.
- ❖ No smart phones are given to ASHAs working at HWC. Internet facility is provided to the CHO but the quality of internet speed is very poor.
- ❖ Essential Drug List (EDL) is available but not properly displayed at the facility. A total of 50 drugs listed in the EDL. Out of EDL drugs, 48 drugs are available on the day of visit.
- ❖ Shortage of blood pressure drugs of Amlodipine, Metformin and Clotrimazole used for antifungal medicine at the facility since last 30 days.
- ❖ Family planning basket is kept in a corner of the facility which contained various methods like; Antara, Chhaya, easy pills and Mala-N etc. Most of the preferred method is used Mala-N and Antara is the less preferred choice among the community.
- ❖ A total of 1648 individuals screened for the Hypertension and 46 confirmed was HIV, 38 diabetes and one for oral cancer since last six months by the ASHAs.
- ❖ Wellness activities are conducted at Panchayat building of the village. No separate room is available for this activity.
- ❖ SC-HWC is functioning with one CHO, ANM and two ASHAs. Inverter is available for power back-up.

- ❖ Line listing of HRP cases is kept record by ASHAs. Total 75 patients were referred from SC-HWC to PHC Dotai in last month.
- ❖ There is availability of blood pressure machine, thermometer, and glucometer instruments at the SC-HWC.

Figure 5: Pictures of Visited Primary Health Centre and Sub-Centre in Hapur district, 2022



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

Key Services	Raghunathpur	Khilwai
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes	Yes
EDL/EML display in OPD area	No	No
Availability of anti-TB drugs at facility	No	No
Shortage of 5 priority drugs from EDL in last 30 days, if any	Yes	Yes
Availability of Testing kits/ Rapid Diagnostic Kits	Yes	Yes
Availability of delivery services	No	No
Tele-medicine / Consultation services available	No	No
Availability of vaccines and hub cutter	Yes	Yes
Availability of trained provider for IUCD / PPIUCD	Yes	No
Availability of Vaccine and hub cutter	Yes	Yes
Whether Universal screening of NCD has started	Yes	Yes
Whether reporting weekly data in S form under IDSP	Yes	Yes
Whether wellness activities are performed	Yes	Yes
Line listing of all pregnant women in the areas	Yes	Yes
Line listing of all eligible couple in the areas	Yes	Yes
Availability of Equipment		
BP instrument	Yes	Yes
Thermometer	Yes	Yes
Contraceptive	Yes	Yes
Glucometer	Yes	Yes
Maintenance of Records		
Maintenance of records on TB cases (drug sensitive/resistant cases)	Yes	Yes
Maintenance of records on Malaria cases	No	No
Maintenance of records on Palliative cases	No	No
Maintenance of records on Dengue and Chikungunya	No	No
Maintenance of records on Leprosy cases	No	Yes

Source: Sub-Centre Checklist, NHM PIP 2022

5.7 Sub-Centre-HWC, Raghunathpur

- ❖ Sub-Centre is served 6400 population having three villages. SC is located near to the village pond and filthy around the facility.
- ❖ The condition of recently constructed CHO room is dilapidated and water is dripping from the roof in rainy reason. The floor of the room is cracked.
- ❖ No digital HB meter available to the ANMs and used colour strip.

- ❖ ANC check-up, Immunization, HIV, Syphilis, Hemoglobin, blood sugar, pregnancy check-up and family planning services are available at SC.
- ❖ No BMW facility is available at SC-HWC. The waste material is collected by ANM and is disposed into the ground. Needles etc are deposited at the CHC after immunization day.
- ❖ SC-HWC have functional equipment like Blood pressure machine, Thermometer, and Glucometer instruments.
- ❖ There is no micro plan available to the ANMs for 2021-22. CHO is used the NCD apps for daily update of screening patients.
- ❖ Since February 2022, CHO is not getting performance linked incentive and team-based incentive during visit. ASHA incentive is delayed for two months.
- ❖ NCD screening is being conducted by ASHAs and total 650 screening done between April to August 2022. Out of total, 15 patients were found hypertension and 10 high blood sugar.

Figure 6: Ayushman Bharat training to ASHA, ANM and ASHA Facilitator at CHC-Hapur



Chapter-6: Conclusion and Recommendations

6.1 Conclusion

The report is based on monitoring visits to District Combined Hospital, Community Health Centre, Hapur and Garhmukteshwar, Primary Health Centre-HWC, Kastala and Dotai, Sub-Centre-HWC, Khilwai and Raghunathpur and Anganwadi Centre Imtori Village Hapur. Meetings were held with the Chief Medical Officer (CMO) and the NHM Nodal Officials (ACMO and RCH Nodal Officer). Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected health facilities, health care providers (ANM, ASHAs etc.), visited Anganwadi Centre and Primary school.

As per NFHS 2019-21, 80.1% mothers had antenatal check up in the first trimester and 53.3% had undertaken at least four ANC visits in Hapur district. A total of 83.3% births took place in institutional facilities with 34.7% births happening across public health facilities. Of the total births, 85.6% births were assisted by a skilled birth attendant whereas 16.5% births were through caesarean section (public sector 7% and private sector 28.9%). The average out of pocket expenditure per delivery in public health facility was Rs. 1297. One newly created District Combined Hospital is partially functioning. DCH conducts very limited number of delivery cases and even smaller number of elective C-section.

There are seven Community Health Centres level facilities functioning in the district and only two CHC provides delivery services including C-section. CHC Hapur has high load of delivery cases including C-section among the CHCs. It conducted 1285 normal and 169 C-section deliveries during 2021-22. It is the only CHC which have SNCU and NRC facilities in the district. Earlier, CHC Hapur was functional equivalent to DH level before construction of the new district hospital.

A total of 23 Primary Health Centre (PHC) are operational and provide general services like: OPD, immunization, ANC check-up and family planning services at the centre. Total 180 sub-centres are functional in the district. No blood bank facility is available in the district, only blood storage unit is available at CHC Hapur. The implementation of JSY and JSSK services to provide free diet, medicine and ambulance facility is available for pregnant women. SNCU have eight radiant warmer. In the district, a total of 820 ASHAs are working against 860 ASHAs are required as per population norm. Total 18 ASHAs were covered more than 1500 population per ASHAs. The 820 ASHAs of the district have conducted a total of 18961 HBNC visits in 2021-22.

Under Communicable Diseases, the NTEP have target for TB notification from all medical practitioners (public private and NGOs) in 2021-22. The district has achieved 91% treatment

success rate in public sector. Under National Leprosy Eradication Programme, 65 new cases were detected. For NVBDCP programme, an annual blood examination rate was decreased from 1.35% in 2019-20 to 1.20% in 2021-22 in Hapur district. A total of six NCD programmes are functional: National Programme for Health Care for the Elderly (NPHCE), National Program for Control of Blindness and Vision Impairment (NPCB+VI), National Mental Health Program (NMHP), National Tobacco Control Programme (NTCP), National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) and National Programme for Climate Change and Human Health (NPCCHH) in the district.

There is a general shortage of anti-hypertensive and anti-diabetic medicines. Also, at the lower facilities there is shortage of anti-allergic medicines. The facilities lack digital hemoglobinometers for anemia diagnosis and management. The facilities also lacks IFA supplements for pregnant women and children. While some of the stocks were available at the block level for bi-weekly IFA syrup for children but these need to be distributed timely across all facilities and then provided to the concerned beneficiaries with counselling services.

The school health programme is functional with RBSK teams undertaking visits as per the microplan. However, the teams need to actively support the implementation of school based programmes such as Anemia Mukh Bharat and Deworming activities at the various visit points including the AWCs. The RBSK team should also actively examine the dental cases as well as identify need for eye care.

The utilization of funds requires more active engagement from the programme administration at the district level. Often, the mismatch between the program guidelines and budgetary provisions are identified as a key concern for low utilization of the allotted funds. This also requires that the budgeting processes should also take into account the region specific requirements in terms of cost norms for vehicle hiring and engagement of other services necessary for trainings, and camps.

6.2 Recommendations

- ❖ **Focus on dietary and breastfeeding counselling:** The nutritional status improvements requires greater focus on the community outreach by frontline workers as well as school health teams through improved counselling on diet and nutrition. This can improve the feeding practices in the community and can encourage healthy diets to reduce maternal and child undernutrition in the community.
- ❖ **IFA tablets and syrup distribution and reporting:** The current practice of IFA tablets and syrup distribution at the schools and anganwadi centres needs to be improved. The coordination with the school education department is necessary for improving the commitments of the school teachers and also their orientation for following the reporting requirements is

necessary. The CHC level officials should also ensure timely disbursement of the stocks to the lower facilities for distribution.

- ❖ **Fully functional status for DH:** The DH is located at the outskirts of the Hapur city. This restricts the patient load whereby bulk of the crowd continues to rely on the CHC Hapur which is centrally located. Also, the DH is yet to be fully functional for the various services. In particular, NHM services such as institutional delivery, C-section births, NRC centre as well as SNCU etc has to be made fully functional. The flow of funds from NHM program to the DH also needs to be streamlined to enable disbursement of various beneficiary incentives. The MS of the DH also needs greater support and assistance from the NHM DPMU.
- ❖ **Strengthening the HWC services:** The newly constructed HWC buildings are in dilapidated status in certain places. The staffing and availability of drugs and equipment also varies across the HWCs. Some of the CHOs have also not received the payments timely, especially the performance-based incentives. Improvement in service conditions as well as better distinction of the service boundaries of HWC, SC and PHC is critical to allow independent development of these different entities of the rural community-based health system.
- ❖ **Boosting health services under VHND:** The VHND are often carried out at the PHC, HWC or the SC level. This is no different than regular provisioning of services. It is important that the VHND operations are carried out in community settings and in the village itself. This will also greater participation of the beneficiaries. Also, efforts should be made to widen the basket of services provided during the VHND.
- ❖ **Improve supply of anti-diabetic, anti-hypertensive and anti-allergic medications:** The various health facilities reported acute shortage of anti-diabetic, anti-hypertensive and anti-allergic medicines. This drives away the patients and creates a perception of inefficiency for the public health system. Timely indenting, procurement and distribution of these essential medicines is necessary to provide NCD services which are among the focus areas under the HWCs.
- ❖ **Improving institutional delivery points:** The district currently has a higher contribution of the private sector in total institutional births. This has adverse implications for out of pocket expenditure and also at times leads to over-medication and procedures. Therefore, it is important for the public health system, especially the DH and CHCs, to strengthen the institutional delivery care services with fully functional team of specialists (Ob&Gyn) as well as functional maternity ward to encourage quality postpartum care in the district.
- ❖ **Greater involvement of education and social welfare department:** The convergence action plan calls for greater integration of roles and responsibilities of health, education and social welfare department. For this purpose, the respective department should be actively involved in the discussion of the NHM activities, especially school health programmes such as Anemia Mukh Bharat in the District Health Society review meetings. Also, coordination between block level officials of the respective departments should be improved for better coverage and delivery of services.

Annexure-I: DH Checklist



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



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

Service Delivery:

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

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

Indicator	Remarks/ Observation												
1. OPD Timing													
2. Condition of infrastructure/ building	Comments:												
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____												
3. Number of functional in-patient beds	_____												
4. List of Services available	No of ICU Beds available:												
<ul style="list-style-type: none"> • Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sl.</th> <th style="width: 60%;">Service</th> <th style="width: 30%;">Y/N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> <tr> <td>2</td> <td>O&G</td> <td></td> </tr> <tr> <td>3</td> <td>Pediatric</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric	
Sl.	Service	Y/N											
1	Medicine												
2	O&G												
3	Pediatric												

Indicator	Remarks/ Observation
	4 General Surgery 5 Anesthesiology 6 Ophthalmology 7 Dental 8 Imaging Services (X – ray) 9 Imaging Services (USG) 10 District Early Intervention Centre (DEIC) 11 Nutritional Rehabilitation Centre (NRC) 12 SNCU/ Mother and Newborn Care Unit (MNCU) 13 Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU) 14 Neonatal Intensive Care Unit (NICU) 15 Pediatric Intensive Care Unit (PICU) 16 Labour Room Complex 17 ICU 18 Dialysis Unit 19 Emergency Care 20 Burn Unit 21 Teaching block (medical, nursing, paramedical) 22 Skill Lab
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator

Indicator	Remarks/ Observation																																																																																																									
	4. Using Common Bio Medical Treatment plant 5.																																																																																																									
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 15%; text-align: center;">HR</td> <td style="width: 15%; text-align: center;">San.</td> <td style="width: 15%; text-align: center;">Reg.</td> <td style="width: 15%; text-align: center;">Cont.</td> </tr> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Surgeon</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Ophthalmologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Orthopedic</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Radiologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pathologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Others</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Others</td> <td></td> <td></td> <td></td> </tr> </table>		HR	San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine					ObGy					Pediatrician					Anesthetist					Surgeon					Ophthalmologist					Orthopedic					Radiologist					Pathologist					Others					Dentist					Staff Nurses/ GNMs					LTs					Pharmacist					Dental Technician/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others			
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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 or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																																																									
	If other, which one _____																																																																																																									
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4																																																																																																									
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage																																																																																																									

Indicator	Remarks/ Observation
	In last 6 months how, many times there was shortage_____
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> ○ Previous year_____ ○ Current FY_____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment	
27. Average downtime of equipment. Details of	

Indicator	Remarks/ Observation
equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
51. Reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	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 		

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> • 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?	<p>Fund Received last year: Fund utilized last year:</p> <hr/> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <hr/> <p>Reasons for underutilization of fund (if any)</p> <hr/>
54. Status of data entry in (match with physical records)	<p>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</p>
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<p><input type="checkbox"/>Own ambulance available <input type="checkbox"/>DH/ SDH has contracted out ambulance services <input type="checkbox"/>Ambulances services with Centralized call centre <input type="checkbox"/>Government ambulance services are not available</p> <p>Comment (if any):</p> <hr/>
<ul style="list-style-type: none"> • How many cases from referred to in last month? 	<p>Number:</p> <p>Types of cases referred in:</p> <hr/>
<ul style="list-style-type: none"> • How many cases were referred out last month? 	<p>Number:</p> <p>Types of cases referred out:</p> <hr/>
3. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	

Annexure-II: CHC Checklist



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



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

Service Delivery:

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

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

Indicator	Remarks/ Observation									
4. OPD Timing										
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No									
6. Condition of infrastructure/ building	Comments:									
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital									
7. Number of functional in-patient beds										
8. List of Services available										
<ul style="list-style-type: none"> • Specialized services available in addition to General OPD, ANC, 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Sl.</td> <td style="width: 50%;">Service</td> <td style="width: 40%;">Y/N</td> </tr> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> <tr> <td>2</td> <td>O&G</td> <td></td> </tr> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G	
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Indicator	Remarks/ Observation																																																																											
Delivery, PNC, Immunization, FP, Laboratory services	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																																																																											
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Indicator	Remarks/ Observation
16. Kayakalp	Initiated: Facility score: Award received:
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:
18. LaQshya	Labour Room: Operation Theatre:
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<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) _____
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5
22. 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_____
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage

Indicator	Remarks/ Observation
27. If there is any shortage of major instruments/ equipment	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: ____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
36. Number of Maternal Death reported in the facility	Previous year: Current year:
37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
40. Number of newborns immunized with birth dose at the facility in last 3 months	

Indicator	Remarks/ Observation		
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
54. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months:		
	Out of those, how many are having Gr. II deformity:		

Indicator	Remarks/ Observation
	Frequency of Community Surveillance:
55. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
<ul style="list-style-type: none"> • How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: Types of cases referred in:
<ul style="list-style-type: none"> • How many cases from the CHC were referred to the DH last month? 	Number: Types of cases referred out:
60. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	

Annexure-III: PHC Checklist



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



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

Service Delivery:

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

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

Indicator	Remarks/ Observation
A. OPD Timing	
a. For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
B. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
C. Condition of infrastructure/ building	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding
D. Number of functional in-patient beds	
E. List of Services available	
F. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation
G. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day_____
H. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:
I. Details of HR available in the facility (Sanctioned and In-place)	HR MO (MBBS) MO (AYUSH) SNs/ GNMs ANM LTs Pharmacist Public Health Manager (NUHM) LHV/PHN Others
J. 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: _____
K. Kayakalp	Initiated: Facility score: Award received:
L. NQAS	Assessment done: Internal/State Facility score: Certification Status:
M. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL_____
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
	No. of drugs available on the day of visit (out of the EDL) _____
N. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____
O. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5
P. Drugs Available for Hypertension & Diabetic patients:	1 2 3
Q. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1 2 3

Indicator	Remarks/ Observation
R. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how, many times there was shortage_____
S. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:
T. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
U. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
V. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
W. If there is any shortage of major instruments/ equipment	
X. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Y. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Z. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
AA. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges

Indicator	Remarks/ Observation		
BB. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
CC. Number of normal deliveries in last three month			
DD. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EE. Practice related to Respectful Maternity Care			
FF. Number of Maternal Death reported in the facility	Previous year: Current FY:		
GG. Number of Child Death reported in the facility	Previous year: Current year:		
HH. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
II. Number of newborns immunized with birth dose at the facility in last 3 months			
JJ. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
KK. Number of sterilizations performed in last one month			
LL. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
MM. Who counsels on FP services?			
NN. Please comment on utilization of other FP services			
OO. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
PP. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
QQ. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
RR. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
SS. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
TT. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
UU. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
VV. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		

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

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

Annexure-VI: HSC Checklist



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

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

Indicator	Remarks/ Observation																								
1. List of Services available																									
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">HR</td> <td style="width: 15%;">San.</td> <td style="width: 15%;">Reg.</td> <td style="width: 15%;">Cont.</td> </tr> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASHA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> Functional Tablet/ laptop with CHO: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Electronic Tablets with MPWs (ANM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 																								

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> 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	1 2 3 4 5
9. Drugs Available for Hypertension & Diabetic patients:	1 2 3
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1 2 3
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
13. Availability of:	<ul style="list-style-type: none"> BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
15. Number of Maternal Death Review conducted	Previous year: Current year:
16. Number of Child Death Review conducted	Previous year: Current year:
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
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	Last year	Current year
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
<ul style="list-style-type: none"> • Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) 			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) 	
<ul style="list-style-type: none"> ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> Average delay 	
<ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) 	
35. Number of Village Health & Sanitation days conducted in last 6 months	
36. Incentives:	<ul style="list-style-type: none"> Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
37. Frequency of VHSNC/ MAS meeting (check minutes of last meeting held)	
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	