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MONITORING AND EVALUATION OF NHM PROGRAMME IMPLEMENTATION

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NHM PIP MONITORING REPORT

Hathras, Uttar Pradesh



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List of Acronyms & Abbreviations

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

HATHRAS, UTTAR PRADESH

HIGHLIGHTS (NHM-PIP): FY 2022-23

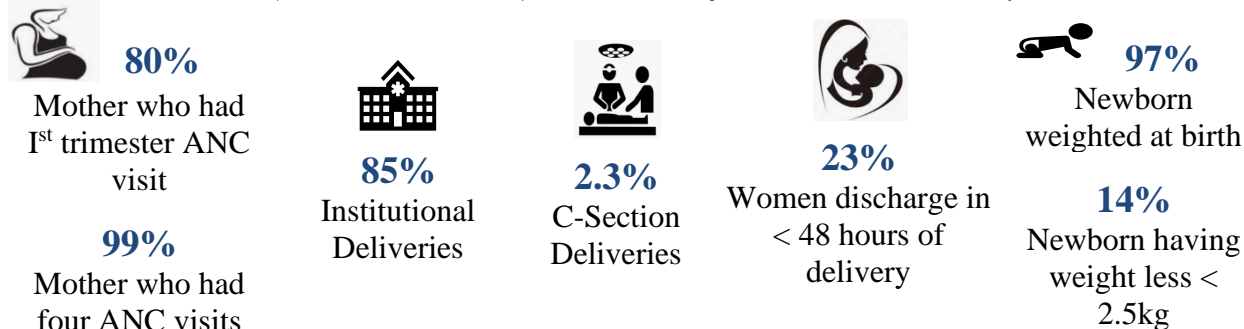


2	8	25	24	5	205	160
District Hospital	CHCs	PHCs	PHC-HWC	U-PHCs	SCs	SC-HWC

Key Mortality Indicators: HMIS



MCH Indicators

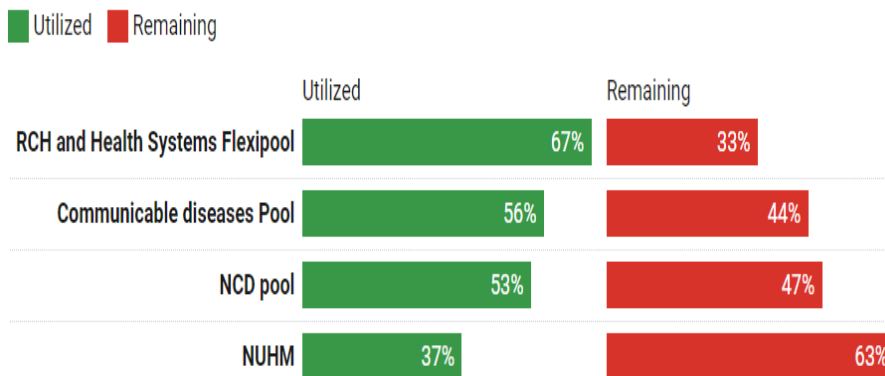
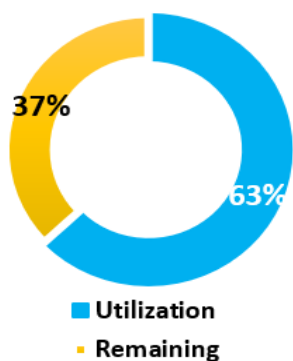


Quality care Programmes

No Hospital Manager	0%	Kayakalp Certified	50%	25%	24%	1.3%
	NQAS/LaQshya Certified Facilities		DH	CHC	PHC	SC-HWC

Fund Utilization

Overall Fund Utilization



Executive Summary

The National Health Mission (NHM) embodies the prime mission of the government of India for the Indian Health scenario holistically. The advancement of NHM is carried out by the Monitoring and Evaluation action which is also a significant determinant. The Ministry of Health and Family Welfare has assigned the responsibility to Population Research Centres (PRCs) for the evaluation with respect to quality monitoring of important components of NHM Programme Implementation Plan (PIP) 2022-23. A two-member team from PRC Delhi visited the allotted district of Hathras, Uttar Pradesh during September 2023. The report is based on visits during September 2023 to the following health facilities: DH (Female), CHC Mursan, CHC Sikandra Rao, PHC Chandpa, PHC Bazidpur, and HWC Arnot.

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

Key Findings

- ⊕ **HMIS Data Discrepancy- Mortality Indicators:** Data quality of mortality indicators i.e., Infant deaths, and still births on HMIS portal is observed to be quite poor in the district, which needs to be addressed seriously.
- ⊕ **Healthcare Infrastructure Overview:** Hathras district is functioning with 2 district hospital, 8 CHCs, 25 PHC and 205 SCs. There are 4 FRUs, 1 Blood bank and 1 functional blood storage units in Hathras District.
- ⊕ **Strengthening of Female DH Infrastructure:** The District Hospital, equipped with a limited 30-bed capacity, is currently grappling with a substantial influx of patients. Immediate expansion and strengthening of the hospital's infrastructure and resources are necessary to accommodate the patient load effectively.
- ⊕ **Lacking in LaQshya/ NQAS program Implementation:** District markedly lacks in LaQshya Implementation program as neither labor rooms certified, nor OT certified facilities have been observed. Similarly, there were no NQAS certified facilities in the district.
- ⊕ **Shortage of Specialist and Healthcare Personnel:** Chronic shortages of medical specialists, including OBGY, Paediatrician, Anaesthetist are notably concerning at DH & CHC level in district. The inadequate of medical officers, ANM, Staff Nurses, and LT further compound a pressing concern at the lower health tier within the district's health system.

- ⊕ **Understaffed RBSK Team:** The team for the RBSK program was utterly incomplete as per the composition. The district has just one third of the required team composition, indicating severe understaffing.
- ⊕ **Technical glitch in PMMVY Portal:** Pradhan Mantri Surakshit Matru Vandana Yojana portal is not working properly in the district since February 2023, leading to disruption in beneficiaries' payments. Further, Ekavach portal in the district was experiencing technical issues, and it imperative to restore its functionality.
- ⊕ **Improvements in Mortality Indicators:** Hathras district has witnessed significant improvements in maternal & infant deaths, although still births remain notably high compared to other measures.
- ⊕ **Anemia among pregnant Women:** The prevalence of any anemia among PW in district is estimated to be 27%, with 3.4% having severe anemia, a matter of heightened concern.
- ⊕ **Injection Shortage:** The supply of essential Injection, including ANAWAN, PHENOBARBITONE, OXYTOCIN, ETHAMSYLATE, and SYP. VITAMIN D3, at the DH level in the district was reported to be less than the demand.
- ⊕ **Length of postpartum stay of women requires greater attention:** Majority of the women do not stay for 48 hours post-delivery, particularly at primary & secondary health tier level.
- ⊕ **Medicine Shortage:** The supply of medicines at the PHC/ SC level in the district was reported to be less than the demand, which needs to be addressed.
- ⊕ **Unspent Fund Overview:** At the end of the last financial year; more than 35% of the allocated amount in the district remained unspent. The process of Fund flow was observed to be poor in District. Fund could not reach timely at the CHC/ PHC level.
- ⊕ **Addressing Literacy & Age Challenges in ASHAs:** Elder ASHAs struggle with handling digital portals, resulting in data entry errors. The majority of ASHAs are not literate in accordance with their job specification, which again hampers their duty mandates.
- ⊕ **Preference for Offline Training:** Prioritize offline training as a recommended approach to ensure effective implementation of the program as well as skill development within the healthcare system.
- ⊕ **Revitalizing Non- Functional PHCs/ SCs:** Inadequate manpower and facility maintenance are severely hampering the OPD load at the facility. A dedicated effort is needed to rejuvenate non- functional PHCs (like PHC Bazidpur) by allocating substantial manpower resources to enhance the service delivery and OPD load.
- ⊕ **Addressing staff shortage at block level:** Shortage of Block Program manager (BPM), BCPM, & IT co-ordinator in some block was a worrisome concern.

Chapter 1

INTRODUCTION

1.1 Background and Objectives

Over the years, since the introduction of the NHM, numerous strategies have been introduced to make the healthcare system more accessible and affordable. In this regard, the timely evaluation of the key components of the NHM State Program Implementation Plan is essential for key program changes, resource allocation and to further strengthen of these plans. The Ministry of Health and Family Welfare (MoHFW) has consigned Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2022-23. While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. In this regard, PRC Delhi is assigned to conduct the quality monitoring of essential components of NHM PIPs in selected states (Delhi, and Uttar Pradesh) of India. This PIP monitoring report would focus on the performance of the Hathras in NHM activities. The report discusses with the demographic & health indicators, healthcare financing, and public health planning of the district and also discuss with the healthcare programme such as RMNCAH+N, diseases control programmes and other health programs. This report would analyze different problems of the district and specific objectives of study are as follows:

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

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

gave an enriching insight into health situation of the district, key challenges that lay ahead, and a prospective way forward. The healthcare facilities visited are listed below:

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

Healthcare Facility	Name of the Facilities /Place	Team Composition
District Hospital	District Women Hospital, Hathras	
CHC	Mursan & Sikandra Rao	Prof. Suresh Sharma
PHC	Chandpa & Bazidpur	&
SC	Arnot	Ms. Bindiya Kumari

1.2 Demographic Profile: Hathras, Uttar Pradesh

Hathras district was formed in 1997 by merging parts of Aligarh, Mathura & Agra. At the time of establishment, this district was formerly known as Mahamaya Nagar. The district is situated in the western region. It is bounded by the districts of Aligarh in the north, Kasganj District in the east, Mathura in the west and Agra in the south. The district has a geographical area of 1840 square kilometers. The district administration is divided into four sub-districts namely, Hathras, Sikandra Rao, Sasni and Sadabad. As per 2011 census, the district has 669 total numbers of villages around 260,088 number of households. As per census 2011, Hathras district ranks 63rd in terms of population across districts in Uttar Pradesh. The district is home to about 15.6 lakh people, among them about 8.4 lakh are male and about 7.3 lakh are female (See annexure, Table 1). Of the total female population in Uttar Pradesh, 0.77 per cent resides in Hathras District. Decadal growth rate of the district is 17.1 per cent. It is significantly higher than the State's rate of growth as a whole. The percentage share of rural population in the district is 78.7 percent as against 21.3 per cent of the population in urban areas of the state. Hathras district has population density of 850 persons per sq. km. which is significantly higher than the state level average of 829 persons per sq. km. Hathras district ranks 58th in terms of sex ratio in the state. The sex-ratio of the district is 871 knowingly lower than the state level of 912 females per 1000 males. The overall Literacy rate is 71.6 per cent in the district which is higher than the state average (67.7 per cent). Female literacy rate (59.2 %) in district is found to be very low as compared to that of males' (82.4%) thus female education should be promoted.

1.3 Health Profile

This section will discuss the health care service delivery indicators in public institutions in Hathras District of Uttar Pradesh with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2022-23. Utilization of ANC services is good in Hathras. According to the HMIS, around 80 per cent of pregnant women in Hathras registered for ANC in the first trimester (See Annexure, table 2). It was observed that

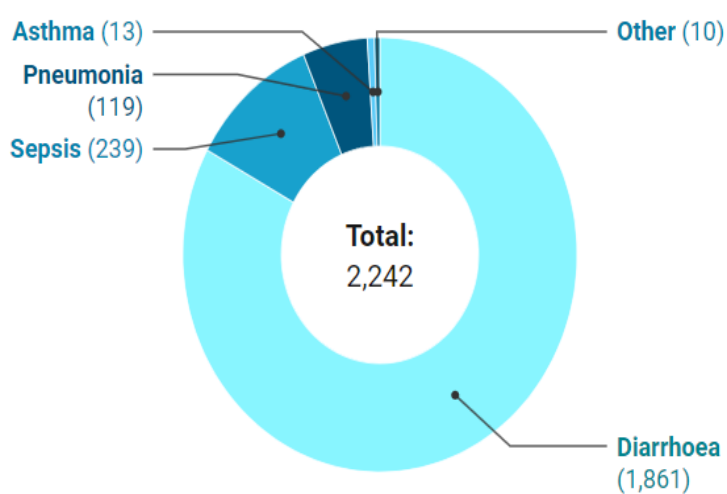
around 99.1 proportions of pregnant women received four or more ANC check-up. According to the HMIS data source, IFA supplementation was given to more than 100 per cent of all women who registered for ANC. The prevalence of any anemia and severe anemia among pregnant women in Hathras is estimated to be 27%, and 3.4% respectively.

About 85 per cent of all deliveries were institutional deliveries, and 15% deliveries were noted to be home deliveries in the district. Just 2.3 per cent of institutional deliveries were reported C-section in the district. It must be noted that out of total institutional deliveries, more than 20 per cent women discharged within 48 hours of delivery. Further, Delivery care is a vital factor of Infant as well as mother health. Of the total home deliveries in Hathras, more than 60 per cent deliveries were attended by non- SBA worker. The deliveries by SBA in case of home delivery is necessary to combat maternal deaths. With regards to Post Natal Care, just 26 per cent of women received 1st post-partum checkup within 48 hours and 14 days of delivery. Around 99 per cent of the newborns were breast fed within 1 hour of delivery and similarly 99 percent newborns were weighed at birth in the district. Out of the total weighted, 14% Newborn having weight less than 2.5 kg. Overall, more than 46 thousand children fully immunized (9-11 months) observed in Hathras district. Female sterilization as a method of permanent family planning dominates the statistics with more than 99 per cent of all sterilization conducted in the year 2022-23 in Hathras.

1.4. Burden of Diseases

The study of Burden of Disease is crucial to the planning and strategizing of healthcare interventions to prevent, and manage these diseases effectively. The following figure reveals the burden of diseases among childhood in the study district, for the last financial year.

Figure 1: Burden of Diseases among Childhood in Hathras, 2022-23.



Overall, diarrhea had the highest prevalence. In last financial year, district had more than 18 hundred cases of diarrhea with a share of more than 80% of total reported cases among children. The data shows that Sepsis and Pneumonia cases accounted for approximately 15% of the total reported cases among children in the district.

Chapter 2**PUBLIC HEALTH
FINANCING**

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

2.1. State Resource Envelope

The NHM PIP for the State of Uttar Pradesh has been approved for the FY 2022-23 & FY 2023- 24 with discussion in the NPCC meeting held on 2nd April 2022. The ROP includes approval of work plan and budget for the two years. For the financial year (FY) 2022-23, against a resource envelope of Rs. 15,106.21 Crore (calculated assuming state share of 40%) and unspent balance of Rs. 5813.74 crores, Uttar Pradesh received administrative approval for an amount of Rs. 18,498.55 Crore (including IM, Immunization Kind Grants, and unspent committed liabilities). For FY 2023- 24, against a resource envelope of Rs. 9,676.61 crores (calculated assuming state share of 40% and an increase of 5% over the allocation of 2023-24). State received an administrative approval for an amount of Rs. 13,423.27 crores. The resource envelope for FY 2022-23 consists of Government of India support of Rs. 4,596.96 Crore for flexible pool allocation including cash and kind, Rs.3,064.64 Crore by State share (40%) and Rs. 877.93 Crore for infrastructure maintenance in Uttar Pradesh. The total support from Government of India is Rs. 4,596.96 Crore whereas the state share of 40% works out to be Rs.4782.91 Crore. The breakup of the total resource envelope shows that Rs. 935.59 crore is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 2349.67 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. 3285.27 crore. The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and NCD Flexible Pool is Rs. 108.65 crore, Rs. 217.85 crore and Rs. 107.26 crore, respectively in Uttar Pradesh. Within NDCP Flexible Pool, bulk of the resources is allocated for NTEP (cash & kind) activities which is 141.93 crore (Annexure, Table 3).

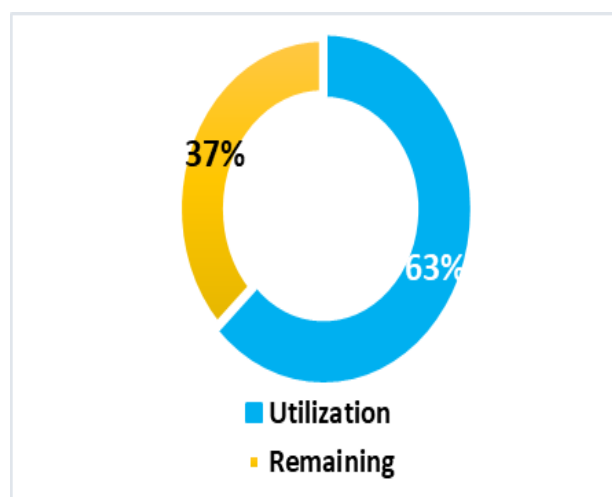
2.2. District Health Action plan (DHAP)

DHAP is a principal instrument for healthcare planning, implementation and monitoring, formulated through a participatory and bottom-up planning process. It is an NHM document that depicts the need at sub district level units for programme implementation in terms of infrastructure, HR, procurement, various schemes running etc. and provides an overall budget required to execute those activities. Initially, for the preparation of DHAP, stakeholder gathers the inputs from block, cities, CHC/PHC and Village level. These inputs are collated into a guiding document i.e., DHAP which serves to consolidate the State Program Implementation Plan (State- PIP). For finalizing District Health Action plan, an action plan meeting is held between the district and block officials to approve or disapprove the requirements after discussions. This forum serves as a platform for robust discussions and decision-making regarding the proposed requirements.

2.3. National Health Mission Fund Utilization

Budgeting plays an important role in the effective utilization of available resources in order to achieve over all objectives. This section will attempt to discuss in depth details the NHM fund utilization against the sanctioned amount for the last financial year. The extent of utilization of NHM funds is analyzed here using the utilization ratio. The utilization percentage/ ratio is defined as the ratio of actual expenditure to total Budget allocation/ released. The following figure 2 shows the overall fund utilization in the Hathras district against the Fund allocation.

Figure 2: A snapshot of Overall Fund Utilization in Hathras of Uttar Pradesh, 2022-23

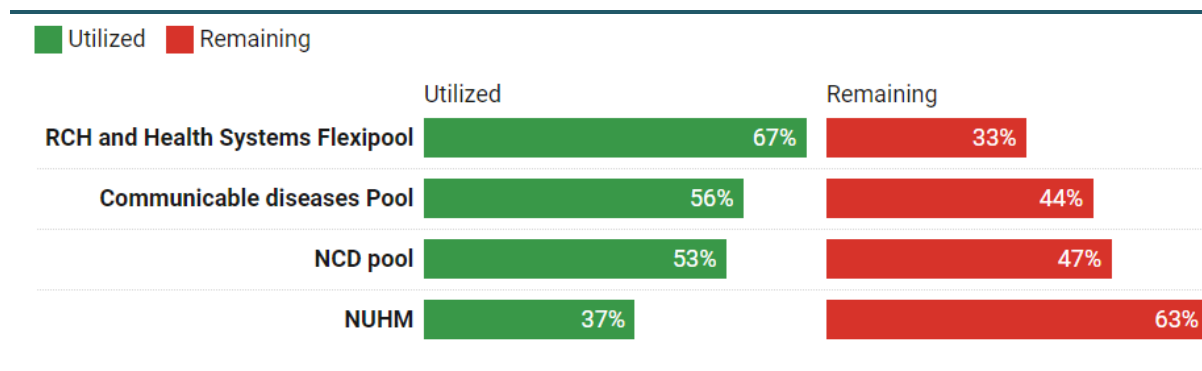


Against the allocated fund amount, around 37 per cent of funds remained unspent at the end of the last financial year as depicted in the graph. Fund under-utilized was noted due to HR (Human Resources) positions being vacant or not yet posted, it suggests that there might be challenges in executing the programs effectively. Thus, it's important to fill those HR positions to ensure that the

allocated funds can be utilized for the intended healthcare initiatives. Further, it was reported that numerous trainings related to the Child health program (CDR, SAANS and others) didn't happen last year in district and it was done in current FY 2023-24. The following figure highlights flexipool wise budget utilization of Hathras of Uttar Pradesh in last financial year

2022-23. The budget categorized into 4 broad categories i.e., RCH & Health System Flexipool, NUHM, Communicable Disease and finally NCD Flexipool.

Figure 3: A Snapshot of Fund Utilization under Different Flexi-pool in Hathras, 2022-23



In Hathras, the maximum fund utilization was observed in RCH and Health system flexipool. The Fund utilization rate in RCH pool noted 67 percent, indicating that 67% of the allocated budget was effectively spent. However, other pools like Communicable diseases, and Non-Communicable Diseases Control Program demonstrated respectable utilization rates, all hovering around the 55% utilization range. With regards to National Urban Health Mission (NUHM), a utilization rate of just 37%, indicates the need for improved fund utilization and program implementation. Continuous monitoring and evaluation processes can play a crucial role to identify bottlenecks in fund utilization and promptly address them across various healthcare programs. Monitoring process can help ensure resources are effectively utilized across the board.

The table 4 given in annexure provides a comprehensive overview of budget allocation and expenditure for various healthcare programs in Aligarh district of UP, during financial year 2022-23 as a part of National Health Mission. Under RCH & Health system flexipool, Program Management, RBSK, and Immunization programs have shown relatively higher utilization rates of 100%, 81% and 80% respectively. However, some programs related to Quality care, PC-PNDT, and Untied Fund have significantly lower utilization rates at around 25-30%, signaling the need for the focused attention. Less fund utilization for Quality Assurance is a significant concern, as this program plays a crucial role in maintaining and enhancing the quality of healthcare services.

Moving on to the communicable disease pool, the maximum utilization of funds was observed in the Integrated Disease Surveillance Programme (IDSP) with 76%, while the least utilization is being in NLEP programme nearly 21%. With regards to NCD Pool, and National Oral Health Programme (NOHP) have achieved a remarkable utilization rate with more than 100%, while the least utilization was noticed under the Elderly healthcare program (7%).

Chapter 3


PUBLIC HEALTH PLANNING

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

3.1. Health Infrastructure

Infrastructure is the basis for planning, delivering, and evaluating a wide range of essential public health services. Healthcare institutions and healthcare infrastructure is an important indicator to understand the health care status, health care delivery provisions and mechanism. Therefore, this section examines the analysis of health care infrastructure in Hathras, Uttar Pradesh. Overall, district has 2 district hospitals, 8 CHC, 25 Primary Health Centre and 205 Sub-Centre. The district is equipped with 4 FRUs, 1 Blood bank and 1 blood storage units. In addition, total number of functional NCD clinic is 3 at CHC level in the district. The total number of institutions providing comprehensive abortion care services (CAC) is reported to be at 2 facilities. The district has 10 Designated Microscopy Center, 1 Tuberculosis Units, and 1 CBNAAT/TruNat Sites. This robust network of healthcare institutions and services is integral to addressing the health needs of the population in Hathras.

Table 2: Status of Health Infrastructure including Delivery points in Hathras, 2022-23

 Facility Details	Operational
District Hospitals	2
Community Health Centre	8
Primary Health Centre	25
U-PHCs	5
Sub-Centre	205
No. of SCs converted to HWCs	160
No. of PHC converted to HWCs	24
Special Newborn Care Units (SNCU)	1
Nutritional Rehabilitation Centres (NRC)	1
FRU	4
Blood bank	1
Blood bank storage	1
Designated Microscopy Center (DMC)	10
Tuberculosis Units (TUs)	1
CBNAAT/TruNat Sites	1
Facility with NCD clinic	3
Total no. of facilities providing Abortion Care (CAC) services	2

Source: CMO Office (2022-23), Hathras, Uttar Pradesh

In addition, district has 1 Special newborn care units (SNCU) with the 12 radiant warmer. During the last financial year 2022-23, there were 1125 neonates admitted in SNCUs in district. With regards to NBSU, more than 1445 newborns were admitted in April- July 2023 and out

of the total, around 80% newborns received the necessary and were successfully discharged. Out of the total cases, 300 neonates refer to higher tier. It must be noted that the district does not have any District Early Intervention Centre for the better delivery of services, especially for early intervention and support.

Out of two district hospital, one DH was conducting the delivery care services including C-section; which were conducting more than 50 deliveries per month in the district. With regards to Community Health Centre, around 30 % CHC were conducting more than 20 deliveries per month. The district has total 25 PHCs, out of which more than 50 per cent PHCs are able to conduct more than 10 deliveries per month. Out of the total Sub-centre, around 3% sub-centres are able to conducting the more than 3 deliveries in a month.

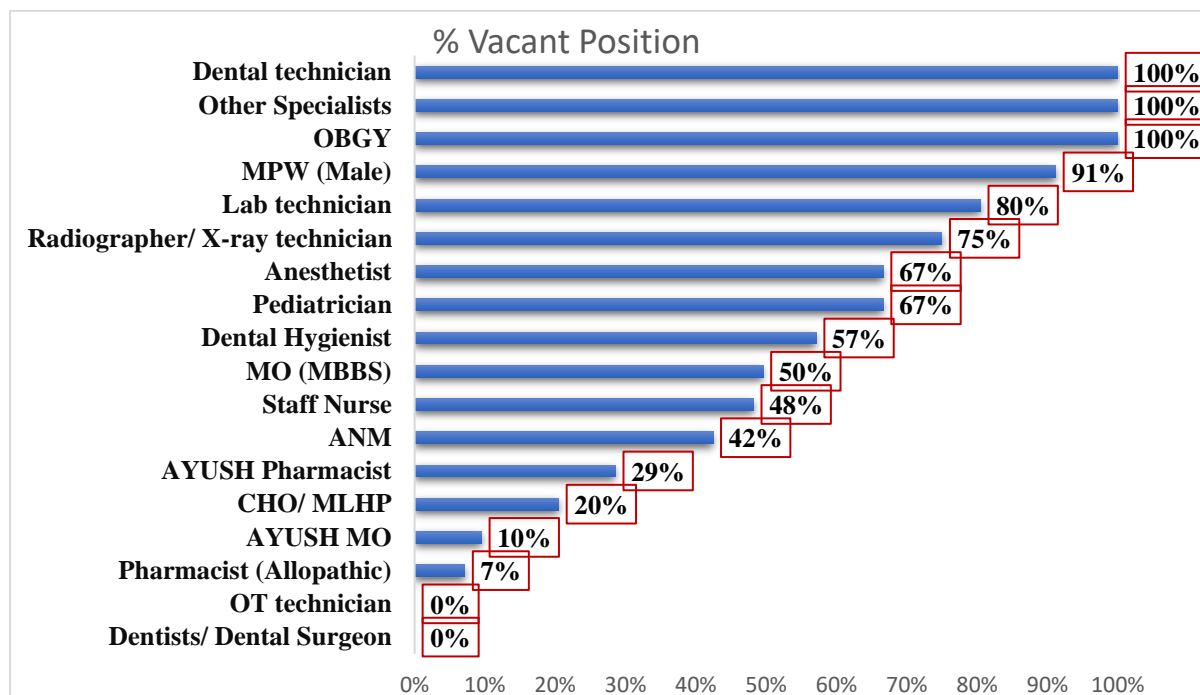
3.2. Human Resources for Public Health

Lack of Human Resource is one of the major concerns of the district; more specifically major issue was reported regarding the shortage of ANM, MPW (Male), Staff Nurses, Medical officer, and specialist (OBGY, Pediatrician, Anesthetist) in the district. All 100% post for OBGY were vacant in the district due to which delivery care services were hampered. In addition, there is shortage of CHO, and LTs, therefore hampered the essential health care services in the district. The component of Human Resources under NHM is to ensure the availability of adequate work force at the public health facilities in the State. To ensure smooth service delivery NHM made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure.

In district, total 118 ANM, 9 MPW (Male), 72 Staff Nurse, 8 LT, 57 Pharmacist (Allopathic & Ayush), 59 MO, 1 Pediatrician, 1 Anesthetist, 1 Radiologist, 8 dentist/ Dental surgeon, 3 Dental Hygienist, 2 Radiographer, 4 OT technician, 163 CHO and 19 AYUSH MO were in-position in the district (See Annexure, Table 5). Overall, total number of sanctioned posts for medical officer is 117 out of which only 59 have been filled and 58 posts is still held vacant (See Annexure, table 5). Position for the ANM, and MPW (Male) is significantly high in the district. It must be noted that in the FY 2022-23, a total of 180 posts of ANM & MPW were found vacant in the district. Against the total number of sanctioned posts for Staff Nurse, 67 posts are vacant in the district. Furthermore, sanctioned post for lab technicians and X-ray technician are 41 and 8 respectively out of which 33 post and 6 posts are vacant for lab technicians and X-ray technician, respectively. Total number of sanctioned posts of Anesthetist is 3 out of which only 1 post has been filled and 2 is still vacant. It has 1 Pediatrician against the sanctioned post of 3. Non-availability of Gynecologists was observed in the district. It can be observed that only

the Dentists position is fully in place in accordance with the sanctioned post in the district. However, the shortage of Dental technician was reported in the district.

Figure 4: Shortage of Human Resources in Hathras District, Uttar Pradesh, 2022-23



As depicted in the above figure, against the sanctioned posts in the district, there are currently 100% vacant positions for OBGY, Dental Technicians, and other specialists. The district has 91% for MPWs (Male), 80% for Lab Technicians, 75% Radiographer/ X-ray technician, 67% Anesthetist, 67% Pediatrics, 57% Dental Hygienist, and 50% MO positions vacant. Further, less than 50% post were laid vacant for Staff Nurse, ANM. Overall, 48% position of Staff Nurse (48%), and 42% of ANM vacant position observed in the district. Around 20-30 % position lied vacant of Ayush Pharmacist and CHO in the district, with very few % of vacant positions noted for Aayush MO & Allopathic Pharmacist.

Shortage of Block Program manager, BCPM, & IT co-ordinator in some block was a worrisome concern. For the effective program implementation, it is imperative that concern staff should be assigned in each block. The bottom-up approach of NHM especially draws attention to the role of ASHAs all the more. At present, a total of 1228 ASHAs are working in the district, while 30 more ASHAs worker required as per the population in district (See Annexure, table 6). It was reported that more than 52 ASHAs covering more than 1500 (rural) population in the district. The majority of ASHAs are not literate in accordance with their job specification, which again hampers their duty mandates like filling of proforma, record maintenance. Elder ASHAs struggle with handling digital portals, resulting in data entry errors. MAS in one of the key interventions under NHM. Total 33 number of Samiti formed which is monitored by District Urban Health Coordinator, and medical officer at a regular interval.

Chapter 4

NATIONAL HEALTH MISSION PROGRAMMES

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

4.1. RMNCH+ N Programmes

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

Table 3: Data Quality & Mortality Indicators in Hathras over last two Years

Mortality Indicators	Physical Records		HMIS
	2021-22	2022-23	2022-23
Still births	50	74	209
Infant Deaths	65	40	82
Child Deaths	0	0	2
Maternal Deaths	19	16	20

Source: CMO Office, Hathras, Uttar Pradesh

Overall, infant deaths and maternal deaths have decreased from 2021- 22 to 2022-23 in the district. In the year 2021-22, there were 65 infant deaths, and 19 maternal deaths according to physical records. In the following year (2022-23), infant deaths significantly decreased to 40, and maternal deaths slightly decreased to 16. In the same period, there was an increase in still births from 50 to 74, showing an increasing trend in still births.


According to HMIS data, the total number of still births has been observed to be high as compared to others mortality indicators in the district in 2022-23. It must be noted that data quality of mortality indicators i.e., Infant deaths, and still births is observed to be quite poor in the district. Data discrepancies were identified between the mortality indicators value collected from the district during the physical monitoring visit and the corresponding HMIS value. There is dire need to address the issue of data quality specific to still birth and infant deaths in the district. This section will attempt to discuss in details implementation of various national

programmes related to mother, children, newborns and adolescent health services under National Health Mission.

Janani Suraksha Yojana (JSY)

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

Table 4: JSY Payments Status in Hathras, Uttar Pradesh: 2022-23

		Key Challenges:
22700	19333 (85%)	
Total Number of Delivery	Beneficiaries received Incentives	15% JSY gap was observed in last month of financial year, however all backlog payments successfully cleared by May

Source: CMO Office (2022-23), Hathras, Uttar Pradesh

In Hathras District, a 15% JSY gap was observed in last month of financial year 2022-23, however all backlog payments successfully cleared by May, 2023. Overall, 100% JSY Payment were observed in the district, indicating that the outstanding payments were addressed and brought up to date.

Janani Shishu Suraksha Karyakaram


Janani Shishu Suraksha Karyakaram (JSSK) aims to improve maternal and child health by minimizing financial expenses of pregnancy and sick new born child. Furthermore, the aim of this scheme is to promote institutional deliveries. After the implementation of the program, the institutional deliveries have been increased in the district. The JSSK scheme was well functioned in the Hathras district. Monitoring team found that A total of 53936 beneficiaries have targeted as against 51379 achievement which was around 95% beneficiaries covered under this scheme in the last financial year i.e., 2022-23. Free diagnostics was conducted for more than 50 thousand beneficiary mothers. Home to facility transport was availed by solely 16109 beneficiaries, and facility to home transport was availed by 15544 beneficiaries. Free drugs were given to 17910 mothers against 18037 targets, which was around 99.05% beneficiaries. However, it was noted that majority of the women do not stay in the facility for

48 hours after delivery, particularly at the CHC/ PHC level facility. Thus, the length of the postpartum stay of women at the facility requires greater attention. Effective counselling delivered by the primary-tier healthcare staff will help in ensuring the holistic well-being of both mothers & newborn care. During the monitoring visit it was found that free diet was given to beneficiary mothers at the DH, CHC level.

Pradhan Mantri Surakshit Matritva Abhiyaan

PMSMA program has been launched, to improve the quality and coverage of ANC including diagnostics and counseling services as part of the RMNCH+A Strategy. The prime aim was to provide comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. In Hathras district, PMSMA sessions were conducted four times a month on the 1st, 9th, 16th, and 24th. As per the HMIS standard report, more than 55 thousand pregnant women registered for ANC in the district in the last financial year. According to the HMIS, 80 per cent of women in Hathras registered for ANC in the first trimester. However, around 99.1 proportions of pregnant women received four or more ANC check-up. PMSMA program was well functional in the district, however shortage of medical officers is a concern at the CHC/ PHC level as it may impact the program's ability to deliver quality antenatal care to pregnant women and address maternal and child health issues effectively.

Table 5: Status of PMSMA programme in the Hathras, Uttar Pradesh

36	 Facilities Covered at tier	Key Challenge
Total no. of facilities where current round of PMSMA conducted	50% DH 88% CHC 48% PHC	Shortage of Medical Officers

Overall, there are 36 such healthcare facilities (1 DH, 7 CHC, 12 PHC, and 16 private clinics) in district where current PMSMA round were being conducted. It was reported that MCP card/ Safe Motherhood Booklet issued under PMSMA in district. A sticker is added on the MCP card on each visit, if the women is detected with no risk, then a green sticker is added. However, the red sticker indicates high-risk pregnancy case. The high-risk pregnant women cases refer to medical college of Aligarh.

Pradhan Mantri Matru Vandana Yojana


Pradhan Mantri Matru Vandana Yojana (PMMVY) is currently functioning in the Hathras district. A total of 53936 beneficiaries have targeted as against 51379 achievement which was

around 95% beneficiaries covered under this scheme in the last financial year i.e., 2022-23. It was reported that PMVVY portal is not working since February 2023, leading to disruption in beneficiaries’ payments. It is vital to rectify the technical issues and restore the portal's functionality promptly to ensure pregnant women receive their entitled support and benefits.

Home Based Newborn Care Programme

ASHAs are responsible for the HBNC & HBYC visits in the villages or slums. Home Based Newborn Care programme is well implemented in the district. In the last financial year, ASHAs were also actively involved in the counseling of Immunization & HBNC visit as well. Around 30 thousand neonatal visits were conducted by ASHA worker under HBNC programme in the district. The following table 7 depicts the status of HBNC programme in the district. From the table it can be seen that around 96% ASHAs have the complete HBNC, while 92% ASHAs having drug kits. The key challenges include the incomplete kit and quality of logistic. To ensure the high quality of HBNC services, quality of logistic under HBNC kit needs to be strengthened. Further, frequent distribution of kits to ASHA workers is vital to resolve the issue of incomplete kit. However, distribution frequency of HBNC kits should align with community needs.

Table 6: Status of HBNC programme in the Hathras of Uttar Pradesh, 2022-23

 <p>Home based Newborn Visits</p>	29075	96%	92%	<p>Key Challenge:</p> <p>Quality of logistic</p> <p>Incomplete ASHA’s Kit and non-functional equipment in kit</p>
	HBNC Visits by ASHAs	ASHA having HBNC Kits	ASHAs having Drugs Kits	

Source: CMO Office (2022-23), Hathras, Uttar Pradesh

Strengthening the quality of logistics and distribution of HBNC kits more frequently to ASHAs worker will help to ensure the newborn and infants’ necessary care during the crucial period in Hathras.

Rashtriya Bal Swasthya Karyakram/ School Health Scheme Program

RBSK is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 ‘D’s viz. The children were being screened at the school as well as Aanganwaadi Centres as well. Total 14 numbers of vehicles are on the road for the said team. RBSK programme is not effectively implemented in the district due the lack of dedicated manpower. In Hathras district, there are a total of 14 RBSK teams, with 2 teams per block. Out of total, just 2 teams are complete in place as per the composition. MO shortage

is reported an issue in team composition. Thus, in turn, the team for the RBSK program was utterly incomplete as per the composition as the district has just 14% of the required team composition, indicating severe understaffing. Additionally, since the onset of COVID, there has been no recruitment of staff in RBSK teams, leading to a situation where only paramedical staff are managing the program in some blocks. Immediate action is needed to address the severe shortage in teams. This includes conducting recruitment drives to fill the vacant positions and ensuring that all teams have the necessary medical officers and paramedical staff to effectively manage the program. Adequate staffing is essential for the successful implementation of RBSK program and the delivery of healthcare services to children in district.

Immunization Program

The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, more than 45 thousand children fully immunized (9-11 months) observed in Hathras Uttar Pradesh. In the last financial year, out of the total planned session 20580, around 97% (19939) Immunization session were held in the district. In addition, out of the total immunization session where ASHAs were presented to be 93 % session.

Family Planning Programs



Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. As per the HMIS data, female sterilization as a method of permanent family planning dominates the statistics with more than 99 per cent of all sterilization conducted in the year 2022-23 in Hathras Uttar Pradesh (Tubectomies). Besides these, the total numbers of condom pieces that have been distributed in the last financial year were 11.2 lakh pieces followed by oral pills 61 thousand. During Monitoring team observed, most of the facilities were not equipped with the family planning counselor staff. Appropriate counselling of couple on contraception method will help in sensitizing the importance of birth control and healthy family life. Thus, in turn, dedicated counselor should be appointed in the district.

Rashtriya Kishor Swasthya Karyakram (RKSK)

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

improvenutrition, Sexual and Reproductive Health, enhance Mental Health, also prevent substance misuse injuries and violence. During last financial year, total 2176 adolescent registered under RKSK program in district, and out of which, 100 % were girls registered as depicted in the following table. there are no boys registered in the Adolescent Friendly Health Clinic. It can be observed that with respect to clinical services; 87% of girls received the clinical services in the district. 100% of the registered girls received counseling services, indicating that all registered girls received counseling support as part of the program.

Table 7: Status of RKSK program in Hathras of Uttar Pradesh, 2022-23

2176 Total Registered	RKSK	2022-23	Key Challenge
	Girls registered in AFHC	2176	Inadequate infrastructure is biggest constraint in proper services; No separate AFHC Clinics at health facilities except DH.
	Out of registered, Girls received clinical services	87%	
	Out of registered, Girls received counselling	100%	
	Boys registered in AFHC	0	
	Out of registered, Boys received clinical services	-	
	Out of registered, Boys received counselling	-	

Source: HMIS Standard Report (2022-23), Hathras, Uttar Pradesh

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

4.2. Communicable Diseases Control Programmes

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

Under IDSP programme, the surveillance units have been established in the district. Rapid response teams are available/ constituted at district level and team includes- District Surveillance officer, Public Health specialist, Epidemiologist, Malaria officer, LT and 1 CDEO. IDSP cell is effectively active and working the district. It was reported that at each block, there is two team. Block level team includes, MO, Pharmacist, Health supervisor, BPM and BCPM. There has been one reported epidemic or outbreak related to measles in the district, signifying that the program is actively monitoring and addressing public health emergencies. Awareness activities were conducted in those areas which is most affected by vector borne disease according to due plan prepared by district administration. With regards to IDSP data,

it utilized properly at the district level for identify trends and patterns of disease/ syndromes. The district generates EWS on the basis of weekly data analysis. After analysis of data, if any trend is found in a particular disease, it's highlighted to the state and further preventive measures taken accordingly. It was reported that 50% of private health facilities reported weekly data of IDSP.

Table 8: Status of Communicable Diseases Programme in Hathras of UP, 2022-23

Communicable Diseases Programs	In No.	Remarks/ Challenges
IDSP		
Rapid response team constituted	Yes	Program well Implementation in the district
Types of diseases reporting under IDSP	25-26	
Total Epidemic and outbreaks reported in district	1	
% Of private health facilities reporting	50	
NVBDCP		
Micro plan and macro plan available at district	Yes	Anti-larval methods: Temiphos 50%, ABER increased in the year 2022-23
Annual Blood Examination Rate (2020-21)	0.55	
Annual Blood Examination Rate (2021-22)	1.13	
Annual Blood Examination Rate (2022-23)	5.41	
LLIN distribution status	Ongoing	
Anti-larval methods	Yes, Weekly	
Contingency plan for epidemic preparedness	Yes	
No. of MDR rounds observed	No	
Weekly epidemiological & entomological situations monitored	Yes	
NTEP		
Target TB notification achieved	Yes	Treatment success rate more in private sector
HIV Status of all TB patient is known	Yes	
Eligible TB patients with UDST testing	1231	
Drugs available (both drug sensitive & drug resistance)	Yes	
Beneficiaries paid under NIKSHAY	Yes	
	Public	Private
Patients notified Target	2403	740
Treatment Success Rate	83%	87%
No of MDR TB patients	58	2
Treatment Initiation among MDR TB patients	58	2

Source: CMO Office (2022-23), Hathras, Uttar Pradesh

National Vector Borne Disease Control Programme (NVBDCP), overall district has both micro and macro plans in place for vector-borne disease control, ensuring organized and systematic efforts. Weekly epidemiological and entomological situations were monitored in the district. There is a contingency plan in place for epidemic preparedness, ensuring the

district's readiness to respond to potential disease outbreaks. The Annual Blood Examination Rate (ABER) has shown a significant increase over the years: 0.55 in 2020-21, 1.13 in 2021-22, and a substantial jump to 5.41 in 2022-23, indicating intensified efforts in diagnosing and monitoring vector-borne diseases. Long-Lasting Insecticidal Nets (LLIN) distribution is ongoing, a preventive measure against diseases like malaria.

Moving forward to the Tuberculosis Programme, it remains to be major public health problem in India. Diagnosis of TB through Intermediary UDST testing/lab is established in the district. The district has achieved its target for TB notifications and has a high rate of HIV status awareness among TB patients. Total number of TB cases notified under NIKSHYA significantly varies from 2403 (77%) in public sector to 740 (23%) in private sector. In the last financial year, around 58 numbers of TB patient deaths were reported in public sector in the district. With regards to treatment success rate, it was observed to be 83% in public sector, which is less than the private sector. Financial support is provided to beneficiaries under the NIKSHAY program as observed by the monitoring team. It was reported that under NTEP program, Lab technician posts have not been sanctioned under the National Tuberculosis Elimination Program (NTEP), which needs requires immediate attention.

4.3. Non- Communicable Diseases Control Programmes

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

NPCDCS Programme

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

National Mental Health Programme (NMHP)

Under this program, numerous types of Anxiety/ Depressive Disorder and Psychosis were treated. In Hathras, mental health programme was well functional. ACOMO is the nodal of this program. The district has in-place the mental health teams which includes the- Psychiatric, Staff Nurses, Psychologist, Psychiatric Social worker. Under this program, numerous types of Anxiety/ Depressive Disorder and Psychosis were treated. Outreach camps for mental health

have also been organized by CHC, PHC-HWC team. Further, At the Community Health Center (CHC) level, a three-day outpatient department (OPD) has been reported.

National Oral Health Programme

Taking into account the oral health situation in the country, Government of India has initiated a National Oral Health Programme to provide integrated, comprehensive oral health care in the existing health care facilities. Dental department in the district was well equipped with the Dentist and Dental surgeons. In district, total 8 dentist, 3 Dental Hygienist were in-position in the district. It was reported that Dentists position is fully in place in accordance with the sanctioned post in the district. However, the shortage of Dental technician was reported in the district. It is highly recommended that to functioning the oral health services in the district, the said department needs to be strengthened in the district by providing the required dental hygienist, technician and modern equipment's as well.

4.4. Quality Assurance Programmes

To address the issue of low-quality of services in the healthcare premises, the GOI has introduced a set of quality-oriented programs under the National Health Mission. Quality care improvement initiatives i.e., Indian Public Health Standard (IPHS), NQAS, KAYAKALP, MERA ASPATAAL, LaQshya, MusQan programme, have revolutionized the pathways of public healthcare service delivery in the country. The following table depicts the broad status of quality care program implementation in Hathras.

Table 9: Status of Quality Care Programs in Hathras, Uttar Pradesh, 2022-23

		50%	25%	Key Challenge
Non-Availability of Hospital Manager	0%	Kayakalp Certified Hospital	Kayakalp Certified CHC	
	NQAS Certified Hospital	24%	1.3%	
		Kayakalp Certified PHC	Kayakalp Certified SC-HWC	

Source: CMO Office (2022-23), Hathras, Uttar Pradesh

There was a District quality consultant in the district to lookup these quality care programs. Among District Hospitals, 50% DH were found to be Kayakalp certified, while this rate was observed to be 25% for Community Health Centers (CHCs) and 24% for Primary Health Centers (PHCs) in the district. However, only 1% SCs were found Kayakalp certified. There is dire need to look up and implementation of the program at the grass root level facilities,

indicating substantial scope of improvement with the execution of the said program at the primary health tier.

It can be noted that district has been markedly lacking in NQAS program implementation across all health tier. There were no NQAS certified facilities in the district. Similarly, District markedly lacks in LaQshya Implementation program as neither labor rooms certified, nor OT certified facilities have been observed. The primary reason for this situation is the unavailability of a hospital manager in the district. Secondly, since state-level training is restricted to hospital managers, and the position of the manager is vacant, training is currently unattainable. Given the vacant position of hospital manager, it is highly recommended to impart state level training to the District Quality Coordinator to ensure more effective program implementation.

4.5 Others NHM programme

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

Table 10: ASHAs Enrolled Status under social benefit scheme in Hathras, 2022-23

1206	47%	36%	42
ASHAs Worker in district	ASHAs enrolled under PMJJBY	ASHAs enrolled under PMSBY	No. of ASHAs Facilitator enrolled under PMJJBY/ PMSBY

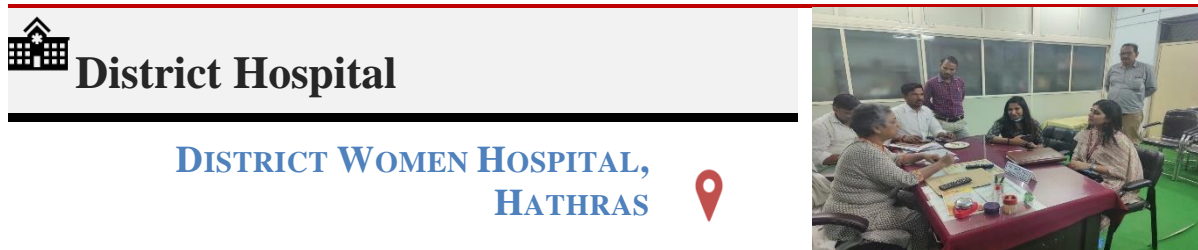
Source: CMO Office, Hathras, Uttar Pradesh, 2022-23

Overall, 67% ASHAs workers in the district are insured under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), and under Pradhan Mantri Suraksha Bima Yojana (PMSBY). These are both governments backed insurance schemes. With regards to ASHAs Facilitators, more than 40 no. of facilitators were found to be enrolled in both schemes Pradhan Mantri Jeevan Jyoti Bima Yojana and under Pradhan Mantri Suraksha Bima Yojana.

Chapter 5

PUBLIC HEALTH FACILITY ASSESSMENT

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



District women hospital is a 30 bedded facility located in Hathras District, Uttar Pradesh. Currently, the facility has an average OPD load of approximately 250 patients per day. Further, around 350 per month deliveries were conducted at the facility. Of total deliveries, 25-30 were reported to be LSCS per month. High Risk cases refers to Aligarh/Agra (medical college) due to non-availability of blood components in hospital's premises. On an average around 35000 tests per month were performed at the facility. It was reported that CHC FRU has been converted into district hospital. This hospital, equipped with a limited bed capacity, is currently grappling with a substantial influx of patients. Immediate expansion and strengthening of the hospital's infrastructure and resources are necessary to accommodate the patient load effectively. Overall, there was acute shortage of Medical Officer (OBGYN, Pediatrician), was reported at the facility. It was highlighted that in MCH Wing, 4 posts sanctioned for OBGYN while 2 post were vacant. Similarly, 3 positions for Paediatrician were vacant, against the sanctioned position, which needs to be addressed seriously. Radiologists were attached to the facility three times a week, and Anaesthetists were attached twice a week. Addressing these staffing shortages is imperative for the effective healthcare services. Further, shortage of Staff Nurses, Hospital Quality Manager (last 5-6 years) & data entry operator was also an issue.

With regards to record keeping maintenance, SNCU record, and some important indicators related to infant deaths within 24 hours, were not up-to the mark by the respective department. The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization at the facility. With regards to essential medicine, all

medication were available at the facility on the day of visited. However, there was reported a shortage of certain Injection, including ANAWAN, PHENOBARBITONE, OXYTOCINE, ETHAMSYLATE, ETHAMSYLATE, SYP. VITAMIN D3 (child), was reported an issue. Additionally, there was an acute shortage of essential consumables. Addressing these shortages is crucial to ensure the continuous and effective provision of healthcare services.

Table 11: Status of District Women Hospital across various Health Domains in the year 2020-21

Key Areas/ Observations		Remarks/ Challenges
Human Resource		
	Available	
MO (MBBS)	- Staff Nurse	12
OB&GYN	2 LTs	2
Pathologist	0 Pharmacist	3
Pediatrician	1 Hospital Manager	0
Anesthetist (On call available)	1 Others	2
Radiologist	0	
Physical Infrastructure		
Accessible from nearest road	√ Drinking water facility	√
24*7 running water facility	√ ASHA rest room	×
Geriatric and disability friendly	√ Drug storeroom with rack	√
Hospital located near residential area	√ Power backup (Complete facility)	√
Clean functional toilets	×	×
OPD waiting area sufficient space	×	√
Core/ Specialized Health care Services		
Medicine	×	√
O&G	√	×
Pediatric	√	×
General Surgery	×	×
Anesthesiology	×	√
Dental	×	×
Imaging Services (X-ray)	√	√
Imaging Services (USG)	×	×
Drugs, Diagnostic & Equipment's		
Essential Medicine	√	√
Laboratory services	√	×
X-ray (AERB certified)	×	×
CT Scan	×	×
Service Delivery/ Mortality Indicators (2022-23)		
OPD 250 per day		
Around 350 deliveries / month	35 thousand per month Lab tests were done	Child Mortality Indicators needs to be Improved at the facility.
7-8 % deliveries reported to C-section		
NHM Program Implementation		
JSY Program	Yes	Mothers Unable to stay 48 hours after delivery due to limited infrastructure Issue
JSSK Program	Yes	
Kayakalp/ NQAS	Not Certified	
PMSMA	Yes	



COMMUNITY HEALTH CENTRE, MURSAN



CHC Mursan is 30 bedded health facilities, with an average OPD load of 250-300 per day. In the outpatient department (OPD), with a monthly inpatient department (IPD) load of 150-200. It handles 3-4 delivery per day. The facility has a substantial role in diagnostic services, with around 45,000 essential tests conducted in the last financial year. This indicates its commitment to delivering comprehensive healthcare solutions to the community it serves.

All essential services i.e., ANC, PNC, pregnancy check-up, labour room services, family planning, basic lab tests, Dental care, TB, health counseling, minor operation, and dental services rendered at this facility. Normal deliveries were handled effectively on the facility. The high-risk cases referred to the higher tier. The next referral center of the facility was reported to be DH/ Medical College of Hathras which is just 10 km away from the facility.

The facility highly lacks in specialized services due to the specialist shortage. All the specialist post were laid vacant at the facility. Efforts should be made to recruit and retain specialists in areas such as pediatrics, gynecology, and medicine to enhance the range of specialized services. The presence of a dental surgeon enables effective implementation of the National Oral Health Program (NOHP). However, the facility currently lacks a family planning counselor, possibly due to lower delivery loads. CHC Mursan is well equipped with oxygen plant and X-ray facility is also there. It has been designated as L1 facility during the COVID period, which underscores its readiness for emergency response.

Regarding medications, Essential Drug List (EDL) is available and proper displayed in open areas at the facility. Out of EDL drugs, most of the drugs are available on the day of visit. However, shortage of IVERMMECTIN, S AMLODIPINE, PREDNESOLONE, Inj. CARBOPROST, and Inj. DIAZEPAM were reported in last 30 days at the facility.

The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, and fund utilization at the facility. Total 178 ASHAs worker associated with this health facility.

Table 12: Status of CHC Mursan across various Health Domains: 2022-23

Key Areas/ Observations		Remarks/ Challenges
Human Resource		
MO (MBBS)	3 Pharmacist	4
OB&GYN	0 Dental Assistant	1
Pediatrician	0 Staff Nurse/ GNMs	6
Medicine	0 LT	1
Dentist	1 Ward Boy	-
LSAS trained doctor	0	
Physical Infrastructure		
Accessible from nearest road	✓ Drinking water facility	✓
24*7 running water facility	✓ ASHA training room	✓
Geriatric and disability friendly	✓ Drug storeroom with rack	✓
Located near residential area	✓ Power backup	✓
Clean functional toilets	✓ Good Condition of Building	✓
OPD waiting area sufficient space	✓ Complete construction status	✓
Well maintained facility		
Core/ Specialized Health care Services		
OBGY	✗ MCH Services inc. delivery	✓
Pediatric	✗ 24*7 Emergency (LR)	✗
General Surgery	✗ Family Planning services	✓
Anesthesiology	✗ Blood storage Unit	✗
Ophthalmology	✗ OT available	✓
Dental	✓ OT Functional	✓
Imaging Services (X – ray)	✓ Tele-medicine	✓
Emergency care services 24*7 available only on-call		
No family planning counsellor		
Drugs, Diagnostic & Equipment's		
Essential Medicine on the day of visit	✗ Blood Transfusion & Storage	✗
Laboratory services	✓ Fully Equipped Blood Bank	✗
X-ray services	✓ Availability of testing kits	✓
CT Scan	✗ Major Instrument Functional	✓
Oxytocin and AYUSH medicine shortage		
ECE machine required		
Service Delivery/ Mortality Indicators (2022-23)		
250-300 OPD per day	General OPD timing- 8 to 2pm (6 days)	
3-4 deliveries per day	No child death reported in 2022-23	
150-200 OPD per month		3 Maternal deaths reported at this facility
NHM Program Implementation		
JSY Program	JSY payment was observed	
JSSK	Post delivery 48hrs stay needs to be monitored	
Kayakalp	Certified with 73% score	Facility lacking in implementation of NQAS/ Lashya program
PMSMA	Well implemented & identified high risk	
TB	DMC center established	
Anemia Mukh Bharat	Age-wise Iron syrup/tablets distributed by ASHAs & Aanganwaadi worker	
RBSK	Incomplete team compositions	
Untied Funds, IT services & Others		
IT services	Desktop available with good internet connectivity	
NHM Fund Utilization	100% Fund Utilization	



COMMUNITY HEALTH CENTRE, SIKANDRA RAO



The CHC is 30 bedded health facility, with average OPD of 350-400 per day on the normal day. Around 200 per month deliveries were conducted at the facility. It offers a range of services, including general OPD, ANC, normal delivery including c-section, PNC, immunization, family planning and laboratory services. The facility is a Designated Microscopy Centre for TB screening. The facility well maintained record for TB treatment cases for both drug sensitive and drug resistant TB. The facility excels in sterilization services. The Operation Theatre is fully functional. PMSMA services are being provided to pregnant women at the facility. Line listing and follow-up of high-risk pregnancy cases were observed at the facility. The next referral center of the facility was reported to be DH/ Medical College of Hathras which is around 30-35 km away from the facility.

With respect to manpower, the facility has 1 OBGY, 1 Anesthetist, 1 Dentist, 3 SNs, 1 LT, and 4 pharmacists. There was acute shortage of MO. Non- availability specialist namely, Pediatrician and Medicine was observed at the facility. Infrastructure of the facility was well maintained; although seepage Issue have been noticed. Washroom of the facility was observed to be unclean & unhygienic. Labour room was not up-to the desired standard. Sterlization protocol were not being followed. However, shoe-cover were noticed outside the labour room. With regards to Post Delivery services, it was highlighted that majority of the women opt for LAMA and do not stay in the facility for 48 hours after delivery. The facility is lacking the quality care program implementation, Kayakalp, NQAS etc.

The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, and fund utilization at the facility. Essential Drug List is available with proper displayed in open areas at the facility. Out of the total medicine in EDL 199, total 145 medicines were available at the facility. Shortage of injection IRON SUCROSE, ATROPINE, DIAZEEPAM, ETHAMSYLETE, and tablet FLUCONAZOL etc. were reported in last 30 days at the facility. Essential diagnostic services were provided for in-house mode. With regards to fund Utilization, total 2.5 lakh fund received under RKS in last financial year. More than 99% fund utilized by the facility.

Table 13: Status of CHC Sikandra Rao across various Health Domains: 2022-23

Key Areas/ Observations		Remarks/ Challenges
Human Resource		
MO (MBBS)	- Dentist	1
OB&GYN	1 Staff Nurse	3
Pediatrician	0 Pharmacist	4
Anesthetist	1 Ward Boy	-
LT	1 Sweeper cum Chowkidar	2
LA	-	
Physical Infrastructure		
Accessible from nearest road	✓ Drinking water facility	✓
24*7 running water facility	✓ ASHA training room	✗
Geriatric and disability friendly	✓ Drug storeroom with rack	✓
Located near residential area	✗ Power backup	✓
Clean functional toilets	✗ Good Condition of Building	✓
OPD waiting area sufficient space	✓ Complete construction status	✓
Old building required maintenance		
Core/ Specialized Health care Services		
Medicine	✓ MCH Services inc. delivery	✓
O&G	✓ C-section	✓
Pediatric	✗ 24*7 Emergency (LR)	✓
General Surgery	✓ Family Planning services	✓
Anesthesiology	✓ Blood storage Unit	✓
Ophthalmology	✗ OT available	✓
Dental	✓ OT Functional (Only FP)	✓
Imaging Services (X – ray)	✗ Tele-medicine	✗
Facilities performing well in sterilization.		
Drugs, Diagnostic & Equipment's		
Essential Medicine on the day of visit	✗ Blood Transfusion & Storage	✓
Laboratory services	✓ Fully Equipped Blood Bank	✗
X-ray services	✓ Availability of testing kits	✓
CT Scan	✗ Major Instrument Functional	✓
Medicine shortage		
Service Delivery/ Mortality Indicators (2022-23)		
350-400 OPD per day	General OPD timing- 8 to 2pm (6 days)	2 Maternal deaths & 5 child deaths reported in 2022-23
200 deliveries per month	20 Sterlization per month	
Around 6000 Lab test per month		
NHM Program Implementation		
JSY Program	JSY payment was upto the mark	
JSSK	Well implemented except few aspects	
Kayakalp	Not Certified	Diet services needs to be monitored as during interaction beneficiaries reported not receiving the diet services
TB elimination Programme	DMC establish	
PMSMA	Well implemented & identified high risk PW	
Anemia Mukh Bharat	Age-wise Iron syrup & tablets distributed by the ASHAs & Aanganwaadi worker	
Record Maintenance & IT services		
Service Delivery Indicators Verification	Data Verification done at the block level on monthly basis.	-
IT services	Desktop available with good internet connectivity	
Others		
NHM Fund Utilization	99% Fund utilization	Good Record maintenance was observed at the facility
Trainings (2022-23)	Offline training should be provided instead of online	



PRIMARY HEALTH CENTRE, BAZIDPUR



Primary Health Centre, Bazidpur is situated near residential area. the facility has been converted to Health & Wellness Centre and Branding of HWC was done. No yoga sessions were conducted at this facility. This PHC is running in government building where the issue manpower shortage, inadequate infrastructure maintenance, unhygienic washroom etc. persists. It is 6 bedded health facility with an average OPD of just 10-15 per day. This facility seems to be exceptionally non-functional, where service delivery is questionable due to inadequate manpower. In the name of service delivery, only a building stood with very few essential services i.e., General OPDs, Ayush services, and Family Planning were provided at the facility. No delivery care services were reported at the facility and the cases for same referred to CHC Sikanadra Rao, which is around 26 kilometers away. With regard to manpower, presently the facility has 1 MO (AYUSH), and 1 pharmacist. Non- availability of medical officer (MBBS), Staff Nurse, ANM and Lab technician was reported an issue, thus essential healthcare services hampered at the facility. Therefore, shortage of Manpower at the facility, resulting in only few services. Owing to lack of manpower, even basic essential services were unable to rendered at the facility. The facility lacks essential diagnostic services, and laboratory testing is unavailable due to a lack of sanctioned posts for lab technicians.

In terms of fund Utilization, total 87428 fund received under RKS in last financial year. All 100% fund utilized by the facility. However, there are issues with fund record management and overall record-keeping, which need improvement.

The following table depicts the availability as well as non- availability of the manpower, infrastructure, diagnostic services, medicine & equipment at the facility. All the essential medicines were not available as per the demand of the facility. Shortage of Tab. Betamethasone, Oint. Soframycin, Inj. Atropine, Inj. Adrenaline, Oint. Betadine has been observed. Further, essential NCD medicines like Tab. Telmyserton, and Tab Amlodpine) were also lacking. The facility is significantly lacking in the quality care program implementation, Kayakalp, NQAS etc.

Table 14: Status of PHC Bazidpur across various Health Domains: 2022-23

Key Areas/ Observations		Challenges
Human Resource		
MO (MBBS)	0 Pharmacist	1
MO Ayush	1 LHV/ PHN	1
ANM/ SNs	0 ASHAs	-
LT	0	
Physical Infrastructure		
Accessible from nearest road	✓ Drinking water facility	✓
24*7 running water facility	✓ Drug storeroom with rack	×
Geriatric and disability friendly	✓ Complete Construction	✓
Located near residential area	✓ Power backup	✓
Clean functional toilets	×	×
OPD waiting area sufficient space	✓ -	
Core Health care Services		
OPD	✓	
ANC	×	
Availability of Delivery care services	×	
Immunization	×	
Family Planning Services	✓	
AYUSH	✓	
NCD services	×	
Drugs, Diagnostic & Equipment's		
Essential Medicine on visited day	×	×
Laboratory services	×	✓
COVID based testing	×	✓
Service Delivery/ Mortality Indicators (2022-23)		
10-15 OPD per day	General OPD timing- 8 to 2pm	
No Delivery care services	Cases refer to CHC Sikandra Rao	-
No test performed		
NHM Program Implementation		
Kayakalp/ NQAS	Not Certified	
PMSMA	Not Implemented at the facility	
JSSK	Program not functional	
TB Elimination Program	No	
Fund Utilization & IT services		
IT services	No internet connectivity	
NHM Fund Utilization	100% fund Utilization	Poor record maintenance of RKS Fund



PRIMARY HEALTH CENTRE, CHANDPA



PHC Chandpa is running in a government spacious premises. The health facility was easily accessible as located on the main road. It is 6 bedded health facility. The infrastructure of the facility is well-maintained. PHCs have been converted into Health and Wellness Centres to deliver comprehensive primary healthcare. Branding of HWC was done at the facility. All essential services i.e., General OPDs, ANC, maternal and child health services including delivery care, diagnosis, Family Planning, Tele- medicine consultation (average 4-5 per day) and NCD screening were provided at the facility. However, an area of notable concern is record-maintenance, which requires improvement to ensure effective healthcare management. With regards to delivery care services, monthly delivery load is relatively low as per month just 2-3 deliveries were reported from this facility. In last three months, a total 173 deliveries conducted at the facility. The has owns two ambulances, which are valuable assets for patient transport and emergency response.

In last six month, total 38 & 67 cases were screened of hypertension & diabetes, of which 19 cases were confirmed for diabetes. With regards to essential medicine, shortage of fungal infection medicines was reported at the facility on the day of the visit, which require prompt attention. Essential diagnostic services were provided for in-house mode. Total 12 types of essential tests i.e., HB, Widal, HBsAg, UPT, BP, Blood Sugar, Dengue, Tiophiod etc. performed at the facility. Unfortunately, specific data on the number of tests conducted in the last financial year was not up-to the mark at the facility.

With regard to manpower, presently there was 1 Medical officer (MBBS), 1 Staff Nurse (Contractual), 1 Laboratory technician, and 1 pharmacist working at the facility. The following table provides the detailed status of Physical Infrastructure, Diagnostics, Specialized Services, Medicine & Equipment, NHM programme implementation, and fund utilization at the facility. The facility has lacking in the quality care program implementation, as it does not hold the Kayakalp. With regards to fund Utilization, all 100% fund utilized by the facility. In last year, here are no maternal deaths was observed at the facility. With regards to child deaths, it was also observed to be zero in last two year.

Table 15: Status of PHC Chandpa across various Health Domains: 2022-23

Key Areas/ Observations		Challenges
Human Resource		
MO (MBBS)	1 Pharmacist	1
MO (AYUSH)	- LA	-
Staff Nurse	1 Ward Boy	-
LTs	1	-
The in-charge of the facility was not aware about the sanctioned position.		
Physical Infrastructure		
Accessible from nearest road	✓ Drinking water facility	✗
24*7 running water facility	✓ ASHA rest room available	✓
Geriatric and disability friendly	✓ Drug storeroom with rack	✓
Facility located near residential	✓ Power backup (Functional)	✓
Clean functional toilets	✗ Good Condition of Building	✓
OPD waiting area sufficient space	✓ Complete Construction Status	✓
Unhygienic Washroom and not maintained properly		
Core Health care Services		
Availability of Delivery care services	✓	
ANC	✓	
Line Listing of High-risk PW	✓	
Immunization	✓	
Family Planning Services	✓	
COVID Vaccination	✓	
NCD services	✓	
The facility is performing well in ANC, Immunization and FP.		
Extremely Less delivery load noted at the facility		
Drugs, Diagnostic & Equipment's		
Essential Medicine on visited day	✓ X-ray services	✗
NCD Medicine availability	✓ Availability of testing kits	✓
Essential consumable availability	✓ NCD testing kits	✓
Laboratory services	✓ Major Instrument Functional	✓
COVID based testing	✓	
Shortage of Fungal Infection medicines		
Service Delivery/ Mortality Indicators (2022-23)		
70 OPD per day	General OPD timing- 8 to 2pm	Fever and viral cases Cases reported
2-3 Delivery care cases per month	High risk cases refer to CHC/ DH	
10-12 Blood testing per day	ANC checkup-day fixed	No maternal & Child deaths
NHM Program Implementation		
NQAS/Kayakalp/ LaQshya	Not Certified	
JSY Programme	Well functional	
IDSP	Well Functional, Reporting P& L type form	
Anemia Mukht Bharat	Iron syrup & Albendazole tablets distributed by the ASHAs & Aanganwaadi worker	Lacking in quality care program
D-worming day	Celebrated twice in a month	
JSSK Program	Only free referral transport	
IT services		
IT services	Good internet connectivity	-
NHM Fund & Others		
NHM Fund Utilization	100% Fund Utilization	



Sub-Centre Arnot functioning in a government spacious premises and catered around 7000 Catchment Population. Average OPD is around 4-5 per day. Presently, this SC transformed as Health & Wellness centre (HWCs). The branding for Sub-centre - Health and Wellness (HWC) has been done/ completed however, no yoga practices were been taken at place. CHO has been appointed there. CHO have received the tablet for the data entry; however, tablet was reported to be non- functional. With regards to C-BAC forms, total 250 forms have been filled in last six months at the facility. The facility lacked clear signage for its name and suffered from exceptionally poor infrastructure maintenance. Proper display of IEC material was also not observed at the facility. The record maintenance was not up to the mark as it was not properly maintained.

This facility seems to be exceptionally non-functional, where service delivery is questionable. One ANM & 6 ASHAs worker were associated at this facility. In the name of service delivery, only a building stood with very few essential services like OPD, immunization (outreach), and family planning were rendered at the facility. Among family planning Antra and Chahya method reported to be most prominent among the community. The next referral point of this facility is CHC Sikanadra Rao, which is around 5 kilometers away.

The health facility has the sufficient essential functional equipment's i.e., BP instrument, Glucometer, & digital Thermometer. However, weighing scale was reported to be non-functional. Further, all the essential testing kits/ rapid diagnostic kits are sufficient supply as per the demand at the facility. For the power backup, the facility has the Inverter but it was reported to be non-functional.

The following table clearly depicts the availability as well as non- availability of the infrastructure, manpower, diagnostic services, medicine & equipment at the facility. All the essential medicines were not available as per the demand of the facility. Shortage of METAFORMIN, LEVOCITRIZIN, CIPROFLOXACIN, OMEPROZOLE, and ATENALOL has been observed.

Table 16: Status of SC Arnot across various Health Domains: 2022-23

Key Areas/ Observations		Challenges
Human Resource		
ANM	1	6 ASHAs were associated at this
CHO	1	facility
Physical Infrastructure		
Accessible from nearest road	×	Drinking water facility
24*7 running water facility	✓	Complete Construction Status
Geriatric and disability friendly	✓	Power backup (functional)
Located near residential area	✓	Good Condition of Building
OPD waiting area sufficient space	×	Clean functional toilets
Basic amenities like Electricity unavailable at the facility		
Core Health care Services		
Availability of Delivery care services	×	The facility is not performing well in
ANC	×	MCH services.
Family Planning Services	✓	Under NCD services, only Diet counselling were taken at place
Immunization	✓	
Adolescent Health Services	×	of Family Planning at this facility.
NCD services	×	
Drugs, Diagnostic & Equipment's		
Essential Medicine on visited day	×	Major Instrument Functional
NCD Medicine availability	✓	Availability of testing kits
Essential consumable availability	✓	NCD testing kits
Laboratory services	×	ANM' s received tablet
Unavailability of Weighing Scale was an observed		
Service Delivery/ Mortality Indicators (2022-23)		
4-5 OPD load per day		
Mostly Fever cases noted at the facility	Child immunization was taken at outreach area.	Last year, no child deaths & maternal death reported at the facility.
NHM Program Implementation		
NQAS/Kayakalp/ LaQshya	Not Certified	
Anemia Mukh Bharat	Not implement	
Poshan Maah	Awareness on the Child nutrition, ANC Nutrition, Breast feeding, lactation etc.	Diet schedule session for diabetes patients were also conducted at the facility
Saas Bahu Samelen	Awareness about Family planning methods & Birth space interval	
JSY Program	Not Implement	
Record Maintenance & IT services		
IT services	Tablets were provided to CHO	CHO was fully aware about the fund details i.e., fund availability/ utilization.
NHM Fund Utilization	-	

Chapter 6**CONCLUSION AND KEY RECOMMENDATIONS**

The purpose of this report is to present a brief overview of the major components pertaining to Maternal & Child Health, Family planning & Immunisation by monitoring & evaluation action at each health tier. This report also highlights the broad status of healthcare system in Hathras of Uttar Pradesh regarding the Infrastructure, Manpower, NHM program implementation, and NHM fund utilization. Hathras district is functioning with 2 district hospital, 8 CHCs, 24 PHC-HWC and 160 SC-HWC. There are 4 FRUs, 1 Blood bank and 1 functional blood storage units in Hathras District. Total five healthcare facilities in Hathras were visited for Monitoring & Evaluation purpose in the September 2023. Besides visiting the facilities, the team had interacted with the officials i.e., CMO, DPM and Nodal officers of the various programmes.

Overall, the district has witnessed a positive trend with a decrease in infant and maternal deaths from 2021-22 to 2022-23, reflecting improvements in healthcare. However, there is a concerning increase in still births during the same period, which raises concerns and calls for focused attention. It is worth noting that stillbirth rates remain significantly higher compared to other mortality indicators. Thus, there is dire need for targeted action policies measures for lessening neonatal mortality & preventing still births in district. The prevalence of any anemia among PW in district is a matter of heightened concern, which also needs to be addressed.

Chronic shortages of medical specialists, including OBGY, Pediatrician, Anesthetist are notably concerning at DH & CHC level in district. The inadequate of medical officers, MPW (Male), ANM and Staff Nurses further compound a pressing concern within the district's health system. Hathras district faces several healthcare challenges, including the need for improved early antenatal care registration, medication/ injection shortage across all health tier, understaffing in various healthcare programs, malfunctioning in PMMVY portal, digital literacy issue among elder ASHAs, and disparities in quality care program implementation.

During the monitoring visit it was found that, Inadequate manpower and facility maintenance were severely hampering the OPD load at the facility. A dedicated effort is needed to rejuvenate non- functional PHCs (like PHC Bazidpur) by allocating substantial manpower resources to enhance the service delivery and OPD load. With regards to NHM specific programmes, the district needs to really focus the following national programmes:

- ⊕ Quality Care Programmes: NQAS and LaQshya
- ⊕ JSSK Program: Length of the postpartum stay of women at CHC/ PHC level
- ⊕ RBSK Program by addressing the required HR Gap
- ⊕ Anemia Mukta Bharat by focusing on the IFA tablets consumption
- ⊕ National Tuberculosis Elimination Program (NTEP): Addressing required LT staff

Recommendations

- ⊕ Continuous monitoring and evaluation can play a crucial role to identify bottlenecks in fund utilization and promptly address them across various healthcare programs.
- ⊕ The data quality of mortality indicators on HMIS portal, particularly still births and infant deaths, was noted to be quite poor at district level. To address this issue, the district must engage in data validation exercise, regular monitoring & evaluation at the concerned levels.
- ⊕ The district is markedly lacking in implementation of the quality care program, particularly NQAS and LaQshya program at all health tier. To address the issue, there is need to depute a Hospital Quality Manager in district hospitals to look at the specificities of the quality-oriented programmes, in order to ensure effective implementation of the program mandates.
- ⊕ Given the vacant position of hospital manager, it is highly recommended to impart state level training to the District Quality Coordinator to ensure more effective program implementation.
- ⊕ Inadequate manpower and facility maintenance are severely hampering the OPD load at the facility. A dedicated effort is needed to rejuvenate non- functional PHCs (like PHC Bazidpur) by allocating substantial manpower resources to enhance the service delivery and OPD load.
- ⊕ PMMVY portal is not working properly in the district since February 2023, leading to disruption in beneficiaries' payments. It is vital to rectify the technical issues and restore the portal's functionality promptly to ensure pregnant women receive their entitled support and benefits.
- ⊕ Under NTEP program, Lab technician posts have not been sanctioned under the National Tuberculosis Elimination Program (NTEP), which needs requires immediate attention.
- ⊕ There is a need to urgently address the critical understaffing issue in RBSK teams by conducting prompt recruitment drives to ensure the presence of necessary medical officers and paramedical staff, which is vital for the effective delivery of child healthcare services.
- ⊕ Under JSSK program, postpartum care requires greater attention. Effective counselling delivered by primary-tier healthcare staff to encourage a 48 hours post-delivery stay can enhance the holistic well-being of both mothers & newborn care. Constructing personalized postnatal care ward with smart approach at CHC/ PHC level can further improve this.
- ⊕ Implement targeted early interventions to reduce anemia rates in pregnant women in the district, particularly severe anemia cases, by focusing IFA tablet consumption. Monitoring IFA tablet use during pregnancy is vital to tracking progress in reducing anemia prevalence.

- ⊕ To ensure the full range of the services with the quality care, the district must prioritize the immediate filling post of medical specialists, Medical Officers and paramedical staff as well in the district.
- ⊕ The district lacks essential family planning counseling, as most facilities don't have dedicated staff. Appointing dedicated counselors is will help in sensitizing the importance of birth control and healthy family life. Thus, in turn, dedicated counselor should be appointed in the district.
- ⊕ To address the challenges faced by elder ASHAs in terms of digital literacy and data-related tasks. It is highly recommended that regular re-orientation programs at regular interval. Further, user-friendly platforms and applications will help to facilitate their tasks effectively.
- ⊕ Shortage of Block Program manager (BPM), BCPM, & IT co-ordinator in some block was a worrisome concern. For the effective program implementation, it is imperative that concern staff should be assigned in each block.

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

Health Facility	Hathras	UP	India
Population (Census 2011)	15.6 (lakh)	19.98 (Crore)	1,210,854,977
Male	8.4 (lakh)	10.4 (Crore)	623,270,258
Female	7.3 (lakh)	9.5 (Crore)	587,584,719
Decadal growth rate in % (Census 2011)	17.12	20.2	17.6
Rural Population (%)	78.74	77.7	68.9
Urban Population (%)	21.26	22.3	31.1
Child Population	15.9	-	13.6
Literacy rate (%)	71.6	67.7	73
Male literacy rate (%)	82.4	77.3	80.9
Female literacy rate (%)	59.2	57.2	64.6
Sex ratio	871	912	943
Density/km ²	850	829	382

Source: Census of India 2011, ORGI, GOI

Table 2: Health Care Service Delivery Indicators in Hathras of Uttar Pradesh, 2022-23

Indicators	Hathras
1. Maternal Health	
1.(a) Pre Natal Care	
% 1st Trimester registration to Total ANC Registrations	78.5%
% Pregnant women received \geq 4 ANC checkups to total ANC Regist.	99.1%
% Pregnant women given 180 IFA to Total ANC Registrations	104%
% PW having HB level <11 to total ANC registration	26.9%
% PW having HB level <7 to total ANC registration	3.4%
1.(b) Home Deliveries	
% Deliveries SBA attended home deliveries to total home deliveries	(1476) 39%
% Deliveries attended by non- SBA to total home deliveries	(2312) 61%
% Home deliveries to total reported deliveries	(3788) 15%
1.(c) Institutional Deliveries including C-Section Deliveries	
Total Number of Institutional Deliveries including C-section	21560
% of Institutional Deliveries to total reported deliveries	85%
% women discharge in < 48 hours of delivery to total deliveries (Public)	23%
% of C-Section deliveries to total institutional deliveries	2.3%
1.(d) Post Natal Care/New Born Care	
% 1st post-partum checkup b/w 48 hours & 14 days to total deliveries	26%
% Newborn breast fed within 1 hour of birth to Total Live Birth	98.7%
% Newborn weighed at Birth to Live Birth	99.3%
% Newborn having weight less than 2.5 kg to total weighted	14.2%
2. Child Immunization	
Total live birth	25265
Number of Fully Immunized children (9-11 months)	46118
% Infants received BCG to full immunization	105%
3. Family Planning	
Total Sterilization conducted	-
% Male Sterilization (Vasectomies) to Total sterilization	0.1%
% Female Sterilization (Tubectomies) to Total sterilization	99.9%
4. Mortality Indicators	
Maternal Deaths	10
Infants deaths	82
Child Deaths (1-5 years)	2
Still birth	209

Source: HMIS Standard Report, 2022-23

Table 3: Breakup of resource envelope, NHM FY 2022-23, Uttar Pradesh

Indicators	Amount* (GoI Share)	Percent(GoIshare)	State Share
1.RCH Flexible Pool (a+b)	935.59	12.2%	
(a) RCH Flexible Pool (including RI, IPPI, NIDDCP) cash grant support	675.40	-	
(b) RCH Flexi Pool (Kind grant support under immunization)	260.19	-	
2. HSS under NRHM	2349.67	30.7%	
Other HSS covered under NRHM	1929.74	-	
Ayushman Bharat- HWCs under NRHM	271.37	-	
Additional ASHA Benefit Package including support to ASHA facilitators	148.56	-	
Total NRHM-RCH Flexible Pool	3285.27	42.9	
3.NUHM Flexible Pool	108.65	1.4%	
Other Health System Strengthening covered under NUHM	80.52	-	
Ayushman Bharat- HWCs under NUHM	28.13	-	
4. NDCP Flexible Pool	217.85	2.8%	
NVBDCP (Cash & Kind)	31.09	-	
NTEP (Cash &Kind)	141.93	-	
NVHCP (Cash &Kind)	31.65	-	
NLEP	4.41	-	
IDSP	6.56	-	
NRCP	2.05	-	
Programme for Prevention and Control of Leptospirosis (PPCL)	0.17	-	
5. NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, PCCHH, PMNDP)	107.26	1.4%	
6. Infrastructure Maintenance (Incl. Direction & Administration)	877.93	11.5%	
Total Resource Envelope (1+2+3+4+5)	4596.96		3064.64
Grand Total Resource Envelope (Centre+ State Allocation)	7661.60	100%	

Source: Record of Proceedings (NHM Uttar Pradesh 2022-23), MoHFW

*indicated amount in Crore

Table 4: Budget Allocation and Utilization, NHM FY 2022-23, Hathras District, UP

Flexi-pools	Allotted	Expenditure	%Utilization
RCH and Health Systems Flexipool	4288.6	2872.3	67%
Maternal Health	1118.5	845.8	76%
Child Health	469.9	260.7	55%
RBSK	280.2	227.9	81%
Family Planning	296.9	145.7	49%
RKSK/ Adolescent health	50.6	38.0	75%
PC-PNDT	1.6	0.4	23%
Immunization	241.8	194.5	80%
Untied Fund	241.8	84.0	35%
Comprehensive Primary Healthcare (CPHC)	-	-	-
Blood Services and Disorders	61.0	43.9	72%
Infrastructure	245.5	185.7	76
ASHAs	1047.2	713.5	68
HR	125.4	98.8	79
Programme Management	0.1	0.1	100
MMU	-	-	-
Referral Transport	-	-	-
Procurement	-	-	-
Quality Assurance	108.0	33.2	31
NUHM	315.8	115.5	37
Communicable Diseases Pool	470.6	263.0	56
Integrated Disease Surveillance Programme (IDSP)	24.7	18.9	76
National Vector Borne Disease Control Programme (NVBDCP)	45.0	29.0	65
National Leprosy Eradication Programme (NLEP)	61.9	13.0	21
National TB Elimination Programme (NTEP)	339.0	202.1	60
Non-Communicable Diseases Pool	325.1	171.7	53
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	70.8	54.9	78
National Mental Health Program (NMHP)	69.4	36.6	53
National Programme for Health Care for the Elderly (NPHCE)	43.1	3.0	7
National Tobacco Control Programme (NTCP)	0.0	3.2	-
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	99.1	41.0	41
National Dialysis Programme			
National Program for Climate Change and Human Health (NPCCHH)	4.2	0.0	0
National Oral health programme (NOHP)	20.2	20.7	102
National Rabies Control Programme (NRCP)	7.1	5.0	71
National Programme for Prevention and Control of Deafness (NPPCD)	11.1	7.3	66
Total	5400.06	3422.48	63

Source: CMO Office, Hathras, Uttar Pradesh, 2022-23

Table 5: Status of Human Resources in the Hathras, Uttar Pradesh

Manpower	Uttar Pradesh Government			
	Sanctioned	In place	Vacant	% Vacant
ANM	205	118	87	42%
MPW (Male)	102	9	93	91%
Staff Nurse	139	72	67	48%
Lab technician	41	8	33	80%
Pharmacist (Allopathic)	56	52	4	7%
MO (MBBS)	117	59	58	50%
OBGY	3	0	3	100%
Paediatrician	3	1	2	67%
Anaesthetist	3	1	2	67%
Surgeon	0	0	-	-
Radiologists	0	1	-	-
Other speclist	5	0	5	100%
Dentists/ Dental Surgeon	8	8	0	0%
Dental Technician	1	0	1	100%
Dental Hygienist	7	3	4	57%
Radiographer/ X-ray technician	8	2	6	75%
OT technician	4	4	0	0%
CHO/ MLHP	205	163	42	20%
AYUSH MO	21	19	2	10%
AYUSH Pharmacist	7	5	2	29%

Source: CMO Office (2022-23), Hathras, Uttar Pradesh

Table 6: Details of Frontline health workers, MAS & UHSNC in Hathras

Status of ASHAs/ MAS/VHSNC	(In number)
ASHAs Facilitators	-
ASHAs	
Total working	1228
Required as per population	1258
ASHAs covering more than 1500 rural population	52
ASHAs covering more than 3000 urban population	-
MAS	
Formed	33
Trained	33
Account opened	33

Source: CMO Office, Hathras, Uttar Pradesh, 2022-23

District Level Checklist

Key Correspondence: DPMU

1. District Profile

A.1. Healthcare				
Indicator	Values		Source	
2. Name of the District				
3. Total number of Blocks				
4. Total number of Villages				
5. Total Population				
• Rural population				
• Urban population				
6. Literacy rate				
7. Sex Ratio				
8. Sex ratio at birth				
9. Population Density				
10. Estimated number of deliveries				
11. Estimated number of C-section				
12. Estimated numbers of live births				
13. Estimated number of eligible couples				
14. Estimated number of leprosy cases				
15. Target for public and private sector TB notification for the current year	Public:			
	Private:			
16. Estimated number of cataract surgeries to be conducted				
*Estimated numbers (Sl. No 9-15) to be filled for the financial year 2022-23				
Mortality Indicators:	Financial year (2021-21)		Financial Year (2022-23)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
A.2. Healthcare Infrastructure				
Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Center (DEIC)				
11. First Referral Units (FRU)				
12. Blood Bank				
13. Blood Storage Unit (BSU)				
14. No. of PHC converted to HWC				
15. No. of U-PHC converted to HWC				
16. Number of Sub Centre converted to HWC				
17. Designated Microscopy Center (DMC)				
18. Tuberculosis Units (TUs)				

19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> • At DH • At SDH • At CHC 	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 	_____	_____
A.3 Infrastructure Construction Status Details		
• Details of Construction pending for more than 2 years		
• Details of Construction completed but not handed over		

17. Overview: Submission & approval timelines of DHAP

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

18. Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> • Number of lab tests notified 	
C.2. Status Of Delivery Points	
• No. of SCs conducting >3 deliveries/month	
• No. of 24x7 PHCs conducting > 10 deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
• No. of DH/ District Women and child hospital conducting C-section	
• No. of Medical colleges conducting > 50 deliveries per month	
• No. of Medical colleges conducting C-section	
• Number of institutes with ultrasound facilities (Public+Private)	Public: Private:
• Of these, how many are registered under PCPNDT act	Public: Private:
C.3. National Health Programmes	
3. Pradhan Mantri SurakshitMatritva Abhiyan (PMSMA)	1. No. issued MCP card and Safe Motherhood Booklet: _____ 2. Number of health facilities where current round of PMSMA was conducted: a. Medical College: _____

Indicator	Remarks/ Observation		
	b. DH: _____ c. SDH: _____ d. CHC/UHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____		
4. Rashtriya Bal Suraksha Karyakram (RBSK)	Total no. of RBSK teams sanctioned		
	No. of teams with all HR in-place (full-team)		
	No. of vehicles (on the road) for RBSK team		
	No. of Teams per Block		
	No. of block/s without dedicated teams		
	Average no of children screened per day per team		
	Number of children born in delivery points screened for defects at birth		
5. Special Newborn Care Units (SNCU)	<ul style="list-style-type: none"> • Total number of beds <ul style="list-style-type: none"> • In radiant warmer _____ • Stepdown care _____ • Kangaroo Mother Care (KMC) unit _____ • Number of non-functional radiant warmer for more than a week _____ • Number of non-functional phototherapy unit for more than a week _____ 		
		Inborn	Out born
	• Admissions (2022-23)		
	• Defects at birth		
	• Discharged		
	• Referral		
	• LAMA		
• Died			

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2022-23)		
• Discharged		
• Referral		
• LAMA		
• Died		
7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> • Total Admissions(2022-23) • Discharged • Referral/ Medical transfer • LAMA • Died • Admission <ul style="list-style-type: none"> • Bilateral pitting oedema • MUAC<115 mm • <-3SD WFH • with Diarrhea • ARI/ Pneumonia 	

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

	<ul style="list-style-type: none"> • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month • Avg. no. of sputum collected for TB detection per MMU per month • Average Number of patients referred to higher facilities • Payment pending (if any) <p>If yes, since when and reasons thereof</p>																					
<p>11. Universal health screening</p> <ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 	<ul style="list-style-type: none"> • If conducted, what is the target population • Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:33%;">Screened</th> <th style="width:33%;">Diagnosed</th> <th style="width:33%;">Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated																		
Screened	Diagnosed	Treated																				
<p>12. Integrated Disease Surveillance Programme (IDSP)</p>	<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Y/N • Team Composition: • Outbreaks investigated: <ul style="list-style-type: none"> • 2021-21: • 2022-23: • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP • How is IDSP data utilized? Elaborate. _____ 																					

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

15. Vehicle for Referral Transport

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

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

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

Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2020-21						
2022-23						
				ALS	BLS	
<ul style="list-style-type: none"> ○ Operational agency (State/ NGO/ PPP) ○ If the ambulances are GPS fitted and handled through centralized call centre ○ Average number of calls received per day ○ Average number of trips per ambulance per day ○ Average km travelled per ambulance per day ○ Key reasons for low utilization (if any) 						
<ul style="list-style-type: none"> • No. of transport vehicle/102 vehicle (on the road) <ul style="list-style-type: none"> ○ If the vehicles are GPS fitted and handled through centralized call centre ○ Average number of trips per ambulance per day ○ Average km travelled per ambulance per day ○ Key reasons for low utilization (if any) ○ 						
16. National Fluorosis Control Programme				<ul style="list-style-type: none"> • Key activities performed in 2022-23 as per ROP: 		
17. National Iron Deficiency Disorders Control Programme				<ul style="list-style-type: none"> • Key activities performed in 2022-23 as per ROP: 		
18. National Tobacco Control Programme				<ul style="list-style-type: none"> • Key activities performed in 2022-23 as per ROP: 		
19. National Vector Borne Disease Control Programme (NVBDCP)				<ul style="list-style-type: none"> • Micro plan and macro plan available at district level Y/N • Annual Blood Examination Rate: <ul style="list-style-type: none"> ○ 2019-20: ○ 2020-21: ○ 2022-23: ○ Reason for increase/ decrease (as per the trend of last 3years) • LLIN distribution status • IRS • Anti-larval methods • Contingency plan for epidemic preparedness • Weekly epidemiological and entomological situations are monitored • No. of MDR rounds observed • No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 		
20. National Tuberculosis Elimination Programme (NTEP)				<ul style="list-style-type: none"> • Target TB notification achieved Y/N • Whether HIV Status of all TB patient is known: <ul style="list-style-type: none"> <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status_____ 		

<ul style="list-style-type: none"> Patients notification from public sector (2022-23) Patients notification from private sector (2022-23) 	<ul style="list-style-type: none"> Eligible TB patients with UDST testing Whether drugs for both drug sensitive and drug resistance TB available No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/>No Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/>No
<p>21. Implementation of National Leprosy Eradication Programme (NLEP)</p>	<p>No. of new cases detected</p> <p>No. of G2D cases</p> <p>MDT available without interruption Y/N</p> <p>Reconstructive surgery for G2D cases being conducted Y/N</p> <p>MCR footwear & selfcare kit avlY/N</p>

<p>22. ASHAs</p>	<p>Number of ASHAs</p> <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural) population No. of ASHAs covering more than 3000 (urban) population Villages with no ASHA Slum areas with no ASHA <p>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</p> <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme_____
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<p>23. Mahila Arogya Samitis (MAS)-</p>	<p>Status of Mahila Arogya Samitis (MAS)-</p> <ul style="list-style-type: none"> a. Formed b. Trained c. MAS account opened d. Samiti addresses issues related to.....
<p>24. Village Health Sanitation and Nutrition Committee (VHSNC)</p>	<p>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</p> <ul style="list-style-type: none"> a. Formed: b. Trained: c. MAS account opened:
<p>25. Kayakalp and Quality Assurance</p>	<ul style="list-style-type: none"> • No. of facilities quality certified NQAS..... LaQshya • Status of Kayakalpprogramme- No. of awarded DH CHC PHC SC..... • Activities performed by District Level Quality Assurance Committee (DQAC)
<p>26. Maternal and Child Health</p>	<ul style="list-style-type: none"> • Number of maternal deaths reported at: DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death..... • Number of Maternal Death Review conducted <ul style="list-style-type: none"> • 2020-21: _____ • 2022-23: _____ <hr/> <ul style="list-style-type: none"> • Number of Neonatal Deaths: _____ • Number of Total Child Deaths: _____ <ul style="list-style-type: none"> • Number of Child Death Review conducted <ul style="list-style-type: none"> • 2020-21: _____ • 2022-23: _____

C.4. Healthcare Systems

<p>27. Payment status:</p>	<p>No. of beneficiaries</p>	<p>Backlog</p>	<p>DBT status</p>
<ul style="list-style-type: none"> • JSY beneficiaries 			
<ul style="list-style-type: none"> • ASHA payment: 			
<ul style="list-style-type: none"> ○ A- Routine and recurring at increased rate of Rs. 2000 pm 			
<ul style="list-style-type: none"> ○ B- Incentive under NTEP 			
<ul style="list-style-type: none"> ○ C- Incentives under NLEP 			
<ul style="list-style-type: none"> • Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 			
<ul style="list-style-type: none"> • Patients incentive under NTEP programme 			

<ul style="list-style-type: none"> • Provider’s incentive under NTEP programme • FP compensation/ incentive 				
28. Recruitment for any staff position/ cadre conducted at district level				
29. Details of recruitment	Previous year (2020-21)		Current Year (2022-23)	
	Regular cadre	NHM	Regular cadre	NHM
<ul style="list-style-type: none"> • Total no. of posts vacant at the beginning of FY • Among these, no. of posts filled by state • Among these, no. of posts filled at district level 				
30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				
31. If grievance redressal mechanism in place: Y/N	<ul style="list-style-type: none"> • Whether call center and toll-free number available..... • Percentage of complains resolved out of the total complains registered in current FY..... 			
32. Mera-Aaspatal (Attach MeraAspataal performance report)	<ul style="list-style-type: none"> • Implemented in how many facilities..... DH.....CHC.....PHC • Total Responses collected: • % reported Very Satisfied: • % reported Satisfied: • % reported not satisfied: • Total response for dis-satisfied: Dissatisfied with staff behaviors... Dissatisfied with cleanliness..... Dissatisfied with cost of treatment..... Dissatisfied with quality of treatments..... With other reason 			

19. Implementation of CPHC

Status as on: 31st March, 2022

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

20. Status of HRH

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

21. State of Fund Utilization

FMR Wise (as per ROP budget heads, if available): FY 2022-23

Indicator	Budget Released	Budget utilized	Reason for low utilization
FMR 1: Service Delivery: Facility Based			
FMR 2: Service Delivery: Community Based			
FMR 3: Community Intervention			
FMR 4: Untied grants			
FMR 5: Infrastructure			
FMR 6: Procurement			
FMR 7: Referral Transport			
FMR 8: Human Resource (Service Delivery)			
FMR 9: Training			
FMR 10: Review, Research and Surveillance			
FMR 11: IEC-BCC			
FMR 12: Printing			
FMR 13: Quality			
FMR 14: Drug Warehouse & Logistic			
FMR 15: PPP			
FMR 16: Programme Management			
FMR 17: IT Initiatives for Service Delivery			
FMR 18: Innovations			

Programme Wise

Status of Expenditure (Financial year 2022-23):

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

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

22. Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

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

Service Delivery:

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

Indicator	Remarks/ Observation																																																																					
1. OPD Timing																																																																						
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____																																																																					
3. Number of functional in-patient beds	_____ No of ICU Beds available:																																																																					
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12. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____																																																																																									
13. Kayakalp (for year 2022-23)	Initiated: Facility score: Award received:																																																																																									
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Indicator	Remarks/ Observation
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL_____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
17. Implementation of DVDMS(Drugs & Vaccine Management Distribution System) or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage_____
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests (For 2022-23) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
<ul style="list-style-type: none"> Outsourced/ PPP (For 2022-23) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> ○ Previous year (2020-21) _____ ○ Current FY(2022-23) _____
26. If there is any shortage of major instruments/ equipment(List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
35. Number of Maternal Death reported in the facility	Previous year: (2020-21) Current year: (2022-23)		
36. Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2022-23)		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month	Male: Female:		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescentscounseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in 2021-2022:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		

Indicator	Remarks/ Observation
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____ Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year (2022-23) Fund utilized last year: (2022-23) Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting Last meeting held on (date):	
<ul style="list-style-type: none"> • Availability of ambulance services in the area 	<input type="checkbox"/> Own ambulance available (Number)_____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> • How many cases from CHC, PHC, SC, referred to in last month? 	Number: CHC PHC SC Types of cases referred in:
<ul style="list-style-type: none"> • How many cases were referred out last month? 	Number: Types of cases referred out:
2. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	

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:																																		
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3. OPD Timing																																				
4. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																			
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<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																																			
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13. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th colspan="2">HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="4">Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">SNs/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Dental Assistant/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Dentist					SNs/ GNMs					LTs					Pharmacist					Dental Assistant/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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14. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____																																																																								
15. Kayakalp (2022-23)	Initiated: Facility score: Award received:																																																																								
16. NQAS (2022-23)	Assessment done: Internal/State Facility score: Certification Status:																																																																								
17. LaQshya	Labour Room: Operation Theatre:																																																																								
18. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																								
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																																																								
19. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																																																								
20. Shortage of 5 priority drugs from EDL in last 30 days, if any																																																																									
21. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____																																																																								
22. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed																																																																								
• In-house tests (for 2022-23)	Timing: Total number of tests performed: _____																																																																								

	Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP (for 2022-23) 	Timing: Total number of tests performed: _____ Details of tests performed:
23. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
24. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
25. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
26. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	

34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of Maternal Death reported in the facility	Previous year: 2020-21 ____ Current year: 2022-23 __		
36. Number of Child Death reported in the facility	2020-21: 2022-23:		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Number of sterilizations performed in last one month	Male__ Female_____		
42. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Who counsels on FP services?			
44. Please comment on utilization of other FP services			
45. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
46. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____		
47. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
48. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
49. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
50. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		

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

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

• **Service Delivery:**

Name of facility visited					
Facility Type		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC			
Whether the facility has been converted to HWC		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):			
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Date of Visit					
Next Referral Point		Facility: Distance:			
Indicator		Remarks/ Observation			
1. OPD Timing For U-PHC, check if evening/morning OPD/Clinics being conducted		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
2. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box		Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding			
4. Number of functional in-patient beds					
5. List of Services available					
6. If 24*7 delivery services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
7. Tele-medicine/Consultation services available		<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
8. Biomedical waste management practices		Sharp pit: Deep Burial pit: Other System, if any:			
9. Details of HR available in the facility (Sanctioned and In-place)		HR	San.	Reg.	Cont.
		MO (MBBS)			
		MO (AYUSH)			
		SNs/ GNMs			
		ANM			
		LTs			
		Pharmacist			
		Public Health Manager (NUHM)			
		LHV/PHN			
		Others			
10. IT Services		<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • All ANMs have functional Tablets: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 			

	<ul style="list-style-type: none"> Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____
11. Kayakalp (2022-23)	Initiated: Facility score: Award received:
12. NQAS(2022-23)	Assessment done: Internal/State Facility score: Certification Status:
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	
16. Drugs Available for Hypertension & Diabetic patients:	
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests For 2022-23 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP For 2022-23 	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are	

nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year:2020-2021 Current FY:2021-2022
33. Number of Child Death reported in the facility	Previous year: Current year:
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of newborns immunized with birth dose at the facility in last 3 months	
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
37. Number of sterilizations performed in last one month	Male Female
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Who counsels on FP services?	

40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:	Screened	Confirmed	
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency: _____		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____			
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance: _____		
51. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Fund Received last year: Fund utilized last year: _____		

52. How much fund was received and utilized by the facility under NHM?	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
53. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number_____
	<input type="checkbox"/> PHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
• How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:
• How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter_____
	Type of specialties provided during special outreach camps: _____

Sub-Centre (SC)Level Checklist

Service Delivery

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

Indicator	Remarks/ Observation																								
1. List of Services available																									
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #cccccc;">HR</th> <th style="background-color: #cccccc;">San.</th> <th style="background-color: #cccccc;">Reg.</th> <th style="background-color: #cccccc;">Cont.</th> </tr> </thead> <tbody> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASHA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____																								
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																								
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No																								
8. Shortage of 5 priority drugs from EDL in last 30 days, if any																									
9. Drugs Available for Hypertension & Diabetic patients:																									
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days																									

Indicator	Remarks/ Observation		
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____		
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
15. Number of Maternal Death Review conducted	Previous year:2020-21 Current year:2022-23		
16. Number of Child Death Review conducted	Previous year: Current year:		
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:	Screened		Confirmed
	a. Hypertension		
	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)		

Indicator	Remarks/ Observation															
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:															
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:															
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No															
33. Status of Tuberculosis in the area:	<table border="1"> <thead> <tr> <th>Indicators</th> <th>2020-21</th> <th>2022-23</th> </tr> </thead> <tbody> <tr> <td>Number of presumptive TB patients identified:</td> <td></td> <td></td> </tr> <tr> <td>Number of presumptive TB patients referred for testing</td> <td></td> <td></td> </tr> <tr> <td>Number of TB patients diagnosed out of the presumptive patients referred</td> <td></td> <td></td> </tr> <tr> <td>Number of TB patients taking treatment under the Sub centre area</td> <td></td> <td></td> </tr> </tbody> </table>	Indicators	2020-21	2022-23	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		
	Indicators	2020-21	2022-23													
	Number of presumptive TB patients identified:															
	Number of presumptive TB patients referred for testing															
Number of TB patients diagnosed out of the presumptive patients referred																
Number of TB patients taking treatment under the Sub centre area																
34. ASHA Interaction																
<ul style="list-style-type: none"> • Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) 																
<ul style="list-style-type: none"> • Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) 																
<ul style="list-style-type: none"> • ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> ○ Average delay 																
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																
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No															
39. Maintenance of records on	<ul style="list-style-type: none"> • TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 															
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year:															
	Fund utilized last year:															
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:															
	Reasons for underutilization of fund (if any)															
41. Availability of ambulance services in the area																
<ul style="list-style-type: none"> • How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:															
42. Key challenges in the facility and the root causes																
Challenge	Root causes															
a)																
b)																

