



Ministry of Health & Family Welfare  
Government of India



A Report on  
**MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IN  
KANNAUJ DISTRICT, UTTAR PRADESH**



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# ACRONYMS & ABBREVIATIONS

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<b>ANC</b>	Ante Natal Care	<b>MDR</b>	Maternal Death Review
<b>ANM</b>	Auxiliary Nurse Midwife	<b>MMU</b>	Mobile Medical Unit
<b>AYUSH</b>	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	<b>MoHFW</b>	Ministry of Health and Family Welfare
<b>BEMOC</b>	Basic Emergency Obstetric Care	<b>MOIC</b>	Medical Officer In- Charge
<b>BMW</b>	Biomedical waste	<b>NBCC</b>	New Born Care Corner
<b>BSU</b>	Blood Storage Unit	<b>NBSU</b>	New Born Stabilization Unit
<b>CMO</b>	Chief District Medical Officer	<b>NSSK</b>	Navjat Shishu Suraksha Karyakram
<b>CHC</b>	Community Health Centre	<b>NSV</b>	No Scalpel Vasectomy
<b>DH</b>	District Hospital	<b>OCP</b>	Oral Contraceptive Pill
<b>DMPA</b>	Depot Medroxyprogesterone Acetate	<b>OPD</b>	Out Patient Department
<b>DPM</b>	District Programme Manager	<b>OPV</b>	Oral Polio Vaccines
<b>ECG</b>	Electrocardiography	<b>PIP</b>	Programme Implementation Plan
<b>EMOC</b>	Emergency Obstetric Care	<b>PNC</b>	Post Natal Care
<b>FRU</b>	First Referral Unit	<b>PPP</b>	Public Private Partnership
<b>HMIS</b>	Health Management Information System	<b>PRC</b>	Population Research Centre
<b>IEC</b>	Information, Education and Communication	<b>RBSK</b>	Rashtriya Bal Suraksha Karyakram
<b>IMEP</b>	Infection Management and Environment Plan	<b>RCH</b>	Reproductive Child Health
<b>IPD</b>	In Patient Department	<b>RKS</b>	Rogi Kalyan Samiti
<b>IUCD</b>	Intra Uterine Contraceptive Device	<b>RPR</b>	Rapid Plasma Reagin
<b>IYCF</b>	Infant and Young Child Feeding	<b>SBA</b>	Skilled Birth Attendant
<b>JSSK</b>	Janani Shishu Suraksha Karyakram	<b>SKS</b>	Swasthya Kalyan Samiti
<b>JSY</b>	Janani Suraksha Yojana	<b>SN</b>	Staff Nurse
<b>LHV</b>	Lady Health Visitor	<b>SNCU</b>	Special New Born Care Unit
<b>LSAS</b>	Life Saving Anaesthetic Skill	<b>TFR</b>	Total Fertility Rate
<b>LT</b>	Laboratory Technician	<b>TT</b>	Tetanus Toxoid
<b>M&amp;E</b>	Monitoring and Evaluation	<b>VHND</b>	Village Health and Nutrition Day
<b>MCTS</b>	Mother and Child Tracking System		

# EXECUTIVE SUMMARY

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The National Health Mission 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. This PIP visit focuses on quality monitoring of important components of NHM. Here, Population Research Centre (PRC), Delhi was expected to observe and comment on the status of the key areas mentioned in the Records of Proceedings (RoPs). The PRC, Delhi team undertook desk review of PIP document and used semi-structured interview schedules and observations checklist for the field study.

The following public health care facilities were visited by the PRC-IEG Team:

- *District Maternal and Child Hospital, Kannauj*
- *CHC Kannauj,*
- *CHC Saurikh,*
- *U-PHC-HWC, Mausampur, Kannauj,*
- *PHC, Madhi and*
- *SC-HWC Sharifpur*

The report therefore summarises the status of Public Health Care in Kannauj, Uttar Pradesh during the financial year 2020-21 with regards to NHM and its components namely Maternal Health, Child Health, Family Planning, etc. The key gaps observed during the PRC, Delhi's team discussed below with regards to service delivery, infrastructure, RMNCH+A, Child Health, Quality, etc., are discussed below:

## KEY CHALLENGES

During PIP visit and interaction with NHM officials following are the gaps identified in health service delivery noted in Kannauj district

- During Interaction with health officials, it has been highlighted that there is huge shortage of specialist doctors and gynaecologists, particularly at district hospital.
- In most of the facilities visited the hygiene and sanitation facilities were not up to the mark.
- In U-CHC, Kannauj it was observed that the post-delivery diet under JSSK scheme is not being provided at facilities post COVID-19. The MOIC highlighted that due to reduced delivery load it is not feasible to manage diet for few beneficiaries. However, this has critical implications for programme implementation and might affect the institutional delivery and nutrition level of women.

- At few facilities the key officer's posts are vacant, in such cases the facilities are not being accessed by community members. Further, in absence of medical officer these facilities are not able to provide services which they should provide according to norms.
- The SNCU is very over-burdened in the district. During interaction health officials highlighted that many times they have to keep two new borns on single bed.
- During visit it has been observed that delivery is not happening at most of primary level facilities in the district. The designated delivery point at primary level can help in reducing burden of district hospital and can make institutional deliveries more accessible to women.
- During visit PIP team observed that at SC and PHCs there is no boundary wall, due to which animals come inside the facility territory. Further, during rainy season the problem of water logging has been reported by all PHCs and SCs visited by team.
- There are many sub-centres in the district converted into health and wellness centres, however many of them are not functioning as same. During facility visit, it have been reported that CHOs are required at these facilities to organising activities under HWC guidelines.
- IEC/BCC activities have generated awareness regarding various aspects of health, till the grass-root level. Population is now especially aware of the various entitlements under NHM and avail them time-to-time.

## RECOMMENDATIONS

- The issues of lack of infrastructure at primary level facilities have been highlighted by officials. During visit it has been observed that physical space available at facilities have not utilised properly. Further, the cleanliness were also not up to mark. It is recommended that the facilities should be properly organised and hygienic situation should be maintained inside facility premises
- There should be more designated delivery points at primary level to share delivery load of CHC and district hospital. During visit it has been observed that at PHCs and SC there is good infrastructure available for conducting deliveries. Furthermore, at sub-centre ANM reported that due to her engagement in covid-19 vaccination duty, the delivery of other services has affected, as many days facility remains close due to unavailability of staff.

- The prevalence of vector borne diseases i.e. dengue, malaria is very high in the district. The preventive measures taking before the season and intuitional preparedness before surge of such cases can prevent deaths happening due to dengue in the district.
- It should be noted that during pandemic management, routine health services should not hampered. The facilities which already facing HR crunch, the staff diversion in COVID-19 duty leading to vacuum at primary health level.
- The guidelines concerning the filling up of vacant positions must be issued and the positions must be filled. Specifically, attempts must be made to appoint a gynaecologist in the district. Lack of doctors in the facilities discourage community to avail public health facilities. Further, this also bring a trust gap among community regarding public health facilities.
- In some facilities JSSK diet is not being provided to beneficiaries. Seeing the implication of pandemic economic crisis, this might have huge implications on women health. Further, this could also discourage women for institutional deliveries.

# **1. BACKGROUND AND OBJECTIVES**

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## 1.1 About National Health Mission (NHM)

National Health Mission was first launched in April 12, 2005 as National Rural Health Mission to address the health needs of rural population. Under mission many unique practices were encouraged like innovations in healthcare delivery practices, flexible financing to the states with strengthened monitoring and evaluation component for better health outcomes and health indicators of the states.

The vision of the NHM is the “Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health”. NHM focuses on decentralized health planning, service delivery, creating knowledge hubs within district hospitals, strengthening secondary level care at district hospitals, expanding outreach services, improving community processes and behavior change communication, human resources development, public health management, and health management information systems.

A key outcome of NHM is to reduce Out of Pocket expenditures. Health outcomes, output and process indicators are monitored through large scale surveys conducted periodically with evaluations, use of HMIS data, and periodic reviews done. The main aim is to create a fully functional, decentralized and community owned system with greater inter- sectoral coordination so that wider social determinant factors affecting health of people like water, sanitation, nutrition, gender and education are also equally addressed.

## 1.2 PIP-NHM

A state PIP is a comprehensive document comprising of situation analysis, Goals and strategies and corresponding costs. States prepare Program Implementation Plans (PIPs) on an annual basis which goes through a formal process of appraisal each year by MoHFW and with subsequent approval, the states commence implementation. A holistic reporting of commitments made in the State PIP, forms an essential component of Monitoring and Evaluation of NHM progress.

The strength of the monitoring and evaluation systems for various national health programmes is integral to its strengthening. PRC, Delhi has time and again provided a continuous flow of good quality information on inputs, outputs and outcome indicators which are deemed essential for monitoring the progress of NHM at closer intervals.

This PIP monitoring report concerns the district of Kannauj in Uttar Pradesh. The report provides a review of key population, socio-economic, health and service delivery indicators of the Kannauj District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, ARSH, bio-medical waste management, referral transport, ASHA scheme, communicable, non-communicable diseases and status of HMIS and MCTS. The finding in the report is based on the interaction with CM & HO, District Health Officials, ANM and beneficiaries.

### 1.3 Objectives

Below are the key objectives of this PIP monitoring and evaluation:

- a) To monitor the status of infrastructure of public health facilities under NHM Programme.
- b) To understand the availability and efficiency of human resource.
- c) To analyse implementation and performance of different schemes (RMNCH+A) under NHM.
- d) To analyse other important components namely service delivery, record maintenance, biomedical waste management, referral transports system, IEC material, disease control programme etc.
- e) To assess availability of finance for the NHM activities in the district.

### 1.4 Methodology

The report is based on Primary data collected from health facility visits as well as secondary data collected from DPM and CMO office as well as information collected from HMIS Web Portal for Kannauj district, 2020-21. Structure interview schedules were used for nodal officers and health facilities.

The assessment is based on observations made and information collected during:

- a) Round table meeting with CMO, DPM and other Nodal officers and NHM staff
- b) Visits to health facilities
- c) Beneficiary interactions

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Kannauj was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The DPM further elaborated the plan of visit to the health facilities.

The report is based on both qualitative and quantitative survey. Before visiting the field, a structured questionnaire (Appendix) prepared on various important aspects of NHM activities, were sent to the respective facilities and nodal officers. Further on the visit the questionnaire was cross checked and discussed in detail. After a valuable discussion with the CM & HO and DPM few selected facilities were visited for monitoring purpose. The healthcare facilities visited are listed as below

*FIGURE 1.1 LIST OF FACILITIES VISITED DURING PIP VISIT IN KANNAUJ, UTTAR PRADESH*

District Women and Child Hospital, Kannauj
Urban Community Health Centre, Kannauj
Urban Primary Health Centre-Health and Wellness Centre, Mausampur
Community Health Centre, Saurikh
Primary Health Centre, Madi
Sub-Centre- Health and Wellness Centre, Sharifpur

## **2. DISTRICT PROFILE**

# **KANNAUJ, UTTAR PRADESH**

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## 2.1 ADMINISTRATIVE PROFILE

Kannauj district was carved out of the erstwhile Farrukhabad district on September 18, 1997. The district is situated in Kanpur Division its North borders touches Farrukhabad District, at its east Hardoi District is situated, Kanpur dehat is at its south east border while western and southern borders touches District Mainpuri and Etawah respectively whole district is divided in to three tehsils and eight development blocks. It is almost rectangular shaped district. Ganga is the main river of the district at the North East border of the district, Kali and Ishan rivers are in other parts of the District. Kali rivers at the northern border of the district while Ishan flows in between the District. Average rain fall of the District is approximately 80cm. The climate of the district is characterized by a hot dry summer and a pleasant cold season.

FIGURE 2.1. MAP- KANNAUJ DISTRICT, UTTAR PRADESH



Note: Map not to scale.

## 2.2 Demographic Profile

According to Census 2011, Uttar Pradesh has population of 19.9 Crores out of which of which 10,44,80,510 male and female are 9,53,31,831. Kannauj district ranks 58<sup>th</sup> in terms of population with population density of 792 person per sq. Km, which is less than state's population density. The district is famous for its historical significant during ancient period and Itra industry. Kannauj district ranks 52<sup>nd</sup> in terms of sex ratio (879) in state, which is lower than the state's sex ratio (912). The district stands 14<sup>th</sup> in terms of literacy rate. The total litareacy rate is 72.7 which is higher than state literacy rate (67.7 percent). However there is stark variation between male (80.9) and female (63.3) literacy rate.

TABLE 2.0.1 SOCIO-DEMOGRAPHIC PROFILE OF KANNAUJ & UTTAR PRADESH

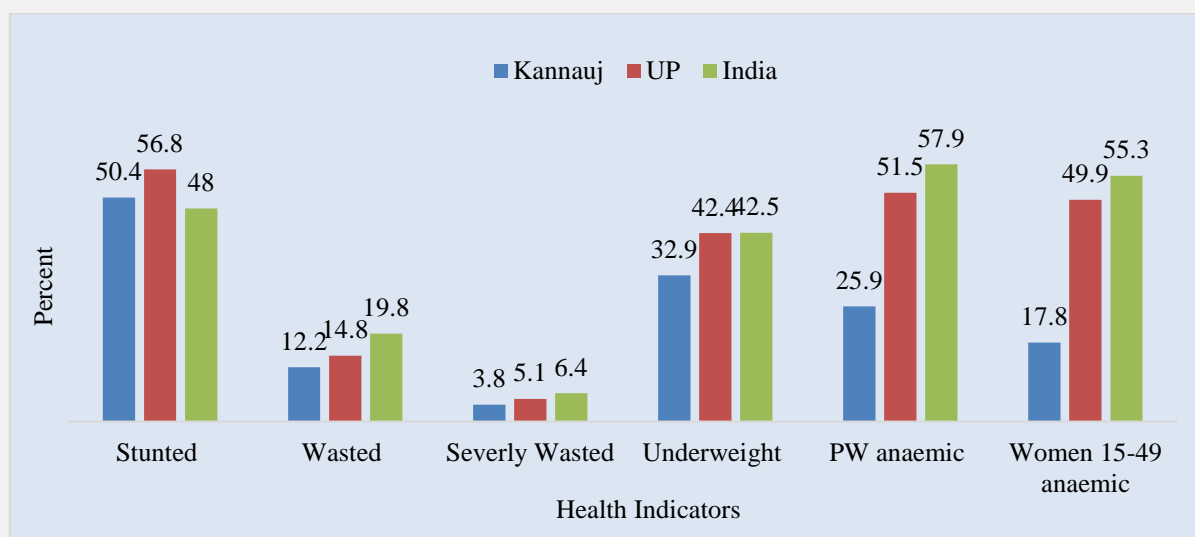
S.No.	Indicators	Uttar Pradesh	Kannauj
i.	Actual Population	19,98,12,341	16,56,616
ii.	Male	10,44,80,510	8,81,776
iii.	Female	9,53,31,831	7,74,840
iv.	Total Child Population (0-6)	3,07,91,331	2,57,682
v.	Male Population (0-6)	1,61,85,581	1,35,758
vi.	Female Population (0-6)	1,46,05,750	1,21,924
vii.	Schedule Castes	4,13,57,608	3,09,980
viii.	Scheduled Tribes	11,34,273	15
ix.	Population Growth	20.2	19.3
x.	Density/km <sup>2</sup>	829	792
xi.	Sex Ratio	912	879
xii.	Child Sex Ratio	902	898
xiii.	Average Literacy	67.7	72.7
xiv.	Male Literacy	77.3	80.9
xv.	Female Literacy	57.2	63.3

Source: Census of India, 2011

## 2.3 Health Profile

Moving towards the health indicators, it is evident from fig 2.2 that 25.9 percent pregnant women in Kannauj are anaemic, however this percentage is relatively lower than state and country's average. There is big share of stunted children in Kannauj district, which stands 50.4 percent. Further, 32.9 percent children in district are underweight according to data released by NFHS-4. The percentage of severely wasted and wasted is children is 12.2 percent and 3.8 percent, respectively.

FIGURE 2.2 HEALTH STATUS OF POPULATION (%), KANNAUJ, UTTAR PRADESH, NFHS-4



SOURCE: FACT SHEET, KANNAUJ, NFHS-4

## 2.4 HMIS Service Delivery Indicators

Table 2.2 provides a brief health profile of the district as reported by through the Health Management Information System (HMIS) portal. As reported by the portal about 55.97 per cent women who registered for ANC received 4 or more check-ups. The distribution of IFA tablets is at 93.12 per cent which is almost equal to state average. In Uttar Pradesh out of all deliveries 10 per cent are home delivery, whereas this percent (7.10) is slightly lower in Kannauj district. Out of all home deliveries 5.7 percent are SBA attended home deliveries in the districts. In the district 93 percent deliveries conducted at health facility which is 2 percent higher than state percentage. However, only 67 percent deliveries in the district conducted at the public health facility. Opposed to ANC registration only 66 percent women have delivered baby in health institution in Kannauj district, however this percentage is lower for state. Overall, in Uttar Pradesh about 65 per cent women are discharged in less than 48 hours, however this number is quite high in Kannauj district at 94.94 per cent. Percentage of C-section deliveries conducted in the district is very low at 4.6 per cent, which is almost 10 per cent in the state. In the state more C-sections are conducted across private facilities than public facilities. However, in Kannauj district 12 percent c-section deliveries conducted at private health facility. Percentage of women getting post-natal check-up after 48 hours and before 14 days is at 47.0497 per cent which is 40 percent for state. Newborns breastfed within 1 hour of birth is 92.90 per cent, slightly lower than the state average of 94.38 per cent. About 95.39 per cent new-borns were weighed at birth in the district.

TABLE 2.0.2 HEALTH CARE SERVICE DELIVERY INDICATORS IN KANNAUJ DISTRICT, 2020-21

	Uttar Pradesh	Kannauj
Total number of Pregnant women registered for ANC	5923697	49784
% 1st trimester registration to total ANC registrations	61.85	55.97
% Of Pregnant women who received 4 or more check-ups to total ANC registrations	77.15	68.33
% Of Pregnant women given 180 IFA to total ANC registration	92.64	93.12
<i>Delivery Care</i>		
Number of Home Deliveries	383208	2521
% Home delivery to total reported deliveries	10.67	7.1
% SBA attended home deliveries to total reported Home Deliveries	12.6	5.71
<i>Institutional Deliveries</i>		
Institutional deliveries (public inst. + Pvt inst.)	3,408,873	32967
% Institutional deliveries to total reported deliveries	90	92.89
% Deliveries conducted at public institutions to total institutional deliveries	71.32	66.9
% Deliveries conducted at Private institutions to total institutional deliveries	28.68	33.09
% Institutional deliveries to total ANC registrations	57.55	66.22
% Women discharged in less than 48 hours of delivery to Total Reported Deliveries at public institutions	65.57	94.94
<i>C-section and Completed Deliveries (Public and Private Facilities)</i>		
% C-section deliveries (public + private) to reported institutional (public+ private) deliveries	9.28	4.6
% C-section deliveries conducted at private facilities to deliveries conducted at private facilities	22.55	12.26
<i>Post-Natal Care</i>		
% New-born's breast fed within 1 hour of birth to total live birth	94.38	92.9
% new-borns weighed at birth to live birth	96.33	95.39
Number of fully immunized children (9-11 months)	4,795,891	37364
Number of cases of Pneumonia (0-5 years)	41,716	31
Number of cases of Diarrhoea (0-5 years)	174,409	437
% Infants received BCG to reported live birth	97.28	98.28
<i>Family Planning</i>		
Total Sterilizations conducted	257595	577
% Male Sterilizations to total sterilizations	0.73	0.52
% Female Sterilizations to total sterilizations	99.28	99.48
% IUCD insertions to all family planning methods (IUCD plus permanent)	1.92	1.48
Number of beneficiaries given 4 or more than 4 doses of Injectable (Antara program)	50308	193
<i>Facility Service Delivery</i>		
IPD	4887356	27077
OPD (Allopathy +AYUSH)	63684633	513659
% AYUSH OPD to Total OPD	12.04	14.63
% IPD to OPD	7.67	5.27

Source: HMIS Standard Report, 2020-21

As far as child health is concerned Diarrhoea is prevalent among children under the age of 5. Out of all sterilization 99.48 percent are female sterilization in district as well as in state. Out of all family planning methods 1.48 percent women opted for IUCD insertion in district. This could be because of the side-effects of excessive bleeding or amenorrhoea as reported by ANMs and ASHAs. Male sterilisation is almost negligible in the district. It should be noted that the AYUSH OPD is about 14 per cent in district which means that the alternate systems of medicine are gaining much popularity among the people.

## **2.5 State Resource Envelope and District Health Action Plan (DHAP)**

It may be noted that the Uttar Pradesh had proposed a total of Rs.9804.72 Crore for NHM and Rs.339.3 Crore for NUHM. The state received approvals of Rs.8472.75 Crore for NHM and Rs.318.69 Crore for NUHM. Thus, 86.4% of the proposed budget under NHM and 93.9% of the budget under NUHM is approved by the National Program Coordination Committee. The state has received the full proposed amount of Rs.877.9 Crore for infrastructure maintenance during 2020-21. Similarly, the state also proposed and received immunization kind grants of 247.8 Crore.

For the financial year (FY) 2020-21, against a resource envelope of 6535.24 Crore (calculated assuming state share of 40%), Uttar Pradesh received administrative approval for an amount of Rs.9917.16 Crore. The resource envelope for FY 2020-21 consists of union government's support of Rs.2505.70 Crore for flexible pool allocation including cash and kind, Rs.536.91 Crore for incentive pool based on last year's performance and Rs. 877.93 Crore for infrastructure maintenance. The total support from Government of India is Rs. 3920.54 Crore whereas the state share of 40% works out to be Rs.2613.70 Crore.

The breakup of the total resource envelope shows that Rs.808.55 Crore is allocated for RCH Flexible Pool (including RI, IPPI, NIDDCP), Rs.1854.58 is allocated for Health System Strengthening (HSS) under NHM. Thus the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs.2663.13. the GOI contribution toward NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is Rs.98.37 Crore, Rs.178.96 Crore and Rs.102.15 Crore, respectively. Within NDCP Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, over one-fifth of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance (including Direction and Administration).

TABLE 2.3 BREAKUP OF RESOURCE ENVELOPE, NHM FY 2020-21, UTTAR PRADESH

S.No.	Particulars	Amount (GoI Share)	Percent (GOI Share)	State share
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	808.55	20.60%	2613.7
1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	560.75	-	
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	247.8	-	
2	Health System Strengthening (HSS) under NRHM	1854.58	47.30%	
2(i)	Other Health system Strengthening covered under NRHM	1499.78	-	
2(ii)	Comprehensive Primary Health Care under HSS	213.31	-	
2(iii)	Additional ASHA Benefit Package including support to ASHA ) facilitators	141.49	-	
	Total NRHM-RCH Flexible Pool	2663.13	-	
3	NUHM Flexible Pool	98.37	2.50%	
3(i)	Other Health System Strengthening covered under NUHM	71.58	-	
3(ii)	Comprehensive Primary Health Care under NUHM	26.79	-	
4	NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP)	178.96	4.60%	
4(i)	NVBDCP (Cash & Kind)	35.59	-	
4(ii)	RNTCP (Cash & Kind)	122.88	-	
4(iii)	) NVHCP (Cash & Kind)	10.38	-	
4(iv)	) NLEP	4.2	-	
4(v)	IDSP	5.91	-	
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	102.15	2.60%	
6	Infrastructure Maintenance (including Direction and Administration)	877.93	22.40%	
	Total Resource Envelope	3920.54	100%	2613.7
	Grand Total Resource Envelope (Central Allocation + State Share)	6534.24		

Source: Record of Proceedings (NHM Uttar Pradesh 2020-21), MoHFW

## **3. PUBLIC HEALTH PLANNING**

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### 3.1 STATUS OF SERVICE DELIVERY

This section will highlight the status of service delivery in the Kannauj district based on field observations and data received from field visit. The important component of service delivery which have been taken into consideration are infrastructure, human resource and for capacity building various trainings are being provided to the health personnel and front line workers so that they are properly trained.

### 3.2 HEALTH INFRASTRUCTURE

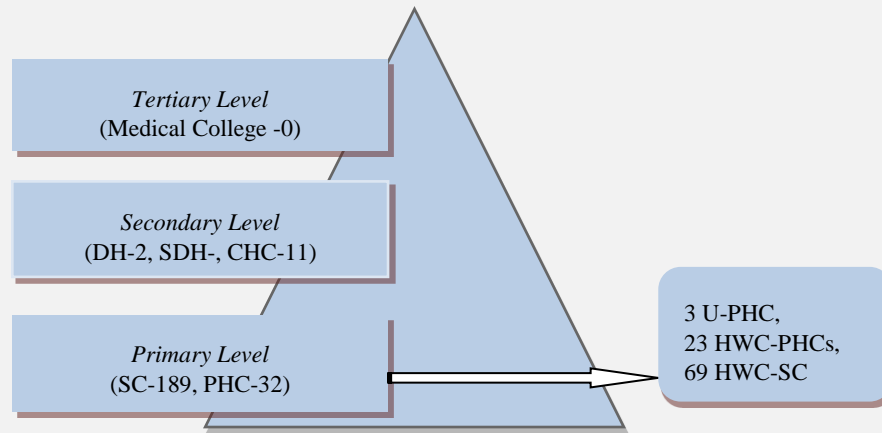
According to Indian Public Health Standards (IPHS), healthcare infrastructure in India comprise of three main levels i.e. primary, secondary and tertiary healthcare. At primary level are *sub-centres* and *primary health centres (PHCs)*. A *sub-centre* is designed to serve rural area with population of 5000 people (or 3000 in a remote, dangerous location). *Sub-centres* also works as point to raise awareness among population and focus on preventive measures. Few *sub-centres* also function as designated delivery point.

A Community Health Centre is also funded by state governments and accepts patients referred from Primary Health Centres. It serves 120,000 people in urban areas or 80,000 people in remote areas. Patients from these agencies can be transferred to general hospitals for further treatments. Thus, CHC's are also first referral units, or FRUs, which are required to have obstetric care, new born/childcare, and blood storage capacities at all hours every day of the week.

District Hospitals are the final referral centres for the primary and secondary levels of the public health system. It is expected that at least one hospital is in each district of India. There are normally anywhere between 75 and 500 beds, depending on population demand.

Looking at the distribution of all three levels of health facilities in Kannauj, at tertiary level there are two medical colleges available (see fig). Further, at secondary level in Kannauj city there are total 11 CHCs in all blocks. At primary level there is 32 PHCs, out of which 3 are Urban PHCs. Currently there are total 189 sub-centres are there, out of which 69 SCs are HWCs converted. Looking at the district specific distribution there are very less health and wellness centres.

FIGURE 3.1 NUMBER OF FACILITIES AT PRIMARY, SECONDARY AND TERTIARY LEVEL IN KANNAUJ



SOURCE: DPM UNIT, KANNAUJ, UTTAR PRADESH

As presented in table 3.1, in Kannauj district, there is only 1 nutrition rehabilitation centre available at district hospital and one district early intervention centre is available in entire district. There is one blood bank at District hospital. As reported during PIP visit, in district there are total 17 designated microscopy centres, 10 tuberculosis units and 1/3 CBNAAT/TruNaat sites are available. As far as concern about comprehensive abortion care services, the service is only available at district hospital for first trimester and 2<sup>nd</sup> trimester comprehensive abortion care services. In entire district there are only one *SNCU*. It is reported during visit that *SNCU* is often overburdened with outborn and inborn children at district hospital. Furthermore, there is only one *nutritional rehabilitation centre* at district hospital. The undernourished referred from all over the district get admission there.

There are total 64 designated delivery points in entire Kannauj districts as reported by DPM unit out of which only 32 sub-centres at primary level. In entire district no PHC is conducting delivery at 24\*7. Only 7 CHCs in district conducting delivery. Further, It is highlighted during field reporting that there are less delivery points at primary level, due to which most of delivery load catered by CHCs and DH Kannauj. For c-section deliveries there are only two designated point's district hospital and sub-district hospital. Further, there are total 23 ultra-sound facilities in district including both public and private hospitals.

TABLE 3.1 FACILITY DETAILS, KANNAUJ DISTRICT

<i>Facility Details</i>	<i>Sanctioned/ Planned</i>	<i>Operational</i>
District Hospitals	2	2
Sub District Hospital	0	0
Community Health Centers (CHC)	11	11
Primary Health Centers (PHC)	32	32
Sub Centers (SC)	189	189
Urban Primary Health Centers (U-PHC)	3	3
Urban Community Health Centers (U-CHC)	0	0
Special Newborn Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)	1	1
District Early intervention Center (DEIC)	0	0
First Referral Units (FRU)	2	2
Blood Bank	1	1
Blood Storage Unit (BSU)	1	1
No. of PHC converted to HWC	23	23
No. of U-PHC converted to HWC	3	3
Number of Sub Centre converted to HWC	98	69
Designated Microscopy Center (DMC)	19	17
Tuberculosis Units (TUs)	10	9
CBNAAT/TruNat Sites	2 /3	2 / 3
Drug Resistant TB Centres	1	1
Functional Non-Communicable Diseases (NCD) clinic		
· At DH	1	1
· At SDH		
· At CHC	11	5
Institutions providing Comprehensive Abortion Care (CAC) services		
· Total no. of facilities	1	1
· Providing 1st trimester services	1	1
· Providing both 1st & 2nd trimester services	1	1

SOURCE: DPM UNIT, KANNAUJ, UTTAR PRADESH

### 3.3 REFERRAL TRANSPORT FACILITY

As reported from DPM unit, there are total 24 referral vehicles available in Kannauj district, all are equipped with basic life support (BLS) only. There are 4 referral vehicles with advance life support in the district. The average number of calls received for BLS referral are 110 per day and average distance travelled by ambulance per day is 200 km. Likewise, the average number of calls received for ALS are 8 and average number of trips made by ambulance are 4 per day.

TABLE 3.2 DETAILS OF REFERRAL TRANSPORT IN KANNAUJ DISTRICT

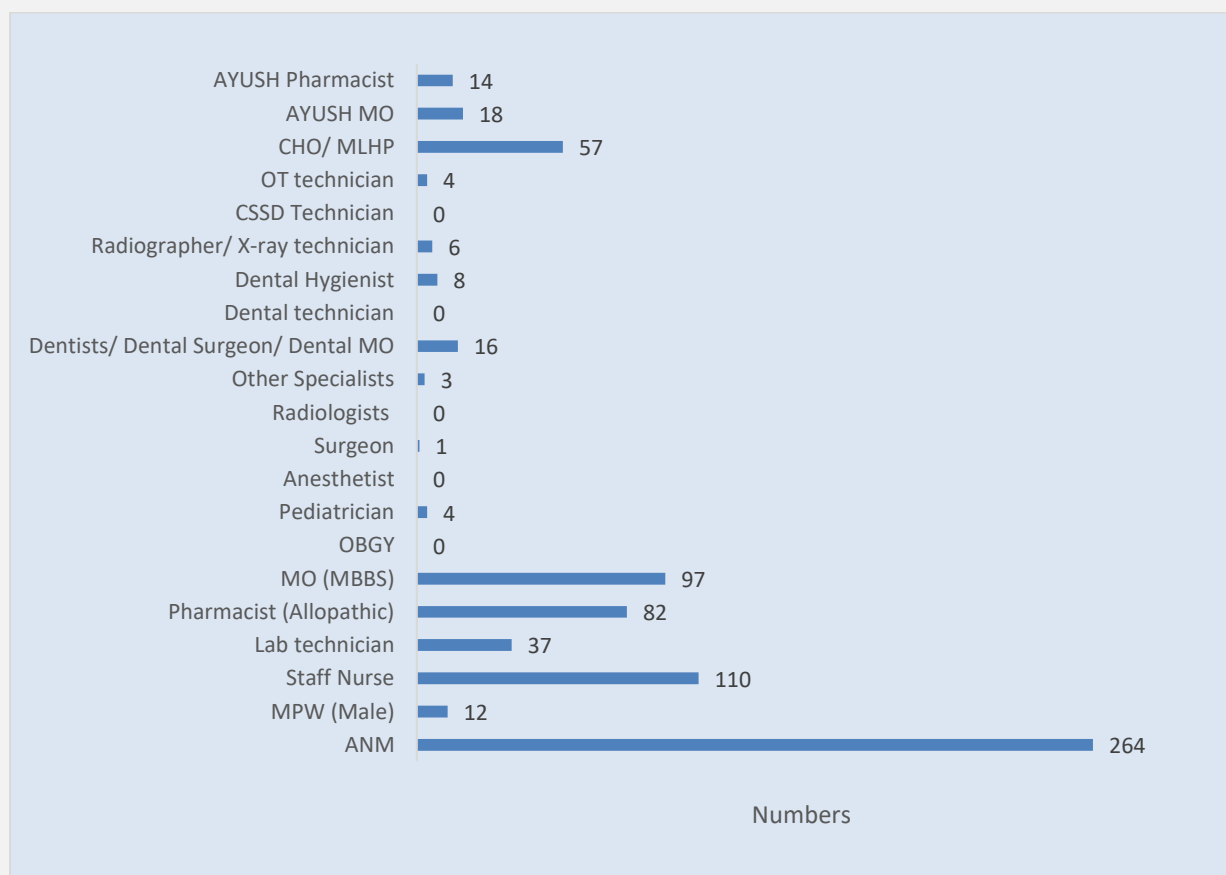
<i>Vehicle for Referral Transport</i>		
No. of Basic Life Support (BLS) (on the road) and their distribution		24
No. of Advanced Life Support (ALS) (on the road) and their distribution		4
Operational agency (State/ NGO/ PPP)	<b>BLS</b> NGO	<b>ALS</b> NGO
If the ambulances are GPS fitted and handled through centralized call centre	YES	Yes
Average number of calls received per day	110	8
Average number of trips per ambulance per day	11.5	4.5
Average km travelled per ambulance per day	200	150

SOURCE: DPM UNIT, KANNAUJ, UTTAR PRADESH

### 3.4 AVAILABILITY OF HUMAN RESOURCE

Discussion with DPMs and other health officials unanimously cited manpower crunch as a significant limiting factor affecting the effective implementation of NHM in the district. There is huge shortage of Medical officers in the district. Further, in entire district Obstetric and gynaecologist urgently need to be posted. In general the district suffer with huge crunch of specialists.

FIGURE 3.2 AVAILABLE OF HUMAN RESOURCE IN THE DISTRICT



Source: Source: DPM Unit, Kannauj, Uttar Pradesh

### 3.5 Budget Utilization

Budget utilisation under NHM is to operationalize an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. The percentage of the budget utilisation is shown as per the Financial Management Report (FMR). As per the given records it can be observed that, the maximum number of FMR being done on procurement (93.8 %) followed by quality maintenance (%), referral transport (80.99 %), review, research and surveillance (78 %). The least fund were utilized for training, which is 61 percent. The spread of COVID-19 has been cited as main reason behind underutilization of funds.

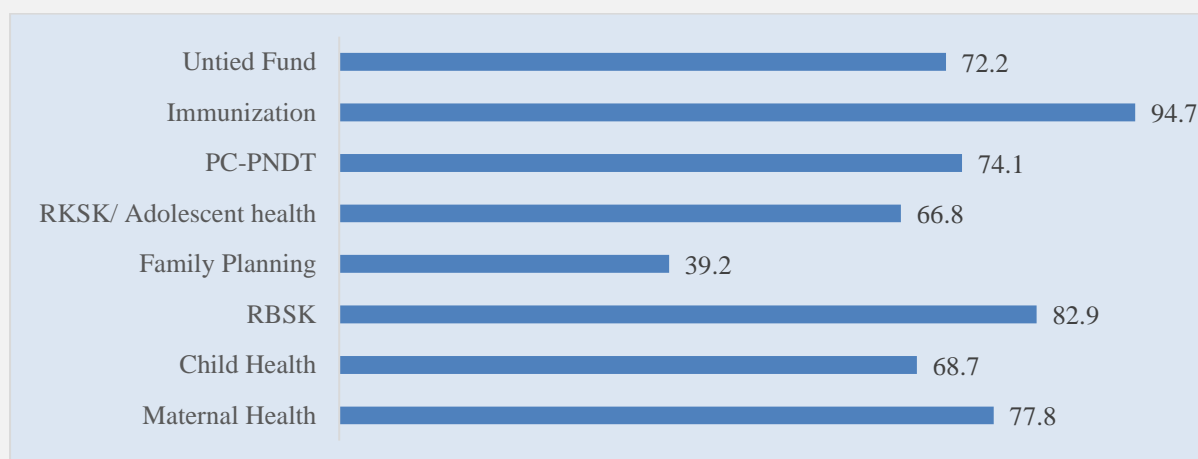
TABLE 3.3 FINANCIAL MANAGEMENT REPORT, KANNAUJ DISTRICT, 2020-21

<i>Indicator</i>	<i>Budget Released (in lakhs)</i>	<i>Budget utilized (in lakhs)</i>	<i>Budget Utilized (in Percent)</i>
<b>FMR 1:</b> Service Delivery: Facility Based	938.28	574.8	61.3
<b>FMR 2:</b> Service Delivery: Community Based	79.69	44.36	55.7
<b>FMR 3:</b> Community Intervention	1001.02	850.46	85.0
<b>FMR 4:</b> Untied grants	166.27	120.01	72.2
<b>FMR 5:</b> Infrastructure	681.28	173.82	25.5
<b>FMR 6:</b> Procurement	215.47	202.18	93.8
<b>FMR 7:</b> Referral Transport			
<b>FMR 8:</b> Human Resource (Service Delivery)	1849.7	1364.58	73.8
<b>FMR 9:</b> Training	65.51	20.12	30.7
<b>FMR 10:</b> Review, Research and Surveillance			
<b>FMR 11:</b> IEC-BCC	88.25	10.62	12.0
<b>FMR 12:</b> Printing	60.57	22.9	37.8
<b>FMR 13:</b> Quality	45.8	38.94	85.0
<b>FMR 14:</b> Drug Warehouse & Logistic	47.82	38.26	80.0
<b>FMR 15:</b> PPP			
<b>FMR 16:</b> Programme Management	416.12	343.6	82.6
<b>FMR 17:</b> IT Initiatives for Service Delivery	51.04	1.66	3.3
<b>FMR 18:</b> Innovations	8.57	1.34	15.6

SOURCE: SOURCE: DPM UNIT, KANNAUJ, UTTAR PRADESH

Looking at programme wise distribution of fund expenditure, it is evident from the table 3.3 that under RCH flexi-pool the least fund utilised under family planning and child. Under maternal health, PC-PNDT and Immunization more than 70 percent were utilized in 2020-21. Further, it is also evident that least fund were utilised under adolescent health and RKSK for the year 2020-21.

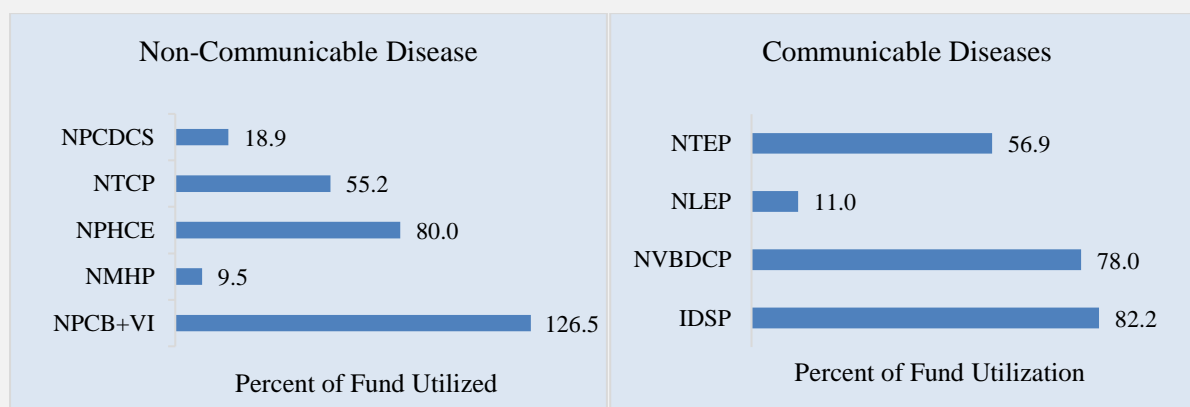
FIGURE 3.3 RCH AND HEALTH SYSTEM FLEXI POOL, KANNAUJ



SOURCE: DPM UNIT, KANNAUJ, UTTAR PRADESH

Under NCD and communicable disease pool, highest funds were utilized for NPPCF (71 %) and NOHP (70 %). The least funds were utilized for NPCB and NTCP, which lower than 40 %. Further, it is worth mention here as the TB cases are very prevalent in district. Fig 3.5 highlights that under communicable diseases pool least fund were utilised.

FIGURE 3.4 COMMUNICABLE & NON-COMMUNICABLE DISEASE POOL



SOURCE: DPM UNIT, KANNAUJ, UTTAR PRADESH

<sup>1</sup>For abbreviation

<sup>1</sup> NTEP: National TB Elimination Programme, NLEP: National Leprosy Eradication Programme, NVBDCP: National Vector Borne Disease Control Programme, IDSP: Integrated Disease Surveillance Programme, NPPCF: National Programme for Prevention and Control of Fluorosis, NOHP: National Oral Health Programme, NTCP: National Tobacco Control Programme, NMHP: National Mental Health Programme, NPCB+VI: National Programme for Control of Blindness and Vision Impairment.

## **4. PROGRAMME IMPLEMENTATION**

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## 4.1 Reproductive Maternal New-born Child and Adolescent Programmes (RMNCH+A)

The reproductive, maternal, child and adolescent health programme is one of the vital component of National Health Mission. The aims of the programme is to protect the lives of and safeguard the health of women, adolescents and children and this has been the driving force for reaching out to the maximum numbers, in the remotest corners of the country through constant innovation and calibration of interventions.

The rigorous efforts made under the programme have yielded rich and quick dividends, evident in improved IMR and MMR. One of the most important steps that the Government of India has taken to fulfil its commitment to improving maternal health and child survival is the articulation of a comprehensive approach and linking together a set of initiatives and strategies that address each life stage.

## 4.2 JANANI SURAKSHA YOJNA (JSY)

JSY is safe motherhood initiative under national rural health mission, which aims reducing maternal and neo-natal mortality through promoting institutional delivery. The Yojana, launched on 12th April 2005, by the Hon'ble Prime Minister, is being implemented in all states and UTs with special focus on low performing states. JSY is a 100 % centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care.

ASHAs play a key role in linking beneficiaries to the health system for safe and institutional delivery by providing incentive for institutional deliveries to both ASHA and beneficiaries. The key features of the scheme are discussed below:

The scheme focuses on states which have poor performance of institutional deliveries and high maternal and neo-natal mortality. Under the scheme each beneficiary registered, and tracked for by ASHA/ AWW for ante-natal check-ups, post-delivery check-ups. Beneficiaries and ASHA workers also given cash assistance for each birth.

In Kannauj, A total of 7531 beneficiaries were registered for JSY cash transfer, out of which 5272 have received direct cash transfer. The discrepancies in documents and account details of beneficiaries have been cited as main reason for delay of payment. There are total 2259 backlog JSY payments are there in the district.

### **4.3 JANANI SHISHU SURAKSHA KARYAKARAM (JSSK)**

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 to eliminate out of pocket expenditure for pregnant women and sick new-borns and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. Similar entitlements have been put in place for all sick new-borns & infants accessing public health facilities.

In Kannauj district, at facilities which were conducted deliveries, JSSK diet is being given at designated delivery points. However, during field visit I has been noted that in few CHCs the JSSK diet is not being provided. Less number of deliveries at these facilities have been cited as main reason for not giving diet at facilities. Officials reported that during covid due to less delivery load at many facilities, it's not feasible to prepare food in house kitchen. Further, there is very less designated delivery point at sub-centres in Kannauj and there is no provision of proper JSSK diet at sub-centre and PHCs. At PHCs and SCs banana and milk, tea and biscuits were given to women after delivery. However, under the scheme, recommendations have been made to provide nutritious diet which should involve milk, fruits, daliya or dry fruit packages. The average cost per diet reported by CHCs officials is 95-100 rupees.

### **4.4 MATERNAL DEATH REVIEW**

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

In Kannauj district, during 2019-20, total 53 maternal deaths were reported. There were 10 maternal death reported during 2020-21. The primary reasons for maternal deaths were sepsis and severe anaemia, as reported by health officials in Kannauj district.

### **4.5 PRADHAN MANTRI SURAKSHIT MATRITAVA ABHIYAN (PMSMA)**

The programme has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India with aim to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. PMSMA guarantees

a minimum package of antenatal care services to women in their 2nd / 3rd trimesters of pregnancy at designated government health facilities.

During field visit it has been observed that programme is running smoothly in district at all facilities. ANC checkups are being given to pregnant women on every 9<sup>th</sup> of the month. Under the programmes health officials also do line listing of high risk pregnancies i.e. severely anaemic, diabetic. Following same the high risk pregnancies are being referred to next CHC or DH accordingly. During community interaction beneficiaries reported that they are being accompanied by ASHA worker.

#### **4.6 HOME BASED NEW BORN CARE (HBNC)**

Under National Rural Health Mission, Home Based New Born Care is being implemented since 2011 for reduction of neonatal mortality in rural areas. The guidelines on Home Based Newborn Care were revised in 2014. Home Based Newborn Care scheme for reduction of neonatal mortality, has incentivized Accredited Social Health Activist (ASHA) for making visits to all newborns and their mothers according to specified schedule up to 42 days of life. The incentive amounts to a total of Rs. 250 for six visits in case of institutional delivery and seven visits in case of home delivery, subject to the following:

- a) Recording of weight of the newborn in Mother Child Protection (MCP) card
- b) Ensuring BCG, 1st dose of OPV and DPT vaccination
- c) Both the mother and the newborn are safe till 42 days of the delivery, and
- d) Registration of birth has been done

During Interaction with AHSA workers and beneficiaries, it has been noted that ASHA immediately visit to the any reported home delivery to provide HBNC services. Further, ASHA also received trainings regarding guidelines for providing HBNC services and all the ASHAs are equipped with HBNC kits. In district total 1200 ASHAs are equipped with HBNC kits and drug kit.

#### **4.7 NEW BORN HEALTH**

There is one SNCUs in the district at district hospital. The total number of beds at SNCU are 12, which is very less seeing the burden of inborn and out-born children. During PIP visit it has been observed that due to burden many times beds are being shared by neo-natals. In district, there are total 12 radiant warmer and there is no KMC in district. During year 2020-21 total 395 inborn and 275 out-born children were admitted at SNCU. Out of which 11 and 19

died, respectively. At NBCU total 231 inborn and 6 out-born children got admitted in 2020-21, out of which 5 died during 2020-21.

TABLE 4.1 DETAILS OF SNCU AND NBSUS IN DISTRICT KANNAUJ, UTTAR PRADESH

<i>Special Newborn Care Units (SNCU)</i>		
Total number of beds		12
o In radiant warmer		12
o Step-down care		10
o Kangaroo Mother Care (KMC) unit		0
Number of non-functional radiant warmer for more than a week		1
Number of non-functional phototherapy unit for more than a week		2
	<i>Inborn</i>	<i>Out born</i>
Admission	395	275
Defects at birth	13	5
Discharged	264	137
Referral	61	75
LAMA	10	10
Died	11	19
<i>Newborn Stabilization Unit (NBSU)</i>		
	<i>Inborn</i>	<i>Out born</i>
Admission	231	6
Discharged	170	2
Referral	56	2
LAMA	8	2
Died	5	0

SOURCE: DPM UNIT, KANNAUJ, UTTAR PRADESH

## 4.8 Rashtriya Bal Swasthya Karyakarma (RBSK)

National Health Mission has ensured significant progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

TABLE 4.2 DETAILS OF RBSK PROGRAMME IN KANNAUJ

<i>RBSK</i>	
Total no. of RBSK teams sanctioned	16
No. of teams with all HR in-place (full-team)	64
No. of vehicles (on the road) for RBSK team	16
No. of Teams per Block	2
No. of block/s without dedicated teams	0
Average no of children screened per day per team	100-200
Number of children born in delivery points screened for defects at birth	22545

SOURCE: DPM UNIT, KANNAUJ, UTTAR PRADESH

Rashtriya Bal Swasthya Karyakram (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. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health

Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

There are currently total 16 RBSK teams in Kannauj district with 10 members in each team. All teams have one vehicle assigned to them. There are two teams per block in Kannauj district. It is reported from DPM unit that every day average 100-200 children are being screened by RBSK teams. However, during COVID-19 pandemic, no child screening was done due to shut down of schools. Further, officials reported that during pandemic RBSK team members are deployed in Covid-19 duty.

#### **4.9 FAMILY PLANNING**

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. A woman's freedom to choose "When to become pregnant" has a direct impact on her health and well-being as well as the neonate. This could be achieved only by providing basket of choices for contraceptive methods. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions.

During PIP visit, it has been noticed that female sterilization is dominant family planning method in under permanent methods. Male sterilization is almost negligible in district. Due to being an agricultural dominant belt entire year people are busy in agricultural activities except January and February.

Among temporary family planning methods use condoms, Chhaya and Anantara injectables are most preferred among women. ASHAs have reported that Antara is well accepted by women, there is less drop out of beneficiaries due to fear of side effects. ASHAs have played crucial role in counselling of beneficiaries for family planning methods.

#### **4.10 COMMUNITY PROCESS**

ASHAs have been established as the first port of call for all health related and allied activities at the community level. Community health workers like ASHAs play strategic role in the delivery of public health. The bottom up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviours.

TABLE 4.3 DETAILS OF ASHAS IN KANNAUJ

	<i>Number of ASHAs</i>
Required as per population	180
Selected	1155
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	35
No. of villages/ slum areas with no ASHA	25
No of ASHAs enrolled for PMJJBY	805
Pradhan Mantri Suraksha Bina Yojna (PMSBY)	45
Pradhan Mantri Shram Yogi Maandhan Yojna (PMSYMY)	26
Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	468
No. of ASHAs enrolled for PMSBY	905

Source: DPM Unit, Kannauj, Uttar Pradesh

The broad working status of ASHAs is highlighted in Table 5.3. At present, a total of 180 ASHAs are required in the district, however 1155 are currently working. There are 35 ASHAs in the districts who are serving more than 1500/3000 population. In district ASHA have received training up to seventh module. Fig 5.2 highlights that 45 ASHAs are enrolled under PMSBY scheme and 805 ASHA worker enrolled under PMJJBY. There are total 9 Mahila Arogya Samiti are there in the district. All samitis in district has received training and all have bank accounts. Further, currently 605 VHSNCs are there in the district, all have received trainings.

TABLE 4.4 DETAILS OF MAS AND VHSNC IN KANNAUJ DISTRICT

<i>MAS &amp; VHSNC</i>	
Status of Mahila Arogya Samitis (MAS)-	
a. Formed	9
b. Trained	9
c. MAS account opened	9
Status of Village Health Sanitation and Nutrition Committee (VHSNC)	
a. Formed	605
b. Trained	605
c. MAS account opened	600

SOURCE: DPM UNIT, KANNAUJ, UTTAR PRADESH

#### 4.11 Disease Control Programme

Several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc come under the umbrella of National Disease Control Programme (NDCP).

The status of some communicable and non-communicable diseases in the district has been discussed below.

#### 4.12 COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

It's evident from table 5.5 that total 27378 CBAC forms were filled in the district. Deployment of ASHAs in COVID-19 duty were reported as main reason behind not able to achieve target. Almost all planned SHC-HWC and PHC-HWC, UPHC-HWC are screening for non-communicable diseases. For the year 2020-21 total 31109 people were screened for diabetes, 62260 screened for hypertension, 2554 were screened for cervical cancer, which is very less than planned number of people. The hypertension screening was done for OPD session on symptoms being reported by patients. Currently, there are 58 HWCs are in the district which are organising wellness activities i.e. yoga sessions, awareness week.

TABLE 4.5 IMPLEMENTATION OF COMPREHENSIVE PRIMARY HEALTH CARE (CPHC) IN KANNAUJ DISTRICT

<i>Indicator</i>	<i>Planned</i>	<i>Completed</i>
Number of individuals enumerated		29052
Number of CBAC forms filled	29052	27378
Number of HWCs started NCD screening	58	58
a. SHC- HWC	58	58
b. PHC- HWC	20	0
c. UPHC – HWC	3	0
Number of individuals screened for:		
a. Hypertension		62260
b. Diabetes		31109
c. Oral Cancer		29768
e. Cervical Cancer		2554
Number of HWCs providing Tele-consultation services		58
Number of HWCs organizing wellness activities	81	58

SOURCE: DPM UNIT, KANNAUJ, UTTAR PRADESH

#### 4.13 THE NATIONAL TUBERCULOSIS ELIMINATION PROGRAM (NTEP)

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria. It spreads through air when a person suffering from tuberculosis cough, sneeze or spit. TB remains to be major public health problem in India. TB control efforts are initiated countrywide since 1962 with inception of National TB Control Programme.

TABLE 4.6 DETAILS OF NTEP IN KANNAUJ

<i>Implementation of National Tuberculosis Elimination Programme (NTEP)</i>	
Target TB notification achieved	1766
No. of TB patients with known HIV status	1641
Eligible TB patients with UDST testing	1231
Whether drugs for both drug sensitive and drug resistance TB available	Yes
<i>Patients notification from public sector</i>	
No of patients notified	2403
Treatment success rate	88.30%
No. of MDR TB Patients	79
Treatment initiation among MDR TB patients	64
<i>Patients notification from private sector</i>	
No of patients notified	862
Treatment success rate	95.82%
No. of MDR TB Patients	0
Treatment initiation among MDR TB patients	0
Beneficiaries paid under Nikshay Poshan Yojana	1982

SOURCE: DPM UNIT, KANNAUJ, UTTAR PRADESH

Under TB elimination programme total 1982 beneficiaries target have been achieved. Out of all patients 1641 are with known HIV status. There are currently 1231 patients are eligible for UDST. Drugs for both, drug sensitive and drug resistance. 2403 patients have been notified from public sector and 862 notified by private sector. The treatment success rate for TB patients is 88.30 percent in public sector and 95.82 in private sector.

#### 4.14 THE NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

It is an umbrella programme for prevention and control of malaria and other vector borne diseases viz., Lymphatic Filariasis, Kala-azar, Japanese Encephalitis, Chikungunya and Dengue with special focus on the vulnerable groups of the society. Under the programme, it is ensured that the disadvantaged and marginalised sections benefit from the delivery of services so that the desired National Health Policy and Rural Health Mission goals are achieved.

Implementation of NVBDCP in Kannauj district as reported from DPM office. The micro and macro plan for NVBDCP have been reported to be available at the district level. The frequent spray of MLO in localities and raised community awareness contributed to reduction in vector borne diseases in the district Kannauj.

## 4.15 Nutrition

Nutrition is acknowledged as one of the most effective entry points for human development, poverty reduction and economic development, with high economic returns. Nutrition is central to the achievement of other National and Global Sustainable Development Goals. It is critical to prevent under nutrition, as early as possible, across the life cycle, to avert irreversible cumulative growth and development deficits. Factors contributing to under nutrition during infancy and childhood are low birth weight and poor breast feeding.

TABLE 4.7 DETAILS OF NUTRITIONAL REHABILITATION CENTRE IN KANNAUJ

<i>Nutrition Rehabilitation Centers (NRC)</i>	
Admission	70
o Bilateral pitting oedema	3
o MUAC<115 mm	38
o <'3SD WFH	67
o With Diarrhea	43
o ARI/ Pneumonia	12
o Nutritional Related Disorder	70 (SAM)
o Fever	20
o Others	2 CP
Referred by	
o Frontline worker	11
o Self	NIL
o RBSK	8
o Pediatric ward/ emergency	51
Discharged	60
Referral/ Medical transfer	3
LAMA	2
Died	NIL

SOURCE: DPM UNIT, KANNAUJ, UTTAR PRADESH

In Kannauj district only one nutrition rehabilitation centre is there at district hospital. There is total 70 admissions taken place in Kannauj NRC in year 2020-21. In NRC 3 children admitted with bilateral pitting oedema, 38 children with MUAC<115mm, 12 with ARI/ Pneumonia, 43 with diarrhoea. 11 children were referred by frontline workers, 8 by RBSK team and 51 from paediatric ward. During visit it has been observed that NRC is well maintained. The kitchen of NRC also well maintained and all measuring spoons and diet chart.

## **5.SERVICE AVAILABILITY AT HEALTH FACILITIES**

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## 5.1 FACILITY WISE OBSERVATIONS

The observations made by the monitoring team during the visit to various health facilities are presented in this chapter. The points summarise the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc.

Table below presents key observations on infrastructure made during PIP visit

TABLE 5.1 PHYSICAL INFRASTRUCTURE AT FACILITIES VISITED DURING PIP, 2020-21

S. No.	Physical Infrastructure Indicators	WCH- DH, Kannauj	CHC, Saurikh	U-PHC- HWC, Mausampur	U-CHC, (Vinod Dixit Hospital)	PHC- HWC, Madhi	SC- HWC, Sharifpur
1	Whether located at an easily accessible area?	Yes	Yes	Yes	Yes	Yes	Yes
2	Regular electric supply available?	Yes	Yes	No	Yes	Yes	Yes
3	Round the clock piped water supply?	Yes	Yes	Yes	Yes	Yes	Yes
4	Proper waste disposal system as per National Guidelines?	Yes	Yes	yes	Yes	Yes	Yes
5	Is drugstore room with rack available?	Yes	Yes	Yes	Yes	Yes	Yes
7	Is there Power Back UP	Yes	Yes	Not Proper	Yes	Yes	Yes
8	Clean and functional toilets	Yes	Yes	Yes	No	Yes	Yes
9	Number of functional inpatient beds	100	30	03	10	4	
10	Is tele-medicine available?	yes	No	NO	NO	No	No
11	Branding			Yes		Yes	Yes

Source: PIP visit, 2020-21

## 5.2 WOMEN AND CHILD HOSPITAL, KANNAUJ

During field visit to facility the following points have been noted:

### Service Load

- The district hospital is running in two parts, general hospital and MCH wings. Each wing has 100 functional beds.
- The average OPD load at facility is 900-950/day, and average delivery load is 250-350 deliveries per month and C-section delivery load is 5-6/day.
- At facility emergency, NICU, delivery, ANC, PNC, surgery, blood bank, radiology immunization services are being provided.

### Physical Infrastructure

- The facility is running in newly built government building, which is well managed in terms of cleanliness. Further, there is proper direction boards has been observed in the facility.
- Facility is 100 bedded. The MCH hospital has ample of space for OPD, waiting area and registration counter is as per guidelines.
- During PIP visit it has been observed that paramedical staff is getting timely training related to waste management, spill management. During visit the training was going on.
- Autoclave is available in the facility.

FIGURE 5.1 DISTRICT WOMEN AND CHILD HOSPITAL, KANNAUJ



Source: PIP visit, 2020-21

- The labour room is very well maintained, the records were maintained for every women for particular time period.
- The OT is very well maintained and well-functioning.
- There is no designated KMC unit in the facility. However, CMS has reported during discussion that the consideration for establishing designated MNC unit is going on and might start functioning soon.
- The dialysis facility is running on PPP model. However, there is consideration to start dialysis services at facility soon.
- The facility has CT-SCAN, USG, SNCU, LAB, Blood Bank, OT, Dialysis, trauma centre and DEIC.

- The facility has scored 74.2 in Kayakalp assessment, although the final result is still pending.

#### *Programme Related Observations*

- Only 5% JSY payments are due because of up gradation and merging of software.
- There is 10 bedded nutrition rehabilitation centres available at MCH, Kannauj. The occupancy rate is 80 percent. Officials reported that in case of overload, sometime one bed is shared by two children.
- There is one blood bank functioning at facility. The blood collected routinely through organising blood donation camps.
- JSSK diet is being given to women post-delivery through outsourced method. The in-house kitchen is absent at facility.
- MTC staff is well trained and proper diet is being given to the children as per the plan.
- The preferred method for family planning is female sterilization, ANTARA and condoms.
- The adolescent health programme is running smoothly at facility, there is ARSH clinic at facility, where counselling for adolescent and family planning is being done by ANM and ARSH counsellor.

### **5.3 COMMUNITY HEALTH CENTRE (CHC), VINOD DIXIT HOSPITAL, KANNAUJ**

During field visit to facility the following points have been noted:

- The average OPD load is 300-350/day and average delivery load is 15/month
- The facility offer OPD, IPD, Emergency, RI, ANC, PNC, Delivery, family planning.
- CHC is running in an old government building, which is being shared for some other medical administrative work. MOIC highlighted that there is lack of separate room for doctors and staff in the facility. There is only two three rooms which are being used for delivering majority of services.
- As per the observation, it is poorly maintained and cleanliness is also not up to the mark, however there is not much burden of patients at facility. There are separate waiting space with sitting chair available inside and outside of the facility.

FIGURE 5.2 COMMUNITY HEALTH CENTRE, VINOD DIXIT HOSPITAL, KANNAUJ



Source: PIP visit, 2020-21

- There are 104 ambulance and one 108 ambulances are available for referral services on call.
- With regards to BMW proper colour coded bins have been placed in the facility and vehicle for waste collection comes every alternate day.
- Total 15 type of in-house tests are being performed in the facility as reported by officials from 8 am to 2 pm.
- Approx 93 percent of JSY payment have been made and the remaining 7 percent are in process.
- Before COVID-19, the JSSK diet were given through outsourced method. However, it has been reported by MOIC that during COVID-19, the JSSK diet has been stopped.

#### 5.4 URBAN PRIMARY HEALTH CENTRE-HWC, MAUSAMPUR

During field visit to facility the following points have been noted:

##### *Service Load*

- The facility is a 03-bedded facility which is not as per the IPHS norms.
- The average OPD load is 150-200 per day. People mostly come for seasonal sicknesses, immunization, delivery services, ANC, PNC and to access family planning methods.
- The average delivery load is 1/ per day.

##### *Physical Infrastructure*

- The facility is running in a rented building. Seeing the burden of patients and delivery load, there is shortage of space at facility.
- Inverter is available at facility for electricity backup.

FIGURE 5.3 PRIMARY HEALTH CENTRE, SALEMPUR, KANNAUJ



Source: PIP visit, 2020-21

### *Programme Related Observations*

- OPD, IPD, immunization, family planning, ANC and PNC services are being given at the facility.
- There is no provision of JSSK diet at the facility. The less delivery load has been cited as main reason behind no JSSK diet at facility.
- Ambulance services are available on call and as per the requirement. However, the roads to reach facility are very narrow for ambulance.
- At facility only rapid tests are being conducted. For other diagnostic services people go to district hospital, which is located at 2 km distance.
- During monsoon season the prevalence of vector borne diseases are very high. During PIP visit the cases of dengue's and malaria has been observed.
- With regards to NCD, hypertension and diabetes are the prevalent diseases and complete stock of medicines is available at the facility.

- ANTARA is most preferred family planning method among women. The acceptance of female sterilization, PPIUCD is very negligible.
- For the year 2020-21, 550 individuals were screened for hypertension, out of which 50 were confirmed for same. There are currently 70 confirmed diabetes cases at the facility.
- As reported by facility, every month 32 UHNDs are being organised at village level under the facility.
- The united fund of 1 lack has been received timely, it has been spent on buy chairs for waiting area, fridge and radiant warmer.
- Covid -19 vaccination drive was going on at the facility during PIP visit.
- During monsoon season the issue of water logging has been cited as big challenge. Due to water logging many times the entry to facility get obstructed.

#### *Human Resource*

- Currently there are 1 MO, 4 GNM/SNs, 4 ANM, 1 LTs, 01 pharmacist are posted at facility.

### **5.5 COMMUNITY HEALTH CENTRE (CHC), SAURIKH**

During field visit to facility the following points have been noted:

- The facility is running in a newly built government building, which has ample of space and very well managed.
- The catchment population is 30,000 that are being catered by the facility and it is 30 bedded facilities.
- The average OPD is 250-280 and the average delivery load is 150 deliveries per month.
- Currently, at facility OPD, IPD, DOTS, immunization, ANC, PNC, abortion care and NCD clinic services are being provided.
- Post-delivery JSSK diet is being provided on outsourced basis. The provision of diet has been verified by community interaction at facility. Daliya, Milk and fruits are being provided in diet.
- In last financial year 6 maternal deaths were reported at facility out which 3 were due to sepsis and 3 were severely anaemic.
- There are two 108 and 102 ambulances are available at facility.
- There is no ARSH running at the facility, hence adolescent counselling is not being provided.

- There is NCD clinic in the facility. People are being screened at the facility, in case of severity get referred to district hospital. Currently, 3-4 cancer cases are referred from facility to District Hospital.

FIGURE 5.4 COMMUNITY HEALTH CENTRE, SAURIKH , KANNAUJ



Source: PIP visit, 2020-21

#### *Physical Infrastructure*

- The labour room is well maintained and clean with all the equipment's needed in the room. Colour coded bins for waste disposal are also at place. Labour room also Laqshya certified 2020-21.
- For BMW management C-TF comes for waste collection every alternate day.
- Oxygen concentrators are there in the facility.

#### *Programme Related Observations*

- JSY payment status is almost done and pendency is only 6-7 %.
- JSSK diet is being given through NGO mode. Daliya, Milk and fruits are being provided in diet.
- There is NCD clinic in the facility. People are being screened at the facility, in case of severity get referred to district hospital. Currently, 4-5 cancer cases are referred from facility to District Hospital.
- 100% DBT has been done to Nikshay Poshan Yojna Beneficiaries.
- Routine immunizations is going very well. The facility has covered more than target which is 98 %.

- No RKSK counselling is being done at the facility. Family planning counselling also done by SNs and ANMs.
- The preferred family planning methods are ANTRA, CHHAYA and Condoms. Female sterilization also well accepted, however male sterilization is negligible.

## 5.6 PRIMARY HEALTH CENTRE (UPHC-HWC), MADHI, KANNAUJ

During field visit to facility the following points have been noted:

- Currently, at facility the post of Medical officer is vacant, due to which the OPD load at facility is very negligible. The average OPD load is 8-10 per day. The generic medicines for cold and seasonal sicknesses is prescribed by pharmacist.
- Deliveries are not being conducted at facility.
- The PHC is running in government building, however, it is not maintained.
- There is no functional toilets available at facility.
- Currently there are 1 pharmacist, 1 ward boy, 1 LA and 1 male staff nurse are posted at facility.
- There is no tele-medicine facility available.
- For prevention of vector borne diseases MLO sprinkling and community awareness has been done by facility, however the Dengue's and Malaria cases are quite high in the community.
- Moving forward to family planning, condom usage is the most preferred method and there is reluctance for sterilization of both male and female.
- For waste management burial pits are available at the backside of facility.
- The diagnosis for malaria, HIV, VDCC, HB, RBS are being done at facility.
- In last six months, 60 people have been screened for hypertension (12 confirmed) and 88 people were screened for diabetes (15 confirmed).
- The facility has received untied fund of 1.5 lacks timely, which has been used for installation of RO, Inverter, fans and doors at the facility.
- The severe cases or emergency cases are being referred to Saurikh CHC.

FIGURE 5.5 PRIMARY HEALTH CENTRE, MADHI, KANNAUJ



Source: PIP visit, 2020-21

### 5.6.1 SUB-CENTRE-HWC, SHARIFPUR

During field visit to facility the following points have been noted:

- The everyday OPD load is 22-25. The facility provides OPD, ANC, RI FP, and NCD screening services. Mostly people come to seek treatment for seasonal sicknesses like cold and fever.
- The facility covers total 4000 population. Currently at facility one CHO and one ANM are posted.

FIGURE 5.6 SUB-CENTRE-HWC, SHARIFPUR, KANNAUJ



Source: PIP visit, 2020-21

- There is no shortage of drugs at reported at facility.
- Currently COVID-19 vaccine drive is going on at facility. Along with COVID-19 vaccination, facility also carrying routine immunization sessions.

- NCD screening is done by ASHAs in the community and susceptible cases are being referred to CHC and DH.
- Delivery services are not available at the facility. ANC services are being given to women every 9<sup>th</sup> of month under PMSMA scheme.
- During VHND session well-being and yoga sessions are organised at facility.

## 5.7 COMMUNITY INTERACTION

During PIP visit the team interacted with local community members to understand their perspectives of public health services, their preference, out of pocket expenditure, lifestyle etc. This section presents summary of community interaction done at Sanait village at MCHND. The background profile of all the community member participated in discussion is given below:

TABLE 5.2 BACKGROUND PROFILE OF PARTICIPANTS OF COMMUNITY INTERACTION IN KANNAUJ

Sr. No.	ID	Age	Sex	Marital Status	Caste	Health Services Currently Available	Frontline Worker /Beneficiary	Catchment Area
1	ID1	25	Female	Married	General	ANC Services	Beneficiary	-
2	ID2	26	Female	Married	General	-	Beneficiary	-
3	ID3	22	Female	Married	SC	ANC services	Beneficiary	-
4	ID4	34	Female	Married	OBC	-	Beneficiary	-
5	ID5	34	Female	Married	OBC	Seasonal Sickness Delivery services	Beneficiary	-
6	ID6	28	Female	Married	General	Seasonal Sickness	Beneficiary	-
7	ID7	39	Female	Married	General	-	Beneficiary	-
8	ID8	26	Female	Married	General	-	Beneficiary	-
9	ID9	30	Female	Married	SC	-	Beneficiary	-

Source: PIP visit, 2020-21

### 5.7.1.1 Summary of beneficiary interaction

- Mostly community member interacted with us highlighted that they prefer to go to public facilities for delivery and other medical consultation because it's free of cost. Further, ASHA they receives full support from concerned ASHA for referral and other information.
- Minor ailments are availed from the respective SC visited such as headache, fever, cold etc.
- The ambulance services are reported to be on time, which is available on call basis.
- The primary source of drinking water is ground water accessed through hand pump. The quality of water is fine as reported by community members.

- Iodine deficiency is not seen anywhere as iodine salt is being consumed by the members of the community.
- People are well aware about importance of ANC, PNC and Hygiene.
- The consumption of gutka, tobacco and alcohol among male has been reported by community member.
- As roads are not properly constructed and the surroundings are also not neat water clogs during monsoon session. Dengue and Malaria cases are quite prevalent.
- The cases of open defecation are very rare. Almost all households have toilets inside household boundary.

*FIGURE 5.7 COMMUNITY INTRACTION IN KANNAUJ DISTRICT DURING PIP VISIT, 2020-21*



Source: PIP visit, 2020-21

## **6.APPENDIX**

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सत्यमेव जयते  
Ministry of Health & Family Welfare  
Government of India



## Schedule for PIP Monitoring

### District Profile

The profile is to be filled based on secondary data and sent to state/ district for validation prior to the visit

Indicator	Remarks/ Observation	
Name of District		
Total number of Blocks		
Total number of Villages		
Total Population		
Rural population		
Urban population		
Literacy rate		
Sex Ratio		
Sex ratio at birth		
Population Density		
Estimated number of deliveries		
Estimated number of C-section		
Estimated numbers of live births		
Estimated number of eligible couples		
Estimated number of leprosy cases		
Target for public and private sector TB notification for the current year		
Estimated number of cataract surgeries to be conducted		
Mortality Indicators:	Previous year	Current FY

	Estimated	Reported	Estimated	Reported
Maternal Death				
Child Death				
Infant Death				
Still birth				
Deaths due to Malaria				
Deaths due to sterilization procedure				
Facility Details	Sanctioned/ Planned		Operational	
District Hospitals			3	
Sub District Hospital				
Community Health Centers (CHC)			11	
Primary Health Centers (PHC)			35	
Sub Centers (SC)			189	
Urban Primary Health Centers (U-PHC)				
Urban Community Health Centers (U-CHC)				
Special Newborn Care Units (SNCU)				
Nutritional Rehabilitation Centres (NRC)				
District Early intervention Center (DEIC)				
First Referral Units (FRU)				
Blood Bank				
Blood Storage Unit (BSU)				
No. of PHC converted to HWC				
No. of U-PHC converted to HWC				
Number of Sub Centre converted to HWC				
Designated Microscopy Center (DMC)				
Tuberculosis Units (TUs)				
CBNAAT/TruNat Sites				
Drug Resistant TB Centres				
Functional Non-Communicable Diseases (NCD) clinic				
At DH				
At SDH				
At CHC				

Institutions providing Comprehensive Abortion Care (CAC) services		
Total no. of facilities		
Providing 1st trimester services		
Providing both 1st & 2nd trimester services		

#### Overview: DHAP

Indicator	Remarks/ Observation
Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	
Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release _____
Date of first release of fund against DHAP	
Infrastructure: Construction Status	
Details of Construction pending for more than 2 years	
Details of Construction completed but not handed over	

#### Service Availability

Indicator	Remarks/ Observation
Implementation of Free drugs services (if it is free for all)	
Implementation of diagnostic services (if it is free for all)	
Number of lab tests notified	
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	

Indicator	Remarks/ Observation	
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)		
Of these, how many are registered under PCPNDT act		
Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed		
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		
Special Newborn Care Units (SNCU)		
Total number of beds 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
Admission		
Defects at birth		
Discharged		

Indicator	Remarks/ Observation	
Referral		
LAMA		
Died		
Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
Admission		
Discharged		
Referral		
LAMA		
Died		
Nutrition Rehabilitation Centers (NRC)		
Admission Bilateral pitting oedema MUAC<115 mm <' -3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever Nutrition related disorder Others		
Referred by Frontline worker Self Ref from VCDC/ CTC RBSK Pediatric ward/ emergency		
Discharged		
Referral/ Medical transfer		
LAMA		
Died		
Home Based Newborn Care (HBNC)		

Indicator	Remarks/ Observation
Status of availability of HBNC kit with ASHAs	
Newborns visited under HBNC	
Status of availability of drug kit with ASHAs	
Number of Maternal Death Review conducted Previous year Current FY	
Number of Child Death Review conducted Previous year Current FY	
Number of blocks covered under Peer Education (PE) programme	
No. of villages covered under PE programme	
No. of PE selected	
No. of Adolescent Friendly Clinic (AFC) meetings held	
Weekly Iron Folic Acid Supplementation (WIFS) stockout	
No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	
No. of trips per MMU per month	
No. of camps per MMU per 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 investigations per MMU per month	
Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per 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) If yes, since when and reasons thereof	

Indicator	Remarks/ Observation	
Vehicle for Referral Transport		
No. of Basic Life Support (BLS) (on the road) and their distribution		
No. of Advanced Life Support (ALS) (on the road) and their distribution		
	ALS	BLS
Operational agency (State/ NGO/ PPP)		
If the ambulances are GPS fitted and handled through centralized call centre		
Average number of calls received per day		
Average number of trips per ambulance per day		
Average km travelled per ambulance per day		
Key reasons for low utilization (if any)		
No. of transport vehicle/102 vehicle (on the road)		
If the vehicles are GPS fitted and handled through centralized call centre		
Average number of trips per ambulance per day		
Average km travelled per ambulance per day		
Key reasons for low utilization (if any)		
Universal health screening		
If conducted, what is the target population		
Number of Community Based Assessment Checklist (CBAC) forms filled till date		
No. of patients screened, diagnosed, and treated for: Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer		
If State notified a State Mental Health Authority		

Indicator	Remarks/ Observation		
If grievance redressal mechanism in place			
Whether call center and toll-free number available			
Percentage of complains resolved out of the total complains registered in current FY			
If Mera-aaspatal has been implemented			
Payment status:	No. of beneficiaries	Backlog	DBT status
JSY beneficiaries			
ASHA payment:			
A- Routine and recurring at increased rate of Rs. 2000 pm			
B- Incentive under NTEP			
C- Incentives under NLEP			
Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)			
Patients incentive under NTEP programme			
Provider's incentive under NTEP programme			
FP compensation/ incentive			
Implementation of Integrated Disease Surveillance Programme (IDSP)			
If Rapid Response Team constituted, what is the composition of the team			
No. of outbreaks investigated in previous year and in current FY			
How is IDSP data utilized			
Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP			
Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
Micro plan and macro plan available at district level			
Annual Blood Examination Rate			
Reason for increase/ decrease (trend of last 3 years to be seen)			
LLIN distribution status			
IRS			

Indicator	Remarks/ Observation
Anti-larval methods	
Contingency plan for epidemic preparedness	
Weekly epidemiological and entomological situations are monitored	
No. of MDR rounds observed	
No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	
Implementation of National Tuberculosis Elimination Programme (NTEP)	
Target TB notification achieved	
Whether HIV Status of all TB patient is known	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____
Eligible TB patients with UDST testing	
Whether drugs for both drug sensitive and drug resistance TB available	
Patients notification from public sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
Patients notification from private sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
Beneficiaries paid under Nikshay Poshan Yojana	
Active Case Finding conducted as per planned for the year	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Implementation of National Leprosy Eradication Programme (NLEP)	
No. of new cases detected	
No. of G2D cases	
MDT available without interruption	
Reconstructive surgery for G2D cases being conducted	

Indicator	Remarks/ Observation
MCR footwear and self-care kit available	
Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
Percent of health workers immunized against Hep B	
Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	
Key activities performed in current FY as per ROP under National Tobacco Control Programme	
Number of ASHAs Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA	
Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) 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 _____ _____	

Indicator	Remarks/ Observation			
Status of Mahila Arogya Samitis (MAS)- Formed Trained MAS account opened				
Status of Village Health Sanitation and Nutrition Committee (VHSNC) Formed Trained MAS account opened				
Number of facilities quality certified				
Status of Kayakalp and Swachh Swasth Sarvatra (SSS)				
Activities performed by District Level Quality Assurance Committee (DQAC)				
Recruitment for any staff position/ cadre conducted at district level				
Details of recruitment	Previous year		Current FY	
	Regular cadre	NHM	Regular cadre	NHM
Total no. of posts vacant at the beginning of FY				
Among these, no. of posts filled by state				
Among these, no. of posts filled at district level				
If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

### Implementation of CPHC

Status as on: \_\_\_\_\_

Indicator	Planned	Completed
Number of individuals enumerated		
Number of CBAC forms filled		
Number of HWCs started NCD screening: SHC- HWC PHC- HWC		

UPHC – HWC		
Number of individuals screened for: Hypertension Diabetes Oral Cancer Breast Cancer Cervical Cancer		
Number of HWCs providing Teleconsultation services		
Number of HWCs organizing wellness activities		

#### Status of HRH

Status as on: \_\_\_\_\_

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				
Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section	
LSAS trained doctors				
EmOC trained doctors				

#### State of Fund Utilization

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

Status of Expenditure as on: \_\_\_\_\_ to \_\_\_\_\_

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
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 16.1: PM Activities Sub Annexure			
FMR 17: IT Initiatives for Service Delivery			
FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: \_\_\_\_\_ to \_\_\_\_\_

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
PPP			
NIDDCP			
NUHM			
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)			
Non-Communicable Diseases Pool			
National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
National Mental Health Programme (NMHP)			
National Programme for Health Care for the Elderly (NPHCE)			
National Tobacco Control Programme (NTCP)			
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
National Dialysis Programme			
National Program for Climate Change and Human Health (NPCCHH)			
National Oral health programme (NOHP)			
National Programme on palliative care (NPPC)			





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

### Service Delivery:

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

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

Indicator	Remarks/ Observation
OPD Timing	
Condition of infrastructure/ building	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female)

Indicator	Remarks/ Observation		
	<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): _____		
Number of functional in-patient beds	_____  No of ICU Beds available:		
List of Services available			
Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
	10	District Early Intervention Centre (DEIC)	
	11	Nutritional Rehabilitation Centre (NRC)	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	

Indicator	Remarks/ Observation		
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	
	14	Neonatal Intensive Care Unit (NICU)	
	15	Pediatric Intensive Care Unit (PICU)	
	16	Labour Room Complex	
	17	ICU	
	18	Dialysis Unit	
	19	Emergency Care	
	20	Burn Unit	
	21	Teaching block (medical, nursing, paramedical)	
	22	Skill Lab	
Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, average case per day _____		
Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:		
Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____		

Indicator	Remarks/ Observation																																																																											
Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																																											
Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																																																																											
Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th data-bbox="616 685 1007 741">HR</th> <th data-bbox="1007 685 1142 741">San.</th> <th data-bbox="1142 685 1278 741">Reg.</th> <th data-bbox="1278 685 1402 741">Cont.</th> </tr> </thead> <tbody> <tr> <td data-bbox="616 741 1007 797">MO (MBBS)</td> <td data-bbox="1007 741 1142 797"></td> <td data-bbox="1142 741 1278 797"></td> <td data-bbox="1278 741 1402 797"></td> </tr> <tr> <td data-bbox="616 797 775 1368" rowspan="10">Specialists</td> <td data-bbox="775 797 1007 853">Medicine</td> <td data-bbox="1007 797 1142 853"></td> <td data-bbox="1142 797 1278 853"></td> </tr> <tr> <td data-bbox="775 853 1007 909">ObGy</td> <td data-bbox="1007 853 1142 909"></td> <td data-bbox="1142 853 1278 909"></td> </tr> <tr> <td data-bbox="775 909 1007 965">Pediatrician</td> <td data-bbox="1007 909 1142 965"></td> <td data-bbox="1142 909 1278 965"></td> </tr> <tr> <td data-bbox="775 965 1007 1021">Anesthetist</td> <td data-bbox="1007 965 1142 1021"></td> <td data-bbox="1142 965 1278 1021"></td> </tr> <tr> <td data-bbox="775 1021 1007 1077">Surgeon</td> <td data-bbox="1007 1021 1142 1077"></td> <td data-bbox="1142 1021 1278 1077"></td> </tr> <tr> <td data-bbox="775 1077 1007 1155">Ophthalmologist</td> <td data-bbox="1007 1077 1142 1155"></td> <td data-bbox="1142 1077 1278 1155"></td> </tr> <tr> <td data-bbox="775 1155 1007 1211">Orthopedic</td> <td data-bbox="1007 1155 1142 1211"></td> <td data-bbox="1142 1155 1278 1211"></td> </tr> <tr> <td data-bbox="775 1211 1007 1267">Radiologist</td> <td data-bbox="1007 1211 1142 1267"></td> <td data-bbox="1142 1211 1278 1267"></td> </tr> <tr> <td data-bbox="775 1267 1007 1323">Pathologist</td> <td data-bbox="1007 1267 1142 1323"></td> <td data-bbox="1142 1267 1278 1323"></td> </tr> <tr> <td data-bbox="775 1323 1007 1368">Others</td> <td data-bbox="1007 1323 1142 1368"></td> <td data-bbox="1142 1323 1278 1368"></td> </tr> <tr> <td data-bbox="616 1368 1007 1424">Dentist</td> <td data-bbox="1007 1368 1142 1424"></td> <td data-bbox="1142 1368 1278 1424"></td> <td data-bbox="1278 1368 1402 1424"></td> </tr> <tr> <td data-bbox="616 1424 1007 1480">Staff Nurses/ GNMs</td> <td data-bbox="1007 1424 1142 1480"></td> <td data-bbox="1142 1424 1278 1480"></td> <td data-bbox="1278 1424 1402 1480"></td> </tr> <tr> <td data-bbox="616 1480 1007 1536">LTs</td> <td data-bbox="1007 1480 1142 1536"></td> <td data-bbox="1142 1480 1278 1536"></td> <td data-bbox="1278 1480 1402 1536"></td> </tr> <tr> <td data-bbox="616 1536 1007 1592">Pharmacist</td> <td data-bbox="1007 1536 1142 1592"></td> <td data-bbox="1142 1536 1278 1592"></td> <td data-bbox="1278 1536 1402 1592"></td> </tr> <tr> <td data-bbox="616 1592 1007 1671">Dental Technician/ Hygienist</td> <td data-bbox="1007 1592 1142 1671"></td> <td data-bbox="1142 1592 1278 1671"></td> <td data-bbox="1278 1592 1402 1671"></td> </tr> <tr> <td data-bbox="616 1671 1007 1727">Hospital/ Facility Manager</td> <td data-bbox="1007 1671 1142 1727"></td> <td data-bbox="1142 1671 1278 1727"></td> <td data-bbox="1278 1671 1402 1727"></td> </tr> <tr> <td data-bbox="616 1727 1007 1783">EmOC trained doctor</td> <td data-bbox="1007 1727 1142 1783"></td> <td data-bbox="1142 1727 1278 1783"></td> <td data-bbox="1278 1727 1402 1783"></td> </tr> <tr> <td data-bbox="616 1783 1007 1839">LSAS trained doctor</td> <td data-bbox="1007 1783 1142 1839"></td> <td data-bbox="1142 1783 1278 1839"></td> <td data-bbox="1278 1783 1402 1839"></td> </tr> <tr> <td data-bbox="616 1839 1007 1895">Others</td> <td data-bbox="1007 1839 1142 1895"></td> <td data-bbox="1142 1839 1278 1895"></td> <td data-bbox="1278 1839 1402 1895"></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	MO (MBBS)				Specialists	Medicine			ObGy			Pediatrician			Anesthetist			Surgeon			Ophthalmologist			Orthopedic			Radiologist			Pathologist			Others			Dentist				Staff Nurses/ GNMs				LTs				Pharmacist				Dental Technician/ Hygienist				Hospital/ Facility Manager				EmOC trained doctor				LSAS trained doctor				Others			
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IT Services	Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																											

Indicator	Remarks/ Observation
	Quality/strength of internet connection: _____
Kayakalp	Initiated: Facility score: Award received:
NQAS	Assessment done: Internal/State Facility score: Certification Status:
LaQshya	Labour Room: Operation Theatre:
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) _____
Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If other, which one _____
Shortage of 5 priority drugs from EDL in last 30 days, if any	1
	2
	3
	4
	5
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 _____
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
In-house tests	Timing: Total number of tests performed: _____

Indicator	Remarks/ Observation
	Details of tests performed:
Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:
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
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): _____
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
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage <span style="float: right;">Supply Shortage</span>
Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP

Indicator	Remarks/ Observation
	Total number of tests performed: _____
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
Number of patients provided dialysis service	Previous year _____ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
If there is any shortage of major instruments/ equipment	
Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
Comment on 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
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:

Indicator	Remarks/ Observation
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
PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Practice related to Respectful Maternity Care	
Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of Maternal Death reported in the facility	Previous year: Current year:
Number of Child Death reported in the facility	Previous year: Current year:
If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
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		
Number of newborns immunized with birth dose at the facility in last 3 months			
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
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		
Number of sterilizations performed in last one month			
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Who counsels on FP services?			
Please comment on utilization of other FP services			
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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		
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, how many days in a week: _____ days		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	Hypertension		
	Diabetes		

Indicator	Remarks/ Observation									
	<table border="1"> <tr> <td>Oral Cancer</td> <td></td> <td></td> </tr> <tr> <td>Breast Cancer</td> <td></td> <td></td> </tr> <tr> <td>Cervical Cancer</td> <td></td> <td></td> </tr> </table>	Oral Cancer			Breast Cancer			Cervical Cancer		
Oral Cancer										
Breast Cancer										
Cervical Cancer										
Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No									
Status of TB elimination programme	<p>Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____</p> <p>If anti-TB drugs available at the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Availability of CBNAAT/ TruNat: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____</p> <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:</p>									
Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>									
How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year:</p> <p>Fund utilized last year:</p> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p>									

Indicator	Remarks/ Observation
	Reasons for underutilization of fund (if any)
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
Frequency of RKS meeting (check and obtain minutes of last meeting held)	
Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
How many cases from referred to in last month?	Number:  Types of cases referred in:
How many cases were referred out last month?	Number:  Types of cases referred out:
Key challenges observed in the facility and the root causes	
Challenge	Root causes

Indicator	Remarks/ Observation



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

#### Service Delivery:

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

Next Referral Point	Facility: Distance:
---------------------	------------------------

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

Indicator	Remarks/ Observation												
OPD Timing													
Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No												
Condition of infrastructure/ building	Comments:												
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital												
Number of functional in-patient beds													
List of Services available													
Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medicine</td> <td></td> </tr> <tr> <td>2</td> <td>O&amp;G</td> <td></td> </tr> <tr> <td>3</td> <td>Pediatric</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric	
Sl.	Service	Y/N											
1	Medicine												
2	O&G												
3	Pediatric												

Indicator	Remarks/ Observation																					
	<table border="1"> <tr> <td data-bbox="596 248 683 297">4</td> <td data-bbox="692 248 1155 297">General Surgery</td> <td data-bbox="1165 248 1394 297"></td> </tr> <tr> <td data-bbox="596 304 683 353">5</td> <td data-bbox="692 304 1155 353">Anesthesiology</td> <td data-bbox="1165 304 1394 353"></td> </tr> <tr> <td data-bbox="596 360 683 409">6</td> <td data-bbox="692 360 1155 409">Ophthalmology</td> <td data-bbox="1165 360 1394 409"></td> </tr> <tr> <td data-bbox="596 416 683 465">7</td> <td data-bbox="692 416 1155 465">Dental</td> <td data-bbox="1165 416 1394 465"></td> </tr> <tr> <td data-bbox="596 472 683 521">8</td> <td data-bbox="692 472 1155 521">Imaging Services (X – ray)</td> <td data-bbox="1165 472 1394 521"></td> </tr> <tr> <td data-bbox="596 528 683 577">9</td> <td data-bbox="692 528 1155 577">Imaging Services (USG)</td> <td data-bbox="1165 528 1394 577"></td> </tr> <tr> <td data-bbox="596 584 683 622">10</td> <td data-bbox="692 584 1155 622">Newborn Stabilization Unit</td> <td data-bbox="1165 584 1394 622"></td> </tr> </table>	4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	Newborn Stabilization Unit	
4	General Surgery																					
5	Anesthesiology																					
6	Ophthalmology																					
7	Dental																					
8	Imaging Services (X – ray)																					
9	Imaging Services (USG)																					
10	Newborn Stabilization Unit																					
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																					
Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																					
Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, average case per day_____																					
Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:																					
Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																					
Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																					
Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																					

Indicator	Remarks/ Observation				
Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.	
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
	Dentist				
	SNs/ GNMs				
	LTs				
	Pharmacist				
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
LSAS trained doctor					
Others					
IT Services	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: _____				
Kayakalp	Initiated: _____ Facility score: _____ Award received: _____				
NQAS	Assessment done: _____ Internal/State Facility score: _____ Certification Status: _____				
LaQshya	Labour Room: _____ Operation Theatre: _____				
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) _____				

Indicator	Remarks/ Observation										
Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____										
Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">1</td> <td style="width: 300px;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> </tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____ <span style="float: right;">Supply Shortage</span>										
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed <span style="float: right;">PPP</span>										
In-house tests	Timing: Total number of tests performed: _____ Details of tests performed:										
Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:										
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:										

Indicator	Remarks/ Observation
	Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
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
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage <span style="float: right;">Supply Shortage</span>
If there is any shortage of major instruments/ equipment	
Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
Comment on condition of:	Labour room: OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
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:

Indicator	Remarks/ Observation
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
PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Practice related to Respectful Maternity Care	
Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of Maternal Death reported in the facility	Previous year: Current year:
Number of Child Death reported in the facility	Previous year: Current year:

Indicator	Remarks/ Observation		
If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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		
Number of newborns immunized with birth dose at the facility in last 3 months			
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
Number of sterilizations performed in last one month			
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Who counsels on FP services?			
Please comment on utilization of other FP services			
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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		
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	Hypertension		
	Diabetes		

Indicator	Remarks/ Observation
	Oral Cancer
	Breast Cancer
	Cervical Cancer
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
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: 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:
1. 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:
2. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
	Fund Received last year: Fund utilized last year:

Indicator	Remarks/ Observation
3. 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)
4. 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
5. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
6. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Types of cases referred in:
• How many cases from the CHC were referred to the DH last month?	Number: Types of cases referred out:
7. Key challenges observed in the facility and the root causes	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	



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

Service Delivery:

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

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

Indicator	Remarks/ Observation
OPD Timing	
For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Condition of infrastructure/ building	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available

Indicator	Remarks/ Observation			
	<input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding			
Number of functional in-patient beds				
List of Services available				
If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, average case per day _____			
Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
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			
IT Services	Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No All ANMs have functional Tablets: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____			
Kayakalp	Initiated: Facility score: Award received:			
NQAS	Assessment done: Internal/State score: Facility score: Certification Status:			

Indicator	Remarks/ Observation	
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) _____	
Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If other, which one_____	
Shortage of 5 priority drugs from EDL in last 30 days, if any	1	
	2	
	3	
	4	
	5	
Drugs Available for Hypertension & Diabetic patients:	1	
	2	
	3	
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1	
	2	
	3	
Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage  In last 6 months how many times there was shortage_____ <span style="float: right;">Supply Shortage</span>	
Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed  <span style="float: right;">PPP</span>	
In-house tests	Timing: Total number of tests performed: _____ Details of tests performed:	
Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:	

Indicator	Remarks/ Observation
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
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
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage <span style="float: right;">Supply Shortage</span>
If there is any shortage of major instruments/ equipment	
Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If yes, details	Comment on condition of labour room:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
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:
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

Indicator	Remarks/ Observation
	<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
Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of normal deliveries in last three month	
Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Practice related to Respectful Maternity Care	
Number of Maternal Death reported in the facility	Previous year: Current FY:
Number of Child Death reported in the facility	Previous year: Current year:
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
Number of newborns immunized with birth dose at the facility in last 3 months	
Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
Number of sterilizations performed in last one month	
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Who counsels on FP services?	
Please comment on utilization of other FP services	
FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Indicator	Remarks/ Observation		
	If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, how many days in a week: _____ days		
Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	Hypertension		
	Diabetes		
	Oral Cancer		
	Breast Cancer		
Cervical Cancer			
Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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): _____		
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: 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:		

Indicator	Remarks/ Observation
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:
Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
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)
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
Frequency of RKS meeting (check and obtain minutes of last meeting held)	
Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available <input type="checkbox"/> PHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
How many cases from sub centre were referred to this PHC last month?	Number:  Types of cases referred in:

Indicator	Remarks/ Observation
How many cases from the PHC were referred to the CHC last month?	Number:  Types of cases referred out:
Key challenges observed in the facility and the root causes	
Challenge	Root causes
Only for U-PHC	
Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
Number of CBAC forms filled (NUHM)	
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_____
UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, no. of UHND conducted per month_____

Indicator	Remarks/ Observation
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: Sub Centre

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

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

Indicator	Remarks/ Observation
List of Services available	
Condition of infrastructure/ building	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available

Indicator	Remarks/ Observation			
	<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			
Biomedical waste management practices				
Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	ANM/ MPW Female			
	MPW Male			
	MLHP/ CHO			
	ASHA			
	Others			
IT Services	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: _____			
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) _____			
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			
Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
Drugs Available for Hypertension & Diabetic patients:	1			
	2			

Indicator	Remarks/ Observation
	3
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1
	2
	3
Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <span style="float:right">Supply</span> <input type="checkbox"/> Minimal <span style="float:right">Shortage</span> <input type="checkbox"/> Acute shortage
Availability of:	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
Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  High risk women identified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No MCP cards duly filled: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Number of Maternal Death Review conducted	Previous year: Current year:
Number of Child Death Review conducted	Previous year: Current year:
Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  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
Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Please comment on utilization of other FP services	
Number of individuals above 30 years of age in the HWC population	

Indicator	Remarks/ Observation		
Number of CBAC forms filled in last 6 months			
Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	Hypertension		
	Diabetes		
	Oral Cancer		
	Breast Cancer		
	Cervical Cancer		
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:		
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)		
Status of use of:	Tele-consultation services HWC App Details:		
Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Status of Tuberculosis in the area:	Indicators	Last year	Current year
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		

Indicator	Remarks/ Observation		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
ASHA Interaction			
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)			
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)			
ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. Average delay			
ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment)			
Number of Village Health & Sanitation days conducted in last 6 months			
Incentives:	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		
Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)			
Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
Maintenance of records on	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		
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:		

Indicator	Remarks/ Observation
	Reasons for underutilization of fund (if any)
Availability of ambulance services in the area	
How many cases from the Sub Centre were referred to PHC in last month?	Number:  Types of cases referred out:
Key challenges observed in the facility and the root causes	
Challenge	Root causes



## Community Level Checklist

### Community Level

Name of Village/ slum visited	
Whether the sub centre/ U-PHC is in the same village/ slum area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Details of nearest public health facility	Facility name: Facility type: Distance:
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	

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

Indicator	Please comment
Health seeking behavior Preferred health facility for primary, secondary and tertiary healthcare services Public or Private? If private, reason for not preferring public facilities	
Lifestyles (tobacco, alcohol, substance abuse and physical activity level) and living conditions (Indoor air pollution, use of solid fuel, use of iodized salt, drinking water, hygiene and sanitation, ODF Status)	

Indicator	Please comment
Access to health: drugs, diagnostics, referral transport	
Behaviour of health service providers	
Out of Pocket expenditure in public health facilities	
Coverage, Knowledge and skills of ASHA as perceived by the community	
Support, supervision, training and payment of incentives of ASHA (as per discussion with ASHAs)	
Availability of services for Immunization, ANC, PNC, AH counselling, Contraceptive services, Nutrition counselling and preferred facilities for each	
Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment	

Indicator	Please comment
Screening for Leprosy, TB and preferred facilities for seeking treatment	
Availability of services for treatment of Malaria, Dengue, Kala-azar, Chikungunya, JE, Filaria, Fluorosis, rabies etc.	
Preferred facilities for emergency services (Burn, Accidents etc.)	
Preferred facilities for: Eye ailments (eg. Cataract) Dental ailments (e.g. for toothache, denture, RCT etc.)	
Screening for 4Ds (by RBSK Team) at schools and Anganwadi centre	
<b>Key challenges observed in the community and the root causes</b>	
Challenge	Root causes

Indicator	Please comment