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MONITORING OF IMPORTANT
COMPONENTS OF THE PROGRAMME
IMPLEMENTATION PLAN UNDER,
NHM
MAHARAJGANJ, UTTAR PRADESH



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Abbreviations

AFHS	Adolescent-Friendly Health Clinic	LaQshya	Labour room Quality improvement initiative
ANC	Ante Natal Care	LHV	Lady Health Visitor
ANM	Auxiliary Nurse Midwife	LSAS	Life Saving Anaesthesia Skill
ASHA	Accredited Social Health Activist	MCH	Maternal and Child Health
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy	MCTS	Mother and Child Tracking System
BB	Blood Bank	MOIC	Medical Officer-In-Charge
BCC	Behaviour change communication	MTP	Medical Termination of Pregnancy
BCG	Bacillus Calmette Guerin	NBCC	New Born Care Corner
BEmOC	Basic Emergency Obstetric Care	NBSU	New Born Special Unit
BPL	Below Poverty Line	NGO	Non-Government Organization
BSU	Blood Storage Unit	NHM	National Health Mission
CHC	Community Health Centre	NLEP	National Leprosy Eradication Programme
CMO	Chief Medical Officer	NPCB	National Programme for Control of Blindness
DEIC	District Early Intervention Centre	NPCC	National Program Coordination Committee
DH	District Hospital	NRC	National Rehabilitation Centre
DHQ	District Health Quarter	NRHM	National Rural Health Mission
DOTS	Directly Treatment Strategy	NSSK	Navjat Shishu Suraksha Karyakram
DPMU	District Programme Management Unit	NSV	Non Scalpel Vasectomy
DPT	Diphtheria Pertussis Tetanus	NUHM	National Urban Health Mission
DWH	District Women Hospital	NVBDCP	National Vector Borne Disease Control Programme
EmOC	Emergency Obstetric Care	NVHCP	National Viral Hepatitis Control Programme
F-IMNCI	Facility-based Integrated Management of Neonatal and Childhood Illness	OBG	Obstetrics Gynaecologist
FRU	First Referral Unit	OCP	Oral Contraceptive Pill
HBNC	Home Based New Born Care	OPV	Oral Polio Vaccine
HIV	Human Immunodeficiency Virus	ORS	Oral Rehydration Solution
HMIS	Health Management Information System	PFMS	Public Financial Management System
HWC	Health & Wellness Centre	PHC	Primary Health Centre
ICDS	Integrated Child Development Services	PIP	Programme Implementation Plan
IEC	Information Education & Communication	PPIUCD	Post-Partum Intrauterine Contraceptive Device
IFA	Iron & Folic Acid	RKS	RogiKalyanSamiti
IMEP	Infection Management and Environment Plan	RNTCP	Revised National Tuberculosis Control Programme
IPD	Indoor-Patients Department	RTI	Reproductive Tract Infection
IPHS	Indian Public Health Standards	SBA	Skilled Birth Attendant
IUCD	Intra Uterine Contraceptive Device	SNCU	Special Newborn Care Unit
JSY	JananiSurakshaYojana	SPUHC	Seed Primary Urban Health Centre
JSSK	JananiShishuSurakshaKaryakaram	STI	Sexually Transmitted Infection
KMC	Kangaroo Mother Care	U5MR	Under 5 Mortality Rate



Executive Summary

The National Health Mission is a flagship initiative of the government of India in the public health sector. It enhances people's access to quality healthcare services in a colossal manner via umpteen initiatives. Since its inception, NHM has tailored itself to the needs of society by identifying the existing lacunae and eliminating them. One of the salient features that measure the progress of NHM remains the Monitoring and Evaluation activities undertaken by the Ministry of Health and Family Welfare continuously. The ministry has established the network to utilise services in monitoring the State Programme Implementation Plans. The report focuses on watching all the essential components of NHM in the Mahrajganj district for 2018-2019. The monitoring was carried out in December to encapsulate and analyse the status of NHM activities in the Mahrajganj district. The report puts forward the key observations made during the PRC Delhi team's visit to various health facilities in the community.

Maternal & Child Health Programmes

- ❑ Under JSY, financial assistance to poor pregnant women for institutional delivery is provided. Still, however, there is a JSY payment gap which is primarily due to beneficiaries who do not hold bank accounts or lack proper documents such as an Adhaar card or are from other districts who are not willing to take the amount to avoid the hassles of opening the account for a meagre sum of money.
- ❑ A suggestion was made regarding the amount allotted under the JSSK diet. It was suggested that the amount per head diet should be increased to at least Rs 150-Rs.200 to improve the quality of food given to mothers after delivery.
- ❑ Provide better infrastructure for childcare and enhance the number of SNCUs and NBSUs as per the required capacity. It was observed during the visit that three children were kept in one bed in the SNCU unit at District Hospital, which is extremely dangerous as cross-infection among the children can happen.

Communicable & Non-Communicable Diseases

- ❑ More emphasis should be given to eliminating communicable diseases such as Malaria, Dengue, TB, Hepatitis, and Typhoid in the district, as the number of cases is increasing at an alarming rate due to peak season.
- ❑ Looking into the NCD care programmes, the Tobacco Control Programme posed the most crucial role in Uttar Pradesh state, as the state falls among the states with the most consumption rate of tobacco
- ❑ The district presents with a substantial unmet need for NCD care. This includes demand for common drugs and diagnostics for diabetes and hypertension. Strengthening NCD care at the community level is recommended.

Family Planning

- ❑ Antara was prominently accepted in the district and has reached a third or more dosage. However, the dropout rate was high due to problems related to amenorrhea and excessive bleeding. Instead of consulting the doctors' patients discontinue the dosage once faced with the issues. And revisit after a certain period, where they must start with the first dose of Antara. The problem can only be resolved by generating more



awareness, informing the patients about the existing outcomes, and immediately consulting doctors for any issues.

- The district can try to spread awareness at all facility levels, especially for male and female sterilisation.
- The district is performing below average in meeting its family planning targets. Further, male sterilisations are very low compared to female sterilisation.
- There is a need to focus on raising public awareness about male and female sterilisation in the district. It is also necessary to provide detailed information about the benefits and the side effects of sterilisation through proper counselling to both males and females.

Human Resources for Health

- A critical shortage of human resources, especially of specialists and medical officers in the district hospital and at the District Hospital and CHC level as well, No Gynaecologist and Anaesthetic at the FRUs.
- The central HR issues are getting to light due to the emergence of the District Women's Hospital with the Medical College. Consequently, the staff of DWH has transferred to another District also the Principal of the Medical College has now taken up the administration of the Hospital.
- Lack of training like BeMOC, EmOC, MTP, FIMNCI and NSSK, reported by district women's hospital.

Health System Strengthening

DISTRICT HOSPITAL

- There is a space shortage when it comes to infrastructural problems faced by the facility as they have to adjust and cater to the people of the districts during peak times. It becomes tough within the premises as OPD and IPD are in huge numbers then.
- During the visit, it was observed that SNCU had 2-3 children in one bed due to the unavailability of the beds, which is a risk factor as cross-infection among children can happen.
- The district observes an acute workforce shortage, especially of gynaecologists at the district hospital. It becomes tough to hold the patient load as only one gynaecologist is present.

HUMAN RESOURCES

- On an urgent basis, there is a need to fill the vacant positions for the smooth running of all the health facilities in the district. It was reported that there is a need to recruit medical staff, especially a Female Medical Officer. Therefore, more focus should be given to this regard.

TRAINING

- There is a need to increase the training for medical doctors and staff at all the health facilities centres in the Mahrajanj district concerning skill development for more efficiency of all the services being carried out.



Infrastructure

- The infrastructure of residential quarters is mainly poor in the district.
- The observed labour rooms and operation theatres have damp walls and flaky fallings, which lead to a compromising sanitary environment for a surgical setup at PHC and SC levels.
- There is a requirement for staff quarters at the PHC level, especially for Staff nurses and Ward boys when it comes to night shifts.
- There is a need to create more female and child wing sections to reduce the overload of maternal and child health; at the district hospital as well as the community health centre, there is a need to increase the number of beds facilities.



CHAPTER-1: INTRODUCTION

1.1 Background and Objectives

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned the Population Research Centre (PRC) for quality monitoring of essential components of the National Health Mission (NHM) State Programme Implementation Plan (PIP 2019-20). Considering PIP as a significant task, the Population Research Centre, Institute of Economic Growth, Uttar Pradesh (PRC-IEG) would identify critical concerns in the implementation of NHM activities and also evolve suitable quality parameters to monitor the listed components.

This report presents the key findings from the concurrent monitoring of essential components of NHM in Maharajganj district of Uttar Pradesh. The information is prepared based on field-based observations and visits to selected public health facilities in Maharajganj. The PRC-IEG team visited the following public health care facilities: *District Women's Hospital, 2 Community Health Centers (Sadar & Partawal), 2 Primary Health Centers (Ramhauri & Shyamdeurwa) and 1 Sub Centre (Piprarasoolpur)*

The structured checklist was used to collect information on human resources, infrastructure, funds utilisation, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of NHM.

Further, interactions with district and block level health administrators, including the Chief Medical Officer (CMO) and the Block Medical Officer-In-Charge (MOIC), facility and community level health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Besides, a review of relevant programmatic data and information available from the Health Management Information System (HMIS) and the observations made during the monitoring and evaluation of field visits and the critical components of NHM are included for robust feedback on programme implementation in the district.

The overall objective is to monitor the functioning of the National Health Mission in Maharajganj. Primarily the study aims to look into the coverage of the mission, constraints during service delivery and utilization of health services by the population of rural and underserved areas at large. Further, it seeks to examine the status of utilisation of health care services under NHM by the underserved section of the population. The quality monitoring of Programme Implementation Plan (PIP) and some other aspects of the programme have been evaluated in this study. This will help the planners and policymakers modify the existing policies for better service delivery under the mission. Apart from assessing the availability and adequacy of health services in the study area, the monitoring process intends to evaluate the performance of the health facilities.



The specific objectives of the study are mentioned below.

- To assess the adequacy of physical infrastructures like buildings, hospital beds, ambulances, medical equipments and essential drugs needed for better service delivery at the DH, CHC, PHC and SC level.
- To assess the availability of human resources and specialists along with their training status working under National Health Mission.
- To obtain block-wise reports on the status of institutional deliveries, antenatal care, post-natal care, maternal deaths and immunization, family planning in the district.
- To obtain information about the coverage of beneficiaries under JSSK and JSY of NHM.
- To assess the quality in health care services like bio-medical waste management and infection control; community progress like status and activities related to ASHAs; functioning of disease control programme etc.
- To understand the utilization of NHM programme budgetary allocations on various components including utilization of untied funds at selected health facilities through RogiKalyanSamiti (RKS).

Table 1: List of institutions and facilities visited by the PRC-IEG team

Institution and facilities	Person name
Chief District Medical Officer	Dr. Neena Verma
District Programme Manager	Mr. Nitin Singh
Chief Medical Superintendent (District Women's Hospital)	Dr. A.K. Dwivedi
Medical Officer-In-Charge (Community Health Centre, Sadar)	Dr. K.P. Singh
Block Programme Manager (Community Health Centre, Partawal)	Dr. Surya Pratap Singh
Pharmacist (Primary Health Centre, Ramhauri)	Mr. Anand
Medical Officer-In-Charge (Primary Health Centre, Shyamdeurwa)	Dr. S.K. Sharma
Community Health Officer (Sub-Centre, Piprarasoolpur)	Ms. Neetoo Yadav



1.2 Demographic Profile

Maharajganj district was created from Gorakhpur district. In the context of the border conditions, the Nepal nation in the north, Gorakhpur district in the south, Kushinagar district in the east and the district of Bihar province are West Champaran and Siddhartha Nagar in the west. There are total 11 towns in the district, whose names are respectively Maharajganj, Nautanwa, Nichlaur, Siswa, Ghughali, Sonauli, Chowk, Brijmanganj, Partawal, Paniyara and Pharenda. This district is divided into four tehsils, whose names are respectively Maharajganj, Pharenda, Nautanwa and Nichlaur.



There are 882-gram panchayats and 101 justice panchayats in the district. There are total 12 development blocks in the district, whose names are respectively Brijmanganj, Dhani, Partawal, Paniyara, Lakshmipur, Ghughali, Mithaura, Nautanwa, Pharenda, Nichlaur, Sadar and Siswa.

According to the 2011 census Maharajganj district has a population of 2,684,703 roughly equal to the nation of Kuwait or the US state of Nevada, this gives it a ranking of 148th in India (out of a total of 640 districts). The district has a population density of 909 inhabitants per square kilometer (2,350/sq. mi). Its population growth rate over the decade 2001–2011 was 23.50%. Maharajganj has a sex ratio of 943 females for every 1000 males, and a literacy rate of 62.76%. Scheduled Castes and Scheduled Tribes made up 18.36% and 0.61% of the population respectively. Hinduism is practiced by majority of the population, around 82%. Islam is followed by 17% of the population. Maharajganj district has the highest proportion of people following Buddhism in Uttar Pradesh. At the time of the 2011 Census of India, 59.23% of the population in the district spoke Bhojpuri, 39.65% Hindi and 0.90% Urdu as their first language.

Following with the table of key demographic indicators of the district showing the district highlights briefly.



Table 2: Key Demographic Indicators: All India, Uttar Pradesh and Maharajganj District

Indicators	Maharajganj	Uttar Pradesh	India
Actual Population	26,84,703	1998,12,341	1,21,05,69,573
Male	13,81,754	1044,80,510	6,231,843
Female	13,02,949	955,31,831	58,74,47,730
Child sex ratio (0-6 year)	931	902	914
Sex ratio	943	912	943
Literacy rate (%)	62.76	67.7	74.0
Male literacy rate (%)	75.8	77.3	80.9
Female literacy rate (%)	48.9	57.2	64.6
Decadal population growth	23.5	20.2	17.7
Density/Km2	910	829	382
Area (in sq. Km.)	2952	2,40,928	3287240

Source: Census of India 2011, ORGI, GOI

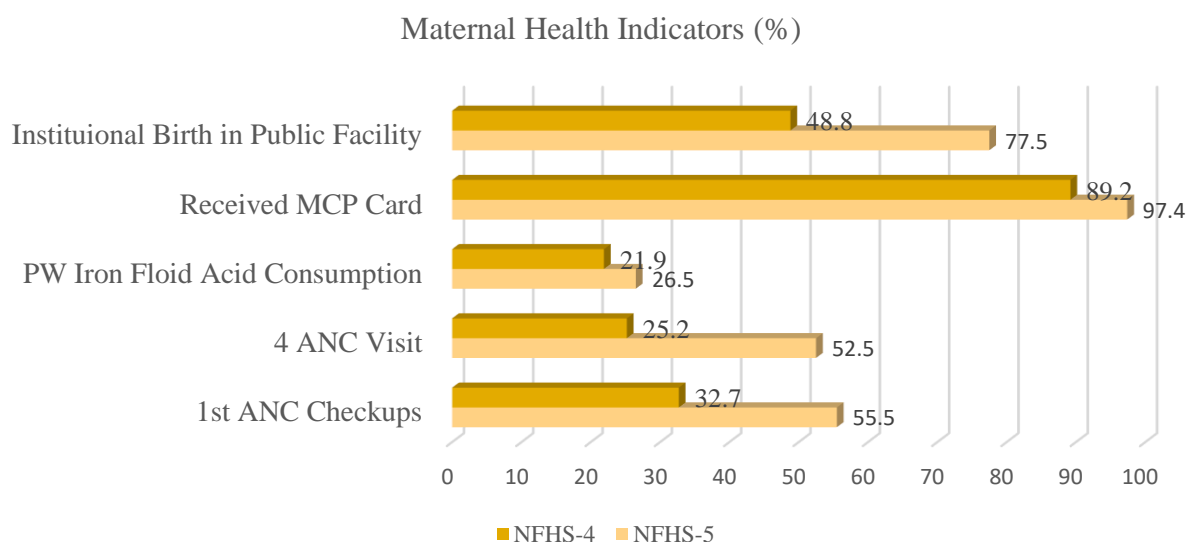
1.3 Maternal and Child Health

Mothers who had an antenatal check-up in the first trimester 55.5%, Mothers who had at least 4 antenatal care visits 52.5%, Mothers whose last birth was protected against neonatal tetanus 9 -96.1%, Mothers who consumed iron folic acid for 100 days or more when they were pregnant 26.5%, Mothers who consumed iron folic acid for 180 days or more when they were pregnant 12.2%, Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card 97.4 %,, Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery 77.2%, Average out-of-pocket expenditure per delivery in a public health facility Rs. 2,398, Children born at home who were taken to a health facility for a check-up within 24 hours of birth 1.4%, Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery 76.4%.

The major concerned of any district would definitely be the mother & child health which determines all the other health factor of any district, we could also conclude that, if the primary unit of our health system would be strong enough to deal with the prime most concerned community that is the child and the women then it will be contribute to a large-scale benefit to our health care system. The figure below depicts the graphical representation of the data explained here.



Figure 1: Graphical Representation of Maternal Health Indicators of Maharajganj District.



Source: District Factsheet of NFHS-5, 2019-21.

1.4 Nutritional Status of Women and Children

The Nutritional Indicators of the District depicts the health status of that region and provide a clear picture about how the policies benefiting the community in different manner. The data below is the representation of some nutritional indicators in tabular form. The comparison is being made with that of NFHS-5 with respect to NFHS-4.

Total children age 6-23 months receiving an adequate diet 8.0%, Children under 5 years who are stunted (height-for-age) 40.5%, Children under 5 years who are wasted (weight-for-height) 21.8%, Children under 5 years who are severely wasted (weight-for-height) 9.1%, Children under 5 years who are underweight (weight-for-age) 37.4%, Children under 5 years who are overweight (weight-for-height)3.4%.

The NFHS-5 depicts that the Children age 6-59 months having less than 11.0g HB (<11.0 g/dl) were 60.5%, Non-pregnant women age 15-49 years having less than 12 g of HB (<12.0 g/dl) were 47.3%, the Pregnant women age 15-49 years having HB less than 11 g (<11.0 g/dl) were 38.9%, and the Adolescent-female (15-19 years) whose HB level was below 11g were 43.4%, the data of Adolescent men (15-19 years) whose HB level was below 13 g (<13.0 g/dl) was not available from National Family Health Survey-5 as it was not collected though.

1.6 HMIS Service Delivery Indicators

In Maharajganj, although 65.72% of the ANC registrations occur in the first trimester but more than 98.36% pregnant women receive four or more ANC checkups. The coverage of 180 IFA tablets among pregnant women is 97.77% and is lower than the state level coverage of 89.65%. In the district, 93.38% births are institutional deliveries with C-section deliveries accounting for 5.29% of the total institutional births. More than 78.56% women are discharged within 48 hours of the delivery.

The HMIS report shows that 96.44% of the newborn are breastfed within the first hour of the birth. About 97.53% of the Newborn weighed at births with respect to total live births in the district. Based on the measles vaccine, it is estimated that full immunization is universal in the district. About 91.15% of the children received BCG vaccine.

The mortality indicators are also presented in the table given below. The district reported a total of 14 maternal deaths and child deaths were four during 2020-21. The number of infant deaths reported is 484, whereas the number of stillbirths reported is 342. The volume of OPD services is 11.6 Lakhs per year, whereas the district provides care for more than 78 thousand IPD cases in a year. Female sterilization is dominant method of family planning in the district.

The total number of sterilizations being performed in the district were 6710, among which maximum are of females with 98.60% and the male sterilization were only 1.40% of total sterilization performed.



Table 3: Status of key maternal and child health indicators, Maharajganj district, Uttar Pradesh, 2021-22

Health and Health Care Service Delivery Indicators	HMIS (2021-2022)	
	Uttar Pradesh	Maharajganj
1. Maternal Health		
Total number of pregnant women registered for ANC	6428813	76231
% 1st Trimester registration to Total ANC Registrations	65.21	65.72
% Pregnant Women received 4 or more ANC checkups to Total Registration	83.03	98.36
% Pregnant women given 180 IFA to Total ANC Registrations	89.65	97.77
a) Home Deliveries		
Number of Home Deliveries	339259	3321
Number of Home Deliveries attended by Skill Birth Attendant(SBA)	42524	184
Number of Home Deliveries attended by Non SBA (Trained Birth Attendant (TBA)	296735	3137
b) Institutional Deliveries including C-Section Deliveries		
Total Number of Reported Deliveries	3859968	50138
% of Institutional Deliveries to Total Reported Deliveries	91.21	93.38
% of C-Section Deliveries to Total institutional Deliveries	9.51	5.29
% Institutional Deliveries to total ANC Registrations	54.76	61.41
% Women discharge in less than 48hours of delivery to Total Institutional Deliveries at Public Institution	51.10	78.56
c) Post Natal Care		
% Women getting 1 st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	48.67	87.46
% Newborn breast fed within 1 hour of birth to Total Live Birth	90.35	96.44
% Newborn weighed at Birth to Live Birth	92.11	97.53
2. Child Immunization & Diseases		
Total live birth	3858834	50165
Number of Fully Immunized children (9-11 months)	4903029	72738
Number of cases of Childhood Diseases Diarrhoea	190877	3335
Number of cases of Childhood Diseases Malaria	5729	261
Infants received BCG to full immunization	103.18	91.15
3. Family Planning		
Total Sterilization conducted	301707	6710
% Male Sterilization (Vasectomies) to Total sterilization	0.96	1.40
% Female Sterilization (Tubectomies) to Total sterilization	99.04	98.60
Number of Interval IUCD Insertions (excluding PPIUCD and PAIUCD)	714994	4653
5. Mortality Indicators		
Maternal Death	3483	14
Child Death	1412	4
Infant Death	10750	484
Still Birth	35657	342
Death due to Sterilization	5	0

Source: HMIS data, 2021-22, MoHFW



CHAPTER-2: PUBLIC HEALTH FINANCING

2.1. State Programme Implementation Plan

For the financial year (FY) 2021-22, against a resource envelope of Rs. 7366.43 Crore (calculated assuming state share of 40%), Uttar Pradesh received administrative approval for an amount of Rs.9621.79 Crore.

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

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

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

The total support from Government of India is Rs. 4419.86 Crore whereas the state share of 40% works out to be Rs. 2946.57 Crore. The resource envelope for FY 2021-22 consists of union government's support of Rs. 2998.19 Crore for flexible pool allocation including cash



and kind, Rs.543.74 Crore for incentive pool based on last year's performance and Rs. 877.93 Crore for infrastructure maintenance.

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

Figure 2: Flexipool-wise share of State Resource Envelope, 2021-22 (in percent), Uttar Pradesh

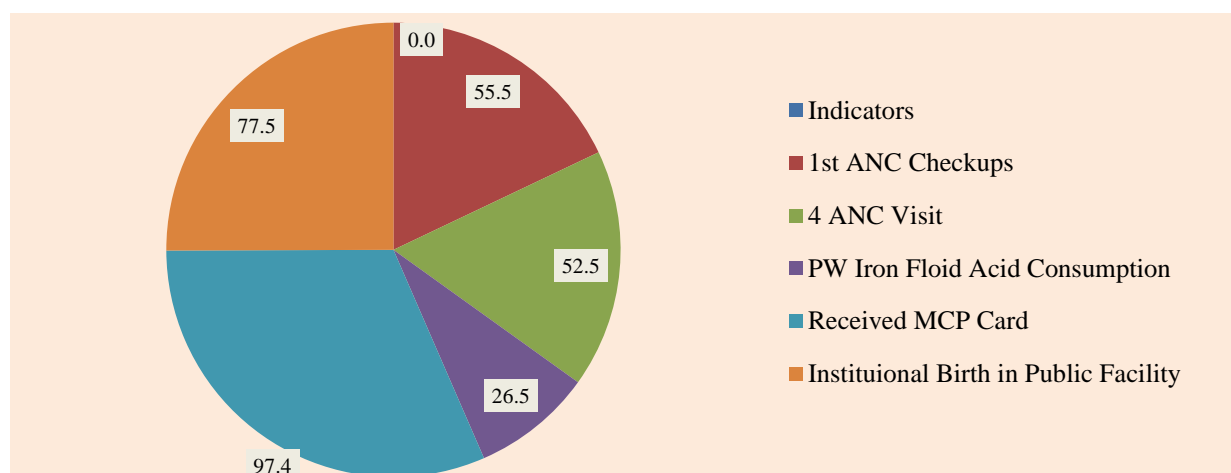


Table 5: Summary of budget approval, 2021-22, (Rs. in Lakhs) – State specific, Uttar Pradesh

FMR	Budget head	Total amount proposed	Total amount approved	share of total approvals	% approved to proposed
1	U.1 Service Delivery - Facility Based	3190.72	3111.85	7.62	97.53
2	U.2 Service Delivery - Community Based	2438.8	1309.81	3.21	53.71
3	U.3 Community Interventions	2754.74	3246.75	7.95	117.86
4	U.4 Untied Fund	418.5	418.5	1.02	100.00
5	U.5 Infrastructure	1361.55	856.55	2.1	62.91
6	U.6 Procurement	5842.85	4886.67	11.97	83.64
7	U.7 Referral Transport	2421.93	2421.93	35.93	100.00
8	U.8 Human Resources	15618.28	14929.39	36.56	95.59
9	U.9 Training and Capacity Building	817.43	735.51	1.8	89.98
10	U.10 Reviews, Research, Surveys and Surveillance	133.21	159.61	0.39	119.82
11	U.11 IEC/BCC	1464.61	1249.03	3.06	85.28
12	U.12 Printing	444.4	414.46	1.01	93.26
13	U.13 Quality Assurance	831.48	786.09	1.93	94.54
14	U.14 Drug Warehousing and Logistics	83.15	83.15	0.2	100.00
15	U.15 PPP	2069	2067	5.06	99.90
16	U.16 Programme Management	4121.87	3324.78	8.14	80.66
17	U.17 IT Initiatives for strengthening Service Delivery	19.2	19.2	0.05	100.00
18	U.18 Innovations (if any)	2332.44	813.34	1.99	34.87
Grand total		46364.16	40833.62	100	88.07
Total amount approved		40833.62			
Infrastructure maintenance		546			
Immunization kind grants		1681			
Grand total approved including MI and Immunization kind grants FY 2021-22		43060.62			

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

2.2 District Health Action Plan

The District Action Plan comprises of the situational analysis, goals and objectives for each of the defined indicators, strategies, activities, support required from the state, work-plan and the budget for each of the thematic areas. All the aspects of health have been incorporated including the NRHM additionalities of ASHA, Untied funds, Mobile Medical Unit, Facilities as per IPHS norms, the National Disease control programmes, and Intersectoral Coordination and



Community involvement. Capacity building and Human Resources have been dealt with in details. The other Cross cutting issues of Gender, Logistics and Warehousing, HMIS, IEC and Biomedical Waste management have been also incorporated.

Table 6: Information about District Health Action Plan (DHAP) , 2021-22

Indicators	Year
Whether district prepared District Plan (PIP) for current year and submitted it to states	Yes
Whether the District received the approved District Health Action Plan (DHAP) from state	19 Jan 22
Date of first release of fund against DHAP	
Infrastructure: Construction Status	
Details of Construction pending for more than 2 years	NA
Details of Construction completed but not handed over	NA

Source: District Profile Checklist, Maharajganj Uttar Pradesh

Table 6 shows about the information given in the District Profile Checklist by the DPM about District Health Action Plan (DHAP), 2021-22. The district has prepared the District Plan (PIP) for the current year and submitted to the state, which is done from the end of Maharajganj district and also mentioned the date Jan 22 for the submission of DHAP. Details of the construction pending for more than 2 years marked as NA as none of the building was under construction, and no details of construction completed but not handed over.



CHAPTER-3: PUBLIC HEALTH PLANNING AND IMPLEMENTATION

3.1 Health Infrastructure

The District of Uttar Pradesh has made significant progress in improving the health status of its people. Maharajganj has made substantial progress in building reliable health infrastructure at various levels. The District has been at the forefront of health care development. Basic to tertiary health care services are being provided by the public and private sectors and voluntary organizations. Integrated management of health services has helped tide over the critical phase of the COVID-19 pandemic. The Health Care Infrastructure in the District is as follows;

- A. District Hospital of Maharajganj
- B. Community Health Centres (CHCs)
- C. Primary Health Centres (PHCs)
- D. Sub-Centres/ Health & Wellness Centres (SCs/HWCs)

The Health Infrastructure followed in Uttar Pradesh, is District Hospital for the major health issues & injuries, then the Community Health Centres there for all the Mother & Child care services and General Casulty, then the Primary Health Centres, which were supposed to provide the basic services to the public including the General OPD, ANCs, Child Immunization and other primary stuffs, and the referrals were made to the CHCs, located in the middle of the community or near by the community to facilitate the community, also the Sub-Centres/ Health & Wellness Centres were supposed to provide the primary health care facilities to the community/locality they placed in, another work that the HWCs are entitled for is to provide the health and wellness activities for example, the Yoga sessions within the catered area.

Table 7: Details of health facilities available, 2021-22

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	01	01
2. Sub District Hospital	00	00
3. Community Health Centers (CHC)	15	14
4. Primary Health Centers (PHC)	40	40
5. Sub Centers (SC)	431	431
6. Urban Primary Health Centers (U-PHC)	01	01
7. Urban Community Health Centers (U-CHC)	00	00
8. Special Newborn Care Units (SNCU)	01	01
9. Nutritional Rehabilitation Centres (NRC)	01	01
10. District Early intervention Center (DEIC)	00	00
11. First Referral Units (FRU)	05	03
12. Blood Bank	01	01
13. Blood Storage Unit (BSU)	00	00
14. No. of PHC converted to HWC	15	06
15. No. of U-PHC converted to HWC	01	01
16. Number of Sub Centre converted to HWC	30	16
17. Designated Microscopy Center (DMC)	27	27
18. Tuberculosis Units (TUs)	15	12
19. CBNAAT/TruNat Sites	1/7	1/7
20. Drug Resistant TB Centres	01	01

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

Table 7 above shows the details of the Health Facilities of the Maharajganj District of Uttar Pradesh, which clearly depicts that the district lacks with the government health facilities in



order to facilitate the community well, there's 1 DH in the district sanctioned and that is operational, it includes the male as well as female district hospital, there's no Sub-District in Maharajganj, need for the same was also not there, the total number of Community health Centres are 15 and among them 14 are functional, then under them 40 Primary Health Centers all are functional, the Sub Centers are 431 in total and full functional. No Urban Community Health Centers in the District. The Special Newborn Care Units (SNCU) was in DWH which is functional but overloaded being a single unit in the district. Again 1 NRC, in DWH functioning very well. The District has been allotted with 5 FRUs (First Referral Units among them only 3 were functional during the time of visit. 1 at DH level and other at CHC, only 1 blood bank in the DH and 2 BSUs (Blood Storage Unit)-1 at DWH and other at CHC. The Tus were 15, among them 12 were fully functional and 01 TB Centre providing the drugs as well and with 2/9 TruNat sites.

3.2 Human Resource for Healthcare

It has been observed since long time that every District suffered with staff crunch, at every health care facility whether it's of primary tier level or at DH the Human Resource has a major deficit in running that particular facility, showing below the table with the In-Place position and short fall of vacancies at the district level with respect to that of sanctioned to the district.

Table 8: Availability of human resource, 2021-22

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM	299+519	170+373	72
MPW (Male)	147+0	16+0	89
Staff Nurse	53+290	15+180	71.6+37.9
Lab technician	30+15	27+9	10+40
Pharmacist (Allopathic)	80+1	78+1	2.5+0
MO (MBBS)	137+14	54+11	60.5+21.4
OBGY	15+6	03+03	80+50
Pediatrician	13	09+04	0
Anesthetist	15+6	02+01	14.2
Surgeon	15	00	100
Radiologists	01	00	100
Other Specialists	00	00	00
Dentists/ Dental Surgeon/ Dental MO	01	01	00
Dental technician	00	00	00
Dental Hygienist	15	02	13.3
Radiographer/ X-ray technician	00	00	00
CSSD Technician	00	00	00
OT technician	03	03	00
CHO/ MLHP	201	122	60.6
AYUSH MO	29	29	00
AYUSH Pharmacist	09	09	00

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

The table 8 above represents the HR Status of the Maharajganj District, the staff details includes the Regular staff, the staff appointed under National Health Mission and the Out Sourced. The difference between the sanctioned and In-place was quite considerable in some of required post but with 100% of vacant post for Surgeon and Other Specialist which are among the foremost resource to any district. Other than that, the Mo (MBBS) has also maximum of the vacant seat in the District. Although they had major crunch of HR at every level but the most reproving thing is to have the specialist or important place vacant in the district which affect the necessity and required health care facilities.



3.3 Health Systems Strengthening

3.3.1 Drugs and Diagnostics

The District's Health facilities have enough medicines to meet the needs of daily general OPD and ANCs, every facility has required medicines as per the norms, the shortage of some drugs was noticed at the primary tier level health centres due to non-availability of the medicines from the district level,

3.3.2 HR Training as per RoP

Training constitutes a basic concept in human resource development. It is concerned with developing a particular skill to a desired standard by instruction and practice. It is a highly useful tool that can bring an employee into a position where they can do their job correctly, effectively, and conscientiously. Training is the act of increasing the knowledge and skill of an employee for doing a particular job. The NHM supports training for the ASHAs, ANMs, & HMIS expert to facilitate the quality of programmes being run under the NHM. The number of training needed to be organized in any particular district would be first stated into the RoP prepared by the District officials. Thereafter, the same would be planned accordingly. Some of the training under NHM includes the HMIS data entering, the quality assurance programmes, family planning (assuring the better counseling of the eligible couple), ASHAs training to alighting the community, Training to fresher ASHAs, the programmes related trainings to the health personnel which run under NHM, Maternal & Child Care training etc.

Table 9: Details of HR training as per RoP approval, 2021-22

List of training (to be filled as per ROP approval)	Planned	Completed
1. HMIS	4	4
2. Quality	3	0
3. Family Planning	1	1
4. Maternal Health	1	1
5. NLEP	4	4
6. Refresher ASHA	-	-

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

The District reported about the training status, that it was up to date and according to the RoP as planned which is represented by the table given below, Table 15 shows the list of training filled as per RoP approval, the HMIS which were planned as 4 in number and all were completed, then the Quality Programmes related training planned as 3 and none of them accomplished, the family planning training to health personnel was 1 as per the RoP and that one completed, the trainings on Maternal Health was 1 and that was completed then the NLEP, National Leprosy Eradication Programme's training were planned as 4 and all were completed. Only these 5 training were planned by the district as per the RoP.

3.4 State of Fund Utilization

Status of Expenditure year (Financial year 2021-22), given below the tables showing the state of expenditure in different sub heads.

Table 10: FMR wise (as per ROP budget heads, if available)

Indicator	Budget Released (in lakhs)	Budget Utilized (in lakhs)	Reason for low utilization (if less than 60%)
1 FMR 1: Service Delivery: Facility Based	2169.35	1020.62	



2	FMR 2: Service Delivery: Community Based	268.28	80.80	
3	FMR 3: Community Intervention	3158.83	1652.34	
4	FMR 4: Untied grants	478.93	47.33	The District has not provided the details for the same
5	FMR 5: Infrastructure	2035.55	555.96	
6	FMR 6: Procurement	798.64	383.84	
7	FMR 7: Referral Transport	9.09	0.33	
8	FMR 8: Human Resource (Service Delivery)	3662.62	1901.066	
9	FMR 9: Training	149.77	16.73	
10	FMR 10: Review, Research and Surveillance	23.12	12.36	
11	FMR 11: IEC-BCC	181.60	39.55	
12	FMR 12: Printing	144.79	28.91	
13	FMR 13: Quality	16.41	13.22	
14	FMR 14: Drug Warehouse & Logistic	78.61	60.17	
15	FMR 15: PPP	136.46	79.28	
16	FMR 16: Programme Management	945.42	723.82	
17	FMR 17: IT Initiatives for Service Delivery	43.22	0.26	
18	FMR 18: Innovations	0.15	00	

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

Table 10 shows the status of budget utilized with respect to budget released for the financial year 2021-22, FMR wise, the least percentage of fund utilization were for untied grants, Training, IEC-BCC, for IT Initiatives and Referral Transport, they're not even 50% of the utilization of budget and still the district stays with the statement that they had to face difficulties with the fund delays and also they had Ambulance crunch at the District level.





4.1 District Women Hospital, Maharajganj (DWH)

The District Women Hospital of Maharajganj was supposed to provide all the services which left withhold at the other primary-tier level health care facilities, so as the DWH of the visited district following, the District Hospital was very equipped with all the required machines and instruments.

- District Hospital Maharajganj has a facility of 100 beds and its next referral point is BRD Medical College Gorakhpur which is 50 km away from there.
- The average monthly delivery load was around 180-190 deliveries per month and the average OPD load was around 700-800 patients per day.
- The services available at the DH are OPD, family planning services, lab tests, emergency treatment, pediatric OPD, labor room, minor operation, SNCU, PICU, diet facility, tele-medicine etc.
- The infrastructure of the hospital was not good but MCH building was new and well painted.
- There was not enough waiting area outside the PNC and SNCU wards, it was crowded outside and people were sitting and lying on the floor and making it difficult to walk on the floor.
- Both in-house and outsourced (PPP) tests were available there and the total number of tests conducted by DH in the last financial year was 411003.
- There were 26 bedded SNCU available out of which 2 beds were not working and 11 phototherapy machines were available there and 15 bedded PICU was also available there.
- A functional blood bank was available and 140 blood transfusions were done in the last month and presently 84 units of blood were available.
- Counseling regarding family planning was being given by FP counselors and Adolescent Friendly Health Clinic was available there and counseling is being given by AFHC counselors to both male and female adolescents.
- This facility has been awarded with Kayakalp Award in year 2021-2022 and its facility score was 83.32 percent.
- The NQAS assessment has been done at the state level in the last financial year and its facility score was 76 per cent.
- The fund received in the last financial year was Rs 68671323 out of which 51363381 has been utilized by the facility. For the last two and a half years, DH was functioning as a COVID-19 hospital due to which they have been able to utilize only 74.79 per cent of the funds in the last financial year.



4.2 Community Health Centre (CHC Level Health Facility)

NHM Monitoring team visited 2 Community Health Centres one from Sadar and another from Partawal.

Community Health Centre, Sadar

- CHC Sadar was functioning under the supervision of MOIC Dr. KP Singh. It was located two km away from the district hospital and had a coverage population of about two lakh ninety thousand.
- The average monthly delivery load was around 70-75 deliveries per month and the average OPD load was around 100 patients per day.
- The services available at the CHC are OPD, IPD, family planning services, lab tests, ANC/PNC, X-Ray, Dental OPD etc.
- The infrastructure of the facility was not in good condition, the walls were not painted well and cleaning was not done properly.
- Only five functional in-patient beds were available as there was acute shortage of space and the CMO office was also located in the CHC premises.
- Counseling regarding family planning was being given by staff nurse and Adolescent Friendly Health Clinic was available there and counseling is being given by AFHC counselors to both male and female adolescents.
- The total number of tests conducted by CHC Sadar in the last financial year was 945 only.
- About 95 percent JSY payment has been made by the facility to the beneficiaries.
- There was lack of proper labeling on the racks of medicines in the drug store room.



Figure 3: Community Health Centre, Sadar



Figure 4: Community Health Centre, Partawal

Visit to Community Health Centres, Maharajganj, Uttar Pradesh



Community Health Centre, Partawal

- The CHC Partawal is designated as FRU and located twenty-five km away from the district hospital and had a 30 bedded facility.
- The average monthly delivery load was around 250 deliveries per month and the average OPD load was around 400-500 patients per day.
- The services available at the CHC are OPD, IPD, family planning services, lab tests, ANC/PNC, X-Ray, Dental OPD, tele-medicine etc.
- Counseling regarding family planning was being given by FP counselor and Adolescent Friendly Health Clinic was available there and counseling is being given by AFHC counselor but there was unavailability of separate counselors for male and female adolescents.
- The total number of lab tests performed by CHC Partawal in the last financial year was 10297.
- For the testing of tuberculosis TruNat machine was available.
- About 90 percent JSY payment has been made by the facility to the beneficiaries.
- This facility has been awarded with Kayakalp Award in year 2021-2022 and its facility score was 73.
- The NQAS assessment is also done at the state level and its Facility score was 76.46.
- The fund received in the last financial year was Rs 3.05 crore out of which 2.66 has been utilized by the facility.
- Improper Segregation of Biomedical Waste and General Waste, People had thrown the general waste into the Biomedical Waste Dustbin.
- The MOIC of CHC Partwal was facing problem in providing JSSK diet as the sanctioned amount for the diet is very less.

Table 11: Status of health infrastructure at Community Health Centres, 2021-22

Condition of infrastructure	CHC-1 (Sadar)	CHC-2 (Partawal)
24*7 running water facility	✓	✓
Facility is geriatric and disability friendly (ramps etc.)	✓	✓
Clean functional toilets (separate for Male and female)	✓	✓
Drinking water facility available	✓	✓
OPD waiting area has sufficient sitting arrangement	✓	✓
ASHA rest room is available	✓	✓
Drug storeroom with rack is available	✓	✓

Source: Community Health Centre Level, Checklist

Table 11 states about the condition of health infrastructure at both the Community Health Centres being visited by the monitoring team, it shows the aspects like running water facility for the staff of the facility as well as the patients visited to the facility, which was available at both the Community Health Centres then the facility of ramps to geriatric and disable persons which is partially available at the Sadar, Community Health Centre, they had ramps for first floor or at the OPD waiting area but not at every required area of the facility. They had clean and functional toilets separately for male and female, the drinking water was available all the time, the OPD waiting area had sufficient sitting arrangements and enough space to the family members accompanying the patients, Drug store with racks was there in the facility, all these



facilities were also available at the Community Health Centre of Partawal as well except for the ASHA rest rooms, which was not available at both the facilities in Sadar and Partawal. The condition of infrastructure of both the Community Health Centres was quite good and hygienic.

Table 12 represents the specialized services available at the facility, the Medicines were not available at both the Community Health Centres, these services includes the Medicines which were not available at both of the facilities, then O& G, posted on both the facilities, the pediatrician, Sadar block CHC lacks with the NBSU, Tele-medicine consultation, operation theater and Availability of functional Blood storage unit whereas the Partawal block CHC operating with NBSU and BSU also stated as FRU but didn't have Anesthetist.

Table 12: Availability of specialized services at Community Health Centres, 2021-22

List of services	CHC-1 (Sadar)	CHC-2 (Partawal)
Medicine	X	X
O&G	√	√
Pediatrician	√	√
General Surgery	X	√
Anesthesiology	X	X
Ophthalmology	√	√
Dental	√	√
Imaging Services (X – ray)	√	√
Imaging Services (USG)	X	X
Newborn Stabilization Unit	X	√
Tele-medicine/Consultation	X	X
Operation theatre	X	X
Availability of functional blood storage unit	X	√

Source: Community Health Centre Level, Checklist

The Sadar had the Imaging Services for the X-ray only not USG which resultant in complete ANC's checkups at one place at a time and no women had to move to the facility due to the inconvenience or non-availability of services. But the Partawal's Community Health Centre did not have the X-ray machines, therefore the ANC's were referred to other facility but they had the facility of USG at the facility. The Newborn Stabilization Unit was available at both the facilities.



Table 13: Human resources availability at Community Health Centres, 2021-22

HR Positions	CHC- 1 (Sadar)			CHC-2 (Partawal)		
	Sanction	Regular	Contractual	Sanction	Regular	Contractual
MO (MBBS)	-	00	00	05	05	00
Medicine (Specialist)	-			00	00	00
OB &Gy (Specialist)	-			00	00	00
Paediatrician (Specialist)	-			00	00	00
Anesthetist (Specialist)	-			00	00	00
Dentist	01	01	00	01	01	00
Staff Nurses/ GNMs	05	00	04	08	06	02
LTs				02	02	00
Pharmacist				04	02	00
Dental Technician/ Hygienist	01	01	00	01	01	0
Hospital/ Facility Manager	N	N	N	00	00	00
EmOC trained doctor	N	N	N	00	00	00
LSAS trained doctor	N	N	N	00	00	00
Others	N	N	N	00	00	00

Source: Community Health Centre Level, Checklist

Table 13 states about the Human Resources availability of the Community Health Centres, first we'll look into the account for the CHC-1 which was from Sadar, the total number of sanctioned post of MBBS Dr. for the facility was 5 whereas only 3 Regular Dr. was currently posted there, the Medicine's specialist was not sanctioned then only 1 OB &Gy specialist posted as same in number on contractual, the pediatrician was not there at the facility but sanctioned 1 in number, no anesthetist as no surgeries were performed at the facility but 1 has sanctioned. 1 position for Dental, same as posted, 5 Staff Nurses/ GNMs only 3 regulars were there at the time of visit. 1 pharmacist for the facility dealing with all the patients on the place of 3 as assigned, no trained EmOC trained doctors and LSAS trained doctors were assigned for the facility. On the other hand, the Community Health Centre form Partawal had different scenario but same in case of vacant position, 5 MBBS doctors were assigned but only 4 were at position among which 3 doctors are regular and 1 contractual, then the specialist for medicines which was not sanctioned to the facility, the ObGy& Pediatrician was not posted, but 1 had sanctioned, no Dentist was there, SNs/GNMs were posted 4 same as sanctioned 1 LTs placed same as sanctioned to the facility, No hospital Manager, EmOC trained doctor and LSAS trained doctors at the facility. The Staff crunch was reported by both the facilities but as per the crowd and work load over both the Community Health Centres it could be considered as they did not need any other human resource at the facility with the same number of services they've been providing to the community.



4.3 Uttar Pradesh Government Dispensaries, PHCs (PHC Level Health Facility)

Primary Health Centre Shyamdeurwa:

- PHC Shyamdeurwa is situated 9 km away from its referral unit which is CHC Partwal and it is a four bedded facility.
- The average monthly delivery load was around 9-10 deliveries per month and the average OPD load was around 40 patients per day.
- The services available at the PHC are OPD, Ayush OPD, Family planning services, Lab tests, ANC/PNC, Delivery, Immunization etc.
- The total number of lab tests performed by PHC Shamdeurwa in the last financial year was 10297.
- Eight maternal deaths were reported at the facility in the last financial year (2020-2021).
- Counseling regarding family planning was being given by senior nurse and the acceptance of ANTRA was high among the other family planning methods.
- 41 Diabetes and 72 Hypertension patients have been confirmed in respect of non-communicable diseases in the last 6 months and 448 people were screened for oral cancer and 174 for breast cancer but out of which 0 patients have been confirmed.
- The facility is designated as the Designated Microscopy Centre and in this facility all TB patients are tested for HIV and Diabetes Mellitus.
- MBBS doctor is required in the facility as this facility is being run by AYUSH doctor.

Primary Health Centre Ramhali:

- PHC Ramholi has four bed facility and is located 10 km away from District Combined Hospital.
- The services available at the PHC are OPD, IPD, Family planning services, Lab tests, ANC checkup, Delivery, Immunization, NCD Screening etc.
- The infrastructure of the facility was in good condition.
- The average monthly delivery load was around 11-12 deliveries per month and the average OPD load was around 60 patients per day.
- Counseling regarding family planning was being given by staff nurse
- 35 Diabetes and 14 Hypertension patients have been confirmed in respect of non-communicable diseases in the last 6 months.
- There was a shortage of lab technician and lab assistant, only kit-based tests are being conducted by the pharmacist.
- The facility is also designated as Health and Wellness Centre but wellness activities are not being properly performed by the HWC.





Figure 5: Primary Health Centre, Ramhauri



Figure 6: Primary Health Centre, Shyamdeurwa

Uttar Pradesh Primary Health Centres, Maharajganj Uttar Pradesh

Table 14: Status of infrastructure, Uttar Pradesh Primary Health Centre, (PHCs), 2021-22

Condition of infrastructure	PHC-1 (Ramhauri)	PHC-2 (Shyamdeurwa)
Accessible from nearest road head	✓	✓
24*7 running water facility	✓	✓
Facility is geriatric and disability friendly (ramps etc.)	✓	✓
Clean functional toilets available (separate for Male and female)	✓	✓
Drinking water facility available	✓	✓
OPD waiting area has sufficient sitting arrangement	✓	✓
ASHA rest room is available	✓	✓
Drug storeroom with rack is available	✓	✓
Branding of the health facility	✓	✓
Power backup	✓	✓

Source: PHC Level Checklist, Maharajganj Uttar Pradesh

Table 13, shows the status of infrastructure of both the PHCs, it consist of the condition of the health facility in terms of the availability of resources in order to run the facility effectively, both the PHCs are accessible from the nearest road head, the water facility was also available on both the PHCs, the facility from Ramhauri and Shyamdeurwa PHCs has good with its infrastructure, it has ramps for the disable patients as well, clean and functional toilets were not there at PHC- 1, it was very bad in terms of the building and infra, whether the PHC-2 has that facility. The Drinking water was available on both the PHCs for the staff as well as for the patients. Both the facilities were well designated with the infrastructure and other related stuffs.



Table 15: Human resources availability at Uttar Pradesh, Primary Health Centre, 2021-22

HR Positions	PHC-1 (Ramhauri)			PHC-2 (Shyamdeurwa)		
	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)	01	00	00	01	01	00
MO (AYUSH)	01	00	00	01	01	00
SNs/ GNM's	01	00	-	03	01	02
ANM	01	00	01	01	00	01
LTs	01	01	-	01	01	00
Pharmacist	01	01		01	01	00
Public Health Manager (NUHM)				00	0	00
LHV/PHN				00	00	00
Others				03	01	02

Source: PHC Level Checklist, Maharajganj, Uttar Pradesh

Table 15 represents the status of Human Resource at the facility PHC- 1 (Ramhauri) shows the staff crunch as per the details received through checklist, the Medical Officer sanctioned for the facility were 01 and the no MO had been appointed there, then the MO (Ayush)'s 01 has been sanctioned for the facility and no one was being appointed till now, the LTs were 01 sanctioned and but no appointment has been done nor on contractual basis, the 01 pharmacist were sanctioned and the same was appointed, no further information of the LHV/PHN from the facility, then the another PHC-2 from Shyamdeurwa where the MO sanctioned for the facility was 01 and the same were appointed on Regular bases, the staff sanctioned for the facility has appointed in the same number except for the LTs and Pharmacist, which was vacant from last 2 years.

Table12: Status of health services at Uttar Pradesh Government Dispensaries. 2021-22

Drugs and diagnostics services	PHC-1 (Ramhauri)	PHC-2 (Shyamdeurwa)
Availability of list of essential medicines (EML)/ drugs (EDL)	230	58
EDL/EML display in OPD area	Yes	Yes
Implementation of DVDMS	Yes	Yes
Shortage of 5 priority drugs from EDL in last 30 days, if any	Yes	Yes
Drugs Available for Hypertension & Diabetic patients	Yes	Yes
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	No	No
Availability of Testing kits/ Rapid Diagnostic Kits	Yes	Yes
Line listing of all high risk pregnancies	Yes	Yes
Availability of vaccines and hub cutter	Yes	Yes
Availability of trained provider for IUCD / PPIUCD	Yes	Yes
Whether reporting weekly data in P and L form under IDSP	Yes	Yes
Maintenance of Records		
Maintenance of records on TB cases (drug sensitive/resistant cases)	Yes	Yes
Maintenance of records on Malaria cases	Yes	Yes
Maintenance of records on Palliative cases	Yes	Yes
Maintenance of records on Dengue and Chikungunia	Yes	Yes
Maintenance of records on Leprosy cases	Yes	Yes

Source: PHC Level Checklist, MaharajganjUttar Pradesh

Table 16 represents the status of health services at Uttar Pradesh Primary Health Centres in terms of availability of Drugs and Diagnostic services among all the services the availability was quite same for both the PHCs the essential medicine list was available which 230 in numbers, and also they did not have shortage of sufficient number of Hypertension & Diabetic patients tablets in last 7 days, the EDL/EML displayed in the OPD area of both the facilities,



then the shortage of 5 priority drugs at PHC-1 were *Antacid and Ceterzine*, the list of shortage drugs at Shyamdeurwa PHCs were; *Ethamsatate, Livocitrizine, Renitidin and Antacid*, both the facilities had availability of drugs for the Hypertension and Diabetic Patients, name of some of medicines mentioned by the MO in the checklist from PHC Ramhauli was *Ampodimie, Metamorfin and Glimepride* from PHC Shyamdeurwa were *Amlodipin, HCT and Melformin* then testing kits & rapid diagnostic kits were there on the facilities, line listing of all high risk pregnancies were done regularly by ASHAs of the facilities, availability of vaccines & hub cutter were there, the facilities were having trained Staff for insertion for IUCD/PPIUCD. Both the facilities maintained record for the TB treatment Card cases, Malaria cases, Palliative cases, & cases related to Dengue & Chikungunya, and Leprosy cases.

4.4 Sub Centre/ Health & Wellness Centre (SC/HWC)

One Sub-Centre which was also a Health & Wellness Centre was visited by the team in Piprarasoolpur, located within the reach of locality. Catering the population of more than 40000 with the monthly OPD 400.

The SC was providing basic health care facilities to the community including the OPD, Basic ANCs, basic kit based test for example: HB, Glucose, Blood Pressure Etc.



Sub-Centre Piprarasoolpur:

- Sub-Centre Piprarasoolpur is located 14 km away from the District Combined Hospital.
- The services available at the SC are Family planning services, Lab tests, ANC/PNC checkup, Delivery, NCD Screening etc.
- The HR available there were one CHO, two ANMs and nine ASHA's.
- This facility has been awarded with Kayakalp Award in year 2021-2022 and its facility score was 74.
- The infrastructure was good and there were proper boundaries on the outside but there was no proper drainage facility, it gets waterlogged during the rainy season.
- There are total seven types of tests being done which are BP, Diabetes, HIV, Syphilis, Typhoid, HB and Malaria tests.
- With regards to Non-communicable diseases in last 6 months, 2689 people were screened for diabetes and hypertension out of which 55 patients were confirmed for diabetes and 67 patients were confirmed for hypertension.
- In the last six months, Sanitation days were organized by the facility in about 6 villages.
- The infrastructure was good and there were proper boundaries on the outside but there was no proper drainage facility, it gets waterlogged during the rainy season.
- As it is a hwc center yet yoga day was not being conducted in a uniform pattern

Table 17: Details of HR available in the facility, Piprarasoolpur

S.No.	HR	Sanctioned	Regular	Contractual
1	ANM/MPW Female	01	00	01
2	MPW Male	-	-	-



3	MLHP/CHO	01	00	01
4	ASHA	05	00	05
5	Others	00	00	00

Source: SC level facility based checklist, NHM

The table 17 above shows the HR details of the facility visited they had total number of 07 staff posted at the SC/HWC level, which included 01 ANM, 01 CHO, 05 ASHAs, the same number is of the sanctioned posts, as per the discussion with the CHO, there's no shortage of HR but due to duty posting at some other facility they faced a lot of problems in managing.

The SC were supposed to fill CBAC form at the facility and track the score of the respective person, they total number of forms being filled in last 6 months were 500, among them 420 were score with below 4 and 80 with 4 or above. The universal testing of NCD had started over the center. All the other facility based activities and days were celebrating there, including VHND, YOGA day (Monthly), "Saas-Bahu Samelan" which was themed on contraception awareness and family planning services.



CHAPTER-5: CONCLUSION AND RECOMMENDATIONS

This report presents the key findings from the concurrent monitoring of essential components under NHM in the Maharajganj district of Uttar Pradesh. The information is prepared based on field-visit observations and visits to selected public health facilities in Maharajganj. The PRC-IEG Team visited the following public health care facilities: District Women's Hospital, Maharajganj, 2 Community Health Centre (Sadar & Partawal), 2 Primary Health Centres (Ramhauili & Bamkheda), and 1 Sub-Centre from Piprarasoolpur. Structured checklists were used to collect information on human resources, infrastructure, funds utilisation, training, health care services including drugs and equipment, family planning, disease control programmes, JSY and JSSK programmes, maternal and child health, RBSK programme, and other programmes under the umbrella of NHM.

Mahrajganj district has a total of 12 blocks, 26, 84,703 population, 929 villages, 1 district hospital, 15CHCs, 34 PHCs, and 293 sub-centres. 44 SC are in a rented building, and all health facilities are in the Government building. For transport facilities, the district has 32 (108 ambulances), 29 (102 ambulances) and three mobile medical units providing facilities to the patients. A deficit of human resources, especially of Lady Medical Specialist and Gynaecologist, was observed in the hospital. In the Mahrajganj district during the last financial year, the maximum number of ANC registers were reported in Lakshmipur and the minimum in Dhani block. A considerable variation was found in the Post Natal Care indicator block-wise in the Mahrajganj district during the last financial year. The highest number of PNCs within 48 hours after the delivery was reported in Farendra, and the lowest one was at Paniyara block. Also, PNC between 48 hours and 14 days after delivery was highest reported in Siswa and lowest in Lakshmipur block. Information about the service delivery indicator, such as TT1 and TT2, were written over 2900 and above, while the highest number for TT1 and TT2 were reported in Ghugali and the lowest in Dhani block. Moreover, home deliveries under the SBA assisted block-wise were reported much less in all the blocks. During the last financial year in Mahrajganj district, the block-wise data revealed that the total maternal death was 47. At the same time, the number of deaths that occurred in hospitals (21), homes (12) and during transit (14) was reported in the district hospital. However, the primary reason for % of death due to haemorrhage, obstetric complications, sepsis, Hypertension, and abortion were listed. While JSY payments in districts have been reported at 93%, the total deliveries brought by ASHAs were 92.8%. Monitoring and Evaluation of PIP, Mahrajganj, Uttar Pradesh PRC IEG, Delhi Page 47 Under the child health section, the reporting of immunisation in all block-wise were better, and data indicates that for OPV at birth, BCG, DPT1,2,3, Pentavalent1,2,3 and Measles have given as per target assign. At the same time, Siswa reported the maximum number and the minimum in the Farendra block for Full immunisation. However, only 1 SNCU, 2 NBSU, and 46 NBCC infrastructure and services for neonatal health are reported in working conditions. There is only 1 NRC section in working condition where the total number of 158 admissions is maintained in the register. However, the total number of child deaths was reported at 142 respectively in the district. Family planning achievement in block-wise in the Mahrajganj district was indicated relatively better for all indicators, such as sterilisation, IUCD insertions, Oral Pills, Emergency contraceptive, Condoms, and Injectable contraceptives. However, data revealed that the maximum number of sterilisations of females were reported in Mahrajganj, the headquarters block. Moreover, IUCD insertions and oral pills and other indicators were



reported to be almost achieved as per the assigned target in all blocks. Under the community process in Maharajganj district during the last financial year, a total number of ASHAs presently working was reported at 2530, and the entire vacant post was 136. Whereas, in the previous financial year, drug kit replenishment was reported at 2530, and training received in the last financial year was HBNC (1ST,2ND,3RD and 4th), NCD and Family Planning

Key Recommendations

- I. Human Resource:** Majorly every district seemed to have HR issues at the district level and primary tier facilities, but here the only problem was with the surgeons and specialists at the District Hospital; there's no Pediatrician, Surgeon & Anesthetist in the district, which is a reason to worry and immediate need to fill those posts to strengthen the Health Care System in the District.
- II. Delay in Receiving Fund:** at the time of the visit to the CMO and with Nodal Officers of different programmes, it had cleared that they faced a fund-related problem while directing any programme at the facility. Consequently, the MOIC of that facility stated that they had to pay for some of the stuff on their own to ensure that nothing hampered the services.
- III. Non-Operating FRUs:** The District has a total 5 number of FRUs, including the District Hospital, but except for the DH, none of them is fully functional; the FRUs were not even well equipped, not have the Blood Storage Unit with Gynecologist and did Anesthetist, which supposed to be the minimal demand for any unit to be an FRU. Therefore the load for the C-Sections undoubtedly transferred to the DH, and it also affects the maternal and child health in the catchment area.
- IV. Non-Skilled Staff/Lack of Training:** During the visit to Maharajganj's Health Facilities, it was observed that the staff, including the head nurse of that particular facility or any other experienced one, as well was not skilled enough or confident about their work and answer to the question being asked while monitoring of the facility and the related programmes over there, which depicts the need to strengthen the health facility in terms of services availability as well as the health personnel on the facility.



ANNEXURE 1



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



Schedule for PIP Monitoring

Key Correspondence: DPMU

A. District Profile

A.1. Healthcare				
Indicator	Values		Source	
1. Name of the District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year	Public:			
	Private:			
15. Estimated number of cataract surgeries to be conducted				
*Estimated numbers (Sl. No 9-15) to be filled for the financial year 2021-22				
Mortality Indicators:	Financial year (2021-21)		Financial Year (2021-22)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
A.2. Healthcare Infrastructure				
Facility Details	Sanctioned/ Planned		Operational	
21. District Hospitals				
22. Sub District Hospital				
23. Community Health Centers (CHC)				
24. Primary Health Centers (PHC)				
25. Sub Centers (SC)				



26. Urban Primary Health Centers (U-PHC)		
27. Urban Community Health Centers (U-CHC)		
28. Special Newborn Care Units (SNCU)		
29. Nutritional Rehabilitation Centres (NRC)		
30. District Early intervention Center (DEIC)		
31. First Referral Units (FRU)		
32. Blood Bank		
33. Blood Storage Unit (BSU)		
34. No. of PHC converted to HWC		
35. No. of U-PHC converted to HWC		
36. Number of Sub Centre converted to HWC		
37. Designated Microscopy Center (DMC)		
38. Tuberculosis Units (TUs)		
39. CBNAAT/TruNat Sites		
40. Drug Resistant TB Centres		
41. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	_____	_____
• At SDH	_____	_____
• At CHC	_____	_____
42. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	_____	_____
• Providing 1st trimester services	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____
A.3 Infrastructure Construction Status Details		
• Details of Construction pending for more than 2 years		
• Details of Construction completed but not handed over		

B. Overview: Submission & approval timelines of DHAP

Year	Prepared & submitted any District Programme Implementation Plan (DPIP/ DHAP)	Submission date of DPIP/ DHAP	When you have received the approved DHAP from the State?	Date of Fund Release (1 st sanctioned against DHAP)
2021-22 (Previous FY)				
2022-23 (Current FY)				

C. Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all)	
• Number of lab tests notified	
C.2. Status Of Delivery Points	
• No. of SCs conducting >3 deliveries/month	



Indicator	Remarks/ Observation																					
<ul style="list-style-type: none"> No. of 24x7 PHCs conducting > 10 deliveries /month 																						
<ul style="list-style-type: none"> No. of CHCs conducting > 20 deliveries /month 																						
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting > 50 deliveries /month 																						
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting C-section 																						
<ul style="list-style-type: none"> No. of Medical colleges conducting > 50 deliveries per month 																						
<ul style="list-style-type: none"> No. of Medical colleges conducting C-section 																						
<ul style="list-style-type: none"> Number of institutes with ultrasound facilities (Public+Private) 	Public: Private:																					
<ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act 	Public: Private:																					
C.3. National Health Programmes																						
3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	<ul style="list-style-type: none"> No. issued MCP card and Safe Motherhood Booklet: _____ Number of health facilities where current round of PMSMA was conducted: <ul style="list-style-type: none"> a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____ 																					
4. Rashtriya Bal Suraksha Karyakram (RBSK)	Total no. of RBSK teams sanctioned No. of teams with all HR in-place (full-team) No. of vehicles (on the road) for RBSK team No. of Teams per Block No. of block/s without dedicated teams Average no of children screened per day per team Number of children born in delivery points screened for defects at birth																					
5. Special Newborn Care Units (SNCU)	<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer _____ Stepdown care _____ Kangaroo Mother Care (KMC) unit _____ Number of non-functional radiant warmer for more than a week _____ Number of non-functional phototherapy unit for more than a week _____ 																					
	<table border="1"> <thead> <tr> <th></th> <th>Inborn</th> <th>Out born</th> </tr> </thead> <tbody> <tr> <td>• Admissions (2021-22)</td> <td></td> <td></td> </tr> <tr> <td>• Defects at birth</td> <td></td> <td></td> </tr> <tr> <td>• Discharged</td> <td></td> <td></td> </tr> <tr> <td>• Referral</td> <td></td> <td></td> </tr> <tr> <td>• LAMA</td> <td></td> <td></td> </tr> <tr> <td>• Died</td> <td></td> <td></td> </tr> </tbody> </table>		Inborn	Out born	• Admissions (2021-22)			• Defects at birth			• Discharged			• Referral			• LAMA			• Died		
	Inborn	Out born																				
• Admissions (2021-22)																						
• Defects at birth																						
• Discharged																						
• Referral																						
• LAMA																						
• Died																						



6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		
7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> • Total Admissions (2021-22) • Discharged • Referral/ Medical transfer • LAMA • Died • Admission <ul style="list-style-type: none"> • Bilateral pitting oedema • MUAC<115 mm • <-3SD WFH • with Diarrhea • ARI/ Pneumonia • TB • HIV • Fever • Nutrition related disorder • Others • Admission to NRC Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency 	
8. Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> • Status of availability of HBNC kit with ASHAs > Total No. of ASHAs: _____ > No. of ASHAs with HBNC kits: _____ > Reasons of Non-provision: _____ _____ _____ • Total Newborns visited under HBNC: _____ • Status of availability of drug kit with ASHAs: > Total No. of ASHAs: _____ > No. of ASHAs with drug kits: _____ > Reasons of Non-provision: _____ _____ _____ 	
9. Peer Education (PE) programme (Adolescent Health) & Weekly Iron Folic Acid Supplementation (WIFS)	<ul style="list-style-type: none"> • No. of Blocks covered under Peer Education (PE) programme: • No. of villages covered under PE programme: • No. of Peer Educators: • No. of Adolescent Friendly Clinic (AFC) meetings held: • WIFS stockout: 	



<p>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</p>	<ul style="list-style-type: none"> • No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____ • MMU team Composition _____ _____ • List of Services provided by MMU _____ _____ • No. of trips per MMU/month • No. of camps per MMU/month • No. of villages covered • Average number of OPD per MMU per month • Average no. of lab investigations per MMU per month • Avg. no. of X-ray per MMU per month • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month • Avg. no. of sputum collected for TB detection per MMU per month • Average Number of patients referred to higher facilities • Payment pending (if any) <p>If yes, since when and reasons thereof</p>																					
<p>11. Universal health screening</p> <ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 	<ul style="list-style-type: none"> • If conducted, what is the target population • Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" data-bbox="890 1205 1385 1417"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated																		
Screened	Diagnosed	Treated																				
<p>12. Integrated Disease Surveillance Programme (IDSP)</p>	<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Y/N • Team Composition: • Outbreaks investigated: <ul style="list-style-type: none"> • 2021-21: • 2021-22: • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP • How is IDSP data utilized? Elaborate. _____ _____ _____ 																					
<p>13. National Viral Hepatitis Control Program (NVHCP)</p>	<ul style="list-style-type: none"> • % of health workers immunized against Hep B 																					

	<ul style="list-style-type: none"> Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis 					
14. If District notified a State Mental Health Authority (SMHA)	<ul style="list-style-type: none"> If District notified a State Mental Health Authority (SMHA) <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No SMHA in place <input type="checkbox"/> No Mental Health Service or Facility in the district 					
15. Vehicle for Referral Transport						
<ul style="list-style-type: none"> Details of Referral Transport – Number and Distribution: 						
Stationed at:	BLS	ALS	PTA	Kilkari	Neonatal	Others
Medical College						
DH						
SDH						
CHC						
PHC						
Others						
<ul style="list-style-type: none"> Details of Referral Transport – Performance Indicators: 						
Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2020-21						
2021-22						
				ALS	BLS	
<ul style="list-style-type: none"> Operational agency (State/ NGO/ PPP) If the ambulances are GPS fitted and handled through centralized call centre Average number of calls received per day Average number of trips per ambulance per day Average km travelled per ambulance per day Key reasons for low utilization (if any) 						
<ul style="list-style-type: none"> No. of transport vehicle/102 vehicle (on the road) If the vehicles are GPS fitted and handled through centralized call centre Average number of trips per ambulance per day Average km travelled per ambulance per day Key reasons for low utilization (if any) 						
16. National Fluorosis Control Programme				<ul style="list-style-type: none"> Key activities performed in 2021-22 as per ROP: 		
17. National Iron Deficiency Disorders Control Programme				<ul style="list-style-type: none"> Key activities performed in 2021-22 as per ROP: 		
18. National Tobacco Control Programme				<ul style="list-style-type: none"> Key activities performed in 2021-22 as per ROP: 		
19. National Vector Borne Disease Control Programme (NVBDCP)				<ul style="list-style-type: none"> Micro plan and macro plan available at district level Y/N Annual Blood Examination Rate: 		



	<ul style="list-style-type: none"> ○ 2019-20: ○ 2020-21: ○ 2021-22: ○ Reason for increase/ decrease (as per the trend of last 3 years) <ul style="list-style-type: none"> ● LLIN distribution status ● IRS ● Anti-larval methods ● Contingency plan for epidemic preparedness ● Weekly epidemiological and entomological situations are monitored ● No. of MDR rounds observed ● No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%
20. National Tuberculosis Elimination Programme (NTEP) <ul style="list-style-type: none"> ● Patients notification from public sector (2021-22) ● Patients notification from private sector (2021-22) 	<ul style="list-style-type: none"> ● Target TB notification achieved Y/N ● 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 ● No of patients notified: ● Treatment success rate: ● No. of MDR TB Patients: ● Treatment initiation among MDR TB patients: ● No of patients notified: ● Treatment success rate: ● No. of MDR TB Patients: ● Treatment initiation among MDR TB patients: ● Beneficiaries paid under Nikshay Poshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No ● Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Implementation of National Leprosy Eradication Programme (NLEP)	No. of new cases detected
	No. of G2D cases
	MDT available without interruption Y/N
	Reconstructive surgery for G2D cases being conducted Y/N
	MCR footwear & selfcare kit avl Y/N

22. ASHAs	Number of ASHAs <ul style="list-style-type: none"> ● Required as per population ● Selected ● No. of ASHAs covering more than 1500 (rural) population ● No. of ASHAs covering more than 3000 (urban) population
------------------	---



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



	<ul style="list-style-type: none"> 2021-22: _____ 			
	<ul style="list-style-type: none"> Number of Neonatal Deaths: _____ 			
	<ul style="list-style-type: none"> Number of Total Child Deaths: _____ 			
	<ul style="list-style-type: none"> Number of Child Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ 			
C.4. Healthcare Systems				
27. Payment status:	No. of beneficiaries	Backlog	DBT status	
<ul style="list-style-type: none"> JSY beneficiaries 				
<ul style="list-style-type: none"> ASHA payment: <ul style="list-style-type: none"> A- Routine and recurring at increased rate of Rs. 2000 pm B- Incentive under NTEP C- Incentives under NLEP 				
<ul style="list-style-type: none"> Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 				
<ul style="list-style-type: none"> Patients incentive under NTEP programme 				
<ul style="list-style-type: none"> Provider's incentive under NTEP programme 				
<ul style="list-style-type: none"> FP compensation/ incentive 				
28. Recruitment for any staff position/ cadre conducted at district level				
29. Details of recruitment	Previous year (2020-21)		Current Year (2021-22)	
	Regular cadre	NHM	Regular cadre	NHM
<ul style="list-style-type: none"> Total no. of posts vacant at the beginning of FY 				
<ul style="list-style-type: none"> Among these, no. of posts filled by state 				
<ul style="list-style-type: none"> Among these, no. of posts filled at district level 				
30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				
31. If grievance redressal mechanism in place: Y/N	<ul style="list-style-type: none"> Whether call center and toll-free number available..... Percentage of complains resolved out of the total complains registered in current FY..... 			
32. Mera-Aaspatal (Attach Mera Aspataal performance report)	<ul style="list-style-type: none"> Implemented in how many facilities..... DH.....CHC.....PHC Total Responses collected: % reported Very Satisfied: % reported Satisfied: % reported not satisfied: Total response for dis-satisfied: <ul style="list-style-type: none"> Dissatisfied with staff behaviors... Dissatisfied with cleanliness..... Dissatisfied with cost of treatment..... of Dissatisfied with quality of treatments..... of With other reason 			



D. Implementation of CPHC

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

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

E. Status of HRH

Status as on: _____

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

F. State of Fund Utilization

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

Status of Expenditure year (Financial year 2021-22):



Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure (Financial year 2021-22):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			



Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• Quality Assurance			
• PPP			
• NIDDCP			
2. NUHM			
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			
• National programme for Prevention and Management of Burn & Injuries			
• Programme for Prevention and Control of Leptospirosis (PPCL)			



G. Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		



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

H. Service Delivery:

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

Indicator	Remarks/ Observation																					
1. OPD Timing																						
2. Condition of infrastructure/ building	Comments:																					
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____																					
3. Number of functional in-patient beds	_____ No of ICU Beds available:																					
4. List of Services available																						
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, 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&G</td> <td></td> </tr> <tr> <td>3</td> <td>Pediatric</td> <td></td> </tr> <tr> <td>4</td> <td>General Surgery</td> <td></td> </tr> <tr> <td>5</td> <td>Anesthesiology</td> <td></td> </tr> <tr> <td>6</td> <td>Ophthalmology</td> <td></td> </tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology	
Sl.	Service	Y/N																				
1	Medicine																					
2	O&G																					
3	Pediatric																					
4	General Surgery																					
5	Anesthesiology																					
6	Ophthalmology																					



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



Indicator	Remarks/ Observation				
11. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Regular	Cont.
	MO (MBBS)				
	Specialist	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
	Others				
	Dentist				
	Staff Nurses/ GNMs				
	LTs				
	Pharmacist				
	Dental Technician/ Hygienist				
Hospital/ Facility Manager					
EmOC trained doctor					
LSAS trained doctor					
Others					
12. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____				
13. Kayakalp (for year 2021-22)	Initiated: _____ score: _____ Facility _____ Award received: _____				
14. NQAS (for year 2021-22)	Assessment done: _____ Internal/State score: _____ Facility _____ Certification Status: _____				
15. LaQshya	Labour Room: _____ Operation Theatre: _____				
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No				
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No				
17. Implementation of DVDMS(Drugs & Vaccine Management Distribution System) or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____				
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____				
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed PPP				



Indicator	Remarks/ Observation
<ul style="list-style-type: none"> In-house tests (For 2021-22) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
<ul style="list-style-type: none"> Outsourced/ PPP (For 2021-22) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> o Previous year (2020-21)_____ o Current FY (2021-22)_____
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No



Indicator	Remarks/ Observation
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)
36. Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant
42. Number of sterilizations performed in last one month	Male: Female:



Indicator	Remarks/ Observation		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in 2021-2022:	Screened	Confirmed	
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year (2021-22) Fund utilized last year: (2021-22)		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		



Indicator	Remarks/ Observation
	HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting Last meeting held on (date):	
<ul style="list-style-type: none"> Availability of ambulance services in the area 	<input type="checkbox"/> Own ambulance available (Number)_____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> How many cases from CHC, PHC, SC, referred to in last month? 	Number: CHC PHC SC Types of cases referred in:
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: Types of cases referred out:
2. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



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

Service Delivery:

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



<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available																																																																								
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																																																								
8. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																																																								
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12. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																																																								
13. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th colspan="2">HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="4">Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">SNs/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Dental Assistant/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Dentist					SNs/ GNMs					LTs					Pharmacist					Dental Assistant/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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18. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																								
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																								



	No. of drugs available on the day of visit (out of the EDL) _____
19. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
20. Shortage of 5 priority drugs from EDL in last 30 days, if any	1
	2
	3
	4
	5
21. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____
22. Availability of essential diagnostics	<input type="checkbox"/> In-house PPP <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed
• In-house tests (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP (for 2021-22)	Timing: Total number of tests performed: _____ Details of tests performed:
23. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
24. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
25. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
26. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on condition of:	Labour room: OT: Functional New-born care corner (functional radiant warmer with neonatal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No



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



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



57. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
58. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____ <input type="checkbox"/> CHC has contracted out ambulance services Number_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: Sub centre PHC Types of cases referred in:
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: Types of cases referred out:
59. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
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:
Indicator	Remarks/ Observation	
1. OPD Timing • For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding	
4. Number of functional in-patient beds		
5. List of Services available		
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____	
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:	



9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	MO (MBBS)			
	MO (AYUSH)			
	SNs/ GNMs			
	ANM			
	LTs			
	Pharmacist			
	Public Health Manager (NUHM)			
	LHV/PHN			
	Others			
10. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____			
11. Kayakalp (2021-22)	Initiated: Facility _____ score: Award received: _____			
12. NQAS (2021-22)	Assessment _____ done: _____ Internal/State Facility _____ score: Certification Status: _____			
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL_____			
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
No. of drugs available on the day of visit (out of the EDL) _____				
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
16. Drugs Available for Hypertension & Diabetic patients:	1			
	2			
	3			
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1			
	2			
	3			
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage			Supply Shortage
In last 6 months how many times there was shortage_____				
(Also list the consumables for which there was shortage)				
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed			PPP
• In-house tests	Timing:			



For 2021-22	Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP For 2021-22	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Number of normal deliveries in last three month	
30. Availability of Daksh/ Dakshita trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Practice related to Respectful Maternity Care	
32. Number of Maternal Death reported in the facility	Previous year:2020-2021 Current FY:2021-2022
33. Number of Child Death reported in the facility	Previous year: Current year:
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No



35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Frequency: _____	
	47. Whether reporting weekly data in P and L form under IDSP		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: _____		



	Frequency of Community Surveillance:
51. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
52. 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)
53. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number_____
	<input type="checkbox"/> PHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> • How many cases from sub centre were referred to this PHC last month? 	Number: Types of cases referred in:
<ul style="list-style-type: none"> • How many cases from the PHC were referred to the CHC last month? 	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic



	Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter_____
	Type of specialties provided during special outreach camps: _____





Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

Indicator	Remarks/ Observation			
1. List of Services available				
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup			
3. Biomedical waste management practices				
4. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	ANM/ MPW Female			
	MPW Male			
	MLHP/ CHO			
	ASHA			
	Others			
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____			
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____			



Indicator	Remarks/ Observation
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	1
	2
	3
	4
	5
9. Drugs Available for Hypertension & Diabetic patients:	1
	2
	3
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1
	2
	3
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
15. Number of Maternal Death Review conducted	Previous year:2020-21 Current year:2021-22
16. Number of Child Death Review conducted	Previous year: Current year:
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. Please comment on utilization of other FP services	



Indicator	Remarks/ Observation		
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	2020-21	2021-22
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
<ul style="list-style-type: none"> • Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) 			
<ul style="list-style-type: none"> • Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) 			
<ul style="list-style-type: none"> • ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> ○ Average delay 			
<ul style="list-style-type: none"> • ASHA is aware about provision of incentives under NTEP (Informant Incentives, 			



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



