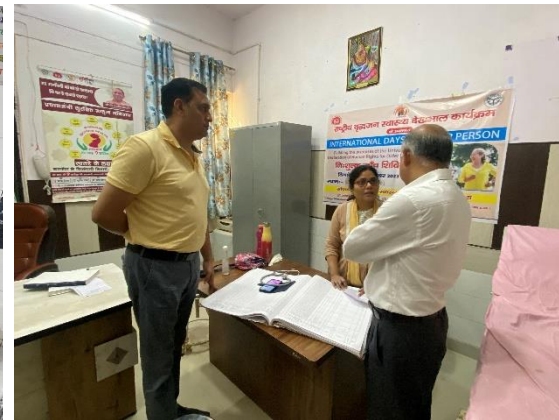


REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN MATHURA DISTRICT, UTTAR PRADESH



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We also duly acknowledge the support provided by the health staff in the selected health facilities. In particular, we would like to thank all the ANMs and ASHAs who described their experiences of service delivery in the community. We are also thankful to the beneficiaries who gave their time for interaction and responded to our questions with enthusiasm.

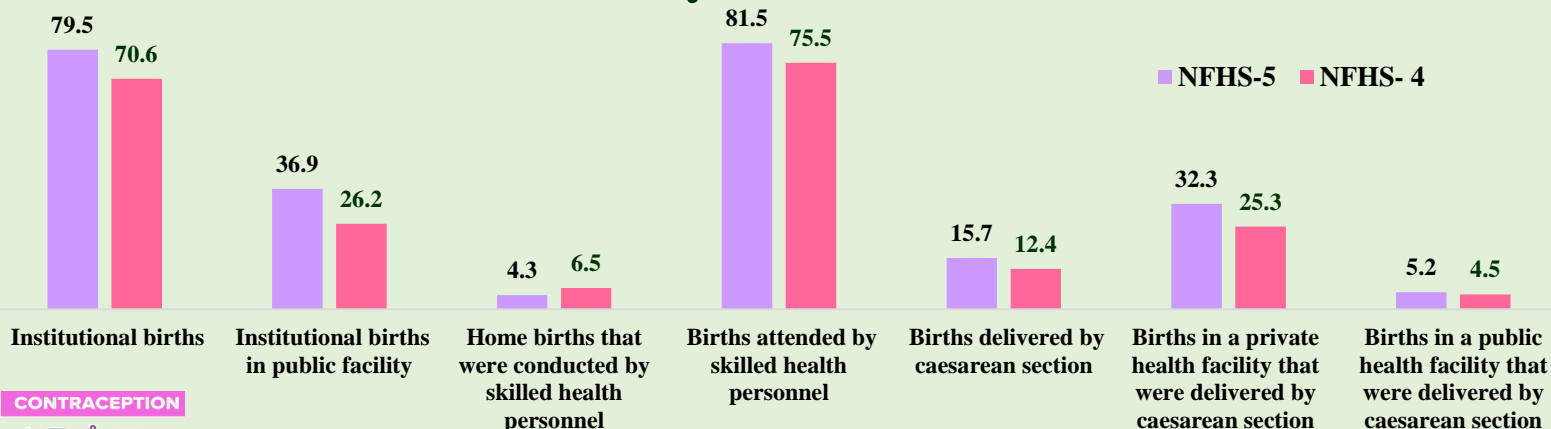
Last but not the least; we would like to thank the research and administrative staff of the Population Research Centre (PRC Delhi, IEG) for extending all the necessary support and coordination for the completion of this report.

October, 2023

Prof. Suresh Sharma
Ms. Purva Bhalla

Key Highlights of Mathura District 2022-23

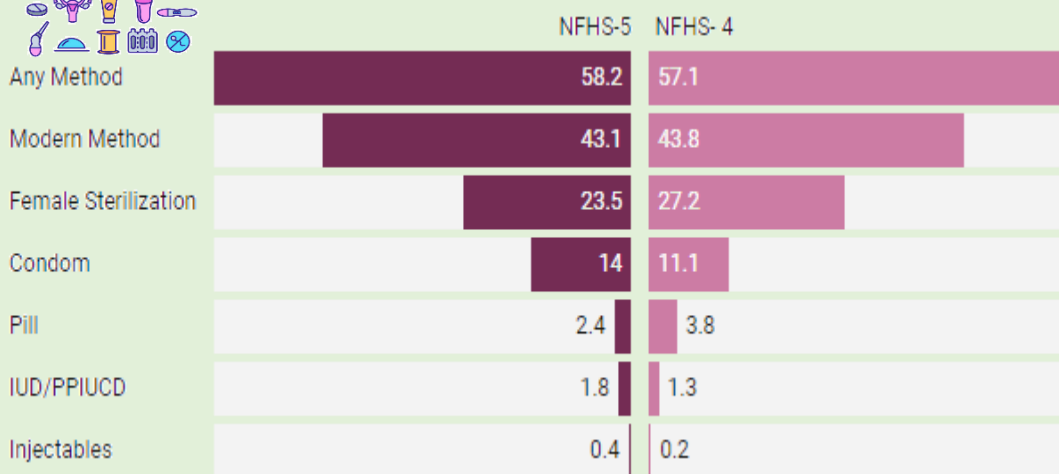
Delivery Care Services



CONTRACEPTION



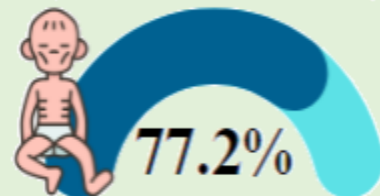
Usage of Family Planning Methods



Anemia Status

Children Underweight

(Age 6-59 moths)



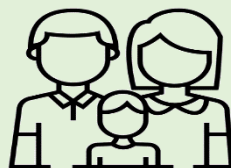
All Women

(Age 15-49 years)



Family Planning Services

NFHS-5 NFHS-4



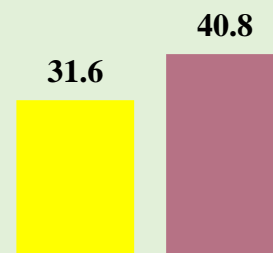
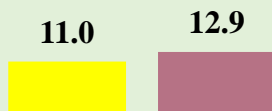
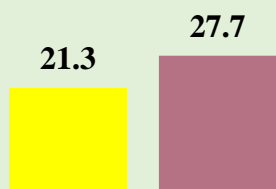
Health worker ever talked to female non-users about family planning



Current users ever told about side effects of current method



Nutritional Status



Underweight

Wasted

Stunted

NFHS-5 NFHS-4

EXECUTIVE SUMMARY

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan for the year 2023-24. This report of Population Research Centre, Institute of Economic Growth, PRC- IEG Delhi presents the key findings from the concurrent monitoring of essential components under NHM in Mathura district of Uttar Pradesh. The report provides information on coverage of services, constraints in service delivery and utilization of health services by the population in the catchment area.

The report is prepared on the basis of visits to the following public health care facilities visited by the PRC-IEG Team: District Women Hospital, Mathura, CHC Goverdhan, CHC Baldev, PHC Raya and HWC Baldev. Meetings were held with the Chief District Medical Officer (CDMO) and the nodal programme officers, the Medical Officer-in-Charge (MOIC), facility (MOs, ANMs, etc.) and community level health care providers (ASHAs, Anganwadi workers etc.) and other supporting staff. Interactions were conducted to understand the strengths and weakness of the facilities in service provisioning. Health Management System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

KEY FINDINGS

Shortage of Human Resource:

- For HR there is no DAM and HMIS operator in the district. The district required training for the new HMIS portal as the
- Mathura district is a spiritual place so there is a lot of VIP's addressing to the district which makes problems for the officials and their work suffers.
- In the Mathura district 4 mela's occurring every year so it is very difficult for the MO's and staff to work. Every time ambulances are involved in the mela, so it is very difficult for the beneficiaries at the time of emergency requirements. So the district required separate team to look after them and this way district work will not suffer.

Status of AYUSHMAN Bharat Cards:

- In the district till 21st September 2023, there are total 317004 AYUSHMAN cards were need which is around 44%. Data validation is also under the process and proper monitoring is running in the district.
- Provision of insurance is available for ASHA, but there is no pension provision available. Also, there is no AYUSHMAN card for ASHA. ASHA, however, makes the ABHA ID for the beneficiaries and gets support from CHO.

Status of Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK):

- For Janani Suraksha Yojana (JSY) 96% target had been achieved and by the end of the financial year 100% will be achieved.
- In the district beneficiaries are staying in the facility for 48 hours after their deliveries and all the beneficiaries are utilising the services of Janani Shishu Suraksha Karyakaram (JSSK) like free diet and transportation. All the beneficiaries were aware of services under the JSSK.
- In the district, there is an availability of “Prerna Canteen” in all the facilities and they are providing diet (three day meals) or food to the services.

Health and Wellness Centres Performances:

- In the district, there are 130 Health and Wellness Centres out of which 130 are working. Out of 130 HWCs, 101 are running under government buildings and 29 working on rented buildings. In 130 HWCs, 121 centres having power back, 46 having water supplies and 42 having toilets.
- All the 130 HWCs having CHOs posted and all the CHOs are uploading their attendance on CHO portal. Till August 2023, 6917 eSanjeevani is done by all the CHO’s in the district.

Supply Chain of Medicines:

- The supply of medicine is from the Uttar Pradesh Medical Supply Corporation (UPMSC). District Warehouse is available. All drugs are maintained by them. The drugs are then distributed to Block through the DVDMS based system of indenting and distribution. The responsibility of field level distribution is given to the Block pharmacist.
- In the district, the visited facilities have about-to-expire IFA tablets. There is a need for proper distribution of the tablets in every facility in the district. Every pharmacist in the district uses the DVDMS app on computers, but if they start using the Application on their mobile phones, it will be beneficial for them to upload the data on the spot and monitor the data.

Immunization Status:

- For Immunization status, 91% target achieved for BCG, 96% for Hepatitis B, and for OPV is 96% target have been achieved in the district. In the district 96% target have been achieved for full immunization, for cold chain A+ and for Indradhanush cards MR 1 achieved 96% and MR2 90% targets have been achieved.
- In the district, there are total 5664 schools out of which 1684 schools were visited by the RBSK team. There are 119165 children medical checkup has been done by the team out of which 5089 children were under 4 D’s and 4769 children has been treated which means 93% target has been achieved.

Performance of Health Status:

- Quality Assurance programme is implemented in many facilities in the district. The DH(F) is certified with Kayakalp and NQAS. The process of ABHA ID creation and HPR and HFR is also ongoing in the district.
- The performance of mental health is running successfully in the district with the help of Tele-Manas. It runs through telephonic counselling and telephonic medication.
- There are 12 Quacks centres in the district out of which 2 were sealed, 2 had FIR against them and others are under legal action.

Demand for Salary Hike of NHM Staff:

- NHM state salary is very less. From 2009 till now in 2023 the salary is only increased to 35,000rs only. PHC HMIS operator is working for the past 10years they are also under paid getting 15000, 16000, all type of reporting is done in PHC only like MSSKA reporting. For Cold Chain Operator Salary is very less. The supervisor started working in 2008 and has only received a pay of 20,000 rupees so far. NHM arrived in 2005 to assist the programmes that were being conducted in India, but the amount of work that has to be done now means that workers desperately need support in order to carry out each programme successfully in the district.

CHAPTER 1 INTRODUCTION

1.1 Background

The Ministry of Health and Family Welfare (MoHFW) has assigned the task to Population Research Centers (PRCs) for quality monitoring of important components of NHM Programmes for the year 2022-23. While engaging with the work, PRCs would observe critical concerns in the implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. This PIP monitoring report would specifically focus on the performance of the Mathura District of Uttar Pradesh.

The report aims to capture the demographic indicators, health indicators, healthcare financing, and public health planning of the district and also discuss the healthcare programme such as RMNCAH+N, diseases control programmes and other health programs.

Meetings were held with the Chief Medical Officer (CMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weaknesses of the facilities in service provisioning. Review of relevant programmatic data and information available from the NHM nodal officials were also conducted. Besides this, Health Management Information System (HMIS) data was also verified for the District Women Hospital Ranking data validation purposes. The health care facilities visited to accomplish the objectives of the visits are enlisted in the table below:

Table 1: List of health care facilities visited in Mathura District, Uttar Pradesh

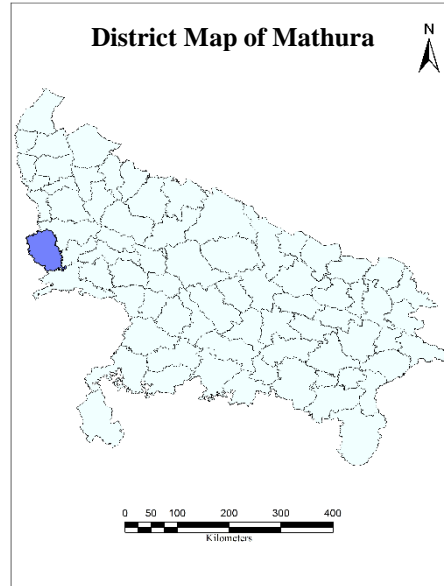
Healthcare Facility	Name of the Facilities
District Hospital	District Women Hospital, Mathura
Community Health Centre	CHC Goverdhan
Community Health Centre	CHC Baldev
Primary Health Centre	PHC Raya
Health Wellness Centre	HWC Baldev

1.2 District Profile

In 2011, Mathura had population of 2547184 of which 1367125 are males and 1180059 are females. District Mathura ranks 37th in terms of population in the state. The percentage share of urban population in the district is 29.7 percent as against 22.3 percent of the population in urban areas of the state. Mathura district has population density of 763 persons per sq.km which is less than the state average of 829 persons per sq. km. It ranks 66th in terms of sex ratio (863) which is less than the state average of 912 females per thousand male and also ranks 30th in literacy with 70.4 percent which is higher than the state average of 67.7 percent.

Mathura district ranks 64th in literacy with 58.7 percent which is lower than the state average 67.7 percent. There are only 5 uninhabited villages out of total 1,817 villages in the district. Decadal growth rate of the district is 24.2, which is higher than the state average of which is 20.2 percent.

Figure 1: Outline map of Mathura district in Uttar Pradesh



The initial provisional data released by census India 2011, shows that density of Mathura district for 2011 is 763 people per sq. km. Literacy rate of Mathura in 2011 were 74.45 and if things are looked out at gender wise, male and female literacy were 81.97 and 56.89 respectively in Mathura District. With regards to Sex Ratio in Mathura, it stood at 863 per 1000 male.

Table 2: Key Demographic Indicators: Uttar Pradesh & Mathura District

Health Facility	Uttar Pradesh	Mathura
Population (Census 2011) Lakhs	19.98 cr	25.47
Male	104,480,510	1367125
Female	95,331,831	1180059
Decadal Growth Rate % (Census 2011)	20.23	22.78
Rural Population (%)	22.27	70.32
Urban Population (%)	77.73	29.68
Child Population (%)	30,791,331	404276
Literacy Rate (%)	67.68	70.36
Male Literacy Rate (%)	77.28	81.97
Female Literacy Rate (%)	57.18	56.89
Sex Ratio	912	863
Density/Km ²	829	763

CHAPTER 2 PUBLIC HEALTH FINANCING

2.1 Resource Envelope and Budget Allocation

The NHM PIP for the State of Uttar Pradesh has been approved for the FY 2022-23 & FY 2023-24 with discussion in the NPCC meeting held on 2nd April 2022. The ROP includes approval of work plan and budget for the two years. For the financial year (FY) 2022-23, against a resource envelope of Rs. 15,106.21 Crore (calculated assuming state share of 40%) and unspent balance of Rs. 5813.74 crores, Uttar Pradesh received administrative approval for an amount of Rs. 18,498.55 Crore (including IM, Immunization Kind Grants and unspent committed liabilities). For FY 2023-24, against a resource envelope of Rs. 9,676.61 crores (calculated assuming state share of 40% and an increase of 5% over the allocation of 2023-24). State received an administrative approval for an amount of Rs. 13,423.27 crores. The resource envelope for FY 2022-23 consists of Government of India support of Rs. 4,596.96 Crore for flexible pool allocation including cash and kind, Rs.3,064.64 Crore by State share (40%) and Rs. 877.93 Crore for infrastructure maintenance in Uttar Pradesh. The total support from Government of India is Rs. 4,596.96 Crore whereas the state share of 40% works out to be Rs.4782.91 Crore.

The breakup of the total resource envelope shows that Rs. 935.59 crore is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 2349.67 crore is allocated for Health System Strengthening (HSS) under NHM. Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 3285.27 crore. The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and Non-Communicable Disease (NCD) Flexible Pool is Rs. 108.65 crore, Rs. 217.85 crore and Rs. 107.26 crore, respectively in Uttar Pradesh. Within NDCP Flexible Pool, bulk of the resources is allocated for NTEP (cash & kind) activities which is 141.93 crore (Table 3).

Table 3: Breakup of resource envelope (in crores), NHM FY 2022-23, Uttar Pradesh

S.NO.	PARTICULARS	AMOUNT (GOI Share)	PERCENT (GOI Share)	STATE SHARE
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	935.59	12.2	
1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	675.40	-	
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	260.19	-	
2	Health System Strengthening (HSS) under NRHM	2349.67	30.7	
2(i)	Other Health system Strengthening covered under NRHM	1929.74	-	
2(ii)	Ayushman Bharat Health and Wellness centres under NRHM	271.37	-	
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	148.56	-	
	Total NRHM-RCH Flexible Pool	3285.27	42.9	
3	NUHM Flexible Pool	108.65	1.4	
3(i)	Other Health System Strengthening covered under NUHM	80.52	-	
3(ii)	Ayushman Bharat Health and Wellness centres under NRHM	28.13	-	3,064.64
4	NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)	217.85	2.8	
4(i)	NVBDCP (Cash & Kind)	31.09	-	
4(ii)	NTEP (Cash & Kind)	141.93	-	
4(iii)	NVHCP (Cash & Kind)	31.65	-	
4(iv)	NLEP	4.41	-	
4(v)	IDSP	6.56	-	
4 (vi)	NRCP	2.05	-	
4 (vii)	Programme for Prevention and Control of Leptospirosis (PPCL)	0.17	-	
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	107.26	1.4	
6	Infrastructure Maintenance (including Direction and Administration)	877.93	11.5	
	Total Resource Envelope	4596.96	-	
	Grand Total Resource Envelope (Central Allocation + State Share)	7661.60	100.0	

Source: Record of Proceedings, Uttar Pradesh 2022-24, MoHFW

CHAPTER 3 PUBLIC HEALTH PLANNING & IMPLEMENTATION

3.1 Health Infrastructure

In Mathura District, three district hospitals separately for male and female and one combined hospital was functioning in the district. No sub-district hospital was available in the Mathura district. At the block level 13 Community Health Centres (CHC), 35 primary health centres and 291 health and wellness centres in the district.

Table 4: Operational health facilities in Mathura district, 2023

Health Facility	Facilities
District Hospital	03
Community Health Centre	13
Primary Health Centre	35
Health Sub-Centre	291

Source: District Checklist Mathura district, NHM PIP Monitoring, 2023

3.2 Human Resources for Healthcare

Meetings with CMO and various BPMs unanimously indicated towards a severe manpower crunch in the district. Table 3 gives the status of HR availability in Mathura. It also highlights the training status under NHM of the medical staff. In the last financial year, the Medical Officers received training for BeMOC, MTP, NSV, IUCD Insertion and NSSK.

Table 5: Details of human resources in Mathura district, 2023

Position Name	Sanctioned	Contractual	Total Vacant
MO's including specialists	4+1 Specialist	5	0
Gynecologists	2	2	0
Pediatrician	3	2	1
Surgeon	0	0	0
LHV	0	0	0
ANM	153	128	25
Pharmacist	0	0	0
Lab technicians	5	4	0
X-ray technicians	5	5	0
Data Entry Operators	12	12	0
Staff Nurse at CHC& PHC	58	52	6
ANM at PHC& SC	153	128	25

Source: District Level Checklist, DPMU Office, Mathura district, Uttar Pradesh, 2023

Overall, a significant shortage of skilled human resources was observed across the district. In the district there is no surgeon, LHV and Pharmacist. There are 5 MO's and all 5 are contractual, 2 gynecologist, 3 pediatrician 2 are contractual and one seat is vacant, 153 ANM are sanctioned out of which 128 are on contractual basis and 25 seats are vacant, 4 lab technicians, 5 X-ray technicians, 12 data entry operators and 58 staff nurses at CHC and PHC out of which 52 are

contractual and 6 seats are vacant. However, the issue that remains is of manpower availability. The present shortage affects both, the quality as well as the quantity, of services delivered under NHM.

3.3 Community Process

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

Table 6: Status of social benefit scheme for ASHAs in Mathura district of Uttar Pradesh, 2022-23

Last status of ASHAs (Total number of ASHAs)	Total numbers of ASHAs
ASHAs presently working	1439
Positions vacant	45
Total number of meeting with ASHA (in a Year)	12
Total number of ASHA resource centers/ ASHA Ghar	0
Drug kit replenishment	Yes
No. of ASHAs trained in last year	0

Source: CMO Office, Mathura, 2023

Table 7 depicts Chhaya-Village Health & Nutrition Day (CI-VHSND) Monitoring by Social Mobilization Network (SMNet) Uttar Pradesh and Mathura, 2023. A total of 16 VHND sessions were held and monitored in Mathura district in which there was an availability of weighing machine of adults and children, infant meter, stadiometer, BP apparatus, Hb testing kit, Urine testing kit with strips, IFA tablets, Calcium tablets, ORS, Zinc HIV screening kits and Syphilis testing kits

Table 7: Percentage of VHND sessions and availability of equipment and drugs/Kits in Uttar Pradesh and Mathura, 2023

	Uttar Pradesh	Mathura
Total sessions monitored	7352	16
Total sessions held	7352	16
Composite index (%)	72	84
1. Weighing machine (adult) (%)	86	81
2. Weighing machine (child) (%)	59	75
3. Infant meter (%)	62	79
4. Stadiometer (%)	65	86
5. BP apparatus (%)	85	94
6. Hb testing kit (%)	86	100
7. Urine testing kit with strips (%)	85	88
8. IFA tablets (%)	94	100
9. Calcium tablets (%)	83	100
10. ORS (%)	76	100
11. Zinc (%)	88	100
12. HIV screening kit (%)	62	25
13. Syphilis testing kit (%)	67	94

Source: CMO Office, Mathura, 2023

CHAPTER 4 NATIONAL HEALTH MISSION PROGRAMME

4.1 Key Implementation Programme

NHM Components	Major Observations
RMNCHA+	
Maternal Health	<p>Mathura district has three district hospitals and 13 CHCs were providing delivery care services in the district. District women hospital has SNCU facility with radiant warmers and KMCs unit available.</p> <p>C-section facility is available at district women hospital. Maternity, OT and labour ward with equipments are available in district hospital.</p> <p>MCP card and Safe Motherhood Booklet issued were issued in the district during 2022-23. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is conducted on 9th of every month at three DWH, 13 CHC/UHC and 35 PHC/UPHC.</p> <p>Ante-natal care services are available at primary care health facilities like CHCs, Urban-CHC and HWC-SC at village level.</p> <p>Total 21 Maternal Death Review had been conducted in 2022-23 in the district. There were two Child Deaths Review had been in 2022-23 in the district.</p>
Adolescent Health	<p>Adolescent friendly health clinic was available at health facilities and counselling was provided by staff nurse at health facilities.</p> <p>Around 119165 children medical check up has been done, out of which 5089 children were under 4Ds and 4769 children has been treated which is around 93%.</p> <p>WIFS stockout reported in the district during 2022-23.</p> <p>Peer Education Programme for adolescent health conducted in the district.</p> <p>At community level, awareness regarding physical abuse, access and use of sanitary napkins by ANM and ASHAs in their respective areas.</p>
Medical Mobile Unit (On the road)	MMU is not functional in the Mathura District.
NHM Components	Major Observations
Communicable Disease	
Integrated Disease Surveillance Programme (IDSP)	<p>IDSP is functioning in the district and Rapid Response Team (RRT) is constituted. The team composition members are there which includes Medical Officer, Pharmacist, Lab Technician and staff nurse.</p> <p>Private health facilities were reporting daily data from last one month on IHIP portal.</p>

NHM Components	Major Observations
	The disease syndrome data is used for the study of disease trends in district which further support in awareness and control activities in suspected areas.
National Tuberculosis Elimination Programme (NTEP)	<p>Designated Microscopy Centre (DMC) are functioning in the district.</p> <p>There are about 4696 TB patients in the district out of which 4591 had received TB kits. Beneficiaries were paid under the Nikshay Poshan Yojana and there is proper follow up for the active cases.</p>
Non-Communicable Disease	
National Tobacco Control Programme	<p>District Tobacco Control Cell (DTCC) was constituted for effective implementation and monitoring of tobacco control programme.</p> <p>Awareness activity was conducted in selected educational institutions (including government and private) in the district.</p>
Quality Care Programme	
Quality Assurance Programmes	<p>District Women Hospital is certified with NQAS and Kayakalp.</p> <p>Two times district hospital, 9 CHCs, 9 PHCs (7 rural & 2 UPHCs) and 2 SC had received Kayakalp award.</p>

CHAPTER 5 COMMUNITY HEALTH

5.1 Community Interaction and Perception

During the health facility visit, the team conducted focused group discussion to know the overall community perception regarding accessibility of health and other issues as perceived among the catchment area of HWC Baldev, Mathura. The responses were mentioned across domain with community groups:



Figure 2: Team interaction with Beneficiary

Health seeking behavior	
Community perception:	There is no private clinics in the surrounding area and people are satisfied with the public facilities. People are very happy with the work of ASHAs and ANM and easily share their problems with them.
Frontline worker perception:	ASHAs are formed to serve as a significant communication mechanism connecting the wide-ranging healthcare system to the rural areas. The contribution of ASHAs towards the attainment of female sterilization showcases their fruitful work done in these areas, and their performance levels have been ever increasing with time
Access to Health	
Community perception:	The village people were satisfied with the work of ASHAs and Anganwadi workers, as Anganwadi worker probably know the whole of the village. She goes to door to door meet people and talk to women. Same is the case with ASHA; they also go to houses, meet people, counsel, and converse with them about their problems. Both the Anganwadi and ASHA workers hold a position of respect in the village.
Behavior of health service providers	
Patients' perception:	ANMs and ASHAs work at all levels of rural families as well as their communities. They advise parents about the nutrition they give to their children; they also guide pregnant women about self-love and care along with nutrition-based suggestions. They advise couples about family planning and healthy living.
Out of pocket expenditure in hospital	
Patients' perception:	None of the villagers in the gathered group reported to have incurred any out of pocket expenditure in the public health facilities. Ambulance service was being utilized by people in the district especially by pregnant women.
Coverage, knowledge, and skills of ASHAs as perceived by community	
Community perception:	All ASHAs completed their training till 7th modules and all the ASHAs have received incentives. The ANMs and ASHAs are firmly rooted in the social network of the local people.
Availability of services for immunization, ANC, PNC, AH counselling, Contraceptive services, Nutrition counselling and preferred facilities for each	
Community perception:	HWC, CHC and DH are preferred facilities.
Screening for common NCDs and preferred facilities for seeking treatment	
Community perception:	Public sector is preferred by households for NCDs treatment.

CHAPTER 6 PUBLIC HEALTH FACILITY ASSESSMENT

6.1 District Women Hospital, Mathura

- District Women Hospital is 68 bedded and average OPD of 400-500 patients per day. In the DH, on an average 200-250 deliveries are conducted per month and C-section deliveries are 200 per month and high-risk deliveries are also conducted in the facility even at late night. People from neighbouring districts and states come to DWH for their deliveries.
- Both Labour and OT room registers are well maintained and are monitored by the MO. Proper line listing registers are maintained for high-risk pregnancies. On the 9th of every month PMSMA services are provided to the beneficiaries.
- In DWH, there are provisions for diet support for delivery care through JSSK funds. The hospital provides all free services such as delivery care, diet, drugs and consumables, diagnostics services (lab, X-ray and USG etc.), blood services, referral transport, drop back services and no user charges.
- District Women Hospital has basic facilities like; running water, facility for geriatric friendly ramps, clean functional toilets for male and female separately, drinking water, an OPD waiting area, power backup for the complete hospital and drug store room with racks available at the facility.
- There are specialised services available in addition to general OPD, ANC, Delivery, PNC, Immunization that are O&G, Pediatric, Anesthesiology, Imaging Services (USG), SNCU/Mother and New-born Care Unit (MNCU), Labour Room Complex and Skill Lab.
- There is no availability of Telemedicine/Consultation services and Blood bank but there is an availability of blood storage in the hospital.
- The counselling on family planning services is provided by a designated counsellor, Doctor and Staff nurse and they acknowledge beneficiaries regarding decreased in unintended pregnancy, birth spacing, reduction of maternal mortality, anemia and STD. The facility provides condoms, oral pills, ANTARA and Chhaya and sterilization services. The District Women Hospital performed 04 female sterilizations in the last month. FP-LMIS is implemented at the facility.
- The DWH has a functional Adolescent Friendly Health Clinic but there were no separate male and female counsellors available. A total of 2080 adolescents have been counselled in the last six months at the facility. Sampurna Clinic is also available in the district hospital.
- Comprehensive Abortion Care (CAC) service is available at the hospital. There is no facility for a fixed day NCD clinic as per NHM. About 1388 newborns were immunized with birth



Figure 3: Team Visit to DWH Mathura

doses at the facility in the last three months and 492 newborns were breastfed within one hour of birth.

- In the previous financial year, there were one maternal death in 2021-22 and no maternal death in 2022-23. There were 35 child deaths in 2021-22 and 61 child deaths in DH from the last financial year.
- Kayakalp programme was initiated in district women hospital and received a score of 72% in FY 2022-23. NQAS internal assessment is done and for LaQshya program not implemented at DWH.
- There are 151 EDL drugs available in the DWH properly exhibited in an OPD area on the wall. In-house laundry is available but the quality of work was not at all appreciable.
- At the time of visit ample amount of proper display of IEC material was available given by NHM and even self-initiated hand charts were also displaced on the walls.
- There is no staff quarter available inside the DWH for the staff which leads to difficulties in case of emergency for timely attending the patients.
- For Biomedical waste management the DWH is using Bio-Medical Waste Disposal Agency via a service provider.
- After delivery beneficiaries stay in the facility for 48 hours in the PNC ward and if some does not want to stay at the hospital LAMA form is signed by them.
- Ambulance services are easily available on call and beneficiaries are availing the JSSK services. In the hospital one ambulance is available around the clock.
- A 10-bed NRC with an addition of 15 more beds is available on the ground level of the district male hospital. Diet is being provided to the children and one attendant. A special diet chart is prepared for the children and accordingly, diet is provided to them. Proper staff is available 24/7 in NRC and on a daily basis bed sheet is changed. In NRC proper 15 days follow is done for every NRC child.
- There is a requirement of staff quarters for doctors and paramedical staff. The existing buildings are in dilapidated or in bad condition.
- HMIS new format training has been provided in June and the district hospital started reporting the data in the new format. In the hospital, there is a validation committee also available and every month meeting is held regarding outlier and validation errors.
- There is an availability of a suggestion box in the facility and proper follow-up is being done.
- The DWH received a total of 76 cases from CHCs in the last month. The DWH referred a total of 36 cases to the higher-level facility in 2022-23. The facility reported weekly data in P, S, and L forms under IDSP.

6.2 Community Health Centre, Baldev

- CHC Baldev is a 30 bedded and monthly average OPD is 250-300 per month and 30-40 deliveries per month or 1-2 deliveries per day. At the time of ANC check-up, proper counselling is being provided to the beneficiaries and their family members by the MO.
- The facility has 24*7 running water, a drinking water facility and clean functional toilets for both male and female. The facility has geriatric and disability-friendly ramps. The OPD area has adequate arrangements for seating and power-backup is available in the complete facility.
- The facility has services like OPD, IPD, ANC, Immunization, delivery and emergency. The specialized services available are medicine, Ophthalmology and Dental. In the facility 24*7 specialists are available in CHC Baldev.
- In HR there are 3 MO, 1 Medicine MO, 1 Dentist, 1 staff nurse, 1LT, 4 Pharmacists, 1 EmOC trained doctor and 1 LSAS trained doctor are available in the facility. Adolescent Friendly Health Clinic is not functional at the facility.
- For Quality Assurance programme is not initiated in CHC Baldev till date.
- There is an availability of 47 essential drugs at CHC with proper display in the OPD area and there is proper implementation of DVDMS data to update the status of medicines. There are 15 in-house tests available but an X-ray machine is available in the facility. Diagnostics services are free for all. There is an availability of a sufficient amount of testing kits/rapid diagnostics kits at the facility.
- There were no maternal and child deaths recorded in 2021-22 and 2022-23. As per hospital records 558 number of newborns immunized with birth dose in the last 3 months and newborns breastfed within one hour of birth were look after by at the facility.
- JSY payments are up to date till July. The cost of the JSSK diet, which is outsourced, is 100 rupees. Beneficiaries in the Baldev area stay in the facility for 48 hours after their delivery.
- A total of 27 cases were referred from the CHC to DH in the last month. The facility also offers ambulance services with centralized call centers 108/102.
- The number of sterilizations done in the month year was zero for male sterilization and 20 for female sterilizations. Proper family planning counselling has been done at the facility. Also, AFHC counselling is being provided at the facility. Under family planning, Antara, oral contraceptive pills, emergency contraceptive pills and Chhaya are being used. The facility also has trained IUCD and PPIUCD providers.
- FP-LMIS has also been implemented. MO counsels the beneficiaries on family planning. OT is operational for sterilization is conducted in the CHC.
- There is a fixed NCD clinic service available. Ambulance services are available with a centralized call center. The facility caters maximum number of hypertension cases.



Figure 4: Team Visit to CHC Baldev

- TB programme is running successfully in the CHC. Proper testing and follow-up registers are maintained. The facility has a proper Designated Microscopy Centre (DMC). There is an availability of CBNAAT/TruNat. There are cases of TB with HIV and proper reporting and follow-up are going on. Proper records are maintained for TB, Malaria and Leprosy cases.
- PMSMA services are provided on the 9th of every month in the CHC as they do routine checkups including BP, weight, Hb and also Gravida checkup. The facility does refer cases like high-risk pregnancies to the higher concerned authorities. The major reason for high-risk pregnancy is Gravida, no spacing and anemia.
- For both doctors and staff there is an availability of staff quarters in the facility. The facility is near an urban area so there is a fewer issues regarding electricity although the facility has both an inventor and generator.

6.3 Community Health Centre, Govardhan

- CHC Govardhan facility is 30 km away from the district hospital. The monthly average OPD is 230-250 and 150-200 deliveries.
- The CHC has all mandatory physical infrastructures. It has provision of Staff quarters for MOs and SNs inside the facility premises.
- In the facility apart from basic services like; general OPD, ANC, normal delivery, PNC, immunization, family planning and pathology, the specialized services offered by the facility include 24 by 7 emergency services and dental care.
- There is no provision for telemedicine in the facility. The operation theatre is available in the facility but only for male and female sterilization on a fixed day.
- The facility has implemented the DVDMS. In CHC Govardhan 90 essential drugs and supplies are available and a proper register was maintained at the time of the visit. There was a minimal shortage of essential consumables.
- In HR count, the facility has 3 regular Medical Officers, 1 ObGy, 1 Anesthetist, 1 regular dentist, 3 regular staff nurses, 1 Facility Manager, 1 LSAS trained doctor and 3 regular pharmacists. Under the contractual agreement, there is 3 Staff nurses, 1 pharmacist and 1 lab technician.
- Essential diagnostics is available in-house. There is availability of an X-ray machine at the facility. These diagnostic services are free for all.
- The number of normal deliveries performed in last month was 306 and 8 C-section delivery by the facility. All JSSK entitlements are successfully running at the hospital.



Figure 5: Team Visit to CHC Govardhan

- In the facility, all mothers were asked to stay for 48 hours after birth and were provided a diet free of cost. Some mothers do not stay at the hospital for 48 hours and LAMA is being signed by them. However, JSY payments weren't made before discharge. Such payments were initiated through PFMS. There is only 2% backlog because most of the beneficiaries don't have their bank account.
- In the facility, 98% newborns were immunized with birth dose and breastfed within one hour of the birth in the last three months.
- The PMSMA services are provided on the 9th of every month. Practices related to maternity care and line listing of high-risk pregnancies are also being done. The facility provides comprehensive abortion care services.
- The facility maintains a proper register for entering birth and death counts. There was no maternal death recorded in 2021-22 and 3 in 2022-23. There was child death were registered in 2021-22 and 2022-23.
- Under family planning, Antara, oral contraceptive pills, emergency contraceptive pills and Chhaya are being used. The facility also has trained IUCD and PPIUCD providers. FPLMIS has also been implemented. CHC Govardhan did 7 male sterilizations and 17 female sterilizations in last one moth.
- The Adolescent Friendly Health Clinic is not functional at the facility. There is no fixed day for the NCD clinic at the facility. RBSK team look after the children with proper records maintained by them.
- The facility has scored 82% at the facility-level Kayakalp assessment. The NQAS (2022-23) program scored 62% and LaQshya programme is running under process.
- The facility is a designated DMC and patients are taking anti-TB drugs from the facility. There are 251 patients tested for TB, out of which 42 patients were positive. Patients medication and proper follow is being done by the facility.
- CHC has 2 functional ambulances with proper register maintenance. But still there is an required for more ambulances as there are lots for accidental cases.
- An emergency room is also available offering facilities like Triage, Resuscitation and Stabilization. For Bio-medical waste practice, the facility uses a sharp pit and a vehicle is also outsourced to a company named Bio Medical Waste Agency.
- A total of 24 cases were referred from CHC to the district hospital in the last month. Most of the cases were related to newborns, complicated ANC, and high-risk pregnancy. A total of 82 cases were referred from the PHC/ sub-centre to CHC Govardhan in the last month. Most of the cases were related to ANC, fever.

6.4 Primary Health Centre, Raya

- PHC Raya is functioning with 10 beds. There is a provision of delivery services in the facility. Staff quarter is available for doctors and staff nurses.
- The facility is equipped with all the basic amenities such as a 24*7 running water supply, ramps for elderly and disabled people, clean drinking water, a waiting area for OPD and power back-up.
- Essential Drug List (EDL) is available and properly displayed in OPD areas at the facility. DVDMS was implemented by the facility for the supply chain of drugs.
- Family planning services were available at the facility and counselling was provided by trained staff nurses in IUCD/PPIUCD. Antara, Oral Contraceptive Pills, Condoms and Chhaya are the most used methods. FP-LMIS has been implemented at the facility.
- Tele-medicine/consultation services are not provided at PHC. NCD clinic service was available for seven days.
- Facility is functioning with 2 MO-MBBS, 1 MO-AYUSH, 4 staff nurses, 1 ANM, 2 LTs, 2 LHV, 1 Pharmacist, and 1 sweeper.
- The facility is a Designated Microscopy Centre (DMC) for TB testing. About 500 OPD patients whose samples were tested for TB in the last six months and 175 are taking anti-TB drugs from the facility. All TB patients have received incentives under the Nikshay Poshan Yojana.
- Telemedicine/consultation services are not provided at PHC. NCD clinic service was available for four days. Monthly RKS meeting is conducted at the facility.
- PHC has its own ambulance and patients are using centralize call number for an ambulance. The facility is running as PHC but the work load and also catering such a large population so it must be converted into CHC.



Figure 6: Team Visit to PHC Raya

6.5 Health and Wellness Centre, Baldev

- The average OPD is 15-20 patients per day, and the most prevalent issues were cough, fever, and cold. The facility is along a highway but the condition of the facility was very bad.
- Record maintenance was found to be up to the mark in the facility. All the equipment in the HWC were functional and well-maintained. Supply of essential contraceptives were also observed. There is an availability of all the drugs and their supply.



Figure 7: Team Visit to HWC Baldev

- The branding of the facility was not done properly. All the procured IEC material was not properly displayed. In HWC, the building is as per the norms of 3 rooms and one additional delivery room under the model of subcentre.
- No issues were reported with regard to the procurement of untied funds. There was no complaint/suggestion box available in the subcentre.
- The maximum number of patients who come for the OPD were hypertension and body ache.
- There is an availability of 24 by 7 running water, drinking water, a specified area for Yoga but there was no power backup in the facility.
- All the essential instruments were available at the facility such as a thermometer, BP instrument, contraceptives and a glucometer.
- In HWC 375 CBAC forms have been filled in the last six months. Regular counselling for family planning were provided by ASHAs and ANMs.
- There is an availability of functional HBNC kits and all the essential drugs were available in ASHA kits.
- All the ASHAs are aware of provision of incentives under NTEP and the Nikshay Portal is updated.
- The facility faces difficulties demarcation of boundary walls. There is no boundary wall or fences outside the facility so people park their vehicle which cause a lot of difficult for the beneficiaries to entry in the facility.

CONCLUSION and RECOMMENDATIONS

After meeting with CDMO, DPM, DDM, DCPM, DIC, NH counsellor and all the respective nodal of the district, it was noticed that there is a major crunch of staff in the district but they are still managing with the less staff. ASHA is a volunteer health activist in the communities, who creates awareness of health and its social determinants and mobilizes the community towards local health planning and increased utilization and accountability of the existing public health services.

Training of health personnel like medical officers, staff nurses, ANMs, ASHAs and others acts as an essential ground for providing quality healthcare services. The lack of training in human resources was evident in the district for instance ANMs were lacked training in HMIS, immunisation and others. The JSY payments were often delayed as beneficiaries did not have their account and as per new rules, payments have to be transferred only to beneficiaries account and not to any family member's account. Verification of the beneficiary was also a problem as they were generally not equipped with identification documents like an Aadhaar card, BPL card and others. Under JSSK, the beneficiaries were receiving free diet provided in only 15 out of 40 delivery points in the district. In the district free medicines are available in all the facilities.

- For HR there is no DAM and HMIS operator in the district. The district required training for the new HMIS portal as the
- Mathura district is a spiritual place so there is a lot of VIP's addressing to the district which makes problems for the officials and their work suffers.
- In the Mathura district 4 mela's occurring every year so it is very difficult for the MO's and staff to work. Every time ambulances are involved in the mela, so it is very difficult for the beneficiaries at the time of emergency requirements. So the district required separate team to look after them and this way district work will not suffer.
- In the district till 21st September 2023, there are total 317004 AYUSHMAN cards were need which is around 44%. Data validation is also under the process and proper monitoring is running in the district.
- Provision of insurance is available for ASHA, but there is no pension provision available. Also, there is no AYUSHMAN card for ASHA. ASHA, however, makes the ABHA ID for the beneficiaries and gets support from CHO.
- For Janani Suraksha Yojana (JSY) 96% target had been achieved and by the end of the financial year 100% will be achieved.
- In the district beneficiaries are staying in the facility for 48 hours after their deliveries and all the beneficiaries are utilising the services of Janani Shishu Suraksha Karyakaram (JSSK) like free diet and transportation. All the beneficiaries were aware of services under the JSSK.
- In the district, there is an availability of "Prerna Canteen" in all the facilities and they are providing diet (three day meals) or food to the services.

- In the district, there are 130 Health and Wellness Centres out of which 130 are working. Out of 130 HWCs, 101 are running under government buildings and 29 working on rented buildings. In 130 HWCs, 121 centres having power back, 46 having water supplies and 42 having toilets.
- All the 130 HWCs having CHOs posted and all the CHOs are uploading their attendance on CHO portal. Till August 2023, 6917 eSanjeevani is done by all the CHO's in the district.
- The supply of medicine is from the Uttar Pradesh Medical Supply Corporation (UPMSC). District Warehouse is available. All drugs are maintained by them. The drugs are then distributed to Block through the DVDMS based system of indenting and distribution. The responsibility of field level distribution is given to the Block pharmacist.
- For Immunization status, 91% target achieved for BCG, 96% for Hepatitis B, and for OPV is 96% target have been achieved in the district. In the district 96% target have been achieved for full immunization, for cold chain A+ and for Inradhanush cards MR 1 achieved 96% and MR2 90% targets have been achieved.
- In the district, there are total 5664 schools out of which 1684 schools were visited by the RBSK team. There are 119165 children medical checkup has been done by the team out of which 5089 children were under 4 D's and 4769 children has been treated which means 93% target has been achieved.
- Quality Assurance programme is implemented in many facilities in the district. The DH(F) is certified with Kayakalp and NQAS. The process of ABHA ID creation and HPR and HFR is also ongoing in the district.
- The performance of mental health is running successfully in the district with the help of Tele-Manas. It runs through telephonic counselling and telephonic medication.
- There are 12 Quacks centres in the district out of which 2 were sealed, 2 had FIR against them and others are under legal action.
- In the district, the visited facilities have about-to-expire IFA tablets. There is a need for proper distribution of the tablets in every facility in the district. Every pharmacist in the district uses the DVDMS app on computers, but if they start using the Application on their mobile phones, it will be beneficial for them to upload the data on the spot and monitor the data.
- NHM state salary is very less. From 2009 till now in 2022 the salary is only increased to 35,000rs only. PHC HMIS operator is working for the past 10years they are also under paid getting 15000, 16000, all type of reporting is done in PHC only like MSSKA reporting. For Cold Chain Operator Salary is very less. The supervisor started working in 2008 and has only received a pay of 20,000 rupees so far. NHM arrived in 2005 to assist the programmes that were being conducted in India, but the amount of work that has to be done now means that workers desperately need support in order to carry out each programme successfully in the district.

Recommendations

- HR planning and management must be strengthened at all levels. HR mapping and analysis should be done at state and district level. Based on this, a comprehensive HR Strategy for regular and contractual staff at all levels should be prepared and implemented.
- The state must fill up their vacant regular HR positions. Huge vacancies under state health services needs to be filled on priority and walk in interviews involving NHSRC or GOI representatives can be organized to fill the existing vacancies.
- Monitoring and supportive supervision tool disseminated by GOI needs to be implemented and followed-up. All Programme Officers and In-charges need immediate orientation on key programme elements and monitoring.
- MOUs for contract services should have clauses to ensure that protocols designed and defined by GoI/State are built-in. Termination clauses of contract should be clearly laid down. Performance sheet of doctors and other HR can be redesigned so that the columns related to their performance can be filled for effective monitoring.
- ANM Training centre in Mathura District to be strengthened. New PHCs / Additional PHCs which have been constructed / upgraded in the past 2-3 years need to be operationalized fully, in terms of ensuring adequate skilled manpower. ASHA Resource Centre to be created for effective functioning. Comprehensive revamping of training is required to build capacities for assessing functionality of training centre as per protocol, training needs, monitoring training quality along with follow-up for better performance.

APPENDIX



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

Key Correspondence: DPMU

District Profile- 2022-2023

A.1. Healthcare				
Indicator	Values		We have to mention the source ourselves in column (As we need district details as per census 2011 or the current date)	
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 (2021-22)				
10. Estimated number of C-section (2021-22)				
11. Estimated numbers of live births (2021-22)				
12. Estimated number of eligible couples (2021-22)				
13. Estimated number of leprosy cases (2021-22)				
14. Target for public and private sector TB notification for the current year (2021-22)				
15. Estimated number of cataract surgeries to be conducted (2021-22)				
Mortality Indicators:	Financial year (2020-21)		Financial Year (2021-22)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
A.2. Healthcare Infrastructure				
Facility Details	Sanctioned/ Planned		Operational	

1. District Hospitals		
2. Sub District Hospital		
3. Community Health Centers (CHC)		
4. Primary Health Centers (PHC)		
5. Sub Centers (SC)		
6. Urban Primary Health Centers (U-PHC)		
7. Urban Community Health Centers (U-CHC)		
8. Special Newborn Care Units (SNCU)		
9. Nutritional Rehabilitation Centres (NRC)		
10. District Early intervention Center (DEIC)		
11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	_____	_____
• At SDH	_____	_____
• At CHC	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	_____	_____
• Providing 1st trimester services	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____

Overview: Submission & Approval timeliness of DHAP

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

A.3 Infrastructure Construction Status Details

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

Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all)	
• Number of lab tests notified	
C.2. Status Of Delivery Points	
• No. of SCs conducting >3 deliveries/month	
• No. of 24x7 PHCs conducting > 10 deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	
• No. of DH/ District Women and child hospital conducting C-section	
• No. of Medical colleges conducting > 50 deliveries per month	
• No. of Medical colleges conducting C-section	
• Number of institutes with ultrasound facilities (Public+Private)	Public: Private:
• Of these, how many are registered under PCPNDT act	Public: Private:
C.3. National Health Programmes	
3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	1. No. issued MCP card and Safe Motherhood Booklet: _____ 2. Number of health facilities where current round of PMSMA was conducted: a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UCHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____
4. Rashtriya Bal Suraksha Karyakram (RBSK)	Total no. of RBSK teams sanctioned No. of teams with all HR in-place (full-team)

Indicator	Remarks/ Observation	
	No. of vehicles (on the road) for RBSK team	
	No. of Teams per Block	
	No. of block/s without dedicated teams	
	Average no of children screened per day per team	
	Number of children born in delivery points screened for defects at birth	
5. Special Newborn Care Units (SNCU)	<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer _____ Stepdown care _____ Kangaroo Mother Care (KMC) unit _____ Number of non-functional radiant warmer for more than a week _____ Number of non-functional phototherapy unit for more than a week _____ 	
	Inborn	Out born
• Admissions (2021-22)		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2021-22)		
• Discharged		
• Referral		
• LAMA		
• Died		

7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> Total Admissions (2021-22)..... Discharged Referral/ Medical transfer LAMA Died Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 mm <-3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever
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	<ul style="list-style-type: none"> • Nutrition related disorder • Others • Admission to NRC Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency
<p>8. Home Based Newborn Care (HBNC)</p>	<ul style="list-style-type: none"> • Status of availability of HBNC kit with ASHAs >Total No. of ASHAs: _____ > No. of ASHAs with HBNC kits: _____ > Reasons of Non-provision: _____ _____ • Total Newborns visited under HBNC: _____ • Status of availability of drug kit with ASHAs: > Total No. of ASHAs: _____ > No. of ASHAs with drug kits: _____ > Reasons of Non-provision: _____ _____
<p>9. Peer Education (PE) programme (Adolescent Health) & Weekly Iron Folic Acid Supplementation(WIFS)</p>	<ul style="list-style-type: none"> • No. of Blocks covered under Peer Education (PE) programme: • No. of villages covered under PE programme: • No. of Peer Educators: • No. of Adolescent Friendly Clinic (AFC) meetings held: • WIFS stockout:
<p>10. Mobile Medical Unit (MMU) (on the road) and micro-plan</p>	<ul style="list-style-type: none"> • No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____ • MMU team Composition _____ _____ • List of Services provided by MMU _____ _____ • No. of trips per MMU/month • No. of camps per MMU/month • No. of villages covered • Average number of OPD per MMU per month • Average no. of lab investigations per MMU per month • Avg. no. of X-ray per MMU per month

	<ul style="list-style-type: none"> Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month Avg. no. of sputum collected for TB detection per MMU per month Average Number of patients referred to higher facilities Payment pending (if any) <p>If yes, since when and reasons thereof</p>																		
<p>11. Universal health screening</p> <ul style="list-style-type: none"> No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer 	<ul style="list-style-type: none"> If conducted, what is the target population Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" data-bbox="906 751 1393 961"> <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> </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"> 2019-20: 2020-21: Proportion (% out of total) of Pvthealth facilities reporting weekly data of IDSP How is IDSP data utilized? Elaborate. <p>_____</p> <p>_____</p> <p>_____</p> 																		
<p>13. National Viral Hepatitis Control Program (NVHCP)</p>	<ul style="list-style-type: none"> % of health workers immunized against Hep B Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis 																		
<p>14. If District notified a State Mental Health Authority (SMHA)</p>	<ul style="list-style-type: none"> If District notified a State Mental Health Authority (SMHA) <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No SMHA in place <input type="checkbox"/> No Mental Health Service or Facility in the district 																		
<p>15. Vehicle for Referral Transport</p>																			
<ul style="list-style-type: none"> Details of Referral Transport – Number and Distribution: 																			

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

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

Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2019-20						
2020-21						

		ALS	BLS
o	Operational agency (State/ NGO/ PPP)		
o	If the ambulances are GPS fitted and handled through centralized call centre		
o	Average number of calls received per day		
o	Average number of trips per ambulance per day		
o	Average km travelled per ambulance per day		
o	Key reasons for low utilization (if any)		
•	No. of transport vehicle/102 vehicle (on the road)		
o	If the vehicles are GPS fitted and handled through centralized call centre		
o	Average number of trips per ambulance per day		
o	Average km travelled per ambulance per day		
o	Key reasons for low utilization (if any)		
16. National Fluorosis Control Programme		• Key activities performed in 2020-21 as per ROP:	
17. National Iron Deficiency Disorders Control Programme		• Key activities performed in 2020-21 as per ROP:	
18. National Tobacco Control Programme		• Key activities performed in 2020-21 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"> o 2018-19: o 2019-20: o 2020-21: o Reason for increase/ decrease (as per the trend of last 3 years) • LLIN distribution status • IRS • Anti-larval methods 	

	<ul style="list-style-type: none"> 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%
<p>20. National Tuberculosis Elimination Programme (NTEP)</p> <ul style="list-style-type: none"> Patients notification from public sector Patients notification from private sector 	<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 NikshayPoshan Yojana <input type="checkbox"/> Yes/ <input type="checkbox"/> No Active Case Finding conducted as per planned for the year <input type="checkbox"/> Yes/ <input type="checkbox"/> No
<p>21. Implementation of National Leprosy Eradication Programme (NLEP)</p>	<p>No. of new cases detected</p> <p>No. of G2D cases</p> <p>MDT available without interruption Y/N</p> <p>Reconstructive surgery for G2D cases being conducted Y/N</p> <p>MCR footwear & selfcare kit avl Y/N</p>

<p>22. ASHAs</p>	<p>Number of ASHAs</p> <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural) population No. of ASHAs covering more than 3000 (urban) population Villages with no ASHA
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	<ul style="list-style-type: none"> 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 JyotiBima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan JyotiBimaYojana (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 MantriShram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan MantriShram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme
<p>23. MahilaArogyaSamitis (MAS)-</p>	<p>Status of MahilaArogyaSamitis (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..... <ul style="list-style-type: none"> Number of Maternal Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ 			
	<ul style="list-style-type: none"> Number of Neonatal Deaths: _____ Number of Total Child Deaths: _____ Number of Child Death Review conducted <ul style="list-style-type: none"> 2020-21: _____ 2021-22: _____ 			
C.4. Healthcare Systems				
27. Payment status:	No. of beneficiaries	Backlog	DBT status	
<ul style="list-style-type: none"> JSY beneficiaries 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 Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) Patients incentive under NTEP programme Provider's incentive under NTEP programme FP compensation/ incentive 				
28. Recruitment for any staff position/ cadre conducted at district level				
29. Details of recruitment	Previous year (2020-21)		Current Year (2021-22)	
	Regular cadre	NHM	Regular cadre	NHM
<ul style="list-style-type: none"> Total no. of posts vacant at the beginning of FY Among these, no. of posts filled by state Among these, no. of posts filled at district level 				
30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				
31. If grievance redressal mechanism in place: Y/N	<ul style="list-style-type: none"> Whether call center and toll-free number available..... Percentage of complains resolved out of the total complains registered in current FY..... 			
32. Mera-Aaspatal (Attach MeraAspatal performance report)	<ul style="list-style-type: none"> Implemented in how many facilities..... DH.....CHC.....PHC Total Responses collected: 			

	<ul style="list-style-type: none"> • % 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..... Dissatisfied with quality of treatments..... With other reason
--	--

Implementation of CPHC

Status as on: 31st March, 2020

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: <ul style="list-style-type: none"> a. SHC- HWC b. PHC- HWC c. UPHC – HWC 		
4. Number of individuals screened for: <ul style="list-style-type: none"> 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		

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				

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			
• 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			

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

Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Date:

Name:

Signature:

Designation:



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

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

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

Indicator	Remarks/ Observation																																																																																																
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																																																																																																
11. 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="8">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>Surgeon</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ophthalmologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Orthopedic</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Radiologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pathologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</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">Staff Nurses/ 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 Technician/ 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				Surgeon				Ophthalmologist				Orthopedic				Radiologist				Pathologist				Others				Dentist					Staff Nurses/ GNMs					LTs					Pharmacist					Dental Technician/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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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	Initiated: Facility score: Award received:																																																																																																
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:																																																																																																
15. LaQshya	Labour Room: Operation Theatre:																																																																																																
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																																																																																
	17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																																																																															
	18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tbody> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </tbody> </table>	1		2		3		4		5																																																																																						
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19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage																																																																																																

Indicator	Remarks/ Observation
	List the consumables for with there was shortage In last 6 months how many times there was shortage_____
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> Number of patients provided dialysis service (for 2020-21) 	<input type="radio"/> Previous year_____ <input type="radio"/> Current FY_____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
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 neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
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%)

Indicator	Remarks/ Observation		
	<input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 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 last 6 months:		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		
52. Maintenance of records on	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months: _____		
	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No • TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 		
	Fund Received last year:		
	Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		
53. How much fund was received and utilized by the facility under NHM?			

Indicator	Remarks/ Observation
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. 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):
• How many cases from CHC, PHC, SC, referred to in last month?	Number: CHC PHC SC Types of cases referred in:
• How many cases were referred out last month?	Number: Types of cases referred out:
3. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
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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		
4. OPD Timing			
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
6. Condition of infrastructure/ building	Comments:		
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available		
	Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital		
7. Number of functional in-patient beds			
8. List of Services available			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, 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		
• If any of the specialists are available 24*7	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available			
• Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization			
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:			
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____			
12. 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			
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
14. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.
	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				
15. 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: _____
16. Kayakalp	Initiated: Facility score: Award received:
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:
18. LaQshya	Labour Room: Operation Theatre:
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, total number of drugs in EDL _____
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1
	2
	3
	4
	5
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly

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

35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
36. Number of Maternal Death reported in the facility	Previous year: 2019-20____ Current year:2020-21__		
37. Number of Child Death reported in the facility	Previous year: Current year:		
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month	Male__ Female____		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number 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 last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
51. Are service providers trained in cancer services?			
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		

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

Challenge	Root causes
a)	
b)	
c)	



Ministry of Health & Family Welfare
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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	
<ul style="list-style-type: none"> 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	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding

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			
8. Biomedical waste management practices	If yes, average case per day _____ 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/ GNM			
	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	Initiated: Facility score: Award received:			
12. NQAS	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 Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)		
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed		
• In-house tests For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:		
• Outsourced/ PPP For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:		
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all		
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage		
23. If there is any shortage of major instruments/ equipment	List of Equipment		
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days			
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
• 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:2019-2020 Current FY:2020-2021
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: _____		
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshan Yojana in the last 6 months: _____		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
51. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Fund Received last year: Fund utilized last year:		

52. How much fund was received and utilized by the facility under NHM?	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:
	Reasons for underutilization of fund (if any)
53. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number_____
	<input type="checkbox"/> PHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available
	Comment (if any):
• How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:
• How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
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

Indicator	Remarks/ Observation			
	<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 _____ 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: _____ 			

Indicator	Remarks/ Observation		
	<ul style="list-style-type: none"> 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:2019-20 Current year:2020-21		
16. Number of Child Death Review conducted	Previous year: Current year:		
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	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.	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop:		
Number of individuals taking medication for HTN and DM during last six months from which source	(Average OOP/month)		
Taking medication for HTN/DM			

Indicator	Remarks/ Observation		
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	2019-20	2020-21
	Number of presumptive TB patients identified:		
	Number of presumptive TB patients referred for testing		
	Number of TB patients diagnosed out of the presumptive patients referred		
	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, Treatment Supporter Incentives) and NikshayPoshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment) 			
35. Number of Village Health & Sanitation days conducted in last 6 months			
36. Incentives:	<ul style="list-style-type: none"> • Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)			
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Maintenance of records on	<ul style="list-style-type: none"> • TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		

Indicator	Remarks/ Observation
	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)	