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MONITORING AND EVALUATION OF NHM PROGRAMME IMPLEMENTATION

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NHM PIP MONITORING REPORT

Meerut, Uttar Pradesh



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List of Acronyms & Abbreviations

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

MEERUT, UTTAR PRADESH

HIGHLIGHTS (NHM-PIP): FY 2022-23

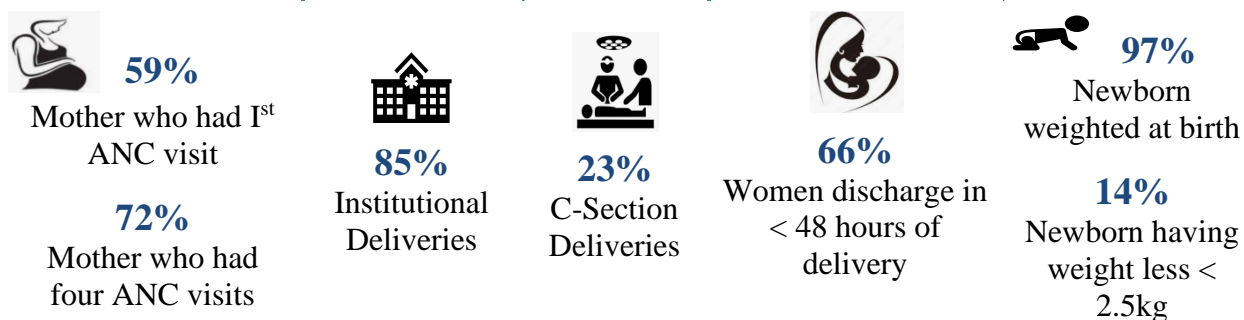


1	3	0	14	33	28	294
Medical College	District Hospital	Sub District Hospital	CHCs	PHCs	U-PHCs	SCs

Key Mortality Indicators



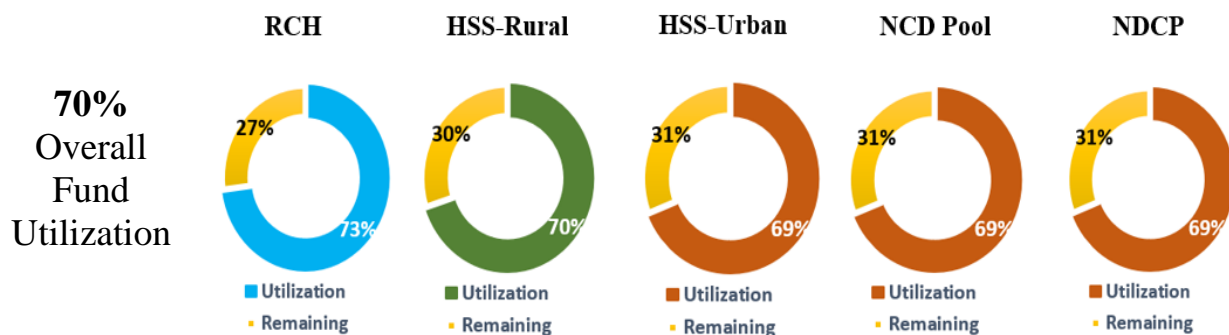
MCH Indicators



Quality care Programmes



Fund Utilization



Executive Summary

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

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

Key Findings

- ⊕ **Early ANC Registration Challenge:** Antenatal Care (ANC) registration in the crucial first trimester of pregnancy is a serious concern in the district, which needs to be addressed by implement comprehensive awareness campaign.
- ⊕ **High Data Quality in District-Level Mortality Indicators:** HMIS data's favourable consistency with physical records for child mortality, maternal mortality, infant mortality, and stillbirths.
- ⊕ **Healthcare Infrastructure Overview:** Meerut district is functioning with 1 Medical college, 3 district hospital, 14 CHCs, 33 PHC-HWC and 294 HWC. There are 5 FRUs, 2 Blood bank and 3 blood storage units in Meerut District.
- ⊕ **Specialist Shortage at DH/CHC level:** Chronic shortages of medical specialists, including Radiologist, Surgeon, OBGY are notably concerning at DH & CHC level in district. Availability of medical officers is also a pressing concern within the district's health system.
- ⊕ **Understaffed RBSK Team:** The team for the RBSK program was utterly incomplete as per the composition. The district has just one third of the required team composition, indicating severe understaffing.
- ⊕ **ASHA Worker Shortage:** There is heightened shortage of ASHAs worker, especially in urban areas. There more than 600 such villages and slums in district without ASHAs.

- ⊕ **Limited Equipment for Oral Healthcare:** In Meerut district, the provision of oral healthcare services heavily relies on Manpower, lacking essential equipment, hampering NOHP implementation.
- ⊕ **Lacking in Quality Care Program Implementation:** The Kayakalp/ NQAS programme for the quality care services was effectively implemented at DH level. However, the situation is extremely unwelcoming at CHC/PHC/SC level in the district.
- ⊕ **Improvements in Mortality Indicators:** Meerut district has witnessed significant improvements in mortality indicators, although still births and infant deaths remain notably high compared to other measures.
- ⊕ **Anemia among pregnant Women:** The prevalence of any anemia among PW in district is estimated to be 68%, with 5.2% having severe anemia, a matter of heightened concern.
- ⊕ **Enhanced Faith in Public Healthcare:** The implementation of health and wellness centers and the appointment of community health officers (CHOs) instilled considerable faith in the quality of public health services.
- ⊕ **Improved Utilization of Untied fund at lower health tier:** The appointment of CHO has significantly improved the efficient utilization of untied funds at sub-health centres.
- ⊕ **Length of postpartum stay of women requires greater attention:** Majority of the women do not stay for 48 hours post-delivery, particularly at primary & secondary health tier level. Constructing personalized Postnatal care ward with smart approach at the CHC/ PHC level will help in ensuring the holistic well-being of both mothers & newborn care in district.
- ⊕ **Medicine Shortage:** The supply of medicines/ Injection at the PHC/ SC level in the district was reported to be less than the demand.
- ⊕ **Unspent Fund Overview:** At the end of the last financial year; approximately 30% of the allocated amount in the district remained unspent. The process of Fund flow was observed to be poor in District. Fund could not reach timely at the CHC/ PHC level.
- ⊕ **Enhancing FRU Budgets:** Budgets allocation for First Referral Units (FRUs) and non-FRU are equal. This parity may not align with the diverse service requirements of FRUs, which offer a wider range of services.
- ⊕ **Enhanced Fund Utilization at lower Health tier:** The appointment of CHO there has been marked improvement in the efficient utilization of untied funds.

Chapter 1

INTRODUCTION

1.1 Background and Objectives

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

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

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

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

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

Healthcare Facility	Name of the Facilities /Place	Team Composition
District Hospital CHC PHC SC	District Women Hospital, Meerut Sardhana & Bhawanpur Rajpura & Khera Incholi	Ms. Bindiya Kumari & Dr. William Joe

1.2 Demographic Profile: Meerut, Uttar Pradesh

As per census 2011, Meerut district ranks 25th in terms of population across districts in Uttar Pradesh. The Population of the District is around 34.4 lakh including Male Population- 18.2 lakh and female population-16.2 lakh. Decadal growth rate of the district is 15.8% which is lower than the state average of 20.2% (See annexure, Table 1). The percentage share of urban population in the district is 51.1% as against 22.3% of the population in urban areas of the state. The district ranks 45th in terms of sex ratio (886) which is lower than the state average of 912 females per 1000 males. The literacy rate of the district is more than the state average of 67.7% which ranked 13th across the districts in state. The literacy rate of the district is 70.8% out of which 80.7% males are literate and 64.0% females are literate. Meerut district has population density of 1346 persons per sq.km, which is higher than the state average 829 persons per sq. km. The total area of the district is 2559.0. The city lies 70 km northeast of the national capital New Delhi, and 453 km northwest of the state capital Lucknow. There are 579,110 households in the district accounting for 1.7 percent of the total households in the state. The average size of households in the district is 5.9 persons (Census, 2011).

1.3 Health Profile

This section will discuss the health care service delivery indicators in public institutions in Meerut District of Uttar Pradesh with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2022-23. First ANC registration is a matter of grave concern in the district According to the HMIS, just 59 per cent of women in Meerut registered for ANC in the first trimester (See Annexure, table 2). However, around 72 proportions of pregnant women received four or more ANC check-up. According to the HMIS data source, IFA supplementation was given to around 75 per cent of all women who registered for ANC. The prevalence of any anemia among pregnant women in Meerut is estimated to be 68%. The prevalence of severe anemia is estimated to 5.2% which is a cause of concern.

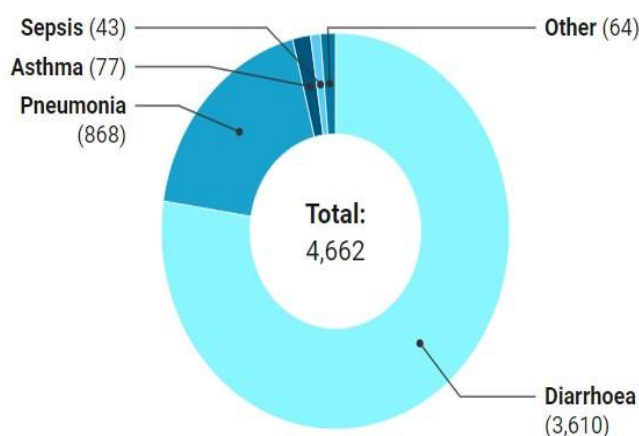
About 85 per cent of all deliveries were institutional deliveries, and 15% deliveries were noted to be home deliveries in the district. Around 23 per cent of institutional deliveries were reported C-section in the district. It must be noted that out of total institutional deliveries, more than 65 per cent women discharged within 48 hours of delivery. Further, Delivery care is a vital factor of Infant as well as mother health. Of the total home deliveries in Meerut Uttar Pradesh, 100 per cent deliveries were attended by non- SBA worker. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths.

With regards to Post Natal Care, 93 per cent of women received 1st post-partum checkup within 48 hours and 14 days of delivery. Around 90 per cent of the newborns were breast fed within 1 hour of delivery and 97 percent newborns were weighed at birth in the district. Out of the total weighted, 14% Newborn having weight less than 2.5 kg. Overall, more than 85 thousand children fully immunized (9-11 months) observed in Meerut district. Female sterilization as a method of permanent family planning dominates the statistics with more than 96 per cent of all sterilization conducted in the year 2022-23 in Meerut Uttar Pradesh.

1.4. Burden of Diseases

The study of Burden of Disease is crucial to the planning and strategizing of healthcare interventions to prevent, and manage these diseases effectively. The following figure reveals the burden of diseases among childhood in the study district, for the last financial year 2022-23. Overall, diarrhea had the highest prevalence.

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



In last financial year, district had more than 35 hundred cases of diarrhea with a share of more than 75% of total reported cases among children. The data shows 868 cases of pneumonia, 77 cases of asthma among children. Thus, Pneumonia and Asthma cases accounted for approximately 20% of the total reported cases among children

in the district. Pneumonia is an infection that affects the lungs and can lead to breathing problems. In Meerut district, total 43 sepsis cases were reported among children. Other diseases include – Malaria, Measles, and TB cases in the district during the specified year.

Chapter 2**PUBLIC HEALTH
FINANCING**

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

2.1. State Resource Envelope

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

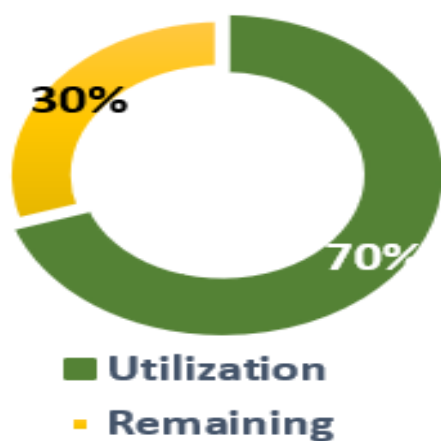
2.2. District Health Action plan (DHAP)

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

2.3. National Health Mission Fund Utilization

Budgeting plays an important role in the effective utilization of available resources in order to achieve over all objectives. Furthermore, every state's/ district's future will depend upon the efficient utilization of funds like growth, and expanding the facilities. If funds are used effectively then the district has healthy growth in all the ways. This section will attempt to discuss in depth details the NHM fund utilization against the sanctioned amount for the last financial year. The following figure 2 shows the overall fund utilization in the Meerut district against the actual fund release.

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



The extent of utilization of NHM funds is analyzed here using the utilization ratio. The utilization percentage/ ratio is defined as the ratio of actual expenditure to total Budget allocation/ released.

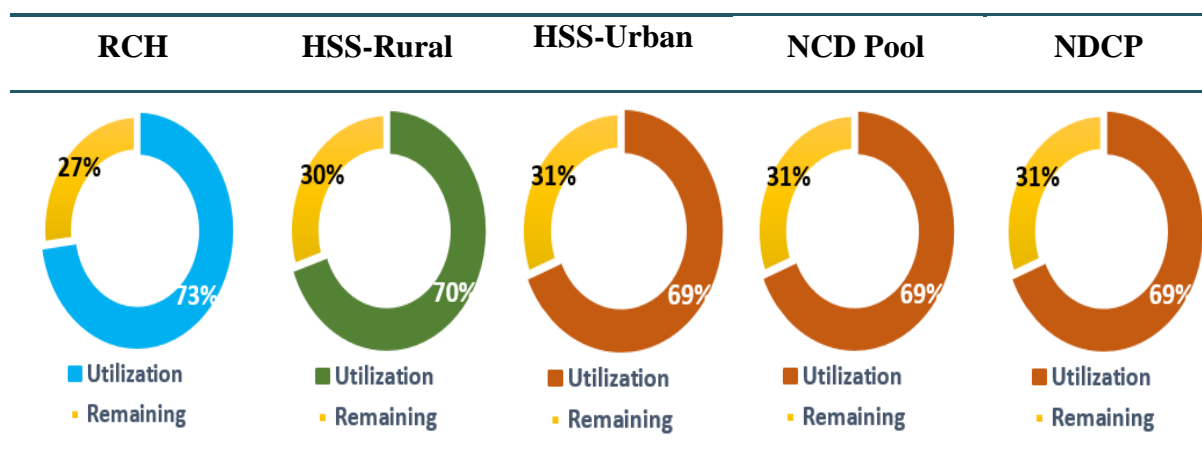
Against the sanctioned fund amount, around 30 per cent of funds remained unspent at the end of the last financial year as depicted in the graph. It was reported that numerous trainings related to the program didn't happen last year in the district, and further because of pending construction

work- HWC, the district couldn't utilize the budget properly. There is dire need to establish mechanisms to expedite pending construction projects, particularly for Health and Wellness Centers (HWCs), to maximize budget utilization and promptly improve healthcare infrastructure.

The table 4 given in annexure shows a comprehensive view of budget allocation and expenditure for various healthcare programs in Meerut district of UP, during financial year 2022-23 as a part of National Health Mission. Under the Flexi-pools category, the table lists several key components, namely, Reproductive and Child Health (RCH), National Disease Control Program (NDCP), Non-Communicable Diseases Control Program, and Health System Strengthening (HSS) programs for both urban and rural areas.

The following figure highlights flexipool wise budget utilization of Meerut of Uttar Pradesh in last financial year 2022-23. The budget categorized into 4 broad categories i.e., RCH & Health System Flexipool, NUHM, Communicable Disease and finally NCD Flexipool.

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



In Meerut, the maximum fund utilization was observed in RCH flexipool. The Fund utilization rate in RCH pool noted 73 percent, indicating that 73% of the allocated budget was effectively spent. Similarly, other programs like NDCP, Non-Communicable Diseases Control Program, and Health System Strengthening (both urban and rural) demonstrated respectable utilization rates, all hovering around the 69-70% range. Continuous monitoring and evaluation processes can play a crucial role to identify bottlenecks in fund utilization and promptly address them across various healthcare programs. Monitoring process can help ensure resources are effectively utilized across the board.

Chapter 3


PUBLIC HEALTH PLANNING

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

3.1. Health Infrastructure

Infrastructure is the basis for planning, delivering, and evaluating a wide range of essential public health services. Healthcare institutions and healthcare infrastructure is an important indicator to understand the health care status, health care delivery provisions and mechanism. Therefore, this section examines the analysis of health care infrastructure in Meerut, Uttar Pradesh. Overall, district has 1 Medical College, 3 district hospitals, 14 Community Health Centre (3 FRU), 33 Primary Health Centre and 294 Sub-Centre. The district has 5 FRUs, 2 Blood bank and 3 blood storage units.

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

 Facility Details	Operational
Medical College	1
District Hospitals	3
Community Health Centre	14
Primary Health Centre	33
U-PHCs	28
Sub-Centre	294
No. of SCs converted to HWCs	235
No. of PHC converted to HWCs	33
Special Newborn Care Units (SNCU)	2
Nutritional Rehabilitation Centres (NRC)	1
FRU	5
Blood bank	2
Blood bank storage	3
Total no. of facilities providing Abortion Care (CAC) services	5

Source: CDMO Office (2022-23), Meerut, Uttar Pradesh

Out of three district hospital, one DH was conducting the delivery care services including C-section; which were conducting more than 50 deliveries per month in the district. Owing to the availability of Medical College in the district, most of the delivery care cases conducted at the AIIMS Meerut. With regards to Community Health Centre, all 100% CHC were conducting more than 20 deliveries per month. Out of the total Sub-centre, around 2% sub-centres are able to conducting the more than 3 deliveries in a month.

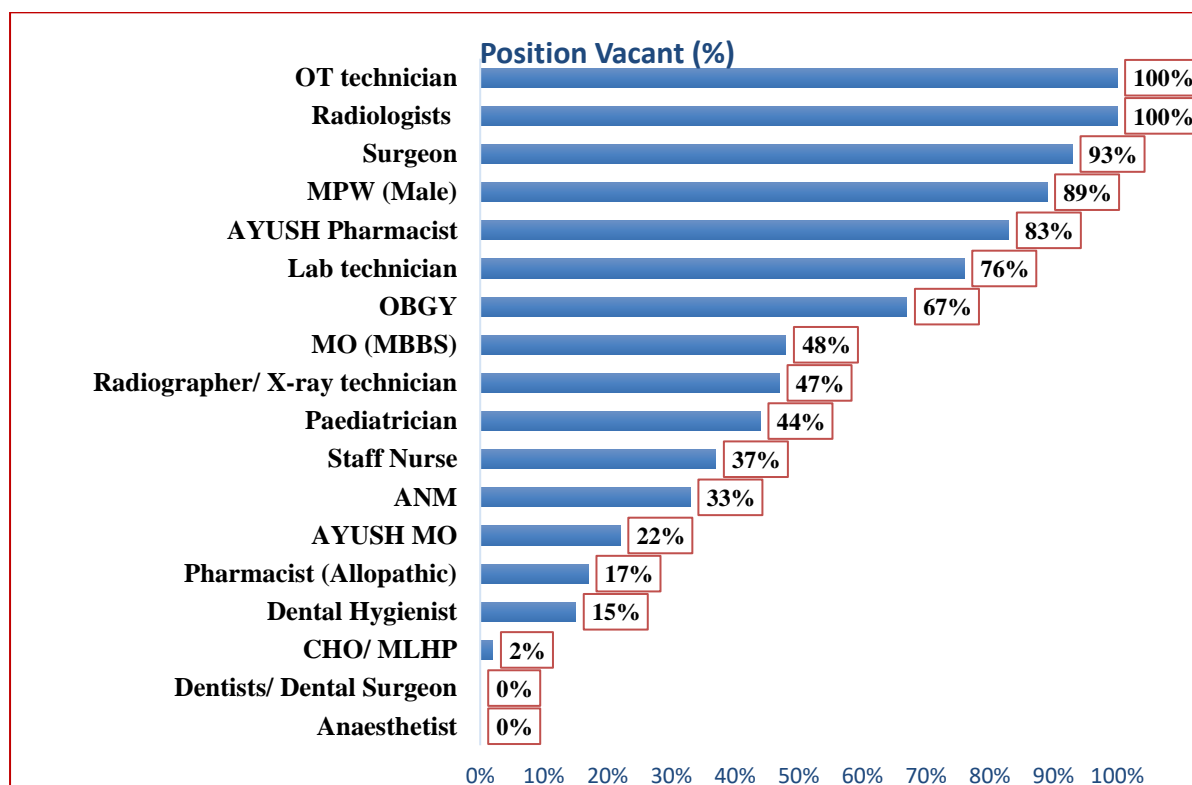
In addition, district has 2 Special newborn care units (SNCU) with the 12 radiant warmer. During the last financial year 2022-23, there were 922 neonates admitted in SNCUs in district. With regards to NRC, more than 95 newborns were admitted in April- July 2023 and out of the total, around 65% newborns were successfully discharged. Out of the total cases, 12 neonates refer to higher tier. It must be noted that the district does not have any District Early Intervention Centre (DEIC) for the better delivery of services.

3.2. Human Resources for Public Health

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

In district, total 410 ANM, 15 MPW (Male), 87 Staff Nurse, 6 OBGY, 10 Pediatrician, 6 Anesthetist, 1 Surgeon, 14 dentist, 11 Dental Hygienist, 118 MO, 65 Pharmacist (Allopathic & Ayush), 12 LT, 10 Radiographer, 235 CHO and 25 AYUSH MO were in-position in the district (See Annexure, Table 5). Overall, under Uttar Pradesh Government in the district, total number of sanctioned posts for Medical is 226 out of which only 118 have been filled and 108 posts is still held vacant (See Annexure, table 5). Position for the ANM, and MPW (Male) is significantly high in the district. It must be noted that in the FY 2022-23, a total of 325 posts of ANM & MPW were found vacant in the district. Against the total number of sanctioned posts for Staff Nurse, 52 posts are vacant in the district. Furthermore, sanctioned post for pharmacist and lab technicians are 77 and 51 respectively out of which 13 post and 39 posts are vacant for pharmacist and lab technician, respectively. Total number of sanctioned post of Gynecologists is 18 out of which only 6 posts has been filled and 12 is still vacant. It has 10 Pediatrician against the sanctioned post of 18. Non-availability of Radiologist, OT technician was observed in the district. It can be observed that only the Anesthetist position is fully in place in accordance with the sanctioned post in the district. Further, the dental department in the district was well equipped with the Dentist and Dental surgeons.

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



As depicted in the above figure, against the sanctioned posts in the district, there are currently 100% vacant positions for OT Technicians, 100% for Radiologists, 93% for Surgeons, 89% for MPWs (Male), 83% for Aayush Pharmacists, 76% for Lab Technicians, and 67% for OBGY positions vacant under the Uttar Pradesh government. Further, less than 50% post were laid vacant for MO, Radiographer/ X-ray technician, Pediatrician, Staff Nurse, ANM. Overall, 48% position of Medical Officer’s (MO), 47 % of Radiographer/ X-ray technician, and 37% of Staff Nurse, 33% of ANM vacant position observed in the district. Around 20-30 % position lied vacant of ANM & Aayush MO in the district, with very few % of vacant positions noted for Dental Hygienist and CHOs.

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 behaviors. At present, a total of 2626 ASHAs are working in the district (See Annexure, table 6). Total 479 villages were reported in the district without ASHAs worker. Further, total 197 slum areas with no ASHAs in the district. It was reported that more than 67 ASHAs covering more than 1500 (rural) population, and more than 15 ASHAs covering more than 3000 (urban) population in the district. VHSNC in one of the key interventions under National Health Mission aimed at promoting community participation in health at all levels, including planning, implementing and monitoring of health programmes. Total 534 number of Village Health Sanitation and Nutrition Committee formed & trained in the district, while the account opened was 380.

Chapter 4





NATIONAL HEALTH MISSION PROGRAMMES

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

4.1. RMNCH+ N Programmes

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

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

Mortality Indicators	Physical Records		HMIS	Increase Decrease
	2021-22	2022-23	2022-23	
Still births	480	396	396	
Infant Deaths	380	203	203	
Child Deaths	44	32	32	
Maternal Deaths	74	43	43	

Source: CDMO Office, Meerut, Uttar Pradesh


Overall, all mortality indicators have decreased from 2021- 22 to 2022-23 in the district. The total number of still births & infant deaths has observed to be significantly high as compared to others mortality indicators in the district in both years. The above table clearly depicts that when we compared HMIS data for the year 2022-23 with physical records of district of the same year it showed a commendable level of consistency for all key indicator's infant death, child death, maternal mortality, and stillbirth. This section will attempt to discuss in details implementation of various national programmes related to mother, children, newborns and adolescent health services under National Health Mission.

Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana prevalently known as the conditional cash transfer scheme, started in 2005. JSY is an initiative for safe motherhood under NRHM. It aims at reducing maternal and

neo mortality rate, promoting institutional deliveries among poor pregnant women by incentivizing them through cash benefits for getting institutional deliveries. The initiative is effectively working in the district however the level of awareness among the beneficiaries is satisfactory in the district. Following figure depicts the disbursement of the JSY entitlements.

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

 जननी सुरक्षा योजना		Key Challenges:
53815	82%	
Total Number of Beneficiaries	Beneficiaries received Incentives	

Source: CDMO Office (2022-23), Meerut, Uttar Pradesh

Overall, around 90% JSY Payment were observed in the district. The 10% gap was primarily due to incomplete records of the beneficiaries. Most of the beneficiaries don't have relevant valid papers/ documents & bank accounts that are required. It is mandating that JSY payment will be released only after the receipt of all document like BPL Card, Income certificate etc.

Janani Shishu Suraksha Karyakaram


Janani Shishu Suraksha Karyakaram (JSSK) aims to improve maternal and child health by minimizing financial expenses of pregnancy and sick new born child. Furthermore, the aim of this scheme is to promote institutional deliveries. After the implementation of the program, the institutional deliveries have been increased in the district. However, it was noted that majority of the women do not stay in the facility for 48 hours after delivery, particularly at the CHC/ PHC level facility. Thus, the length of the postpartum stay of women at the facility requires greater attention. Effective counselling delivered by the primary-tier healthcare staff will help in ensuring the holistic well-being of both mothers & newborn care. During the monitoring visit it was found that free diet was given to beneficiary mothers at the only at the DH, CHC level. Diet services were not functioning well as quality of the beneficiaries' diet was observed to be poor during interaction with them.

Pradhan Mantri Surakshit Matritva Abhiyaan

PMSMA program has been launched, to improve the quality and coverage of ANC including diagnostics and counseling services as part of the RMNCH+A Strategy. The prime aim was to provide comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. In Meerut district, PMSMA sessions were conducted four

times a month on the 1st, 9th, 16th, and 24th. As per the HMIS standard report, more than 95 thousand pregnant women registered for ANC in the district in the last financial year. According to the HMIS, just 59 per cent of women in Meerut registered for ANC in the first trimester. However, around 72 proportions of pregnant women received four or more ANC check-up. Despite the implementation of PMSMA program, poor quality of ANC services is a serious concern in the district due to the shortage of medical officers at the CHC/ PHC level in the districts.

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

45	 Facilities Covered at tier	Key Challenge
Total no. of facilities where current round of PMSMA conducted	100% Medical College 66% DH 100% CHC 85% PHC	Shortage of Medical Officers

Overall, there are 45 such healthcare facilities (1 Medical college, 2 DH, 13 CHC, & 28 PHC) in district where current PMSMA round were being conducted. It was reported that MCP card/ Safe Motherhood Booklet issued under PMSMA in district. A sticker is added on the MCP card on each visit, if the women is detected with no risk, then a green sticker is added. However, the red sticker indicates high-risk pregnancy case. The high-risk pregnant women cases refer to DH or medical college in the district.

Pradhan Mantri Matru Vandana Yojana


Pradhan Mantri Matru Vandana Yojana (PMMVY) is currently functioning in the Meerut district. A total of 21919 beneficiaries have targeted as against 10341 achievement which was just 48% beneficiaries covered under this scheme in the last financial year i.e., 2022-23.

Home Based Newborn Care Programme

ASHAs are responsible for the HBNC & HBYC visits in the villages or slums. Home Based Newborn Care programme is well implemented in the district. In the last financial year, ASHAs were also actively involved in the counseling of Immunization & HBNC visit as well. Around 35 thousand neonatal visits were conducted by ASHA worker under HBNC programme in the district. The following table 7 depicts the status of HBNC programme in the district. From the table it can be seen that around 91% ASHAs have the complete HBNC, while 47% ASHAs having drug kits. The key challenges include the incomplete kit and quality of logistic. To ensure the high quality of HBNC services, quality of logistic under HBNC kit needs to be

strengthen. Further, frequent distribution of kits to ASHA workers is vital to resolve the issue of incomplete kit. However, distribution frequency of HBNC kits should align with community needs.

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

 <p>Home based Newborn Visits</p>	<p>34683</p> <p>HBNC Visits by ASHAs</p>	<p>91%</p> <p>ASHA having HBNC Kits</p>	<p>47%</p> <p>ASHAs having Drugs Kits</p>	<p>Key Challenge:</p> <p>Quality of logistic</p> <p>Incomplete ASHA’s Kit and non-functional equipment in kit</p>
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Source: CDMO Office (2022-23), Meerut, Uttar Pradesh

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

Rashtriya Bal Swasthya Karyakram/ School Health Scheme Program

RBSK is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 ‘D’s viz. The children were being screened at the school as well as Aanganwaadi Centres as well. Total 24 numbers of vehicles are on the road for the said team. RBSK programme is not effectively implemented in the district due the lack of dedicated manpower. In Meerut district, there are a total of 24 RBSK teams, with 2 teams per block. Out of total, just 8 teams are complete in place as per the composition. MO shortage is reported an issue in team composition. Thus, in turn, the team for the RBSK program was utterly incomplete as per the composition as the district has just one third of the required team composition, indicating severe understaffing. Additionally, since the onset of COVID, there has been no recruitment of staff in RBSK teams, leading to a situation where only paramedical staff are managing the program in some blocks. Immediate action is needed to address the severe shortage in teams. This includes conducting recruitment drives to fill the vacant positions and ensuring that all teams have the necessary medical officers and paramedical staff to effectively manage the program. Adequate staffing is essential for the successful implementation of RBSK program and the delivery of healthcare services to children in district.

Immunization Program

The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to

the service delivery for Child Health, 88.8 thousand children fully immunized (9-11 months) observed in Meerut Uttar Pradesh. In the last financial year, out of the total planned session 41261, around 99% (40926) Immunization session were held in the district. In addition, out of the total immunization session where ASHAs were presented to be 84 % session.



Family Planning Programs

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. As per the HMIS data, female sterilization as a method of permanent family planning dominates the statistics with 96 per cent of all sterilization conducted in the year 2022-23 in Meerut Uttar Pradesh (Tubectomies). Total sterilization conducted was reported to be more than 4 thousand in the district. Besides these, the total numbers of condom pieces that have been distributed in the last financial year were 15.5 lakh pieces followed by oral pills 1.12 lakh.

Rashtriya Kishor Swasthya Karyakram (RKSK)

The Ministry of Health & Family Welfare has launched a health programme for adolescents (10-19 years), in the year of 2014, which would target their nutrition, reproductive health and substance abuse, among other issues. The main objective of this Karyakram was to improve nutrition, Sexual and Reproductive Health, enhance Mental Health, also prevent substance misuse injuries and violence. During last financial year, total 3432 adolescent registered under RKSK program in district, and out of which, 62 % were girls and remaining 38% were boys registered as depicted in the following table. Therefore, it can be observed that registration rate among girls were higher than the registered rate of boys in the district. Similar observation can be seen with regards to received counseling services. It can be observed that with respect to clinical services; 91% of girls and same 91% of boys received the clinical services in the district.

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

3432 Total Registered	RKSK	2022-23	Key Challenge
	Girls registered in AFHC	2121	Inadequate infrastructure is biggest constraint in proper services; No separate AFHC Clinics at health facilities except DH.
	Out of registered, Girls received clinical services	91%	
	Out of registered, Girls received counselling	95%	
	Boys registered in AFHC	1311	
	Out of registered, Boys received clinical services	91%	
	Out of registered, Boys received counselling	94%	

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

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

4.2. Communicable Diseases Control Programmes

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

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

Communicable Diseases Programs	In No.	Remarks/ Challenges
IDSP		
Rapid response team constituted	Yes	Program well Implementation in the district
Types of diseases reporting under IDSP	25-26	
Total Epidemic and outbreaks reported in district	No	
% Of private health facilities reporting	-	
NVBDCP		
Micro plan and macro plan available at district	Yes	Anti-larval methods: Temiphos 50%, ABER improved in the year 2022-23
Annual Blood Examination Rate (2020-21)	0.55	
Annual Blood Examination Rate (2021-22)	1.29	
Annual Blood Examination Rate (2022-23)	2.04	
LLIN distribution status	No	
Anti-larval methods	Yes	
Contingency plan for epidemic preparedness	Yes	
No. of MDR rounds observed	Meerut doesn't come in criteria	
Weekly epidemiological & entomological situations monitored		
NTEP		
Target TB notification achieved	Yes	Treatment success rate more in public sector
HIV Status of all TB patient is known	Yes	
Drugs available (both drug sensitive & drug resistance)	Yes	
Beneficiaries paid under NIKSHAY	Yes	
	Public	Private
Patients notified Target	5732	4423
Treatment Success Rate	88%	84%
No of MDR TB patients	217	2
Treatment Initiation among MDR TB patients	194	2

Source: CDMO Office (2022-23), Meerut, Uttar Pradesh

Under IDSP programme, the surveillance units have been established in the district. Rapid response teams are available/ constituted at district level and team includes- District Surveillance officer, Epidemiologist, 1 CDEO. IDSP cell is effectively active and working the

district. It was reported that at each block, there is a block level team which includes, MO, Health supervisor, BPM and BCPM. Awareness activities were conducted in those areas which is most affected by vector borne disease according to due plan prepared by district administration. With regards to IDSP data, it utilized properly at the district level for identify trends and patterns of disease/ syndromes. The district generates EWS on the basis of weekly data analysis. After analysis of data, if any trend is found in a particular disease, it's highlighted to the state and further preventive measures taken accordingly. It was reported that 30-40% of private health facilities reported weekly data of IDSP.

National Vector Borne Disease Control Programme (NVBDCP), overall Annual blood examination rate was reported 1.22 in 2022-23. From the table it can be clearly seen that since COVID period ABER improved in the district. Weekly epidemiological and entomological situations were monitored in the district. There is a proper micro and macro plan available at the district level as to control the vector borne disease prevalent in the district.

Moving forward to the Tuberculosis Programme, it remains to be major public health problem in India. Diagnosis of TB through Intermediary UDST testing/lab is established in the district. Total number of TB cases notified under NIKSHYA significantly varies from 5732 (56%) in public sector to 4423 (44%) in private sector. In the last financial year, around 220 numbers of TB patient deaths were reported in the district and observed that more than 98% MDR TB patient death was observed in public sector. With regards to treatment success rate, it was observed to be 88% in public sector, which is more than the private sector.

4.3. Non- Communicable Diseases Control Programmes

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

NPCDCS Programme

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

National Mental Health Programme (NMHP)

Under this program, numerous types of Anxiety/ Depressive Disorder and Psychosis were treated. In Meerut, mental health programme was well functional as it was reported that State

mental health authority in place. ACMO is the nodal of this program. The district has in-place the mental health teams which includes the- Psychiatric, Staff Nurses, Psychologist, Psychiatric Social worker. Under this program, numerous types of Anxiety/ Depressive Disorder and Psychosis were treated. Outreach camps for mental health have also been organized by CHC, PHC-HWC team.

National Oral Health Programme

Taking into account the oral health situation in the country, Government of India has initiated a National Oral Health Programme to provide integrated, comprehensive oral health care in the existing health care facilities. Dental department in the district was well equipped with the Dentist and Dental surgeons. In district, total 14 dentist, 11 Dental Hygienist were in-position in the district. A very few vacant positions noted for Dental Hygienist. Despite the available manpower, oral healthcare program was not functional well in the district. Only OPD services were rendered at the secondary tier of health facility due to the shortage of infrastructure and equipment gaps. It is highly recommended that to functioning the oral health services in the district, the said department needs to be strengthened in the district by providing the required infrastructure and modern equipment's.

4.4. Quality Assurance Programmes

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

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

		66%	43%	Key Challenge
Non-Availability of District Quality Consultant	33%	Kayakalp Certified Hospital	Kayakalp Certified CHC	The district is markedly lacking in NQAS/ Kayakalp Implementation Program at primary health tier
	NQAS Certified Hospital	0%	1%	
		Kayakalp Certified PHC	Kayakalp Certified SC	

Source: CDMO Office (2022-23), Meerut, Uttar Pradesh

There was no District quality assurance consultant in the district to lookup these quality care programs. It can be noted that district has been markedly lacking in NQAS program implementation across all health tier. There was only one facility was noted to be NQAS certified in the district. Out of the three District Hospital in district, one DH i.e., District women Hospital is NQAS certified. There is no CHC/ PHC observed to be NQAS certified in the district. Thus, there is a wide scope of improvement with the execution of the said program at the primary and secondary health tier.

It can be noted that the district has been markedly lacking in Kayakalp program implementation at the primary health tier. Out of the total District Hospital, 66% DH were found Kayakalp certified. Similarly, in case of CHC it was observed to be 43% of total CHCs. There is no PHC observed to be Kayakalp certified in the district. Out of the total sub-centre, just 1% SCs were found Kayakalp certified. Thus, there is dire need to look up and implementation of the program at the grass root level facilities.

4.5 Others NHM programme

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

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

2626	67%	67%	82
ASHAs Worker in district	ASHAs enrolled under PMJJBY	ASHAs enrolled under PMSBY	No. of ASHAs Facilitator enrolled under PMJJBY/ PMSBY

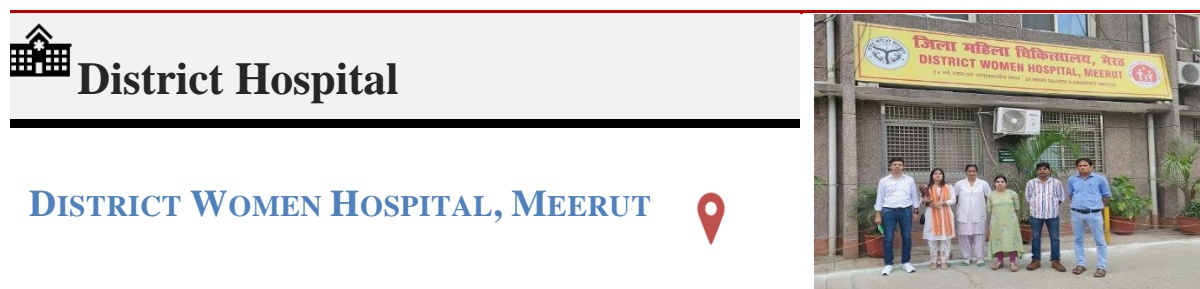
Source: CMO Office, Meerut, Uttar Pradesh, 2022-23

Overall, 67% ASHAs workers in the district are insured under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), and under Pradhan Mantri Suraksha Bima Yojana (PMSBY). These are both governments backed insurance schemes. With regards to ASHAs Facilitators, total 82 no. of facilitators were found to be enrolled in both schemes Pradhan Mantri Jeevan Jyoti Bima Yojana and under Pradhan Mantri Suraksha Bima Yojana.

Chapter 5

PUBLIC HEALTH FACILITY ASSESSMENT

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



District women hospital is a 100 bedded facility located in Meerut District, Uttar Pradesh. The facility was awarded with Kayakalp & NQAS in the last financial year. The Operation Theatre (OT) of the facility was reported to be LaQshya conditional certified. However, the labour room was not observed LaQshya certified. Currently, the facility has an average OPD load of approximately 300-350 patients per day. Further, around 400 per month deliveries were conducted at the facility. In the last financial year 2022-23, total 4917 deliveries were conducted at the district women hospital, out of them 2044 were reported to be LSCS. Thus, the percentage of C-section was quite high with more than 40 % at the district hospital in 2022-23. Basically, two reasons reported behind the Increasing rate of C-section; first is on demand or to avoid the extreme labor pain, secondly due to refer cases from Periphery facilities.

Overall, there was acute shortage of Medical Officer, Gynecologist was reported at the facility. Further, shortage of Lab technician & data entry operator was also an issue. It was highlighted that in MCH Wing, 10 posts sanctioned for medical officer while 8 post were vacant. Similarly, 10 positions for OBGYN were vacant, against the sanctioned position, which needs to be addressed seriously.

With regards to record keeping maintenance, some important indicators i.e., infant deaths within 24 hours, were not recorded/ captured by the respective department of female DH of Meerut District. The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, fund utilization at the facility.

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

Key Areas/ Observations		Remarks/ Challenges	
Human Resource			
	Available		
MO (MBBS)	2 Staff Nurse	54	Shortfall (%) against Sanctioned 80% MO 72% ObGy 50% Radiologist 40% Anesthetist
Medicine Specialist	- LTs	4	
OB&GYN	4 Pharmacist	11	
Pediatrician	5 Radiographer	1	
Anesthetist	3 Hospital Manager	1	
Radiologist	1 Social worker/ counsellor	2	
Pathologist	3		
Dermatologist	1		
Physical Infrastructure			
Accessible from nearest road	✓ Drinking water facility	✓	
24*7 running water facility	✓ ASHA rest room	✓	
Geriatric and disability friendly	✓ Drug storeroom with rack	✓	
Hospital located near residential area	✓ Power backup (Complete facility)	✓	Labour room was found to be well maintained and highly hygienic.
Clean functional toilets	✓ Good Building Condition	✓	
OPD waiting area sufficient space	✓ Complete Construction Status	✓	
Core/ Specialized Health care Services			
Medicine	✗ SNCU (12 Beds)	✓	As per patient load (24*7 services) in pathology, LT and technical staff shortage were reported an issue.
O&G	✓ NRC	✗	
Pediatric	✗ NICU/ PICU	✗	
General Surgery	✗ DEIC	✗	
Anesthesiology	✓ Labour Room Complex	✓	
Dental	✗ ICU	✗	
Imaging Services (X-ray)	✓ Emergency care (only for Obs.)	✓	
Imaging Services (USG)	✓ Skill Lab	✓	
Drugs, Diagnostic & Equipment's			
Availability of essential Medicine	✓ Blood Transfusion/ Storage	✓	16 types of tests performed at the facility
Laboratory services	✓ Fully Equipped Blood Bank	✗	
X-ray (AERB certified)	✓ Availability of testing kits	✗	
CT Scan	✗ Major Instrument Functional	✓	
Service Delivery/ Mortality Indicators (2022-23)			
Allopathic OPD: 75 thousand	Per month 5 or 6 still birth cases		Child Mortality Indicators needs to be Improved at the facility.
Around 5000 deliveries	10.04 lakh Lab tests were done		
More than 40% deliveries reported to C-section	1 Maternal Deaths		
NHM Program Implementation			
JSY Program	Yes		JSY payment gap observed due to incomplete records of beneficiaries as most of them are migratory doesn't have valid documents
JSSK Program	Yes		
Kayakalp	Certified		
NQAS	Certified		
PM-National Dialysis program	No		
PMSMA	Yes		



COMMUNITY HEALTH CENTRE, SARDHANA

CHC Sardhana is 60 bedded health facilities, with average OPD of 600 per day. This facility is established around 30 km away from District Hospital, which is the next referral point of the facility. Total 3 primary health-center associated with this facility. All essential services i.e., ANC, PNC, pregnancy check-up, labour room services including C-section, family planning, basic lab tests, COVID vaccination, health counseling, medico-legal, minor operation, and dental services rendered at this facility. Deliveries with high risk were handled effectively on the facility. The specialized services i.e., Medicine, Gynecologist, Paediatric, Anesthesiology available at the CHC except, General Surgery and Ophthalmology. Furthermore, there were seen any LSAS trained doctor.

2 Post for the Medical officers, and 1 Post for OBGY were laid vacant at the facility. Dental surgeon is available at the CHC, however faces limitation due to the absence of essential equipment. There is no dental chair, resulting in the provision of only OPD services. Consequently, the provision of oral healthcare services heavily relies on Manpower, lacking essential equipment, hampering the effective implementation of National Oral Health Program (NOHP). During discussion it was highlight that budgets for FRU (First Referral Unit) and non-FRU services are equal. It is imperative to allocate a more substantial budget to FRUs to support their wider range of services, increased delivery load, and need for greater equipment maintenance.

Essential Drug List (EDL) is available and proper displayed in open areas at the facility. Out of EDL drugs, most of the drugs are available on the day of visit. However, shortage of injection Atropine, Diazepam, Dopamine, and Dobutamine were reported in last 30 days at the facility. Total 15 types of essential tests i.e., Malaria, Dengue, RBS, ESR, Tiefert, HIV, VDRL, Hyp B, Urine, Pregnancy related Test, HB, HBSAg, HCV ABO, CBC, Sputum, performed at the facility. In the last month i.e., August 2022, there were 168 number of delivery cases were conducted at the facility. Out of the total delivery, 25 were reported to be C-section. It was reported that this facility is performing well in delivery care services. The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, and fund utilization at the facility.

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

Key Areas/ Observations		Remarks/ Challenges
Human Resource		
MO (MBBS)	3 Pharmacist	2 Non-availability of
OB&GYN	1 Dental Assistant	1 Anesthetist is a major
Pediatrician	1 Staff Nurse/ GNMs	5 challenge. Against
Medicine	1 LT	4 sanctioned post, 2 position
Dentist	1 Ward Boy	1 of MO & 1 post of OBGY
LSAS trained doctor	1	1 lied vacant at facility
Physical Infrastructure		
Accessible from nearest road	✓ Drinking water facility	✓
24*7 running water facility	✓ ASHA training room	✓
Geriatric and disability friendly	✓ Drug storeroom with rack	✓
Located near residential area	✓ Power backup	✓
Clean functional toilets	✓ Good Condition of Building	✓
OPD waiting area sufficient space	✓ Complete construction status	✓
Core/ Specialized Health care Services		
Medicine	✓ MCH Services inc. delivery	✓
O&G	✓ C-section	✓
Pediatric	✓ 24*7 Emergency (LR)	✓
General Surgery	✗ Family Planning services	✓
Anesthesiology	✓ Blood storage Unit	✓
Ophthalmology	✗ OT available	✓
Dental	✓ OT Functional	✓
Imaging Services (X – ray, USG)	✓ Tele-medicine	✓
Drugs, Diagnostic & Equipment's		
Essential Medicine on the day of visit	✓ Blood Transfusion & Storage	✓
Laboratory services	✓ Fully Equipped Blood Bank	✓
X-ray services	✓ Availability of testing kits	✓
CT Scan	✗ Major Instrument Functional	✓
Service Delivery/ Mortality Indicators (2022-23)		
600 OPD per day	General OPD timing- 8 to 2pm (6 days)	No maternal & Child death reported at this facility
6-7 deliveries per day	20-25 female Sterilization per month	
Around 1 C-section per day		
NHM Program Implementation		
JSY Program	JSY payment was observed	
JSSK	Post delivery 48hrs stay needs to be monitored	
Kayakalp	Certified	Facility lacking in implementation of
PMSMA	Well implemented & identified high risk	NQAS program
TB	DMC center established	
Anemia Mukh Bharat	Age-wise Iron syrup/tablets distributed by ASHAs & Aanganwaadi worker	
RBSK	Incomplete team compositions	
Untied Funds, IT services & Others		
IT services	Desktop available with good internet connectivity	
NHM Fund Utilization	100% Fund Utilization	Fund Delay
Trainings (2022-23)	SBA, Refresher, HBNC, HBYC	



COMMUNITY HEALTH CENTRE, BHAWANPUR



The CHC is 30 bedded health facility, with average OPD of 250-300 per day on the normal day. Facility provides general OPD, ANC, normal delivery, PNC, immunization, family planning and laboratory services. The facility is better performing in Delivery care, Immunization & Laboratory services. The Operation Theatre is also functional only for sterilization. Antenatal Care (ANC) registration in the first trimester is a matter of grave concern. With regards to Post Delivery services, it was highlighted that majority of the women do not stay in the facility for 48 hours after delivery due to some myths/ community cultural / ritual issues. The facility is a Designated Microscopy Centre for TB screening. The facility well maintained record for TB treatment cases for both drug sensitive and drug resistant TB.

The facility is lacking the quality care program implementation, Kayakalp, NQAS etc. Overall, the facility was observed to be clean & hygienic. PMSMA services are being provided to pregnant women 4 times in every month at the facility. Line listing and follow-up of high-risk pregnancy cases were observed at the facility. The next referral center of the facility was reported to be Medical College of Meerut which is around 10km away from the facility.

With respect to manpower, the facility has only 3 MO's, 1 Dentist, 3 SNs/ANMs, 1 LT, 2 pharmacists, and 1 Lab assistant. There was acute shortage of specialist namely, OBGYN, Anesthetist, Pediatrician and Medicine was observed at the facility. All the specialist positions were reported to be vacant at this facility.

The following table provides the detailed status of Manpower, Physical Infrastructure, Diagnostics services, Specialized Services, Medicine & Equipment, NHM programme implementation status, and fund utilization at the facility. Essential Drug List is available with proper displayed in open areas at the facility. Out of the total medicine in EDL 199, total 142 medicines were available at the facility. Shortage of injection Atropine, Dexamethasone, and Cefixime etc were reported in last 30 days at the facility. Essential diagnostic services were provided for in-house mode. Total 14 types of essential tests i.e., Malaria, Dengue, Tiefert, HIV, VDRL, Urine, Pregnancy related Test, HB, HBSAg, and HCV performed at the facility. In the last financial year i.e., 2022-23, there were more than 21 thousand tests were conducted. A total of 60 cases have been referred from this CHC to DH in the month of August.

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

Key Areas/ Observations		Remarks/ Challenges	
Human Resource			
MO (MBBS)	3	Dentist	1
OB&GYN	0	Staff Nurse	3
Pediatrician	0	Pharmacist	2
Anesthetist	0	Ward Boy	1
LT	1	Sweeper cum Chowkidar	1
LA	1		
Physical Infrastructure			
Accessible from nearest road	✓	Drinking water facility	✓
24*7 running water facility	✓	ASHA training room	✓
Geriatric and disability friendly	✓	Drug storeroom with rack	✓
Located near residential area	✓	Power backup	✓
Clean functional toilets	✓	Good Condition of Building	✓
OPD waiting area sufficient space	✓	Complete construction status	✓
Core/ Specialized Health care Services			
Medicine	✓	MCH Services inc. delivery	✓
O&G	✓	C-section	✗
Pediatric	✗	24*7 Emergency (LR)	✓
General Surgery	✗	Family Planning services	✓
Anesthesiology	✗	Blood storage Unit	✗
Ophthalmology	✗	OT available	✓
Dental	✗	OT Functional (Only FP)	✓
Imaging Services (X – ray, USG)	✗	Tele-medicine	✗
Drugs, Diagnostic & Equipment's			
Essential Medicine on the day of visit	✗	Blood Transfusion & Storage	✗
Laboratory services	✓	Fully Equipped Blood Bank	✗
X-ray services	✗	Availability of testing kits	✓
CT Scan	✗	Major Instrument Functional	✓
Service Delivery/ Mortality Indicators (2022-23)			
250-300 OPD per day	General OPD timing- 8 to 2pm (6 days)		8 Maternal deaths & 68 child deaths reported in 2022-23
80 deliveries per month	Maximum delivery noted in night		
Around 2000 Lab test per month			
NHM Program Implementation			
JSY Program	90% JSY payment was observed		Diet services and Post delivery stay needs to be monitored
JSSK	Well implemented except few aspects		
Kayakalp	Not Certified		
TB elimination Programme	DMC establish		
PMSMA	Well implemented & identified high risk PW		
Anemia Mukht Bharat	Age-wise Iron syrup & tablets distributed by the ASHAs & Aanganwaadi worker		
Record Maintenance & IT services			
Service Delivery Indicators Verification	Data Verification done at the block level on monthly basis.		-
IT services	Desktop available with poor internet connectivity		
Others			
NHM Fund Utilization	100% Fund utilization		Good Record maintenance was observed at the facility
ASHAs Trainings (2022-23)	HBNC, Refresher training of ASHAs, HBNC, Immunization, FP		



Primary Health Centre, Khera is situated near to road side and the facility is converted to Health & Wellness Centre. This PHC is running in government building where the issue manpower shortage etc. persists. It is 4 bedded health facility with an average OPD of 60-70 per day. Apart from the regular medicine consultations, the concerning case-mix at the health facility is that of fungal infection, eye flu cases. The next referral point from this facility is CHC Sardhana which is just 12 km away. This facility seems to be exceptionally non-functional, where service delivery is questionable despite good infrastructure. In the name of service delivery, only a building stood with very few essential services i.e., General OPDs, IPD, Family Planning, and immunization were provided at the facility. Owing to lack of manpower, even basic essential services like laboratory NCD were unable to rendered at the facility.

Branding of HWC was done at the facility. Per month 2 yoga session were conducted at this facility. With regard to manpower, presently there was 1 MO (on Attachment), 1 Ward boy, and 1 pharmacist working at the facility. Non- availability of LT was reported an issue, thus essential diagnostic services hampered at the facility. With regards to immunization, ANM attached this facility for two days in week. Overall, there is acute shortage of Manpower at the facility, resulting in only few services i.e., OPD, IPD, Immunization (2 days in a week). For Immunization session, micro plan has prepared by ANM & ASHAs for those children who was left out for immunization in the village.

With regards to fund Utilization, total 82500 fund received under RKS in last financial year. All 100% fund utilized by the facility. The fund record management was noticed to be good at the facility. With regards to other records/ regsiter-maintenance it was also noted to be upright. The following table depicts the availability as well as non- availability of the manpower, infrastructure, diagnostic services, medicine & equipment at the facility. All the essential medicines were not available as per the demand of the facility. Facility has basic infrastructure facility with running water supply, clean separate functional toilets, clean drinking water, waiting area for OPD, branding and power back up. The facility is lacking the quality care program implementation, Kayakalp, NQAS etc. Kayakalp and NQAS programme is yet to initiated in the facility. PHC has 1 own ambulance service.

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

Key Areas/ Observations		Challenges
Human Resource		
MO (MBBS)	1 Pharmacist	1
MO Ayush	- Ward boy	1
ANM	0 ASHAs	-
LT	0	-
Physical Infrastructure		
Accessible from nearest road	✓ Drinking water facility	✓
24*7 running water facility	✓ Drug storeroom with rack	✗
Geriatric and disability friendly	✓ Complete Construction	✓
Located near residential area	✓ Power backup	✓
Clean functional toilets	✓ Good Condition of Building	✓
OPD waiting area sufficient space	✓ -	-
Core Health care Services		
Availability of Delivery care services	✗	
ANC	✓	
Line Listing of High-risk PW	✓ Chaya & Antra noted most prominent method of Family Planning.	
Immunization	✓	
Family Planning Services	✓	
COVID Vaccination	✗	
NCD services	✗	
Drugs, Diagnostic & Equipment's		
Essential Medicine on visited day	✓ Blood Transfusion & Storage	✗
Laboratory services	✗ Availability of testing kits	✗
COVID based testing	✗ Major Instrument Functional	✗
Service Delivery/ Mortality Indicators (2022-23)		
60-70 OPD per day	General OPD timing- 8 to 2pm	
No Delivery care services number of test performed	High risk cases refer to DH Meerut	Lacking in the quality care healthcare services due to Manpower shortage
NHM Program Implementation		
Kayakalp	Not Certified	
PMSMA	Implemented at the facility	
JSSK	Free drugs, consumables and diagnostics	
No Tobacco Drive	Awareness by ASHAs worker in community	Facility was lacking in the quality care program implementation.
Fund Utilization & IT services		
IT services	Good internet connectivity	
NHM Fund Utilization	100% fund Utilization	Proper record maintenance of RKS Fund



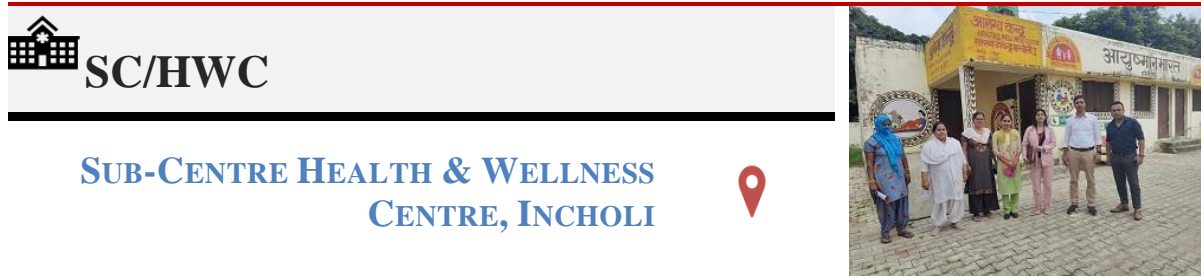
PHC Rajpura is running in a government spacious premises. The health facility was easily accessible as located on the main road. It is 4 bedded health facility. The infrastructure of the facility is well-maintained. PHCs have been converted into Health and Wellness Centres to deliver comprehensive primary healthcare. Branding of HWC was done at the facility. All essential services i.e., General OPDs, ANC, maternal and child health services including delivery care, diagnosis, Family Planning, Tele-medicine, TB, and follow-up for common NCDs were provided at the facility. With regards to delivery care services, per month just 2-3 deliveries were reported from this facility. With regard to manpower, presently there was 2 MO (Aayush), 1 Staff Nurse (Contractual), 1 ANM (Contractual), 1 LT, (RNTCP), 1 LA, 1 Ward boy, and 1 pharmacist working at the facility. Non-availability of medical officers (MBBS) was reported an issue, thus essential healthcare services hampered at the facility.

In last six month, total 585 & 585 cases were screened of hypertension & diabetes, of which 62 & 69 cases were confirmed for hypertension & diabetes respectively. With regards to essential medicine, all NCDs medicine were available at the facility on the day of the visit. Essential diagnostic services were provided for in-house mode. Total 7-8 types of essential tests i.e., HIV, TB, UPT, BP, Blood Sugar, and ANC related Test etc. performed at the facility. In the last financial year i.e., 2022-23, there were 1640 tests were conducted. It was reported that total 20 no. of HB test per day were conducted at the facility. Around 10-12 Sugar test per day reported at the facility.

The following table provides the detailed status of Physical Infrastructure, Diagnostics, Specialized Services, Medicine & Equipment, NHM programme implementation, and fund utilization at the facility. With regards to fund Utilization, total 87500 fund received under RKS in last financial year. All 100% fund utilized by the facility. In last year, here are no maternal deaths was observed at the facility. With regards to child deaths, it was also observed to be zero in last two year. Total 10 cases from lower tier i.e., Sub- centre were referred to this PHC in last month (August). A total of 30 cases have been referred from this PHC to CHC in the month of August. The next referral point from this facility is CHC Bhawanpur which is just 10 km away.

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

Key Areas/ Observations		Challenges
Human Resource		
MO (MBBS)	0 Pharmacist	1
MO (AYUSH)	2 LA	1
ANM	1 Ward Boy	1
LTs (RNTCP)	1 Staff Nurse	-
Staff Nurse transfer from this facility, resulting in low delivery load.		
Physical Infrastructure		
Accessible from nearest road	✓ Drinking water facility	✓
24*7 running water facility	✓ ASHA rest room available	✓
Geriatric and disability friendly	✓ Drug storeroom with rack	✓
Facility located near residential	✓ Power backup (Functional)	✓
Clean functional toilets	✓ Good Condition of Building	✓
OPD waiting area sufficient space	✓ Complete Construction Status	✓
Co-located facility SC is also located inside the PHC premises		
Core Health care Services		
Availability of Delivery care services	✓	
ANC	✓	
Line Listing of High-risk PW	✓	
Immunization	✓	
Family Planning Services	✓	
COVID Vaccination	✓	
NCD services	✓	
The facility is performing well in ANC and Immunization and FP.		
Extremely Less delivery load noted at the facility		
Drugs, Diagnostic & Equipment's		
Essential Medicine on visited day	✓ X-ray services	✗
NCD Medicine availability	✓ Availability of testing kits	✓
Essential consumable availability	✓ NCD testing kits	✓
Laboratory services	✓ Major Instrument Functional	✓
COVID based testing	✓	
Shortage of Eye drop		
Service Delivery/ Mortality Indicators (2022-23)		
100-120 OPD per day	General OPD timing- 8 to 2pm	High Anemia Cases reported
2-3 Delivery care cases per month	High risk cases refer to CHC/ DH	
10-12 sugar testing per day	ANC checkup-day fixed	No maternal & Child deaths
20 HB testing per day		
NHM Program Implementation		
NQAS/Kayakalp/ LaQshya	Not Certified	
JSY Programme	Well functional	
IDSP	Well Functional, Reporting P& L type form	
Anemia Mukh Bharat	Iron syrup & Albendazole tablets distributed by the ASHAs & Aanganwaadi worker	Lacking in quality care program
D-worming day	Celebrated twice in a month	
JSSK Program	Only free referral transport	
IT services		
IT services	Good internet connectivity	-
NHM Fund & Others		
NHM Fund Utilization	100% Fund Utilization	



Sub-Centre Incholi functioning in a government spacious premises and catered around 8000 Catchment Population. The facility was well maintained in terms of cleanliness and hygiene. The health facility has the sufficient essential functional equipment's i.e. BP instrument, Glucometer, & Thermometer. Further, all the essential testing kits/ rapid diagnostic kits are sufficient supply as per the demand at the facility. Availability of vaccine and hub-cutter was observed in the same. ANM were found to be well trained in the Open vial policy. For the power backup, the facility has the Inverter but it was reported to be functional. All essential services OPD, ANC, routine immunization, and family planning were rendered at the facility excluding Delivery care services. Among family planning Antra and Chahya method reported to be most prominent among the community.

Presently, this SC transformed as Health & Wellness centre (HWCs). The branding for Sub-centre - Health and Wellness (HWC) has been done/ completed. Proper display of IEC material was observed at the facility. Total 2 ANM & 6 ASHAs were associated with this health & wellness centre. CHO has been appointed there, and Yoga practices were been taken at place. During the monitoring visit it was found that, the implementation of health and wellness centers and the appointment of community health officers (CHOs) instilled considerable faith in the quality of public health services. Additionally, Non-Communicable Disease (NCD) services have improved substantially with the presence of CHO at HWCs.

Average OPD is around 15 per day. There is around 2000 CBAC forms have been filled in the last 6 months at the facility and 1000 was reported to be with 4 or above score. The record maintenance was up to the mark as it was properly maintained, such as, Diseases prevalence, ANC and NCD record etc. CHO have received the tablet for the data entry; however, tablet was reported to be non- functional.

The following table clearly depicts the availability as well as non- availability of the infrastructure, manpower, diagnostic services, medicine & equipment at the facility. For the year 2022-23, the facility received a sum of Rs. 40 thousand under NHM and observed that all 100% untied fund utilized by the facility. The appointment of CHO there has been marked improvement in the efficient utilization of untied funds.

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

Key Areas/ Observations		Challenges
Human Resource		
ANM	2	6 ASHAs were associated at this facility
CHO	1	
Physical Infrastructure		
Accessible from nearest road	✓	Drinking water facility ✓
24*7 running water facility	✓	Complete Construction Status ✓
Geriatric and disability friendly	✗	Power backup (functional) ✓
Located near residential area	✓	Good Condition of Building ✓
OPD waiting area sufficient space	✓	Clean functional toilets ✓
Core Health care Services		
Availability of Delivery care services	✗	The facility is performing well in NCD services. Antra noted most prominent method of Family Planning at this facility.
ANC	✓	
Line Listing of High-risk PW	✓	
Immunization	✓	
Family Planning Services	✓	
COVID Vaccination	✗	
Adolescent Health Services	✓	
NCD services	✓	Counselling sessions on FP, Immunization, Menstrual hygiene, Health talk, Diet schedule of Diabetes patients was noticed on the visited month.
Drugs, Diagnostic & Equipment's		
Essential Medicine on visited day	✗	Major Instrument Functional ✓
NCD Medicine availability	✓	Availability of testing kits ✓
Essential consumable availability	✓	NCD testing kits ✓
Laboratory services	✓	ANM' s received tablet ✓
Service Delivery/ Mortality Indicators (2022-23)		
15 OPD load per day		Current year 4 child deaths & previous year one Maternal death reported at the facility.
80% women & Children OPD	ANC checkup day- Tuesday	
Hypertension & diabetes cases noted	Child immunization day- Wednesday	
NHM Program Implementation		
NQAS/Kayakalp/ LaQshya	Not Certified	
Mata Bethak	Child Immunization knowledge provides to mothers	
Anemia Mukh Bharat	Iron syrup & Albendazole tablets distributed by the ASHAs & Aanganwaadi worker twice in a week.	
Poshan Maah	Awareness on the Child nutrition, ANC Nutrition, Breast feeding, lactation etc.	
Saas Bahu Samelen	Awareness about Family planning methods & Birth space interval	
JSY Program	Registration of beneficiaries	
Record Maintenance & IT services		
IT services	Tablets were provided to CHO	Non- functional Tablet were reported an Issue
NHM Fund Utilization	100% Fund Utilization	ANM/ CHO was fully aware about the fund details i.e., fund availability/ utilization.

Chapter 6

CONCLUSION AND KEY RECOMMENDATIONS

The purpose of this report is to present a brief overview of the major components pertaining to Maternal & Child Health, Family planning & Immunisation by monitoring & evaluation action at each health tier. This report also highlights the broad status of healthcare system in Meerut of Uttar Pradesh regarding the Infrastructure, Manpower, NHM program implementation, and NHM fund utilization. Meerut district is functioning with 1 Medical college, 3 district hospital, 14 CHCs, 33 PHC-HWC and 294 HWC. There are 5 FRUs, 2 Blood bank and 3 blood storage units in Meerut District. Total five healthcare facilities in Meerut were visited for Monitoring & Evaluation purpose in the August 2023. Besides visiting the facilities, the team had interacted with the officials i.e., CDMO, DPM and Nodal officers of the various programmes. During the monitoring visit observed that, implementation of health and wellness centers and the appointment of community health officers (CHOs) instilled considerable faith in the quality of public healthcare services.

In the last fiscal year, there has been an overall reduction in mortality indicators, encompassing maternal mortality, child deaths, and infant mortality, including stillbirths in Meerut district. Nevertheless, it is worth noting that infant mortality and stillbirth rates remain significantly higher compared to other mortality indicators in the district. Therefore, there is dire need for targeted action policies measures for lessening neonatal mortality & preventing still births in the district. The prevalence of any anemia among PW in district is a matter of heightened concern, which also needs to be addressed.

Human resource availability emerged as a notable cause of concern across the district, especially in medical Specialists (Radiologist, Surgeon, OBGY), MO, MPW (Male) and ANM. Meerut district faces several healthcare challenges, including the need for improved early antenatal care registration, specialist shortages at CHC level, shortages of ASHA workers, limited equipment for oral healthcare, and disparities in quality care program implementation. Despite these challenges, there have been notable improvements in mortality indicators, improved NCD services, and enhanced untied fund utilization at lower health tier. Addressing issues like postpartum care, medicine/ injection/ equipment shortages, unspent funds, and budget allocation for First Referral Units remains crucial for further strengthening the district's healthcare system. The timing and supply of drugs and medicine are well synchronized according to the needs of the health facilities at DH/ CHC level. However, supply of drugs & injection needs to be addressed at lower health tier.

With regards to NHM specific programmes, the district needs to really focus the following national programmes:

- ⊕ Quality Care Programmes at lower health tier: NQAS, Kayakalp
- ⊕ LaQshya Program for the Labour room & OT across all health tier
- ⊕ JSSK Program: Length of the postpartum stay of women at CHC/ PHC level
- ⊕ RBSK Program by addressing the required HR Gap
- ⊕ Pradhan Mantri Surakshit Matritva Abhiyaan (PMSMA) for ensuring the ANC checkup
- ⊕ HBNC: Enhancing the quality of HBNC kits
- ⊕ Anemia Mukh Bharat by focusing on the IFA tablets consumption
- ⊕ National Oral Health Program (NOHP): Address essential equipment's gap

Recommendations

- ⊕ Continuous monitoring and evaluation can play a crucial role to identify bottlenecks in fund utilization and promptly address them across various healthcare programs.
- ⊕ Enhancing the quality of logistics within the HBNC program and distribution of HBNC kits more frequently to ASHAs worker will enhance newborn care services and bolster infant health outcomes in Meerut, UP.
- ⊕ Allocate a more substantial budget to FRUs to support expanded services, increased delivery load, and equipment maintenance
- ⊕ There is a need to urgently address the critical understaffing issue in RBSK teams by conducting prompt recruitment drives to ensure the presence of necessary medical officers and paramedical staff, which is vital for the effective delivery of child healthcare services.
- ⊕ Under JSSK program, postpartum care requires greater attention. Effective counselling delivered by primary-tier healthcare staff to encourage a 48 hours post-delivery stay can enhance the holistic well-being of both mothers & newborn care. Constructing personalized postnatal care ward with smart approach at CHC/ PHC level can further improve this.
- ⊕ To improve oral healthcare services under National Oral Health Program (NOHP), it is imperative to urgently address the essential equipment gaps across all healthcare tiers.
- ⊕ There exists a dire need to depute a District Quality coordinator at the district level to look at the specificities of the quality-oriented programmes, in order to ensure effective implementation of the programme mandates.
- ⊕ Implement targeted early interventions to reduce anemia rates in pregnant women in the district, particularly severe anemia cases, by focusing IFA tablet consumption. Monitoring IFA tablet use during pregnancy is vital to tracking progress in reducing anemia prevalence.
- ⊕ To ensure the full range of the services with the quality care, the district must prioritize the immediate filling post of medical specialists, Medical Officers in the district.

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

Health Facility	Meerut	UP	India
Population (Census 2011)	34.4 (lakh)	19.98 (Crore)	1,210,854,977
Male	18.2 (lakh)	10.4 (Crore)	623,270,258
Female	16.2 (lakh)	9.5 (Crore)	587,584,719
Decadal growth rate in % (Census 2011)	15.8	20.2	17.6
Rural Population (%)	48.9	77.7	68.9
Urban Population (%)	51.1	22.3	31.1
Child Population	14.6	-	13.6
Literacy rate (%)	72.8	67.7	73
Male literacy rate (%)	80.7	77.3	80.9
Female literacy rate (%)	64.0	57.2	64.6
Sex ratio	886	912	943
Density/km2	1346	829	382

Source: Census of India 2011, ORGI, GOI

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

Indicators	Meerut
1. Maternal Health	
1.(a) Pre Natal Care	
% 1st Trimester registration to Total ANC Registrations	59%
% Pregnant women received ≥ 4 ANC checkups to total ANC Regist.	72%
% Pregnant women given 180 IFA to Total ANC Registrations	75%
% PW having HB level <11 to total ANC registration	68%
% PW having HB level <7 to total ANC registration	5.2%
1.(b) Home Deliveries	
% Deliveries SBA attended home deliveries to total home deliveries	0%
% Deliveries attended by non- SBA to total home deliveries	100%
% Home deliveries to total reported deliveries	15%
1.(c) Institutional Deliveries including C-Section Deliveries	
Total Number of Institutional Deliveries including C-section	24833
% of Institutional Deliveries to total reported deliveries	85%
% Institutional Deliveries to total ANC Registrations	17%
% women discharge in < 48 hours of delivery to total deliveries (Public)	66%
% of C-Section deliveries to total institutional deliveries	23%
1.(d) Post Natal Care/New Born Care	
% 1st post-partum checkup b/w 48 hours & 14 days to total deliveries	93%
% Newborn breast fed within 1 hour of birth to Total Live Birth	90%
% Newborn weighed at Birth to Live Birth	97%
% Newborn having weight less than 2.5 kg to total weighted	14%
2. Child Immunization	
Number of Fully Immunized children (9-11 months)	88860
% Infants received BCG to full immunization	99.8%
3. Family Planning	
Total Sterilization conducted	-
% Male Sterilization (Vasectomies) to Total sterilization	%
% Female Sterilization (Tubectomies) to Total sterilization	96%
4. Mortality Indicators	
Maternal Deaths	43
Infants deaths	203
Child Deaths (1-5 years)	32
Still birth	396

Source: HMIS Standard Report, 2022-23

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

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

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

*indicated amount in Crore

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

Flexi-pools	Allotted	Actual Expenditure	%Utilization
RCH (including RI, IPPI, NIDDCP)	2234.0	1630.8	73%
National Disease Control Program (NDCP)	1543.0	1064.6	69%
Non-Communicable Diseases Control Program	387.0	267.0	69%
Health System Strengthening (HSS) - Urban	1344.2	927.5	69%
Health System Strengthening (HSS) - Rural	4436.0	3060.9	70%
Total	9944.2	6950.9	70%

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

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

Manpower	Uttar Pradesh Government			
	Sanctioned	In place	Vacant	% Vacant
ANM	608	410	198	33%
MPW (Male)	142	15	127	89%
Staff Nurse	139	87	52	37%
Lab technician	51	12	39	76%
Pharmacist (Allopathic)	77	64	13	17%
MO (MBBS)	226	118	108	48%
OBGY	18	6	12	67%
Paediatrician	18	10	8	44%
Anaesthetist	6	6	0	0%
Surgeon	15	1	14	93%
Radiologists	15	0	15	100%
Dentists/ Dental Surgeon	12	14	-	0%
Dental Hygienist	13	11	2	15%
Radiographer/ X-ray technician	19	10	9	47%
OT technician	2	0	2	100%
CHO/ MLHP	240	235	5	2%
AYUSH MO	32	25	7	22%
AYUSH Pharmacist	6	1	5	83%

Source: CDMO Office (2022-23), Meerut, Uttar Pradesh

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

Status of ASHAs/ MAS/VHSNC	(In number)
ASHAs Facilitators	-
ASHAs	
Total working	2626
ASHAs covering more than 1500 rural population	67
ASHAs covering more than 3000 urban population	15
Villages with no ASHA	479
Slum area with no ASHA	197
VHSNC	
Formed	534
Trained	534
Account opened	380

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

District Level Checklist

Key Correspondence: DPMU

1. District Profile

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

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

17. Overview: Submission & approval timelines of DHAP

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

18. Service Availability

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

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

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

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

	<ul style="list-style-type: none"> • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month • Avg. no. of sputum collected for TB detection per MMU per month • Average Number of patients referred to higher facilities • Payment pending (if any) <p>If yes, since when and reasons thereof</p>																					
<p>11. Universal health screening</p> <ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 	<ul style="list-style-type: none"> • If conducted, what is the target population • Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" data-bbox="890 645 1385 853"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated																		
Screened	Diagnosed	Treated																				
<p>12. Integrated Disease Surveillance Programme (IDSP)</p>	<ul style="list-style-type: none"> • Rapid Response Team (RRT) Constituted: Y/N • Team Composition: • Outbreaks investigated: <ul style="list-style-type: none"> • 2021-21: • 2022-23: • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP • How is IDSP data utilized? Elaborate. _____ 																					

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

15. Vehicle for Referral Transport

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

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

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

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

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

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

C.4. Healthcare Systems

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

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

19. Implementation of CPHC

Status as on: 31st March, 2022

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

20. Status of HRH

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

21. State of Fund Utilization

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

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

Programme Wise

Status of Expenditure (Financial year 2022-23):

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

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

22. Status of trainings

Status as on: _____

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

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

Service Delivery:

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

Indicator	Remarks/ Observation																																																																							
1. OPD Timing																																																																								
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____																																																																							
3. Number of functional in-patient beds	_____ No of ICU Beds available:																																																																							
4. List of Services available	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> <tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr> <tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr> <tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr> <tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr> <tr><td>16</td><td>Labour Room Complex</td><td></td></tr> <tr><td>17</td><td>ICU</td><td></td></tr> <tr><td>18</td><td>Dialysis Unit</td><td></td></tr> <tr><td>19</td><td>Emergency Care</td><td></td></tr> <tr><td>20</td><td>Burn Unit</td><td></td></tr> <tr><td>22</td><td>Teaching block (medical, nursing, paramedical)</td><td></td></tr> <tr><td>22</td><td>Skill Lab</td><td></td></tr> </tbody> </table>			Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	District Early Intervention Centre (DEIC)		11	Nutritional Rehabilitation Centre (NRC)		12	SNCU/ Mother and Newborn Care Unit (MNCU)		13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)		14	Neonatal Intensive Care Unit (NICU)		15	Pediatric Intensive Care Unit (PICU)		16	Labour Room Complex		17	ICU		18	Dialysis Unit		19	Emergency Care		20	Burn Unit		22	Teaching block (medical, nursing, paramedical)		22	Skill Lab	
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5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																																																							

Indicator	Remarks/ Observation																																																																																							
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average cases per day _____																																																																																							
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT: Others:																																																																																							
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ If No, availability of blood storage unit:-----																																																																																							
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																																																							
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Indicator	Remarks/ Observation
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL_____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
17. Implementation of DVDMS(Drugs & Vaccine Management Distribution System) or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage_____
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests (For 2022-23) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
<ul style="list-style-type: none"> Outsourced/ PPP (For 2022-23) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> ○ Previous year (2020-21) _____ ○ Current FY(2022-23) _____
26. If there is any shortage of major instruments/ equipment(List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
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35. Number of Maternal Death reported in the facility	Previous year: (2020-21) Current year: (2022-23)		
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37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month	Male: Female:		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescentscounseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in 2021-2022:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		

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

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

Service Delivery:

Name of facility visited			
Facility Type		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC	
FRU		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):	
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Date of Visit			
Next Referral Point		Facility: Distance:	
Indicator	Remarks/ Observation		
3. OPD Timing			
4. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
5. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital		
6. Number of functional in-patient beds			
7. List of Services available			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	
	8	Imaging Services (X – ray)	
	9	Imaging Services (USG)	
10	Newborn Stabilization Unit		
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available		
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization		
8. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____		
9. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes,		

	Major: Minor:																																																																								
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<ul style="list-style-type: none"> Outsourced/ PPP (for 2022-23) 	Timing: Total number of tests performed: _____ Details of tests performed:
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31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	

34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of Maternal Death reported in the facility	Previous year: 2020-21 ____ Current year: 2022-23 __		
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37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
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	c. Oral Cancer		
	d. Breast Cancer		
50. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		

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

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

• **Service Delivery:**

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

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

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

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

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

Sub-Centre (SC)Level Checklist

Service Delivery

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

Indicator	Remarks/ Observation																								
1. List of Services available																									
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">HR</th> <th style="width: 10%;">San.</th> <th style="width: 10%;">Reg.</th> <th style="width: 10%;">Cont.</th> </tr> </thead> <tbody> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASHA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____																								
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																								
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No																								
8. Shortage of 5 priority drugs from EDL in last 30 days, if any																									
9. Drugs Available for Hypertension & Diabetic patients:																									
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days																									

Indicator	Remarks/ Observation		
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List of Kits (Shortage)_____		
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
15. Number of Maternal Death Review conducted	Previous year:2020-21 Current year:2022-23		
16. Number of Child Death Review conducted	Previous year: Current year:		
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:	Screened		Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		

Indicator	Remarks/ Observation															
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:															
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:															
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No															
33. Status of Tuberculosis in the area:	<table border="1"> <thead> <tr> <th>Indicators</th> <th>2020-21</th> <th>2022-23</th> </tr> </thead> <tbody> <tr> <td>Number of presumptive TB patients identified:</td> <td></td> <td></td> </tr> <tr> <td>Number of presumptive TB patients referred for testing</td> <td></td> <td></td> </tr> <tr> <td>Number of TB patients diagnosed out of the presumptive patients referred</td> <td></td> <td></td> </tr> <tr> <td>Number of TB patients taking treatment under the Sub centre area</td> <td></td> <td></td> </tr> </tbody> </table>	Indicators	2020-21	2022-23	Number of presumptive TB patients identified:			Number of presumptive TB patients referred for testing			Number of TB patients diagnosed out of the presumptive patients referred			Number of TB patients taking treatment under the Sub centre area		
	Indicators	2020-21	2022-23													
	Number of presumptive TB patients identified:															
	Number of presumptive TB patients referred for testing															
Number of TB patients diagnosed out of the presumptive patients referred																
Number of TB patients taking treatment under the Sub centre area																
34. ASHA Interaction																
<ul style="list-style-type: none"> • Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) 																
<ul style="list-style-type: none"> • Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) 																
<ul style="list-style-type: none"> • ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. <ul style="list-style-type: none"> ○ Average delay 																
35. Number of Village Health & Sanitation days conducted in last 6 months																
36. Incentives:	<ul style="list-style-type: none"> • Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 															
37. Frequency of VHSNC/ MAS meeting																
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No															
39. Maintenance of records on	<ul style="list-style-type: none"> • TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 															
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year:															
	Fund utilized last year:															
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:															
	Reasons for underutilization of fund (if any)															
41. Availability of ambulance services in the area																
<ul style="list-style-type: none"> • How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:															
42. Key challenges in the facility and the root causes																
Challenge	Root causes															
a)																
b)																

