



Ministry of Health & Family Welfare  
Government of India



**A REPORT ON**  
**MONITORING OF IMPORTANT COMPONENTS OF**  
**NHM PROGRAMME IMPLEMENTATION IN BULANDSHAHR**  
**DISTRICT, UTTAR PRADESH**



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## LIST OF ABBREVIATIONS

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

## EXECUTIVE SUMMARY

The National Health Mission is a flagship initiative of government of India in the public health sector. It enhances people's access to quality health care services in a colossal manner via umpteen initiatives. Since its inception, NHM has tailored itself to the needs of the society by identifying the existing lacunae and eliminating them. One of the salient features that measure the progress of NHM remains the Monitoring and Evaluation activities undertaken by the Ministry of Health and Family Welfare on a continuous basis. The ministry has established the network in such a way that the services are being utilized in monitoring the State Programme Implementation Plans.

The report hence focusses on monitoring all the essential components of NHM in Bulandshahr district for the year 2020-21. The monitoring was carried out in the month of October to encapsulate and analyse the status of NHM activities in Bulandshahr district. The report puts forward the key observations made during the PRC, Delhi team's visit to various health facilities of the district

### *Maternal Health*

- ❖ JSY payment gap was primarily due to absence of bank accounts and incomplete records of the beneficiaries. Besides this, the average delay of payment status is 33.3 percent and the district payment status was 76.1 percent.
- ❖ It was observed that no deliveries were being conducted in the majority of the PHCs and the entire load was on CHC and District Hospital.
- ❖ Besides this, JSSK was not at all being provided at the community health centres despite the provision is made available only at DWH.

### *Child Health*

- ❖ In total there were 82,317 reported deliveries in the year 2020-21.
- ❖ The total number of admissions in the SNCU unit were 311 for In-born and 595 for outborn of which female were more than the males.
- ❖ The majority of the cases were reported to be and in the case of respiratory distress.
- ❖ More beds can be added to the SNCUs as during peak load as new-borns have to share beds.

### *Family Planning*

- ❖ District headquarters reported maximum number of female sterilisations were done at the district hospital and male sterilization being almost negligible.
- ❖ A total of 1457643 condom pieces were distributed. Even though a high volume of condoms were distributed this still does not ensure the usage of these.
- ❖ Many women have opted for Antara which is the injectable contraceptives. It was reported that, some women have complained about side effects such as excessive bleeding or amenorrhea. The drop out of antara is not being captured as such, but many women do discontinue the dosage on account of irregular menstrual cycle. It would be too early to declare these schemes a success, since they haven't even progressed much beyond the second and third dose.

### *Adolescent Health*

- ❖ As such no AFHC has been set-up and the counselling were carried by the FP counsellor wherein most girls came seeking reproductive health counselling and for distribution of sanitary napkins.
- ❖ The total number of counselling sessions held in the last 6 months were 3141.

### *Human Resources for Health*

- ❖ There is an acute shortage of specialists in the districts. There is no sanctioned post for a surgeon and hence surgeries are mostly referred to the medical college in Meerut.
- ❖ Shortage of LT/LA was also reported in the district resulting to which the beneficiaries have to avail the services from private facilities due to crunch of technicians.
- ❖ To implement the programme such as Kayakalp, there is a vacant position of an Assistant and Quality Manager due to which the programme is affected overall as much facilities haven't been awarded and somehow, the district is lacking behind in the programme.
- ❖ However, it must be noted that the sanctioned posts were estimated long back and the IPHS guidelines have not been updated or revised as per the patient load. Therefore, given the work load there is an immense shortage of HR
- ❖ CHOs of all the HWCs have been deployed in the COVID-19 duty since they have been posted due to which they are unable to complete and detect the 37 percent of the target population through CBAC forms.
- ❖ The data entry operators are also over-burdened with COVID-19 data feeding. Shortage of data entry operators caused problems in reporting and piling up of work load on the data entry operator.
- ❖ Despite good infrastructure, availability of medicines, equipment's at times the demands can't be fulfilled due to non-availability of specialists at the facility. A lot can be achieved provided HR issue is resolved.
- ❖ It was even reported at the DWH that at times, doctors are engaged with unnecessary activities/meetings which are not even needed for which many doctors have left the posts.

### *AYUSH*

- ❖ The annual demand of the AYUSH medicines were not given from the very long time and as such the supply is also not coming at the district. However, AYUSH OPD is being reported regularly in the HMIS portal as this is not showing the true picture. Although, as per the district officials AYUSH doctor can prescribe some allopathic medicines and they are currently prescribing the same.

### *Governance, Finance, and Accountability*

- ❖ Despite crunch of staff, all the district officials are quite efficient and giving their double efforts to shape the health system of the district in a better way.
- ❖ The entire district administration is quite supportive and full co-operation is maintained.
- ❖ The CHC and DWH visited were Kayakalp awarded facilities.

## 1.INTRODUCTION

National Health Mission (NHM) is the flagship scheme of the Government of India which aims to achieve universal public health coverage and extending service delivery to all the parts. Launched in 2005 as the National Rural Health Mission (NRHM), it was extended to urban areas in 2013, bringing both urban and rural areas under its coverage. The mission intends to guide states towards increasing the access to affordable and essential health services to those on the margins by strengthening the infrastructure, logistics, institutional set-up and service delivery.

In order to monitor the important components of NHM State Programme Implementation Plan (PIP) 2020-21, the Ministry of Health and Family Welfare (MoHFW) had commissioned Population Research Centres (PRCs) to evaluate the performance of the plans in various districts. The monitoring helps in knowing the gaps in the implementation and how efficient the resource allocation has been.

The following report is based on the PIP Monitoring visit to Bulandshahr district in August 2021. The PRC Delhi team visited the Chief Medical Officer's (CMO) Office for a brief interaction with the District Programme Manager (DPM) and Additional Chief Medical Officer (ACMO); thereafter seven facilities were visited, these were the District Women Hospital in Bulandshahr, two Community Health Centre's (CHC) in B.B Nagar and Siyana, two Primary Health Centre's which were Health and Wellness Centres (PHC) in Saidpur and Bugrasi, and their respective Sub-Centres which were too Health and Wellness Centres in Madonna and Jalapur thereafter community interactions were also done in the respective villages.

This report provides a review of key population, socio-economic, health and service delivery indicators of Bulandshahr District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, bio-medical waste management, referral transport, communicable, and non-communicable diseases. This report is based on the interviews of CMO, District Health Officials, CHO's, ANMs, ASHAs, and beneficiaries.

### 1.1 Objectives

The major objectives of this monitoring and evaluation of PIP study are:

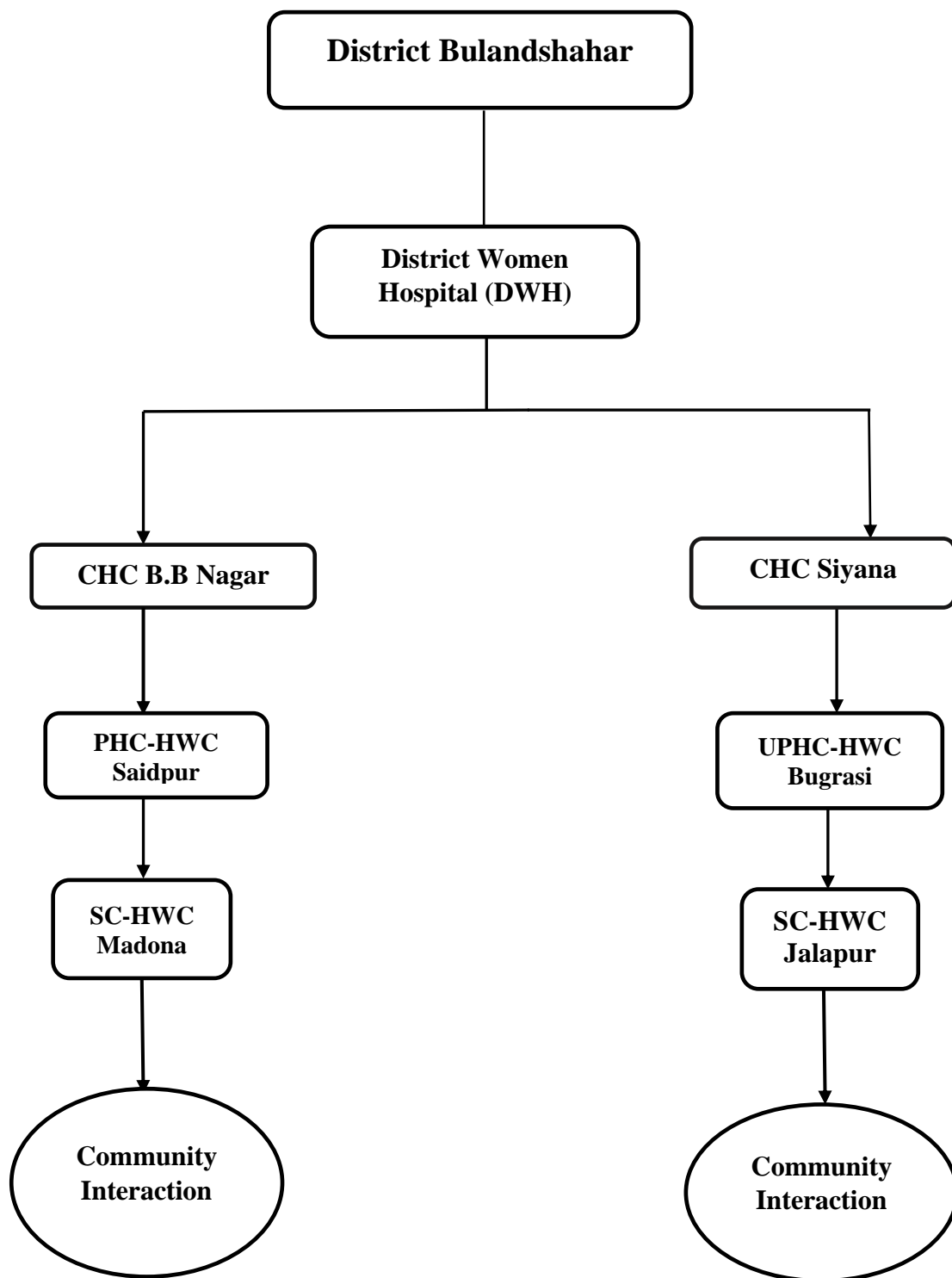
- ❖ To monitor the status of physical infrastructure of health facilities under NHM Programme.
- ❖ To understand the availability and efficiency of human resource required for better service facilities.
- ❖ To understand the gap between Demand and supply of health service delivery under NHM programme.
- ❖ To assesses functionality of equipment, supply and essential drugs, essential consumables etc.

- ❖ To analyze and ascertain the implementation and performance of different scheme under NHM.
- ❖ To analyze other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- ❖ To assess the availability of finance for the NHM activities in the district.

## 1.2 Methodology

Ministry of Health and Family Welfare has assigned the task of monitoring the health status of Bulandshahr, UttarPradesh to PRC Delhi. The report is based on the data collected from the CMO office and other health facilities visited. PRC, Delhi visited the district office to interact with CMO, Dy. CMO, DPM and other officers of the district. Health profile of the district was discussed intensively and higher authorities were questioned on broad areas under NHM such as maternal health, child health, family planning, human resource, infrastructure etc.

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



**Figure 1:**List of Facilities Visited during PIP Visit

### 1.3 Overview of the district: Bulandshahr

Bulandshahr was founded as 'Baran' by the king Ahibaran. Since it was perched on a highland it came to be known as "high city". Bulandshahr district is a city and a municipal board in the state of Uttar Pradesh, India. It is the administrative headquarters of Bulandshahr district and part of Delhi NCR region. The district covers a total area of 4512 sq.km and has a population of 34.99 Lakhs persons (Census of India,2011) residing across 7 sub-divisions of the district. The district has a total of 889 Gram Panchayats and 1251 villages. The district is a grain producing agriculture district.

The Census of India provides the following highlights for the district. The district of Bulandshahr ranks 22<sup>nd</sup> in terms of population across districts in Uttar Pradesh. The decadal growth rate of the district is 16.3 percent is lower than the state average of 20.2 percent. The percentage share of urban population in the district is 24.8 percent. The district ranks 36<sup>th</sup> in terms of sex ratio (896) which is lower than the state average of 912 females per 1000 males. The district ranks 36<sup>th</sup> rank in literacy with 68.9 percent (80.9% among males and 55.6% among females) which is higher than the state average of 67.7 percent (77.2 among males and 57.2% among females).

**Table 1:**Demographic Indicators: Bulandshahr and Uttar Pradesh

Indicators	Bulandshahr	Uttar Pradesh
Actual Population	34,99,171	19,98,12,341
Male	18,45,260	10,44,80,510
Female	16,53,911	9,53,31,831
Child sex ratio (0-6 year)	854	899
Sex ratio (females per 1000 males)	896	912
Literacy rate (%)	68.9	67.7
Male literacy rate (%)	80.9	77.2
Female literacy rate (%)	55.6	57.2
Decadal population growth	16.3	20.2%
Density/Km <sup>2</sup>	776	829
Area (in sq. Km.)	4512	240928

Source: Census of India,2011

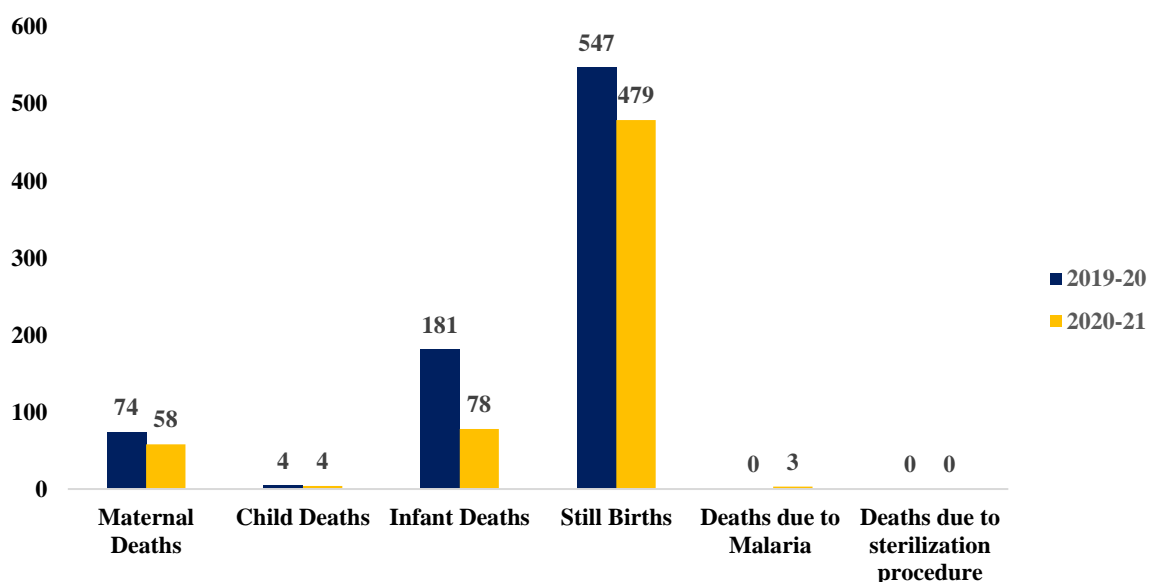
As per the National Family Health Survey (NFHS 2015-16), the sex ratio of the total population (females per 1000 males) is 1002 (rural 1021). The sex ratio at birth of children in the last five years is 886 girls per 1000 boys with a lower estimate for rural areas (922 girls per 1000 boys). About 62.4% of the children under five had their births registered. The district has 87.9% households with electricity and 99.6% with improved source of drinking water. The level of improved sanitation facility was 47.7% whereas 31.8% households used clean fuel for cooking.

**Figure 2:**Map- Bulandshahr District, Uttar Pradesh



Source: <https://bulandshahr.nic.in/election/>

Moving forward to the mortality indicator, it is evident from the graph below that the highest number of cases in the district were in case of still birth, however there has been a decline in the number of cases of still birth from 547 in 2019-20 to 479 in 2020-21. There has been a significant drop in the cases of infant deaths which stands to be 78 infant deaths in 2020-21 as against 181 cases in 2019-20. Followed by 58 maternal deaths and 4 child deaths in the last financial year. No deaths were reported due to sterilization procedure.



**Figure 3:**Status of Morality Indicators, Bulandshahr District

#### 1.4 HMIS Service Delivery Indicators

Table 2 provides a brief health profile of the district as reported by through the Health Management Information System (HMIS) portal. In Bulandshahr, 40.7% of the ANC registrations occur in the first trimester and a similar proportion of 90.4% pregnant women

receive four or more ANC check-ups. The coverage of 180 IFA tablets among pregnant women is 84% and is lower than the state level coverage of 90%. In the district, 85% births are institutional deliveries with C-section deliveries accounting for 8% of the total institutional births. About 21% women are discharged within 48 hours of the delivery.

The HMIS report shows that 97.6% of the new-borns are breastfed within the first hour of the birth. About 8.6% of the births care categorized as low birth weight babies (weight below 2.5 kg). Based on the measles vaccine, it is estimated that full immunization is universal in the district. About 111.7% of the children received BCG vaccine.

The mortality indicators are also presented in the table below. The district reported a total of 58 maternal deaths during 2020-21. The number of infant deaths reported is 78 whereas the number of still births reported is 479. The volume of OPD services is 6.7 Lakhs per year whereas the district provides care for more than 1 lakh IPD cases in a year. Female sterilization is dominant method of family planning in the district and male sterilization is almost negligible.

**Table 2: Status of Key Maternal and Child Health Indicators, Bulandshahr**

Health and Health Care Service Delivery Indicators	Uttar Pradesh	Bulandshahr
<b>1. Maternal Health</b>		
% Of beneficiaries registered for 1st trimester to total ANC registration	61.8	40.7
% Of pregnant women with 4 or more ANC checkups to total ANC registration	77.1	90.4
% Of pregnant women given 180 IFA to total ANC registrations	90.5	84
<b>a) Institutional and Home Deliveries</b>		
% Of SBA attended home deliveries to total home deliveries	12.6	20
% Of institutional deliveries to total reported deliveries	89.9	85.3
% Of institutional deliveries to total ANC registrations	55.4	47.2
% Of C-Section deliveries to total institutional deliveries	9.2	8
<b>Post-natal Care</b>		
% of women discharge in < 48 hours of delivery to total deliveries (Public)	53.1	21
% 1st post-partum checkup between 48 hours and 14 days to total deliveries	48.4	86.6
<b>new-born and Child Health</b>		
% Of new-born weighted to total live birth	91.7	99.1
% Of new-born breast fed within 1 hour of birth to total live birth	90.2	97.6
% Of new-borns having weight less than 2.5 kg to new-borns weighted at birth	10.6	8.6
<b>2. Child Immunization &amp; Diseases</b>		
Number of children (9-11 months) fully immunized	4870671	104635
% Of children received measles to full immunization	98.0	101.7
% Of children received BCG to full immunization	99.1	111.7
<b>3. Family Planning</b>		
Total Sterilization conducted	296406	4586
% Of male sterilization to total sterilization	0.7	0.8
% Of female sterilization to total sterilization	99.3	99.2
<b>4. Mortality Indicators</b>		
Maternal Death	5199	58
Child Death	1011	4
Infant Death	9482	78
Still Birth	39263	479
<b>5. Other Services</b>		
IPD	4499793	132268
OPD (Ayush + Allopathic)	67938469	1508601
% IPD to OPD	6.6	8.7

Source: HMIS,2020-21

## 2. PUBLIC HEALTH PLANNING AND STATUS OF SERVICE DELIVERY

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

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

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

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

**Table 3:** Breakup of resource envelope, NHM FY 2020-21, Uttar Pradesh

S.No.	Particulars	Amount (GoI Share)	Percent (GOI Share)	State share
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	808.55	20.6%	
1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	560.75	-	
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	247.80	-	
2	Health System Strengthening (HSS) under NRHM	1854.58	47.3%	
2(i)	Other Health system Strengthening covered under NRHM	1499.78	-	
2(ii)	Comprehensive Primary Health Care under HSS	213.31	-	
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	141.49	-	2613.70
	Total NRHM-RCH Flexible Pool	2663.13	-	
3	NUHM Flexible Pool	98.37	2.5%	
3(i)	Other Health System Strengthening covered under NUHM	71.58	-	
3(ii)	Comprehensive Primary Health Care under NUHM	26.79	-	
4	NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP)	178.96	4.6%	
4(i)	NVBDCP (Cash & Kind)	35.59	-	
4(ii)	RNTCP (Cash & Kind)	122.88	-	
4(iii)	NVHCP (Cash & Kind)	10.38	-	
4(iv)	NLEP	4.20	-	

4(v)	IDSP	5.91	-
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	102.15	2.6%
6	Infrastructure Maintenance (including Direction and Administration)	877.93	22.4%
	Total Resource Envelope	3920.54	100% 2613.70
	Grand Total Resource Envelope (Central Allocation + State Share)	6534.24	

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

The physical and financial outlay approved for Bulandshahar for FY 2020-21 is Rs.8770.81 Lakhs. The outlays are categorized in 28 different groups as per the program sub-division codes. Of the total outlay, 28% is allocated for community processes which largely include performance and incentive supports for frontline workers. About 22% of the outlay is earmarked for Maternal Health which includes financial incentives for institutional birth as well as human resource support for the maternal health services. NUHM activities in the district receive about 5.02% of the approved outlay. Child health, communicable diseases, RBSK and infection management and environmental plan (IMEP) activities each receive about 6%,5.3%,6.4%, and 4.6% of the total outlay of the district.

The district had received the approval of DHAP from the state on 16<sup>th</sup> July,2020 and the release of funds against DHAP was done on 16<sup>th</sup> April,2020. With regards to the construction status of infrastructure, it was stated that 5 facilities i.e., the Health and Wellness Centres and Sub-Centres are still pending for more than 2 years.

**Table 4:**Physical and financial outlay approved under NHM, Bulandshahar FY 2020-21

S.No.	Program Sub-Division	Amount (Rs. Lakh)	% Share
1	AYUSH	220.02	2.51
2	Blood Cell	46.35	0.53
3	Communicable Diseases	465.72	5.31
4	Child Health	507.49	5.79
5	Community Processes	2418.2	27.57
6	District Health Society	-	-
7	Finance Division	2.95	0.03
8	Family Planning	247.66	2.82
9	Family Planning / PNMT	4.92	0.06
10	Family Planning / CAC	4.03	0.05
11	Human Resources (Divisional)	-	-
12	Health Systems	-	-
13	IEC	59.86	0.68
14	IEC / Family Planning	3.88	0.04
15	IEC / PNMT	1.75	0.02
16	IMEP	408.96	4.66
17	Monitoring and Evaluation (ME)	63.36	0.72
18	Maternal Health	1927.09	21.97
19	Management and Information System (MIS)	68.35	0.78
20	NCD	111.48	1.27
21	NUHM	439.93	5.02
22	Nursing	21.21	0.24
23	Program Management (PM)	87.34	1.00
24	Quality Assurance (QA)	55.18	0.63
25	RBSK	556.51	6.35
26	Routine Immunization	318.04	3.63
27	RKSK	19.72	0.22
28	Others / Unspecified	710.81	8.10
	Total	8770.81	100.0

Source: District Health Action Plan, Bulandshahr (NHM Uttar Pradesh 2020-21), MoHFW

## 2.2 Budget Utilization

Budget utilisation under NHM is to operationalise an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. The detail of the budget utilisation is given in table(xx) as per the Financial Management Report (FMR).

As per the given records it can be observed that, the maximum number of utilizations as per the FMR is in Drug Warehouse and Logistic with almost all the utilization being done. Followed by Programme Management wherein PM activities have been conducted with 96% Besides these, the budget utilization was almost similar in case of FMR-1 and FMR-4.

The least utilization of budget as per the release can be observed in the case of IT initiatives for service delivery which accounts to be 7 percent followed by PPP with only 0.4.

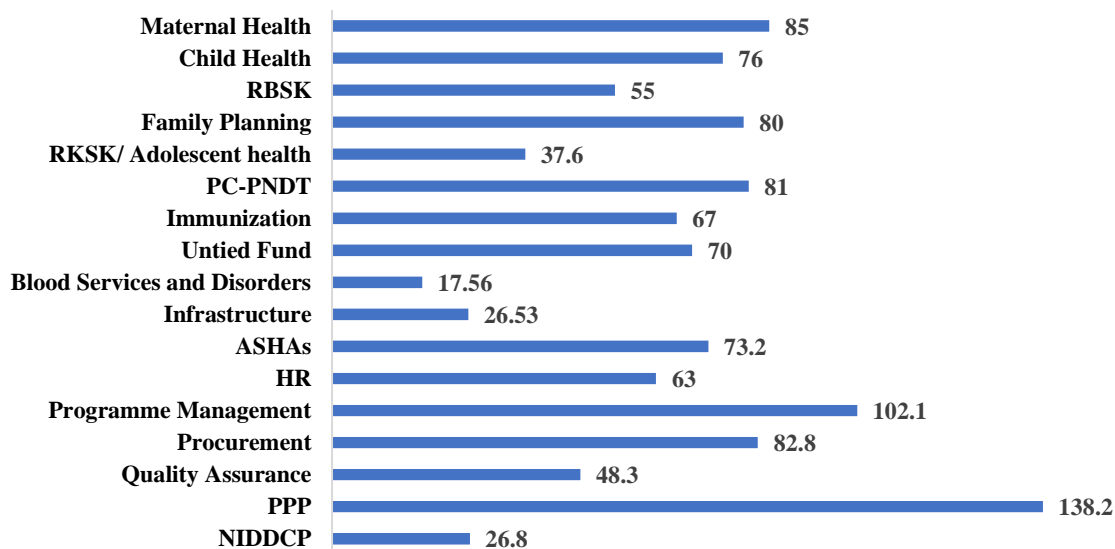
**Table 5:**Financial Management Report,Bulandshahr District,2020-21

	<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>	<b>% Of utilization</b>
1.	<b>FMR 1:</b> Service Delivery: Facility Based	143057947	102833275	71.8
2.	<b>FMR 2:</b> Service Delivery: Community Based	142073563	16450116	11.5
3.	<b>FMR 3:</b> Community Intervention	199878323	137487470	68.8
4.	<b>FMR 4:</b> Untied grants	36682596	25813660	70.4
5.	<b>FMR 5:</b> Infrastructure	109423155	30275998	27.7
6.	<b>FMR 6:</b> Procurement	40297588	31995872	79.4
7.	<b>FMR 7:</b> Referral Transport	858258	24196	2.8
8.	<b>FMR 8:</b> Human Resource (Service Delivery)	318752394	205403092	64.4
9.	<b>FMR 9:</b> Training	10471152	5247619	50.1
10.	<b>FMR 10:</b> Review, Research and Surveillance	62000	23400	37.7
11.	<b>FMR 11:</b> IEC-BCC	9062287	6473077	71.4
12.	<b>FMR 12:</b> Printing	13141261	8392264	63.7
13.	<b>FMR 13:</b> Quality	1300000	888804	68.4
14.	<b>FMR 14:</b> Drug Warehouse & Logistic	5344230	5368028	100
15.	<b>FMR 15:</b> PPP	1415000	5000	0.4
16.	<b>FMR 16:</b> Programme Management			
	• <b>FMR 16.1:</b> PM Activities Sub Annexure	73174279	70196733	96
17.	<b>FMR 17:</b> IT Initiatives for Service Delivery	655000	44900	7
18.	<b>FMR 18:</b> Innovations	304000	135209	44.5

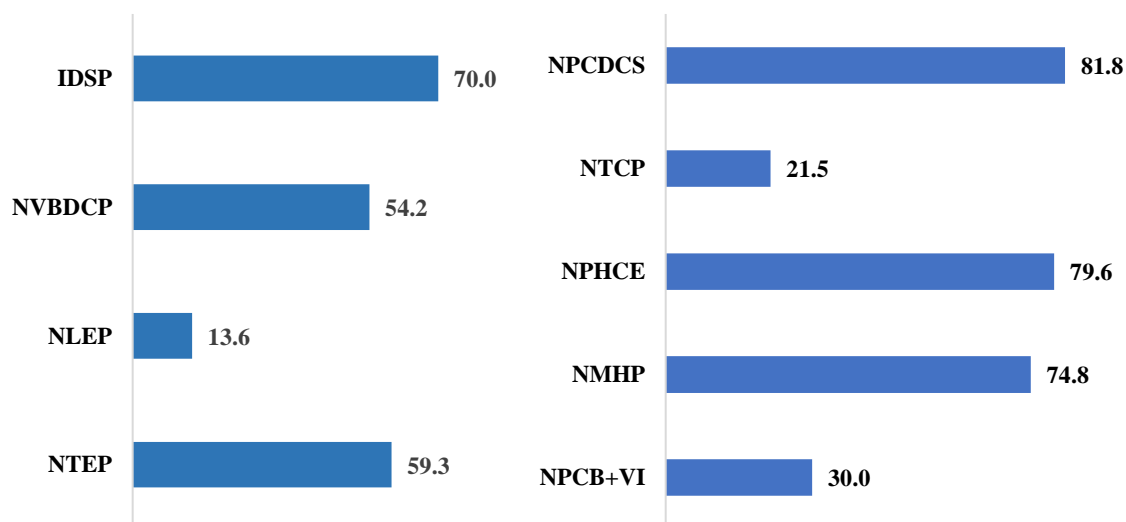
Source: CMO Office, Bulandshahr

Moreover, if we observe programme wise which is depicted in the figure(xx) shown below, out of the RCH and Health Systems Flexi Pool about 82.4 per cent of the funds have been utilized. Of which the maximum utilization of funds is seen under PPP(138.2%) and programme management(102.1%) followed by maternal health(85%),procurement of essentials(83%),PCPNDT(81%),and family planning(80%).

The least utilization under the flexi pool can be identified under National Iodine Deficiency Disorder Control Program(NIDDCP) at 26.8%,infrastructure at 26.5%,and blood services and disorders(17.5%) respectively.



### 1. RCH and Health System Flexi pool



### 2. Communicable Disease Pool

### 3. Non-Communicable Disease Pool

**Figure 4:** Utilization of Funds Programme-Wise

Moving forward to the communicable disease pool, the maximum number of utilization of funds is observed in the Integrated Disease Surveillance Programme (IDSP) at 70 percent. The reason being all the fund is being utilized in tackling the COVID-19 situation with full force. On the contrary, the least utilization is being in National Leprosy Eradication Programme (NLEP) nearly 14%.

However, in the case of non-communicable disease nearly 82% of the fund has been utilized in the National Programme for Prevention and Control of Diabetes, Cardiovascular Disease, and Stroke (NPCDCS) followed by National Programme for Health care for the Elderly Care at 80%. And the least being in National Tobacco Control Programme (NTCP) at 22 percent respectively.

### 2.3 Status of Service Delivery

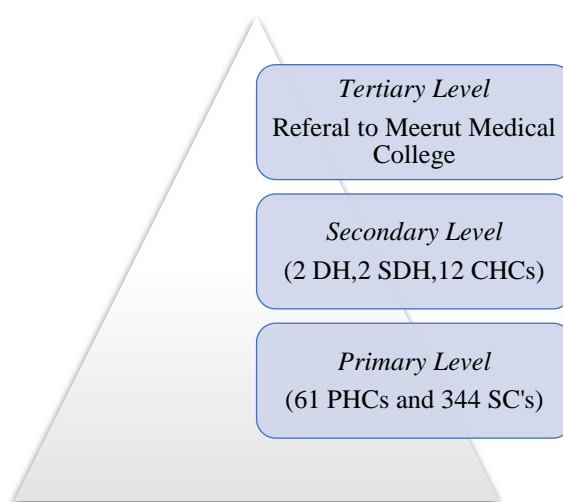
This section will talk about the status of service delivery in the Bulandshahr district as to observe the provisions rendered under NHM so that there is smooth service delivery. The important components that have been highlighted is physical infrastructure, Human Resource

(HR) and for capacity building various trainings are being provided to the health personnel and front-line workers so that they are properly trained.

### 2.3.1 Infrastructure

According to the Indian Public Health Standards (IPHS), healthcare infrastructure in India comprises of three main levels i.e., primary, secondary, and tertiary healthcare. At the primary level of health care, it comprises of the Primary health centers (PHCs), and sub-centers (SCs). While the District Hospitals, Sub-district hospitals, and Community Health Centers (CHC) fall under the category of secondary health care. Whereas, the tertiary level of health care includes the medical colleges and specialized Hospitals

Figure-(XX) below depicts the status of health infrastructure of Bulandshahr district. The district has 2 District Hospitals, 2 Sub-District Hospitals. There are no medical colleges in the district and the referrals from the District Hospitals are sent to Meerut Medical College which is at a distance of 70 kms. There are 12 Community Health Centre's (CHCs) along with 61 Primary Health Centre's (PHCs), and 344 Sub-Centre's (SCs) which are operational as per the sanction.



**Figure 5:**Total Facilities Available in the District

Table 2 presents the distribution of health facilities in Bulandshahar. There are a total of 4 DH, 10 CHCs, 71 PHCs, and 344 SCs in the district. Overall, the district has a total of 963 beds across these public health facilities which altogether cover a total of 34.99 lakh persons (as per Census of India 2011). In the district, about 286 SC's are classified as to be falling under difficult area for services.

**Table 6:**Distribution of facilities and population coverage

Health Facility	Facilities	Bed Count	Population Covered	Area Covered	Difficult Areas
Medical College	-	-	-	-	-
District Hospital	4	395	709800	101.1	-
CHC	10	300	274579	53.5	-
PHC	71	268	1234102	311	-
SC	344	0	2708331	1314	286

Source: HMIS Master Facility Report

The total number of UPHC's present in the district are 8 and no UCHC's are available. One Special New-Born Care Unit (SNCU) and One Nutrition Rehabilitation Centre are present at the DWH. Moreover, there are 7 first referral units (FRUs), 1 blood bank, and 2 blood storage unit.

Out of 49 PHC's only, 29 PHC's have been converted into Health and Wellness Centres (PHC-HWC). Almost all the Urban Primary Health Centres have been transformed into HWCs. Furthermore, out of 226 SC's, only 117 SCs have been converted into HWC's the proportion is less.

There are 7 Tuberculosis units (Tus), 1 CBNAAT/TruNat sites, and 1 drug resistant TB centres. In addition, the number of functional NCD clinic is found to be at the DH and CHC level, of which there is only 1 NCD clinic at the DH and 2 clinics at CHC level. The number of functional NCD clinics at CHC level is quite bleak and needs to be increased.

The total number of institutions providing comprehensive abortion care services (CAC) is reported to be at 15 facilities. Only 3 facilities are providing 1<sup>st</sup> trimester services i.e., at DH, District Combined Hospital (DCH) and PHC. The total number of facilities providing both 1<sup>st</sup> and 2<sup>nd</sup> trimester services are also 3 facilities.

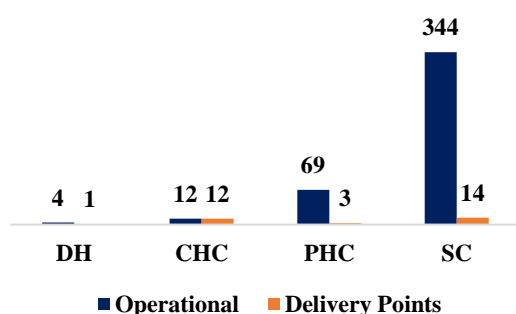
However, it must be noted that the district doesn't have District Early Intervention Centre (DEIC) and Microscopy centre (DMC).

**Table 7:** Facility Details, Bulandshahr District

Facility Details	Sanctioned/ Planned	Operational
Urban Primary Health Centers (U-PHC)	8	8
Urban Community Health Centers (U-CHC)	-	-
Special New-born Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)	1	1
District Early intervention Center (DEIC)	-	-
First Referral Units (FRU)	7	7
Blood Bank	1	1
Blood Storage Unit (BSU)	2	2
No. of PHC converted to HWC	49	29
No. of U-PHC converted to HWC	6	5
Number of Sub Centre converted to HWC	226	117
Designated Microscopy Center (DMC)	-	-
Tuberculosis Units (TUs)	07	07
CBNAAT/TruNat Sites	01	01
Drug Resistant TB Centres	01	01
Functional Non-Communicable Diseases (NCD) clinic		
• At DH	DH-01	DH-01
• At SDH	SDH-0	SDH-0
• At CHC	CHC-13	CHC-02
Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	15	15
• Providing 1st trimester services	03	03
• Providing both 1st & 2nd trimester services	03	03

Source: CMO Office, 2021, Bulandshahr

**Figure 6:** Status of Delivery Points



From the figure shown, it clearly depicts that out of the 4 DH/SDH only 1 DH conducts more than 50 deliveries per month which includes C-section deliveries as well. Interestingly, all the CHC's that are operational are conducting more than 20 deliveries. However, the situation is extremely grim in case of PHC's (61 PHC's and 8 UPHC's), the district in total has 69 PHC's of

which, only 3 PHCs are able to conduct 10 deliveries per month. Whereas, the rest are being

referred either to CHC's or DH as per the case. Similar, is the case of SCs only 14 SCs are conducting more than 3 deliveries per month out of 344 SCs in the district.

### 2.3.2 Human Resource

To ensure smooth service delivery NHM made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure. Though HR requirements should ideally depend upon the patient load and catchment population. The HR component includes the process starting from recruitment, deployment, and continued capacity building and functioning of manpower.

Lack of Human Resource is one of the major concerns of the district; more specifically the major issue was reported regarding the shortage of surgeons (92%) followed by mid-provider worker specifically male at 86 percent, and anaesthetist (83.3%) respectively.

In addition, the vacant percent of radiologists and paediatricians is also high and stands at 75 percent. The vacant percent of dental hygienist is reported to be 71.4 percent. Nearly, 60 percent of radiographers/X-ray technicians are found to be vacant in the district followed by 57 percent of dentist surgeon/dentist MO.

As it is evident from the illustration below, 38 percent of MO's are vacant and LT's at 35 percent. In addition, nearly 33.3 percent of OT technician are unfilled.

Moreover, if we talk about AYUSH, approximately 13.2 percent of AYUSH MOs are empty and AYUSH Pharmacists at 17 percent. It was reported by the officials that the acceptance of AYUSH is not that much high as beneficiaries prefer to take allopathic medicines resulting to which there is no shortage of pharmacists in case of allopathic medicines. All the sanctioned posts have been filled for the same.

Besides these, the least number of crunch in terms of HR in district is observed in ANM (11%), Staff Nurse (7.1%), and CHO's (4.2%). Almost all the CHOs have been hired and deployed in the COVID-19 duty.

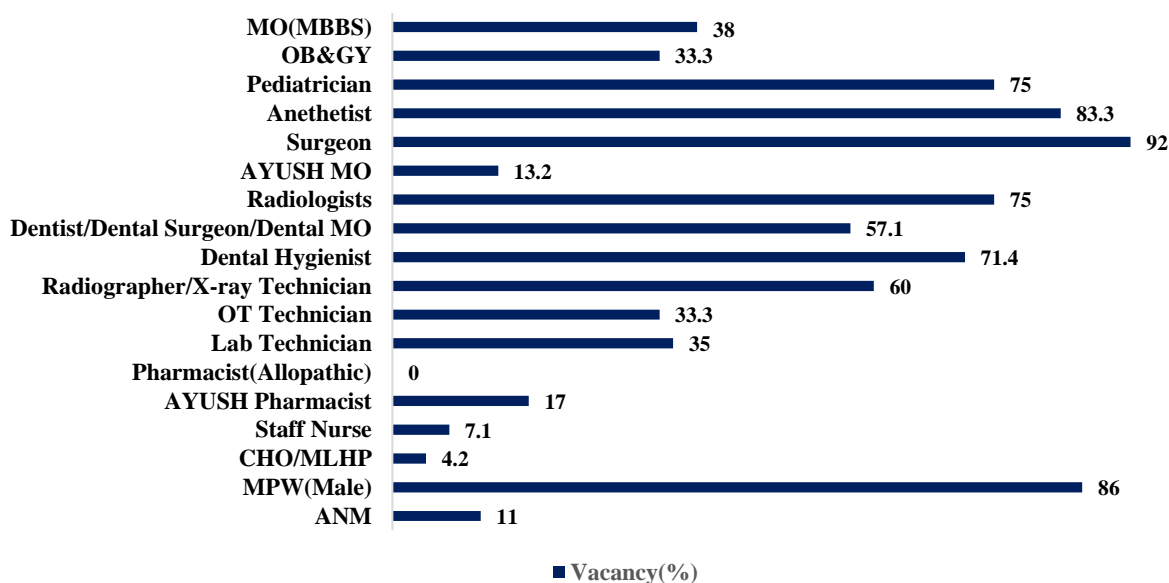


Figure 7: Vacant Positions of HR in the District (%)

In addition, only one LSAS doctor is trained and 2 EmOC doctors have been trained of which they are posted in the FRU and performing c-section as well.

**Table 8:**Performance of EmOC/LSAS trained doctors

Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
LSAS trained doctors	01	01	01
EmOC trained doctors	02	02	02

Source: CMO office,2021

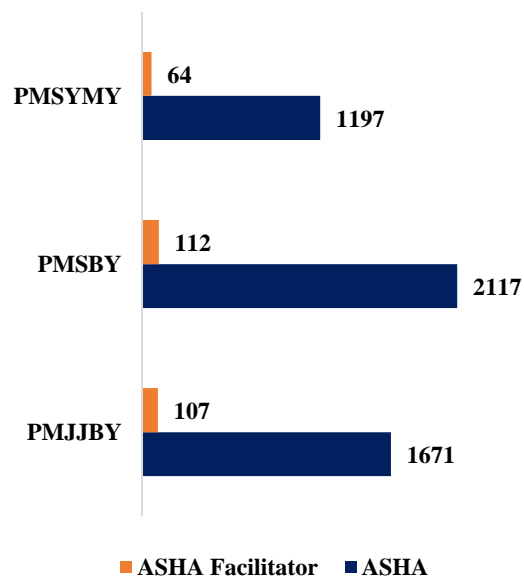
One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist i.e., ASHA or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHAs will be trained to work as an interface between the community and the public health system.

Their main aim is to build a sustainable network of health facilities and enhance community participation and ownership. They play a pivotal role as they cover all beneficiaries from door-to-door encouraging people to adopt healthier habits.

Presently, there are 2145 ASHA's working in the district with 496 positions vacant. The requirement as per population by the district was reported to be 2641 ASHA workers. Out of 2145,119 ASHA workers are covering more than 1500 population in rural area and in case of coverage of 3000 population the number of ASHA workers deployed are 27 workers.

ASHAs are the foremost health workers in the field. Our Honourable Prime Minister had set forth social security benefits for ASHAs and ASHA facilitator as to double the incentives for routine activities. Those who meet the said criteria are to be enrolled in these schemes implemented by GoI namely, the Pradhan Mantri Jeevan Jyoti Bima Yojana(PMJJB Y) and Pradhan Mantri Suraksha Bima Yojana(PMSBY).

From the figure shown, it clearly depicts that the maximum number of ASHAs and ASHA facilitator have been given the benefit of PMSBY with 2117 and 112 workers. Followed by 1671 ASHAs and 107 ASHA facilitator in PMJJBY.



**Figure 8:**Status of Social Benefit Schemes for Community Workers

### 2.3.3 Training Status

The table below provides a brief snapshot of trainings received in the last financial year i.e., 2020-21 as per the ROP approval. In total,20 trainings were conducted across various programs and sub-divisions which includes maternal health, child health, family planning, RKSK, NCD, RI, and child deaths.

Maximum number of trainings that were conducted in the last financial year was in the sub-division of family planning. As per the plan, 41 trainings were scheduled of which 33 trainings have been completed. The trainings were imparted under various heads to various health personnel's such as on safe abortions to MOs, training on safe abortions for Obs & Gynae followed by quarter review/orientation meeting at block level for 57 Mission Parivar Vikas (MPV) districts which were given to ANMs. In addition, a district level dissemination workshop was also conducted. Moreover, training on injectable contraceptives were given to MOs, AYUSH doctors and staff nurses/ANM/LHV. In case of, trainings given to staff nurses/ANM/LHV it was planned to impart 13 sessions, however, due to the pandemic only 9 sessions were completed.

With regards to maternal health and child health, 2 trainings were conducted in case of maternal health such as scaling up of nurse mentoring program w.r.t. honorarium and mini skill lab. One session on Intensified Diarrhoea Control Fortnight (IDCF) was planned and imparted to ANMs for the same.

Besides these, other trainings were also imparted w.r.t. Rashtriya Kishor Swasthya Karyakaram (RKSK), Routine Immunization (RI), Child Deaths (CD), and Non-communicable diseases (NCDs).

**Table 9:** Training Status as per ROP

Training Name	Programs	Received By	Planned	Completed
Scaling up Nurse Mentoring Program Honorarium	MH	Nurse Mentor	16	16
Scaling up Nurse Mentoring Program Mini Skill Lab	MH	Nurse Mentor	15	15
Orientation training of IDCF	CH	ANM	1	1
Training on Safe Abortions	FP	MOs	4	4
Training on Safe Abortions for Obs & Gynae	FP	MOs	1	1
Qtr. review/Orientation meeting at block level for 57 MPV districts	FP	ANM	16	16
District Level Dissemination workshop	FP	All staff	1	1
Training on Injectable Contraceptives	FP	MOs	1	1
Training on Injectable Contraceptives	FP	AYUSH Doctors	1	1
Training on Injectable Contraceptives	FP	Staff Nurse/ANM/LHV	13	9
WIFS training	RKSK	RKSK	17	17
Orientation on National Deworming Day	RKSK	RKSK	2	2
Training under immunization	RI	Data Handler	1	1
Training under immunization	RI	CCH	1	1
Training/Capacity Building (Malaria)	CD		1	1
Training under RNTCP	CD		1	1
Orientation of stakeholder organizations	NCD		1	1
Training of health professionals	NCD		1	1
Orientation of law enforcers	NCD		1	1
Any other training NPPCD	NCD		1	1

Source: CMO Office, 2021, Bulandshahr

### 2.3.4 Referral Transport Service

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. The district is equipped with 81 Basic Life Support (BLS) and 4 Advanced Life Support (ALS) vehicles. The operational agency who looks after the BLS vehicles is being taken care by "GVK" which is by far the largest ambulatory provider that furnishes with emergency medical services. All the ambulances are GPS fitted and are being handled through centralized call centres. The average number of calls of BLS that are being

received are 5 calls per day. However, in case of ALS the calls received is done as per the requirements.

With regards to the trips being conducted by the BLS per day, 340 trips are being conducted by 102 ambulances and 170 trips in case of 108 ambulances. On an average 3 trips per ambulance per day is being carried by ALS. The average KM in case of ALS is more than the BLS ambulances around 50 KMs per ambulance is travelled. Whereas, in case of 102 ambulance the average Km travelled per ambulance per day is 4 Kms (160Kms in total) and for 108 it was reported to be approximately 3.75 kms (150 Kms in total).

Mobile Medical Unit (MMU) is one of the strategies to improve access to health facilities, however it is not functional in the districts.

### **3.STATUS OF NATIONAL PROGRAMME IMPLEMENTATION**

#### **3.1 Maternal Health**

Maternal Health remains the cornerstone for every public policy. The well-being of mothers is important not only itself but also helps in breaking down the inter-generational poverty circle. The public policy being a combination of the rights-based approach and life cycle approach ensures that the well-being of the child starts at age zero along with the mother's health. Most NHM programmes have their prime focus in ensuring the well-being of mothers. These programmes range from direct cash transfers to indirect transfer programmes and universal health coverage.

The sharp decline in percentage of home deliveries and rising proportion of institutional deliveries is due to success of the schemes such as Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram launched by the Government of India.

##### **3.1.1 Janani Suraksha Yojana (JSY)**

Janani Suraksha Yojana or JSY is an integral direct cash transfer scheme aimed to incentivise women to choose institutional delivery. Launched in April 2005, this scheme aimed at reducing maternal and child mortality that may occur due to unsafe delivery. The cash transfer is conditional upon the woman choosing institutional delivery. The scheme has been effective in increasing institutional deliveries over a period of time. The scheme incentivises both mother and ASHA.

With regards to Bulandshahr district the total number of beneficiaries registered for JSY in the last financial year were 5457. There is a back log of 1402 beneficiaries or nearly 25.6 percent payment is still pending.

The reason being the payments made to beneficiaries is when the women beneficiaries do not have bank accounts. The other problems that occur are when beneficiaries are unable to provide identity proofs as required. Moreover, it was even mentioned that with merging of banks the beneficiaries didn't have the updated IFSC code with them due to which they couldn't avail the benefit of JSY.

### 3.1.2 Janani Shishu Suraksha Karyakaram(JSSK)

Janani Shishu Suraksha Karyakram (JSSK) is a rights-based policy measure to reduce the out-of-pocket expenditures of the families during child birth and new born care. This policy covers aspects such as diet, transport, drugs, diagnostics, referral and other user charges which are otherwise incurred. The scheme entitles all pregnant women free transport from their homes to the public institution both before and after birth. The delivery is free of charge which also includes C-section. Other entitlements include meals for the mother, new born care and free drugs if needed.

In the meeting with CMS at the district women hospital it was stated that the budget fixed for beneficiary diet is nearly sufficient. This was currently set at INR 100 per day per beneficiary. The programme is faring well at the facility as the meals are being prepared in-house and proper care is maintained by providing 3 meals a day.

However, no such provision was available at the visited facilities at CHC, despite all the delivery load is being carried at either CHC or DWH in the district. In CHC B.B. Nagar, only tea and biscuit are being offered to women after delivery which can be considered almost negligible. Hence, there is an immediate need to start diet services under JSSK where delivery load is high so that proper treatment and care can be given to both the mother and child post-delivery.

With regards to transport services, most of the beneficiaries have availed the free ambulance facility from their homes to facility and facility to home. There have been very less chances where the beneficiaries have paid from their own pockets.

### 3.1.3 Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

The Pradhan Mantri Surakshit Matritva Abhiyan has been launched with the prime aim to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9<sup>th</sup> of every month. It guarantees a minimum package of antenatal care services to women in their 2<sup>nd</sup> or 3<sup>rd</sup> trimesters of pregnancy at designated public health facilities.

The programme even follows a systematic approach for engagement with private sector that includes motivating private practitioners to volunteer for the campaign in developing strategies for generating awareness and appealing to the private sector to participate in the Abhiyan at public health facilities.

As on 9<sup>th</sup> of every month various activities are being performed as to detect if there is any risk factor associated while ANC check-ups followed by rendering ultra-sound facilities. 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 signifies that it is a high-risk pregnancy case.

The main aim is to cover each and every expectant mother so that proper care can be given and timely detection can be done with proper monitoring and by the help from private hospitals.

## 3.2 Child Health and Immunization

An integrated approach to improve health outcomes includes the interventions that reduce morbidity and mortality among children. The NHM components have carefully integrated many of these along with maternal health programmes. The early stages of development are crucial for the overall healthy growth of a child thus programmes like full immunisation lay stress on improving the child health indicators. India has committed to reduce IMR in the Sustainable Development Goals to 25 or less per 1,000 live births in under 5-year-old children and 12 or less per 1,000 live births for new-borns by 2030. Therefore, to ensure healthy child survival various thrust areas have been identified. These are:

### Area 1: Neonatal Health

- ❖ Essential new born care (at every ‘delivery’ point at time of birth)
- ❖ Facility based sick newborn care (at FRUs & District Hospitals)
- ❖ Home Based Newborn Care (HBNC)

### Area 2: Nutrition

- ❖ Promotion of optimal Infant and Young Child Feeding (IYCF) practices
- ❖ Micronutrient supplementation (Vitamin A, Iron Folic Acid)
- ❖ Management of children with Severe Acute Malnutrition (SAM)

### Area 3: Management of Common Childhood Illness

- ❖ Management of childhood diarrheal diseases and acute respiratory infections

### Area 4: Immunization

- ❖ Intensification of routine immunization
- ❖ Eliminating measles and Japanese encephalitis related deaths
- ❖ Polio eradication

**Table 10:** Status of SNCU in district

The district has 1 SNCU and 1 NRC facility at the District Hospital. The total number of admissions in the unit were 311 for in-borns and 595 for out borns of which the number of males were more than the number of females in the out-born section. 372 out-borns were discharged in the last financial year. The table even shows that 184 were referred and 30 have died due to various reasons cited such as respiratory distress syndrome, Birth Asphyxia, and other reasons

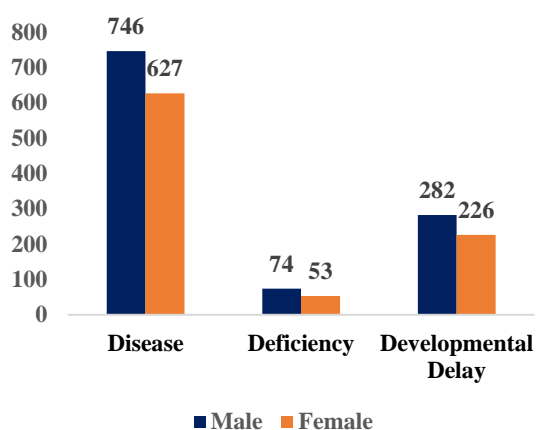
	In-born	Outborn
Discharge	227	372
Referral	63	184
LAMA	4	8
Died	20	30
Source: CMO Office, Bulandshahr		

Many initiatives have been taken to carefully handle neonates. In the district hospital a Kangaroo Mother Care Lounge is made for low birth weight children. While these children are kept under observation in the SNCU, they are fed and cared for by their mother in the KMC lounge under the supervision of the staff nurses. Mothers are taught how to feed and care for the baby and keep them warm by holding them close to the mother's body and skin.

### 3.2.1 Rashtriya Bal Swasthya Karyakaram(RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is a flagship programme under NHM which aims at early identification and intervention for children from the ages 0-18 to tackle the 4 D's- Defects at birth, Deficiencies, Diseases and Development Delays (including disability). The district has 1 NRC which is solely dedicated to tackle the issues clubbed under the 4 D's. NRCs work towards improving the health indicators of children suffering from severe acute malnutrition.

In Bulandshahr district there are a total of 30 RBSK teams, with 2 teams per block, which ensure coverage of children. Out of which,12 teams are full in place as per the composition and 27 number of vehicles are on the road for RBSK team. The programme remains functional in all government schools and anganwadis. An average of 125 children are being screened per day by the team. A total of 36191 children have been screened at the delivery points for defects at birth.



As per the HMIS report, the number of males has been identified more with diseases at 746 cases followed by 282 cases of developmental delays, and 74 cases of deficiency. Whereas, in case of female children the number seems to be almost same in comparison to male children. The pattern of identification is same in both the cases as depicted in the illustration.

**Figure 9:**Cases identified by the RBSK team

### 3.2.2 Home Based Newborn Care (HBNC)

The scheme has been implemented in the year 2011, under National Rural Health Mission with the prime aim to reduce neonatal mortality in rural areas. With this scheme, the ASHA workers have incentivized for making visits to all the respective new-borns and their mothers according to the specified schedule of up to 42 days of life.

In the district, it was reported that around 1865 HBNC kits are there with ASHAs and in the last financial year 16015 newborns have visited under HBNC. The ASHAs have drugs kits available with them and a total of 1114 kits are readily available. However, due to the pandemic still around the HBNC visits were made at home by following all the COVID protocols and no delay of incentives have been reported by the ASHA workers.

### 3.3 Family Planning Services

Family planning and its various methods allow the couples to determine their favourable family size and the spacing they want between pregnancies. Needless to say, that family planning is enabling women to choose the number of children they want to raise without letting it take a toll on their physical health. Various family planning methods and techniques exist. Family planning is also important from the perspective of an increasing population.

**Table 11:**Status of Family Planning

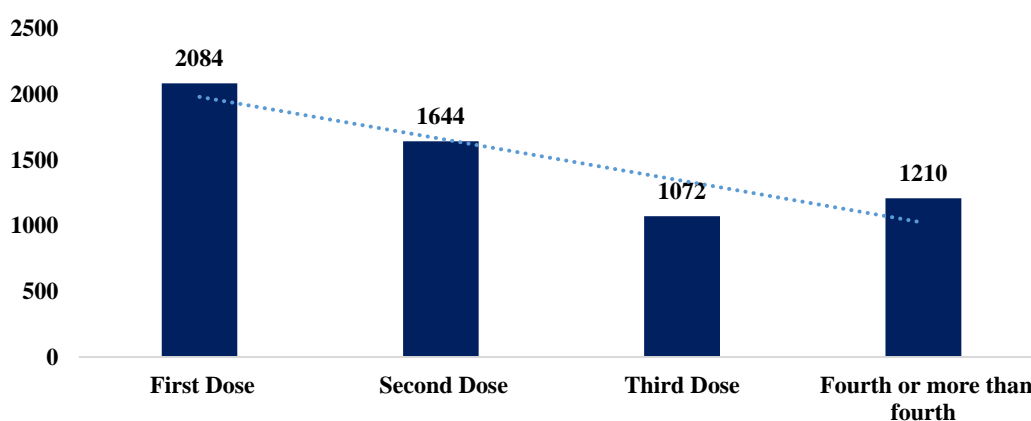
S.no	FP Services	Number
1.	Sterilization	
	Male	38
	Female	4548
2.	Oral Pills	45269
3.	Condoms	1457643
4.	ECP	16290

Source:HMIS Report

The table shown below depicts the FP services which are being availed by the public of the district. As it is quite evident from the table that, male sterilization is almost negligible in the district and female sterilization is more which stands at 4548 cases of sterilization in the last financial year. Besides these, the total number of condom pieces that have been distributed in the last financial year were 14,57,643 pieces followed by oral pills at 45,269 and ECP at 16,290.

Anatara program has been introduced in the district and has somehow reached up to 4 doses. ANMs have reported that a lot of women register complaints of side effects such as excessive bleeding or amenorrhea and hence drop out after the first or second dose. The HMIS data too showed a very low number of women who have progressed to the fourth dose. The figure clearly illustrates, that there have been fluctuating trends in the dosage of Anatara program as per the HMIS report of last financial year 2020-21

**Figure 10:**Status of Antara Doses in the District



Source: HMIS Report,2020-21

### 3.4 National Vector Borne Disease Control Programme (NVBDCP)

There is a micro and macro plan available at the district level as to control the vector borne disease prevalent in the district. The annual blood examination rate was reported to be 3.185 percent and as per the last 3-year trends there have been a decrease in the vector borne disease due to COVID-19 it was observed that the cases have seen a dip. Weekly epidemiological and entomological situations are being monitored and no MDR rounds have been observed in the last financial year.

### 3.5 National Tuberculosis Elimination Programme (NTEP)

The total target achieved as per the TB notification in case of public facility is 4825 and that of private facility it is 6349. The achievement percentage was observed more in case of public facility i.e., 58% than in private facility with 53%. As such HIV status of all the TB patients are not known and around 84.5% of the patients have been known for HIV through TB. Around 46% of the TB patients are eligible for UDST testing i.e., out of 7069 patients 3285 patients

are eligible for the same. At the DH level all the drugs are available for both drug sensitive and drug resistance.

**Table 12:** Status of TB patients in Bulandshahr district

	Public Sector	Private Sector
No. of patients notified	4780	1547
Treatment success rate	62%	37%
No. of MDR TB patients	160	0
Treatment initiation among MDR TB patients	151	0

Source: CMO Office, 2020-21, Bulandshahr

The number of TB patients notified is more in the public sector (4780) than in the private sector (1547). Similar is the case of the treatment success rate, around 62 percent of the success of treatment is observed in the private sector and nearly half is observed in private sector. The

number of MDR TB patients is 160 patients in public sector and among those the treatment has been initiated which is reported to be 151.

As per the officials of the programme timely meetings have been conducted at the block level of the district that is arranged by the BPM wherein all the counsellors and MOs are present. The cases are prevalent in the district and 18 TB centres have been established so far to tackle the situation in full swing. With regards to the incentive of ASHA workers the incentive received by the ASHA workers are 28950 and the patient's incentive under NTEP have reported to be 36,600.

### 3.5 National Leprosy Eradication Programme (NLEP)

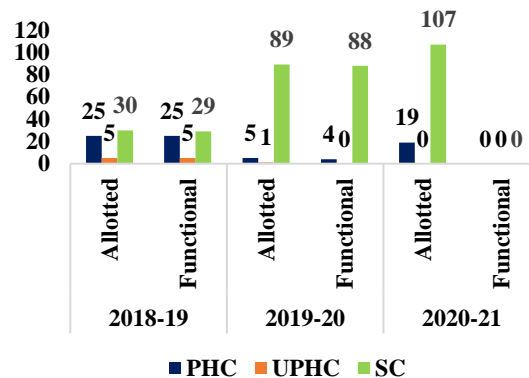
The total number of new cases detected under the NLEP in the district are 61 cases and 4 G2D cases have been reported. MDT is available in the district with 131 MB adults followed by 6 MB child and in case of PB adult and child the MDT availability is 63 and 2 respectively. MCR footwear and self-care kits are available with total 39 MCR footwears and 60 kits.

### 3.6 Comprehensive Primary Health Care (CPHC)

Over the years, the emergence of Universal Health Coverage has arisen as a key objective for assuring accessible, affordable, and quality health care services. One such target is being achieved through the recently launched programme that is the Ayushman Bharat-Health and Wellness Centres (HWCs). The prime aim of HWCs is to provide all the health care services under one umbrella by covering majority of the population. The Ministry of Health and Family Welfare (MoHFW) has rolled-out the programme with a view to furnish wide and expanded range of services through Comprehensive Primary Health Care (CPHC) and cater the needs specifically at the peripheral level.

As with the rapid urbanization and change in the lifestyles the epidemiology pattern of diseases is increasing day by day with non-communicable diseases being highly prevalent throughout the country. Hence, with the help of Ayushman Bharat-Health and Wellness Centres, it would play a key role in reducing the burden of Non-Communicable Diseases (NCDs) and would tackle the burden of the disease through primordial and primary prevention.

With regards to the allotment and functional HWCs across various tiers it is quite visible from the figure that after 2018-19 no such HWCs has been functional since the allotment. Almost all the HWCs have been transformed in the year 2018-19. However, out of the 5 PHC's, 4 PHC's have been converted into HWCs in 2019-20 and same is the case of SC's. The status is still pending in the last financial year of both the PHC and SC.



As per the plan 4,67,100 individuals have been enumerated of which 1,33,134 enumerations have been completed. Till now, 13193 CBAC forms have been completed but some are still pending as majority of the CHOs have been deployed in the COVID-19 duty due to which they are unable to update the portal and fill the CBAC forms on time.

Out of 117 SC-HWC's 35 SC-HWCs have started their NCD screening followed by 29 PHC-HWC and 5 UPHC that have been transformed into HWC. Out of the planned individuals who are screened through CBAC forms the majority of the cases were observed for hypertension and diabetes. A total of 151 HWCs are providing tele-consultation services and wellness activities are being performed such as yoga etc.

#### 4. SERVICE AVAILABILITY AT PUBLIC HEALTH FACILITIES AND COMMUNITY PERCEPTION

The team visited a total of 7 facilities in Bulandshahr district. The observations of the team are listed below. This includes points about patient load, infrastructure, manpower, drugs and equipment. The six facilities visited comprises of 1 district female hospital, 2 Community health centre, 2 Primary Health Centre and 2 sub-centres.

A dedicated "Focussed Group Discussions" (FGD's) were held as to understand the community level perception on various fronts and have tried to capture their lifestyle, health seeking behaviour, whether health services were easily accessible, behaviour of health service providers or if any out-of-pocket expenditure is being incurred while accessing the public health services.

#### 4.1 District Women Hospital-Bulandshahr



**Figure 11:**District Women Hospital, Bulandshahr

The District Women Hospital is situated in the main city area and was easily accessible by everyone. The district hospital was functioning in a government building and is a 100 bedded facility. The hospital was providing all the basic services to its beneficiaries with the objective of preventing and curing diseases and promoting health care services especially for women.

The following observations were made in the health facility:

- ❖ Due to the construction of medical college in the district, the Old DWH which was earlier operating as a 60 bedded hospital has shifted to the newly constructed maternity wing with full-fledged capacity.
- ❖ District hospital fares extremely well on all assessments with respect to the infrastructure availability and maintenance. The area was optimally utilised and waiting area was well constructed and maintained.
- ❖ The building had proper board depicting the centre name in the local language which was easy to read on the building so that the public of the district can access the facility.
- ❖ Interestingly, safety, hazard, and caution signs were also displayed prominently at relevant places in the hospital.
- ❖ The services available at the DWH are OPD, family Planning services, lab tests, emergency treatment, paediatric OPD, labour room, minor operation, SNCU, diet facility etc.
- ❖ Before the pandemic, the average delivery load at the facility was approximately 500-600 deliveries were being conducted per month. However, due to the pandemic there has been a decline in the total number of deliveries.
- ❖ With regards to manpower, the facility lacked specialist doctors and surgeons. There is only 1 paediatrician and 4 Ob&Gy present in the hospital. There were 2 anaesthetists and 3 doctors who look after the entire facility and various services being rendered.
- ❖ Around 76 percent of the JSY payments have been done till date and the average delay of the payments is roughly around 33 percent reason being account number, incomplete records such as Aadhar Number, and MCTS number are not available resulting to which there are delay in the payments.

- ❖ Services delivery in the post-natal wards was fully efficient. All beneficiaries were provided with diet services free of charge and were asked to stay for more than 48 hours post-delivery. On interaction with the beneficiaries, they cited that no cost was borne by them for the diet, drugs, or diagnostics and timely doctor rounds were observed. They were fully satisfied with the services being rendered at the facility.
- ❖ It was reported that the SNCU has only 8 bedded due to which the bed occupancy rate is reported more than 100 percent.
- ❖ The hospital had a FP counsellor, who was working well in tandem with the women and adolescent girls in the districts. They are provided help with regard to sexual and reproductive health along with substance abuse, and violence related issues.
- ❖ Facility was found very clean and well-organised. IEC Materials were also found to be good at the facility. DWH was a Kayakalp Awarded Facility for the year 2020-21 with the 78% score.
- ❖ The labour room was clean, with shoe covers, slippers masks and head cover are readily available outside.
- ❖ DWH does not have Quality Manager who can take care of programmes related to Quality Assurance like LaQshya, NQAS etc.
- ❖ Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc were well maintained and updated.
- ❖ Proper colour coded bins were available and the BMW is being outsourced on daily basis wherein the tender is given to synergy company.
- ❖ An Oxygen plant is being installed in the vicinity of the DWH from the PM Care Fund.
- ❖ For the sweeper class worker, the staff of the facility declare “*Worker of the Month*” and motivate them by giving a small token of amount and gift. This is indeed a very good practice followed by the facility as the 4<sup>th</sup> class workers play a pivotal role in keeping the facility extremely clean on a regular basis. Also, on the day of visits, the facility was extremely well maintained and cleanliness was visible in each of the rooms.
- ❖ Very few maternal deaths have been reported at the facility (2019-20:04 and 2020-21:03) and the major cause of the deaths were beneficiaries were severe anaemic, followed by high Blood Pressure, or Cardiac issue.
- ❖ Whereas, the number of child deaths were more in the previous year 2019-20 as compared to the current year i.e.,2020-21. The decline in deaths were visible i.e., from 180 to 157 child deaths respectively.
- ❖ In the last one month,10 sterilizations have been performed and female sterilization is the most preferred method
- ❖ The total number of adolescents counselled in the last 6 months stands at 3141 which is managed by the FP counsellor.
- ❖ In the last one month, a total of 71 cases have been referred from CHC, PHC, and SC to the DH where the referrals have been made by the respective facilities. The type of cases referred in was for ANC check-ups. However, 20 cases have been referred out from the same month
- ❖ The total fund received last year was Rs.27948087 of which Rs.30513127 have been utilized by the facility for the same.

## 4.2 Community Health Centre, B.B. Nagar



Figure 12:Community Health Centre,B.B Nagar

The community health centre at B.B.Nagar was an outstanding facility. The medical officer in-charge was very proactive and as a result of his leadership, the hospital was performing efficiently and smoothly. Following are the observations of the team:

- ❖ The building was very well maintained and clean. Regular cleaning was done of the wards and toilets. The wards were well lit and well painted. The facility had 24\*7 running water facility and sufficient sitting arrangement was also available for patients.
- ❖ The services available at the facility were OPD, AYUSH OPD, X-ray, ANC, PNC, TB, family planning services etc.In addition to the services available at the facility some of the specialized services available at the facility are:Medicine,O&G, and dental
- ❖ Besides these, COVID Vaccine drive was also running in a proper and efficient manner in two separate rooms where both the types of the vaccines being available.
- ❖ As per the IPHS norms, the CHC should be a 30-bedded facility but it was reported that the it is a 22-bedded facility and the only delivery point.
- ❖ The average OPD load is 250 per day however, the facility has observed a decline in the average of OPD, earlier it was 350 cases.
- ❖ With respect to manpower, the facility has 3 MO's,3,SNs/ANMs,1 LT,2 regular pharmacists, and 1 dental assistant.
- ❖ Infrastructure wise the hospital was decently equipped with basic sterilization equipment's, lab test equipment's etc.
- ❖ X-Ray machine is available at the facility and reports were provided online by third party partner named "Krishna Diagnostic".
- ❖ In 2020-21,the facility is a kayakalp awardee facility with a score of 78.3 and the award money that was received is Rs.1 lakh.
- ❖ With regards to essential drugs the facility has a total of 158 drugs however as such no EDL was displayed in the OPD area as observed during the visits. There was a shortage of 3 drugs as mentioned in the checklist.
- ❖ There were in-house tests performed which was carried from 8:00 AM to 2:00 PM. However, in winters the timings get shifted from 10:00 AM to 4 PM in the evening.

The total number of tests performed per day was reported to be 100 tests and various tests are being performed such as HIV,RT-PCR, Syphilis etc.

- ❖ The number of normal deliveries performed in last month were 105-110 per month. However, no JSSK diet is being provided as such, only tea and biscuits are being offered to the mother post the delivery.
- ❖ Bleak cases of maternal deaths have been cited in both the years i.e., previous year and current year as well with 01 in the former and 02 deaths in the latter year. Moreover, no cases of child death have been reported as such.
- ❖ Breast feeding practices were quite noteworthy, as it was initiated within the 1st hour of birth.
- ❖ The new-borns immunized with birth dose at the facility in the last 3 months stands at 256.
- ❖ Talking about sterilizations, in the last one month 12 female sterilizations have been done. This is quite evident that, as such no male sterilizations have been conducted and there is a need to generate awareness of the same.
- ❖ No counsellor is available at the facility for family planning,instead the lady health visitor counsels.
- ❖ FPLMIS has been implemented in the facility.
- ❖ With regards to Non-communicable diseases,as such no day has been fixed for NCD clinic resulting to which no one has been screened in the last 6 months.
- ❖ The facility has a designated microscopy centre (DMC) and on an average 7 positive samples were tested for TB.
- ❖ In case of leprosy cases in the last 12 months,4 cases have been reported for having group-2 deformity.
- ❖ All the record were well maintained w.r.t., TB treatment card,TB notification registers, and leprosy cases.
- ❖ In the last month 4 cases were referred from the facility to the district hospital and the cases being of gynaecologist.
- ❖ The facility is situated in a huge campus for which the CHC building could be utilized more and can be expanded with the number of beds and other services like emergency wards etc.
- ❖ Interestingly, the facility has dedicated Covid-19 ward with Oxygen Concentrator.
- ❖ Covid 19 Vaccine Drive is remarkably faring very well, and they have a dedicated Fridge for the Covid Vaccines and response rate is also excellent in the district.
- ❖ Very frequent cases of Hepatitis C were reported in the facility but due to un-availability of testing kit and treatment procedure/ medicines in the district they directly refer to Meerut Medical college.
- ❖ On interaction with the beneficiaries, they were thoroughly satisfied with the services being rendered from CHC B.B.Nagar and their only concern was shortage of staff. As the entire burden lies on the MOIC. If there is an increase in the staff, there will be a balance between both the demand and supply.

#### 4.3 Primary Health Centre (HWC), Saidpur, B.B.Nagar



**Figure 13:**Primary Health Centre-Health and Wellness Centre,Saidpur,B.B Nagar

PHC-HWC,Saidpur is located almost 07 kilometres from the CHC,B.B Nagar.About 11 villages fall under this purview. This has updated to become a Health and Wellness Centre (HWC). The Medical Officer was on duty and was very proactive.

- ❖ The PHC was easily accessible from the main road and was not in a well-maintained government building. The structure of the building is extremely small and shady. Situated around broken old facility buildings, dense grass and bushes and due to this facility have a serious threat of snakes, scorpions and other dangerous animals.
- ❖ There is continuous water supply along with electricity back up.
- ❖ There was only one toilet for men and women but it was maintained nicely.
- ❖ No deliveries were being conducted at the facility and hence, was referred to CHC B.B Nagar.
- ❖ The facility has only 4 beds which is extremely less than the IPHS norms.
- ❖ Before the pandemic, the average number OPD used to range between 60-80 cases.
- ❖ Despite the facility has been given the status of HWCs but it is not working properly and fulfilling the needs as bare minimum of what PHCs have to be done.
- ❖ The façade branding was also not upto the guidelines issued by the centre.
- ❖ Tele-medicine services were available and on an average 2 cases per day are being consulted for the same.
- ❖ All the IT related services are available at the facility with good internet connectivity.
- ❖ A total of 50 drugs are available in the EDL of which on the day of the visit 42 drugs were available.The drugs such as Metformin,Amlodipine,andGulivipride drugs were available for Hypertension and diabetes.
- ❖ Various In-house tests are being performed such as Hb,Blood sugar,Malaria,HIV,Urine Albmun,CBC,Sputum,COVID-19 RT-PCR tests.
- ❖ 15 number of new-borns have been immunized with birth dose at the facility in the last 3 months respectively.
- ❖ The facility has a fixed day for NCD clinic and in a week 6 days the clinic is being operated

- ❖ The maximum number of cases that were confirmed after screening are of hypertension i.e.,60 followed by diabetes with 50 cases. No cases were screened for oral, breast, and cervical cancer.
- ❖ Yoga activities are also being conducted 2-3 times in a month.
- ❖ MO has completed the HWC training and is aware of all the services provided at the HWC-PHC.
- ❖ Skin problem was the major illness reported at the facility, and it is due to the lack of hygiene practices followed by the people as majorly they are working in muddy field.

#### 4.4 Sub-Centre (HWC), Madonna, B.B Nagar



**Figure 14:**Sub-Centre Health and Wellness Centres,Madonna

Following are the observations made during the visit:

- ❖ The sub-centre was located far away and it was not easily accessible. However, the building was clean and well maintained.
- ❖ The next referral point from this facility is PHC Saidpur which is located 4 kms from the SC.
- ❖ The services available at the SC-HWC are maternal, child health, ANC services, telemedicines etc.
- ❖ It was observed that the facility is geriatric and disability friendly, toilet was available but not operational.
- ❖ HWC had Submersible pump for water facility and it was installed by the Gram panchayat fund at all the SC-HWC.
- ❖ The branding was also not up to the mark and as per the guidelines that have been issued.
- ❖ No electricity connection was there and on the day of visit it was reported that the district official had requested at the electricity department for the connection.
- ❖ There was 1 ANM and 3 ASHAs at this SC-HWC.
- ❖ With respect to IT services, CHOs and ASHAs had functional tablets and smartphones with them with good internet connectivity.
- ❖ All the drugs were available in the list and on the day of the visit.
- ❖ There was availability of BP instrument which is digital in nature, thermometer, ample contraceptives such as condoms, EC pills etc ,and glucometer.

- ❖ The number of population who are above 30 years of age in the HWC population are 2000. Of which 600, CBAC forms have been filled in the last 6 months.
- ❖ The maximum number of cases that were confirmed after screening were majorly in hypertension (22 cases) followed by diabetes (18 cases), and no cases were confirmed from all the three types of cancer.
- ❖ The status of tuberculosis in the area in the last 2 years were that 3 cases were identified in both the years. Of which 2 cases were referred for testing in the year 2019-20 and 1 case was referred in the year 2020-21. Moreover, 2 patients are seeking treatment under the SC in 2019-20 and 3 patients were treating for the same in the year 2020-21.
- ❖ In total 12 cases were referred to the PHC Saidpur in the last month for TB, diabetes, and hypertension.
- ❖ Untied Fund was fully utilised for the last financial year 2020-21.
- ❖ It was found that, the bio medical waste was burned at the gate of SC instead of burring them to burial pit.

#### 4.5 Community Health Centre, Siyana



Figure 15: Community Health Centre, Siyana

The facility is situated in the main city area and was easily accessible by everyone. It was functioning in a government building and is a 30 bedded facility. The observations made by the monitoring team during the facility visit are listed below:

- ❖ The building of the facility was running smoothly with all the essential amenities such as having 24-hour water supply, backed with electricity connection. There was proper waiting area and sitting arrangement was also ample for the public.
- ❖ The services available at the facility are OPD, AYUSH, ANC, Lab, X-ray facilities, Immunization, family planning, Ayushman, PMSMA, birth certificates etc.
- ❖ In addition to these services some other services are also available in the facility such as ophthalmology, dental, and newborn stabilization unit as well. Tele-medicine consultation service is also available and an average of 1-2 cases arrive per day.
- ❖ No blood storage unit is available in the said facility.
- ❖ The facility has 1 MO, 1 dentist, 8 SN's (01-Regular and 07-contractual), 1 LT, 02 Pharmacists, and 1 Dental assistant.

- ❖ With regards to IT services, there are desktops available with proper internet connectivity.
- ❖ A total of 115 drugs are available of which 60 drugs were present on the day of visit. The top 5 shortage of drugs are Syrup metrodazole, vitamin k, CPM, Dicofernc, Norflox-400.
- ❖ The total number of tests performed in-house are 5378 and various tests have been taken care of such as ANC, Sputum, Malaria, typhoid. Whereas, in case of outsource/PPP tests only ultrasound facility is been undertaken and 84 tests have been performed.
- ❖ A total of 145 normal deliveries have been performed in last month and no c-section has been performed.
- ❖ With respect to the status of JSY payments, 85% of the payments have been done. However, the remaining 15 percent is still remaining due to incomplete bank details and documents given by the beneficiaries. The facility has no provision of JSSK diet at the facility.
- ❖ On 9<sup>th</sup> of every month the PMSMA activities are being provided by the facility as to identify the high risks by detecting anemic patients and providing IFA tablets for the same.
- ❖ It was reported by the facility that a new dental chair needs to be installed as it is broken, endomotor for RCT and dental X-ray machine.
- ❖ Proper registers were maintained in the facility.
- ❖ No maternal and child deaths have been reported at the facility in both the years i.e., 2019-20 and 2020-21.
- ❖ In last one month, 5 female sterilizations have been performed in the facility.
- ❖ The block has majority of the cases of diabetes than hypertension when screened. The confirmed number of cases of diabetes are 890 and that of hypertension are 348.
- ❖ The fund received last year was Rs.915963 of which a major portion of fund was utilized in various activities with Rs.652711 utilization of fund.
- ❖ There is a Separate COVID-19 ward with oxygen concentrator and 2 ventilators have been received from PM Care funds
- ❖ On the day of visit, the personnel of the facility have reported that AYUSH medicines were not given from the very long time and supply is also not coming at the facility. But AYUSH OPD is reported regularly in the HMIS which altogether gives a different picture with respect to AYUSH.
- ❖ Facility has dedicated Cold Chain for child vaccines and Covid Vaccines.

#### 4.6 Urban-Primary Health Centre-Health and Wellness Centres (UPHC-HWC), Bugrasi

**Figure 16:**UPHC-HWC,Bugrasi



UPHC-HWC,Bugrasi is located almost 15 kilometres from the CHC,Siyana. About 4 villages fall under this purview. This has updated to become a Health and Wellness Centre (HWC). Following are the key highlights of the facility:

- ❖ The number of functional in-patient beds available are 5 which is less than the IPHS norms.
- ❖ The services available at facility are OPD,family planning,deliveries are too being conducted.This is the only PHC wherein deliveries are being conducted after CHC in the block.
- ❖ The bio-medical waste management is done
- ❖ There is 1 MO,1 MO(AYUSH),1 ANM,1 Pharmacist,1 LHV,and 2 other posts.
- ❖ The number of drugs available on the day of the visit in the facility stands at 16.As such no shortage of priority drugs were mentioned.
- ❖ There is sufficient supply of essential consumables in the facility and in the last 6 months there was no shortage for the same.
- ❖ However,there is a shortage of boiler in the facility as it was reported.
- ❖ The labour room was extremely neat and clean with a functional new-born care corner having a radiant warmer with ambu-bag.
- ❖ On an average 2 deliveries are being conducted and the payment status of JSY is 100 percent.In the last 3 months,only 3 deliveries have been conducted.
- ❖ No maternal and child deaths have been reported in the facility in the last 2 years.
- ❖ The lady health visitor counsels the family planning services and no sterilizations have been performed.
- ❖ In the last 6 months,22 individuals have been confirmed for diabetes whereas 19 cases were confirmed for hypertension.
- ❖ The facility has completed the population enumeration for slum population.
- ❖ In total,8 Urban Health Nutrition Days have been conducted.
- ❖ It is recommended that the facility can be utilised for Family planning methods because facility has a good infrastructure and can be utilized in an efficient manner.
- ❖ Facility has an herbal garden and very clean premises.
- ❖ Facility has given a HWC status but due to staff shortage only Delivery facility and OPD services are available.

#### 4.7 Sub-Centre Health and Wellness Centre, Jalalpur



Figure 17: SC-HWC, Jalalpur

The SC Jalalpur has been given the status of Health and Wellness Centres. Following are the key highlights of the facility visited

- ❖ The sub-centre was located near the main road and was easily accessible. The building was clean and well maintained.
- ❖ The facility didn't have water and electricity connection.
- ❖ The facility is armed by 1 CHO, 1 ANM, and 6 ASHA workers.
- ❖ The CHOs didn't have a functional tablet for data feeding in the HWC portal and managed through her personal phone.
- ❖ A total of 10 drugs were available of which during the visit it was reported that only 5 drugs were available. There was shortage of calcium tablets at the facility.
- ❖ All the essential instruments were available at the facility such as thermometer, BP instrument, contraceptives, and glucometer.
- ❖ There was micro-plan for immunization and it was verified as well on the day of visit.
- ❖ However, nothing has been started with regards to screening of HWC population as the CHO was recently posted and thereafter she was deployed in the COVID-19 duty.
- ❖ Teleconsultation services have been started and majorly the cases that are being observed by the CHO are skin issues, fever, abdomen pain etc.
- ❖ ASHAs have their HBNC kits with them and drug kits are also readily available with all the essential medicines in it.
- ❖ ASHAs are very well aware about the incentives being given under NTEP and Nikshay Poshan Yojana as such no delay has been reported also.
- ❖ In the last 6 months, 6-7 village and sanitation days have been conducted so far.
- ❖ The availability of ambulance service is being called through CHC Siyana directly.

#### 4.8 Perception by the Community Members

During our field visits, we had conducted dedicated focus group discussions with community members in each block i.e., Siyana and B.B. Nagar. In block Sayana, we conducted one FGD at Jalalpur village and whereas, in BB Nagar the FGD was organized at Benipur village. The main purpose was to get valuable insights from the community members and to capture the challenges faced by them while availing the public health facilities and how better the services can be provided.

**Table 13:** Background Profile of FGDs Participants at Benipur Village, BB Nagar

S. No.	ID	Age	Sex	Marital Status	Caste	Health Services Currently Available	Frontline Worker /Beneficiary	Catchment Area
1	ID1	32	F	Married	General	-	Beneficiary	-
2	ID2	18	F	Married	OBC	-	Beneficiary	-
3	ID3	40	F	Married	SC	-	ASHA	Benipur
4	ID4	58	F	Married	General	Liver Problem	AWW	Benipur
5	ID5	65	F	Married	OBC	Diabetes	Beneficiary	-
6	ID6	32	F	Married	SC	-	Beneficiary	-
7	ID7	37	F	Married	SC	-	Beneficiary	-
8	ID8	30	F	Married	General	Seasonal	Beneficiary	-
9	ID9	60	F	Married	OBC	-	Beneficiary	-
10	ID10	36	F	Married	OBC	-	Beneficiary	-
11	ID11	26	F	Married	OBC	-	Beneficiary	-
12	ID12	70	F	Widow	OBC	-	Beneficiary	-

*F stands for Female*

The table-13 presented above demonstrates the background profile of all the community members participated in FGDs of Benipur village of B.B.Nagar. A total of 12 members have participated in the group, which comprises of 10 beneficiaries and 2 frontline workers i.e., ASHA and AWW. Out of all beneficiaries, 3 belonged from general category, 6 from OBC category and 3 from SC category. Mostly all the participants were married women of various age groups ranging from 18-70 years of age.



**Figure 18:** Community interaction at Benipur Village, B.B Nagar Block

Whereas, on the other hand the background profile of FGD's participants in Jalalpur Village of Siyana Block is shown below in table-(XX). The group included 9 members comprising of five frontline workers (ASHAs & AWWs) and four beneficiaries. Out of the four beneficiaries, three were from SC category and one from general category. As it is observed from the table that, three were currently pregnant and are availing ANC services from CHC Siyana. All three women were first time pregnant. In the group, three ASHAs and AWW were from the same village. The participants of the FGDs varied across different age groups i.e., from 21-50 years of age.

**Table 14:** Background Profile of FGDs Participants at Jalalpur Village, Siyana Block

Sr. No.	ID	Age	Sex	Marital Status	Caste	Health Services Currently Available	Frontline Worker /Beneficiary	Catchment Area
1	ID1	21	F	Married	SC	Pregnant	Beneficiary	9 villages Jalalpur Jalalpur Jalalpur Jalalpur
2	ID2	21	F	Married	SC	Pregnant	Beneficiary	
3	ID3	25	F	Married	SC	Pregnant	Beneficiary	
4	ID4	30	F	Married	Gen	Leg Pain	Beneficiary	
5	ID5	50	F	Married	Gen		Sangini	
6	ID6	45	F	Married	OBC		AWW	
7	ID7	38	F	Married	SC		ASHA	
8	ID8	32	F	Married	SC		ASHA	
9	ID9	28	F	Married	OBC		ASHA	

*F stands for Female*



**Figure 19:** Community interaction at Jalalpur Village, Siyana Block

The table-14 shown below highlights the lifestyle and living conditions of both the blocks. During the FGDs conducted in the respective blocks, the participants have highlighted that, the use of tobacco and alcohol is very much prevalent, however it is only among the adult males. In B.B Nagar, the participants have reported that use of Bhang and Ganja as well and it is increasing among adults in the village.

There is huge drinking water problem in B.B Nagar. Due to polluted water the cases of Hepatitis C are increasing among the community members. For majority, the main source of drinking water in B.B Nagar are hand pumps and submersibles. Very few households have installed RO water purifier in their homes. However, no such problem was reported in Siyana block.

Whereas, on hygiene and sanitation front almost all household have in-home toilets in both the blocks, so ODF is very rare in both the blocks. However in B.B Nagar block it was mentioned that few households use community toilets, which reportedly have dilapidated infrastructure. Besides this, the toilets that were constructed under the scheme was just for the sake of it and no proper construction was done.

**Table 15:** Lifestyle and Living Condition of Community members of B.B Nagar and Siyana Block

	B.B Nagar	Siyana
Tobacco, Alcohol Abuse	Use of Tobacco is very prevalent across all age group of male population, Alcohol abuse is higher among adult male, consumption of bhang and weed is increasing among males	Use of Tobacco and alcohol is prevalent among adult males.
Drinking Water	Huge drinking water problem, due to unclean water Hepatitis C cases are very prevalent Source of drinking water very few houses have RO , others use water from hand pumps and submersible,	No problem of drinking water as such, source of drinking water hand pump.
Hygiene and Sanitation	Majority Households have in-home toilet facility and rest use government made toilets but it's not properly built	Majority Households have toilets.
ODF Status	Negligible	Very Rare

**Table 16:** Access to Health Services

	BB Nagar	Sayana
Drugs	Drugs for Fever, cold, MCH and TB are available. Drugs for Hepatitis and other illnesses are not available at CHC	Mostly drugs are available at CHC and PHC level
Diagnostic	No diagnostics available at CHC or PHC for Hepatitis and other prevalent chronic illnesses and NCDs	No diagnostics for NCDs available at CHC and PHC level, x-ray machine also not functional. Therefore most beneficiary pay private diagnostic services
Referral Transport (102, 108)	Ambulance is available on call, sometimes if 108 is not free they send 102	The waiting time for ambulance is high which is sometimes 2 hrs. ASHA workers reported that sometimes due to delay in ambulance deliveries happened at home.

The table above captures the access to health services in both the blocks. As it was reported that mostly drugs were available for seasonal illnesses (fever, cold) at both the CHC's and as such no problems were being faced for the same.

However, there is no diagnostic facility available at CHC/PHC for Hepatitis and other prevalent chronic illness. Further in Siyana block x-ray machine was not functional. As reported by ASHAs and beneficiary in Siyana, the Ambulance service is also not up to the mark. There is huge waiting time for 108 ambulances, due to which the delivery happens at home after long hours of wait of ambulance.

**Table 17:** Availability of HR and Behaviour of Health Care Providers

	BB Nagar	Sayana
Medical Staff	Available medical staff at CHC BB Nagar is good but insufficient staff and long waiting time	Quality of care by doctors is good.
Paramedical Staff		In many cases staff nurse ask women to give money after delivery (which is not voluntary from beneficiary side).
Coverage, Knowledge of Frontline Workers (ASHAs)	ASHAs visit door to door for family planning, counseling and referral of pregnant women, take for screening of TB and other sicknesses ASHAs are easily approachable by community.	ASHAs visit door to door for family planning, counseling and referral of pregnant women, take for screening of TB and other sicknesses ASHAs are easily approachable by community.

Participants have highlighted that in B.B Nagar, the available staff is good and does all the check up properly, however there is shortage of staff due to which there are long waiting time at CHC. Further, for most medical facilities are not available at PHC, hence mostly people prefer and have no option but visit CHC B.B Nagar.

Whereas, on the contrary, in Siyana block, the beneficiaries have reported that the staff nurse ask for shagun money after delivery, for which in many cases it is unaffordable for women. This practice discourages economically poor women to go for institutional delivery.

ASHAs are easily approachable by community members in both the blocks. Participants have reported that the ASHAs come for regular visit and also help in referral of pregnant women. ASHAs in both the blocks have reported that they go door to door for delivery of family planning services, take suspected case for TB screening at CHC and pregnant women for ANC check-ups.

**Table 18:** Health Seeking Behaviour of Community

	BB Nagar	Sayana
Public or Private	For chronic illness prefer private facility (Diabetes, Hepatitis), for emergency services burn, accidents prefer private facility (Meerut, Ghaziabad), for seasonal sickness (fever, cold and diarrhea, itching etc.) seek health services at BB Nagar CHC, for injuries and fractures CHC BB Nagar	Mostly beneficiary go to public health facilities PHC for fungal infections, cold, fever and pain. For Injuries and delivery go to Sayana CHC. Normal deliveries also conducted at sub-center level in sayana block. However no delivery conducted at
Reasons for Same	For chronic illness no diagnostics and drugs are not available at CHC, therefore they have to pay for same.	
Prevalent Diseases	Hepatitis C	Leg Pain, Itching and Fungal Infection
Child Care	In most cases go to BB Nagar CHC ASHAs take along pregnant women at CHC for ante-natal check up at every 9th of the month. For Delivery BB Nagar CHC, because no delivery facility available at PHC. Women get discharge	Go to Sayana CHC
Maternal Health		Go to Sayana CHC, Sub-center, no delivery facility available at PHC level

	from health facility after 24 hours after delivery.	
Adolescent Health	Distribution of sanitary pads by ASHAs, no use of rags and clothes among adolescent girls, counseling by ASHAs, distribution of IFA	Distribution of sanitary pads by ASHAs, no use of rags and clothes among adolescent girls, counseling by ASHAs, door to door distribution of IFA tablets
Family Planning	Condom is most preferred method in community. Male sterilization is very low (negligible). Women sterilization is popular limiting method. High dropout after first dose of Antara because of fear of side effects.	F sterilization is also reported by PHC staff, but it's not very popular. Among other methods condoms and Antara also preferred by users.
NCDs	Mostly Beneficiary Prefer Private facility , because no diagnostics facility available at CHC.	Go to CHC Sayana, No diagnostic available at CHC
Leprosy and TB Screening	ASHA refer beneficiaries for TB screening at BB Nagar CHC, majority beneficiary seek treatment for TB at CHC BB Nagar, No Leprosy Cases	ASHA refer beneficiaries for TB screening at Sayana CHC, majority beneficiary seek treatment for TB at CHC , No Leprosy Cases reported in the community.
Malaria, Dengue, Kala Azar, Chikungunia, JE, Rabies	CHC BB Nagar, Most of drugs & are available for free	People prefer to go to PHC for treatment of fever. Most of the drugs are available for free.
Eye ailment (cataract)	For consultation go to BB Nagar CHC but for surgery go to private facility in Meerut	
Dental	Go to BB Nagar CHC	

In BB Nagar FGDs participants reported that for seasonal sicknesses (fever, cold, and diarrhea, itching etc.). Mostly beneficiaries prefer public facility for primary consultation, however, for long term treatment of illness they prefer to go to nearby (Meerut, Ghaziabad) private health facility. The reasons for not preferring public health facility for chronic disease are lack of diagnostics at CHC. Due to unavailability of diagnostics and drugs, beneficiaries have to pay for the same even if they consult in public health facility. The prevalent disease reported at BB Nagar block is Hepatitis C and in Siyana is fungal infection. However, there is no diagnostic of Hepatitis C is available at CHC BB Nagar, therefore most participants reported being treated from private doctors .

For child care and immunization most beneficiaries go to public health facility. For ANC, pregnant women go to respective CHC, mostly referred by ASHAs. In BB Nagar block there is no delivery point at PHC, so beneficiaries go to BB Nagar CHC for delivery. The 108 ambulance facility is mostly on time in BB Nagar as reported by beneficiaries, however in Siyana block beneficiaries reported longer waiting time for ambulance. Most of beneficiaries reported that post delivery they get discharge from facility after 24 hours and there is no food given to women during their stay at health facility.

ASHAs reported that they visit door to door for counseling of adolescent girls related to sexual and reproductive wellness. IFA tablets and sanitary pads also distributed to girls through door to door visits by ASHAs.

For NCDs mostly beneficiaries prefer private health facility because due to unavailability of diagnostic at CHC/PHC, they have to pay for it even after consulting at public health facility. Therefore, beneficiaries prefer to go to private facility. ASHAs refer susceptible cases of TB to CHC for screening. Mostly beneficiaries reported getting treated for TB at CHC in both the

blocks. ASHAs and beneficiary reported that there are no cases of leprosy in their community. Mostly beneficiary receive primary consultation for cataract at CHC, however for surgery they prefer private facility.

Based on community interaction the PIP team identified following key health challenges in the both the blocks:

- ❖ There is no delivery point at PHC and SC in BB Nagar. All delivery loads were referred to CHC BB Nagar. In Siyana block, there is delivery point at sub-center, however no delivery facility was available at PHC. For pregnant woman, there are long travels time to health facility for delivery. Further, in Siyana block, the beneficiaries have reported that 108 ambulances are also not on time in many cases, resulting into home deliveries.
- ❖ There is huge shortage of LT staff in both the blocks, due to which many diagnostic facilities are not available at CHC/PHC. As reported by beneficiaries' diagnostic expenses make big part of out-of-pocket expenditure in both the blocks.
- ❖ There is no ultrasound facility available at CHC/PHC, pregnant women have to travel to DH for same, which is long distance to cover for majority beneficiaries.

## **5. DISCUSSION AND RECOMMENDATIONS**

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team was expected to carry out the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Bulandshahr District of Uttar Pradesh.

The following healthcare facilities in Bulandshahr were visited for Monitoring & Evaluation: District Women Hospital Bulandshahr, 2 CHCs one in B.B.Nagar and the other one in Siyana Block, PHC-HWC Saidpur and an UPHC-HWC Bugraisi and 2 SC's which were transformed into HWCs i.e., Jalalpur and Madonna. Besides visiting the facilities the team had interacted with the beneficiaries and conducted 2 FGD's in separate villages of the respect block i.e., Benipur Village of B.B Nagar and Jalalpur Village of Siyana block. A summary of our findings in the district is presented below:

The district has 2 DH, 2 SDH, 12 CHCs, 61 rural and 8 urban PHCs and 344 SCs. With respect to transport, the district is equipped with 81 BLS and 4 ALS ambulances. No mobile medical units are also available in the district. There is a vacancy for Medical Officers, Surgeons, Radiologists, MPW (Male), Paediatrician, Radiographer. However, the least number of vacant posts was observed for Staff Nurses, CHOs, and ANMs.

After the roll out of NHM the district certainly had improved a lot. This was most visible on the maternal health front, wherein institutional deliveries had gone up drastically. NHM programmes also fuelled behaviour change in the common public who became aware of their rights. Quality of care had improved after proper infrastructure was built. However as mentioned by the officials that there much to be done in this regard but due to COVID there has been a diversion in some of the activities. It was cited by many health personnel that to manage the patient load there should be adequate infrastructure and manpower to handle the increasing load and crisis. Shortage of Human Resource led to delays in some major developments in the hospital.

It is important to note that the IECs were displayed in all facilities for timings of the facility, drug list, immunization, JSY, JSSK and many others. Colorful charts representing facility's monthly performance for immunisation and IUCD insertions were also displayed at the visited facilities.

On interaction with the community members various valuable insights were delivered from their end with respect to service delivery, their lifestyle practices, out-of-pocket expenditure was incurred as diagnostic services were not available resulting to which they had to go to private facilities.

Based on the monitoring the following recommendations for improving the service delivery in the district are made:

- ❖ Facility based care for the sick new born must be strengthened with an 8 bedded facility at times it becomes difficult to manage when the delivery load is more. An investment in child health infrastructure will be an essential boost to the overall public health infrastructure in the district.
- ❖ Provision of JSSK diet should be given at CHC/PHC level where deliveries are being conducted as this way it eliminates the overall purpose of the scheme.
- ❖ Due to shortage of manpower in the district, delivery points are made available either at DH level or CHC level. The reason being due to acute shortage of manpower the cases are being referred to the higher facilities. Hence, it is recommended that delivery facility should be carried at primary levels so that the burden can be shared on all levels. Delivery facility can also be created at the SC level by giving SBA training to the ANMs. Further, unavailability of proximate delivery point at times discourages women for institutional delivery.
- ❖ As there is severe shortage of LT/LA in the district, there should be hiring of LTs/LAs as it would serve the twin purpose for RT-PCR and daily sputum collection. Besides this, it is required to stop the diversion of beneficiaries to private health facilities and reduce out of pocket expenditure on diagnostics services.
- ❖ At Community level interaction in B.B Nagar Block it was reported that the cases of Hepatitis C is very prevalent in the few villages in the block and district does not have testing kits and treatment medicines for Hepatitis C. Therefore, it is suggested that district should organise a Special camp for screening of Hepatitis C in the selected villages where the diseases are prevalent so that refer patients as soon as possible where disease can cure
- ❖ Before handing over the Health and Wellness Centers to the respective SHC's/PHCs it is advised that a proper "Gap-Analysis" of infrastructure should be carried out so that the implementation of HWC will be easier. During the visits, it was observed that in district proper façade branding was not displayed in the visited HWCs. Hence, the HWC should have all the basic amenities in the infrastructure such as electricity and proper branding should be done. Penalty should be imposed either by the state or the centre for the lacks observed in the HWCs.
- ❖ Recently, it has been announced that "Kayakalp Award" will be implemented at the Health and Wellness Centres so it advised that infrastructure and branding should be done as per the guidelines. In addition, plenty of space was observed in majority of the HWCs that can be utilized by adopting innovative practices like planting of herbal

garden. As this will improve the overall status of the Primary Health Care services in the rural settings of India.

- ❖ Multiple training programmes are not helpful as the retention among ASHAs and ANMs is less. The focus should be more on capacity building than just simple training.
- ❖ Regulatory visits by CMO, DPM, etc. to guarantee adherence to the standards and norms with respect to various activities. This will bring the existing gaps to the surface and also restructure the redressal system

## Annexures



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



### Schedule for PIP Monitoring

#### A. District Profile

Indicator	Remarks/ Observation
1. Name of District	
2. Total number of Blocks	
3. Total number of Villages	
4. Total Population	
• Rural population	
• Urban population	
5. Literacy rate	
6. Sex Ratio	
7. Sex ratio at birth	
8. Population Density	
9. Estimated number of deliveries	

10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year				
15. Estimated number of cataract surgeries to be conducted				
<b>16. Mortality Indicators:</b>	<b>Previous year (2019-20)</b>		<b>Current FY (2020-21)</b>	
	<b>Estimated</b>	<b>Reported</b>	<b>Estimated</b>	<b>Reported</b>
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
<b>17. Facility Details</b>	<b>Sanctioned/ Planned</b>		<b>Operational</b>	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Center (DEIC)				
11. First Referral Units (FRU)				
12. Blood Bank				
13. Blood Storage Unit (BSU)				
14. No. of PHC converted to HWC				
15. No. of U-PHC converted to HWC				
16. Number of Sub Centre converted to HWC				
17. Designated Microscopy Center (DMC)				
18. Tuberculosis Units (TUs)				
19. CBNAAT/TruNat Sites				
20. Drug Resistant TB Centres				
21. Functional Non-Communicable Diseases (NCD) clinic				
• At DH				
• At SDH				
• At CHC				
22. Institutions providing Comprehensive Abortion Care (CAC) services				
• Total no. of facilities				
• Providing 1st trimester services				
• Providing both 1st & 2nd trimester services				

## B. Overview: DHAP

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release_____
3. Date of first release of fund against DHAP	
4. Infrastructure: Construction Status	
<ul style="list-style-type: none"> <li>• Details of Construction pending for more than 2 years</li> </ul>	
<ul style="list-style-type: none"> <li>• Details of Construction completed but not handed over</li> </ul>	

## C. Service Availability

Indicator	Remarks/ Observation
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"> <li>• Number of lab tests notified</li> </ul>	
3. Status of delivery points	
<ul style="list-style-type: none"> <li>• No. of SCs conducting &gt;3 deliveries/month</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of 24X7 PHCs conducting &gt; 10 deliveries /month</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of CHCs conducting &gt; 20 deliveries /month</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of DH/ District Women and child hospital conducting &gt; 50 deliveries /month</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of DH/ District Women and child hospital conducting C-section</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of Medical colleges conducting &gt; 50 deliveries per month</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of Medical colleges conducting C-section</li> </ul>	
4. Number of institutes with ultrasound facilities (Public+Private) <ul style="list-style-type: none"> <li>• Of these, how many are registered under PCPNDT act</li> </ul>	
5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed	
6. RBSK	
<ul style="list-style-type: none"> <li>• Total no. of RBSK teams sanctioned</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of teams with all HR in-place (full-team)</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of vehicles (on the road) for RBSK team</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of Teams per Block</li> </ul>	
<ul style="list-style-type: none"> <li>• No. of block/s without dedicated teams</li> </ul>	
<ul style="list-style-type: none"> <li>• Average no of children screened per day per team</li> </ul>	
<ul style="list-style-type: none"> <li>• Number of children born in delivery points screened for defects at birth</li> </ul>	

<b>Indicator</b>	<b>Remarks/ Observation</b>	
<b>7. Special Newborn Care Units (SNCU)</b>		
<ul style="list-style-type: none"> <li>• Total number of beds <ul style="list-style-type: none"> <li>○ In radiant warmer</li> <li>○ Stepdown care</li> <li>○ Kangaroo Mother Care (KMC) unit</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Number of non-functional radiant warmer for more than a week</li> </ul>		
<ul style="list-style-type: none"> <li>• Number of non-functional phototherapy unit for more than a week</li> </ul>		
	<b>Inborn</b>	<b>Out born</b>
<ul style="list-style-type: none"> <li>• Admission</li> </ul>		
<ul style="list-style-type: none"> <li>• Defects at birth</li> </ul>		
<ul style="list-style-type: none"> <li>• Discharged</li> </ul>		
<ul style="list-style-type: none"> <li>• Referral</li> </ul>		
<ul style="list-style-type: none"> <li>• LAMA</li> </ul>		
<ul style="list-style-type: none"> <li>• Died</li> </ul>		
<b>8. Newborn Stabilization Unit (NBSU)</b>		
	<b>Inborn</b>	<b>Out born</b>
<ul style="list-style-type: none"> <li>• Admission</li> </ul>		
<ul style="list-style-type: none"> <li>• Discharged</li> </ul>		
<ul style="list-style-type: none"> <li>• Referral</li> </ul>		
<ul style="list-style-type: none"> <li>• LAMA</li> </ul>		
<ul style="list-style-type: none"> <li>• Died</li> </ul>		
<b>9. Nutrition Rehabilitation Centers (NRC)</b>		
<ul style="list-style-type: none"> <li>• Admission <ul style="list-style-type: none"> <li>○ Bilateral pitting oedema</li> <li>○ MUAC&lt;115 mm</li> <li>○ &lt;'-3SD WFH</li> <li>○ with Diarrhea</li> <li>○ ARI/ Pneumonia</li> <li>○ TB</li> <li>○ HIV</li> <li>○ Fever</li> <li>○ Nutrition related disorder</li> <li>○ Others</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Referred by <ul style="list-style-type: none"> <li>○ Frontline worker</li> <li>○ Self</li> <li>○ Ref from VCDC/ CTC</li> <li>○ RBSK</li> <li>○ Pediatric ward/ emergency</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Discharged</li> </ul>		
<ul style="list-style-type: none"> <li>• Referral/ Medical transfer</li> </ul>		
<ul style="list-style-type: none"> <li>• LAMA</li> </ul>		
<ul style="list-style-type: none"> <li>• Died</li> </ul>		
<b>10. Home Based Newborn Care (HBNC)</b>		
<ul style="list-style-type: none"> <li>• Status of availability of HBNC kit with ASHAs</li> </ul>		
<ul style="list-style-type: none"> <li>• Newborns visited under HBNC</li> </ul>		
<ul style="list-style-type: none"> <li>• Status of availability of drug kit with ASHAs</li> </ul>		
<b>11. Number of Maternal Death Review conducted</b>		
<ul style="list-style-type: none"> <li>• Previous year</li> <li>• Current FY</li> </ul>		
<b>12. Number of Child Death Review conducted</b>		
<ul style="list-style-type: none"> <li>• Previous year</li> <li>• Current FY</li> </ul>		

Indicator	Remarks/ Observation	
13. Number of blocks covered under Peer Education (PE) programme		
14. No. of villages covered under PE programme		
15. No. of PE selected		
16. No. of Adolescent Friendly Clinic (AFC) meetings held		
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout		
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan		
<ul style="list-style-type: none"> <li>• No. of trips per MMU per month</li> </ul>		
<ul style="list-style-type: none"> <li>• No. of camps per MMU per month</li> </ul>		
<ul style="list-style-type: none"> <li>• No. of villages covered</li> </ul>		
<ul style="list-style-type: none"> <li>• Average number of OPD per MMU per month</li> </ul>		
<ul style="list-style-type: none"> <li>• Average no. of lab investigations per MMU per month</li> </ul>		
<ul style="list-style-type: none"> <li>• Avg. no. of X-ray investigations per MMU per month</li> </ul>		
<ul style="list-style-type: none"> <li>• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month</li> </ul>		
<ul style="list-style-type: none"> <li>• Avg. no. of sputum collected for TB detection per MMU per month</li> </ul>		
<ul style="list-style-type: none"> <li>• Average Number of patients referred to higher facilities</li> </ul>		
<ul style="list-style-type: none"> <li>• Payment pending (if any)</li> <li>• If yes, since when and reasons thereof</li> </ul>		
19. Vehicle for Referral Transport		
<ul style="list-style-type: none"> <li>• No. of Basic Life Support (BLS) (on the road) and their distribution</li> </ul>		
<ul style="list-style-type: none"> <li>• No. of Advanced Life Support (ALS) (on the road) and their distribution</li> </ul>		
	<b>ALS</b>	<b>BLS</b>
<ul style="list-style-type: none"> <li>○ Operational agency (State/ NGO/ PPP)</li> </ul>		
<ul style="list-style-type: none"> <li>○ If the ambulances are GPS fitted and handled through centralized call centre</li> </ul>		
<ul style="list-style-type: none"> <li>○ Average number of calls received per day</li> </ul>		
<ul style="list-style-type: none"> <li>○ Average number of trips per ambulance per day</li> </ul>		
<ul style="list-style-type: none"> <li>○ Average km travelled per ambulance per day</li> </ul>		
<ul style="list-style-type: none"> <li>○ Key reasons for low utilization (if any)</li> </ul>		
<ul style="list-style-type: none"> <li>• No. of transport vehicle/102 vehicle (on the road)</li> </ul>		
<ul style="list-style-type: none"> <li>○ If the vehicles are GPS fitted and handled through centralized call centre</li> </ul>		
<ul style="list-style-type: none"> <li>○ Average number of trips per ambulance per day</li> </ul>		
<ul style="list-style-type: none"> <li>○ Average km travelled per ambulance per day</li> </ul>		
<ul style="list-style-type: none"> <li>○ Key reasons for low utilization (if any)</li> </ul>		

Indicator	Remarks/ Observation		
20. Universal health screening			
<ul style="list-style-type: none"> <li>If conducted, what is the target population</li> </ul>			
<ul style="list-style-type: none"> <li>Number of Community Based Assessment Checklist (CBAC) forms filled till date</li> </ul>			
<ul style="list-style-type: none"> <li>No. of patients screened, diagnosed, and treated for:               <ul style="list-style-type: none"> <li>Hypertension</li> <li>Diabetes</li> <li>Oral cancer</li> <li>Breast Cancer</li> <li>Cervical cancer</li> </ul> </li> </ul>			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
<ul style="list-style-type: none"> <li>Whether call center and toll-free number available</li> </ul>			
<ul style="list-style-type: none"> <li>Percentage of complains resolved out of the total complains registered in current FY</li> </ul>			
23. If Mera-aaspatal has been implemented			
24. Payment status:	<b>No. of beneficiaries</b>	<b>Backlog</b>	<b>DBT status</b>
<ul style="list-style-type: none"> <li>JSY beneficiaries</li> </ul>			
<ul style="list-style-type: none"> <li>ASHA payment:</li> </ul>			
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>A- Routine and recurring at increased rate of Rs. 2000 pm</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>B- Incentive under NTEP</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>C- Incentives under NLEP</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)</li> </ul>			
<ul style="list-style-type: none"> <li>Patients incentive under NTEP programme</li> </ul>			
<ul style="list-style-type: none"> <li>Provider's incentive under NTEP programme</li> </ul>			
<ul style="list-style-type: none"> <li>FP compensation/ incentive</li> </ul>			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
<ul style="list-style-type: none"> <li>If Rapid Response Team constituted, what is the composition of the team</li> </ul>			
<ul style="list-style-type: none"> <li>No. of outbreaks investigated in previous year and in current FY</li> </ul>			
<ul style="list-style-type: none"> <li>How is IDSP data utilized</li> </ul>			
<ul style="list-style-type: none"> <li>Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP</li> </ul>			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
<ul style="list-style-type: none"> <li>Micro plan and macro plan available at district level</li> </ul>			
<ul style="list-style-type: none"> <li>Annual Blood Examination Rate</li> </ul>			
<ul style="list-style-type: none"> <li>Reason for increase/ decrease (trend of last 3 years to be seen)</li> </ul>			
<ul style="list-style-type: none"> <li>LLIN distribution status</li> </ul>			
<ul style="list-style-type: none"> <li>IRS</li> </ul>			
<ul style="list-style-type: none"> <li>Anti-larval methods</li> </ul>			
<ul style="list-style-type: none"> <li>Contingency plan for epidemic preparedness</li> </ul>			
<ul style="list-style-type: none"> <li>Weekly epidemiological and entomological situations are monitored</li> </ul>			
<ul style="list-style-type: none"> <li>No. of MDR rounds observed</li> </ul>			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate &lt;1%</li> </ul>	
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> <li>Target TB notification achieved</li> </ul>	
<ul style="list-style-type: none"> <li>Whether HIV Status of all TB patient is known</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status_____
<ul style="list-style-type: none"> <li>Eligible TB patients with UDST testing</li> </ul>	
<ul style="list-style-type: none"> <li>Whether drugs for both drug sensitive and drug resistance TB available</li> </ul>	
<ul style="list-style-type: none"> <li>Patients notification from public sector</li> </ul>	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> <li>Patients notification from private sector</li> </ul>	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> <li>Beneficiaries paid under Nikshay Poshan Yojana</li> </ul>	
<ul style="list-style-type: none"> <li>Active Case Finding conducted as per planned for the year</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> <li>No. of new cases detected</li> </ul>	
<ul style="list-style-type: none"> <li>No. of G2D cases</li> </ul>	
<ul style="list-style-type: none"> <li>MDT available without interruption</li> </ul>	
<ul style="list-style-type: none"> <li>Reconstructive surgery for G2D cases being conducted</li> </ul>	
<ul style="list-style-type: none"> <li>MCR footwear and self-care kit available</li> </ul>	
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	
34. Number of ASHAs <ul style="list-style-type: none"> <li>Required as per population</li> <li>Selected</li> <li>No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population</li> <li>No. of villages/ slum areas with no ASHA</li> </ul>	
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> <li>No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)</li> </ul>	

Indicator	Remarks/ Observation			
<ul style="list-style-type: none"> <li>No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)</li> <li>No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>Any other state specific scheme_____</li> </ul>				
36. Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened				
38. Number of facilities quality certified				
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	Previous year (2019-20)		Current FY (2020-21)	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

## D. Implementation of CPHC

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

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: a. SHC- HWC b. PHC- HWC c. UPHC – HWC		
4. Number of individuals screened for: a. Hypertension b. Diabetes		

c. Oral Cancer d. Breast Cancer e. Cervical Cancer		
5. Number of HWCs providing Teleconsultation services		
6. Number of HWCs organizing wellness activities		

## E. Status of HRH

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

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

## F. State of Fund Utilization

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

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
19. FMR 1: Service Delivery: Facility Based			
20. FMR 2: Service Delivery: Community Based			

21. <b>FMR 3:</b> Community Intervention			
22. <b>FMR 4:</b> Untied grants			
23. <b>FMR 5:</b> Infrastructure			
24. <b>FMR 6:</b> Procurement			
25. <b>FMR 7:</b> Referral Transport			
26. <b>FMR 8:</b> Human Resource (Service Delivery)			
27. <b>FMR 9:</b> Training			
28. <b>FMR 10:</b> Review, Research and Surveillance			
29. <b>FMR 11:</b> IEC-BCC			
30. <b>FMR 12:</b> Printing			
31. <b>FMR 13:</b> Quality			
32. <b>FMR 14:</b> Drug Warehouse & Logistic			
33. <b>FMR 15:</b> PPP			
34. <b>FMR 16:</b> Programme Management			
• FMR 16.1: PM Activities Sub Annexure			
35. <b>FMR 17:</b> IT Initiatives for Service Delivery			
36. <b>FMR 18:</b> Innovations			

### Programme Wise

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

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>	<b>Reason for low utilization (if less than 60%)</b>
<b>1. RCH and Health Systems Flexipool</b>			
• 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			

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

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<ul style="list-style-type: none"> <li>National programme for Prevention and Management of Burn &amp; Injuries</li> </ul>			
<ul style="list-style-type: none"> <li>Programme for Prevention and Control of Leptospirosis (PPCL)</li> </ul>			

## G. Status of trainings

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

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



Ministry of Health & Family Welfare  
Government of India



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

Name of facility visited	
Facility Type	<input type="checkbox"/> DH/ <input type="checkbox"/> SDH
FRU	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

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

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

Indicator	Remarks/ Observation																																																							
	14	Neonatal Intensive Care Unit (NICU)																																																						
	15	Pediatric Intensive Care Unit (PICU)																																																						
	16	Labour Room Complex																																																						
	17	ICU																																																						
	18	Dialysis Unit																																																						
	19	Emergency Care																																																						
	20	Burn Unit																																																						
	21	Teaching block (medical, nursing, paramedical)																																																						
	22	Skill Lab																																																						
5. Emergency	General emergency: <b>or</b> facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																																							
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																																							
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:																																																							
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																																																							
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																							
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																																																							
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:10%;">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>MO (MBBS)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="9">Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surgeon</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ophthalmologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Orthopedic</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Radiologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pathologist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					HR	San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Surgeon				Ophthalmologist				Orthopedic				Radiologist				Pathologist				Others				
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Indicator	Remarks/ Observation			
	Dentist			
	Staff Nurses/ GNMs			
	LTs			
	Pharmacist			
	Dental Technician/ Hygienist			
	Hospital/ Facility Manager			
	EmOC trained doctor			
	LSAS trained doctor			
	Others			
12. IT Services	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Quality/strength of internet connection: _____</li> </ul>			
13. Kayakalp	Initiated: _____ score: _____ Facility _____ Award received: _____			
14. NQAS	Assessment done: _____ Internal/State Facility score: _____ Certification Status: _____			
15. LaQshya	Labour Room: _____ Operation Theatre: _____			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____			
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage <b>List the consumables for with there was shortage</b> 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"> <li>In-house tests (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed: _____			
<ul style="list-style-type: none"> <li>Outsourced/ PPP (For 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed: _____			

Indicator	Remarks/ Observation
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP  Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <span style="float: right;">Supply</span> <input type="checkbox"/> Minimal <span style="float: right;">Shortage</span> <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP  Total number of tests performed: _____
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service (for 2020-21)</li> </ul>	<ul style="list-style-type: none"> <li>○ Previous year_____</li> <li>○ Current FY_____</li> </ul> <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment ( <b>List the Equipments</b> )	
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"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<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"> <li>Comment on the condition of:</li> </ul>	Labour room: OT:

Indicator	Remarks/ Observation
	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 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%)

Indicator	Remarks/ Observation		
	<input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No <b>Total No of Adolescents counseled in last 6 months</b> _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
52. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> <li>Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>
53. 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)
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number)_____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>How many cases from CHC, PHC, SC, referred to in last month?</li> </ul>	Number: CHC PHC SC  Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases were referred out last month?</li> </ul>	Number:  Types of cases referred out:
3. Key challenges in the facility and the root causes	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	

Indicator	Remarks/ Observation
e)	



Ministry of Health & Family Welfare  
Government of India



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

#### Service Delivery:

<b>Name of facility visited</b>	
<b>Facility Type</b>	<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC
<b>FRU</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Standalone/ Co-located</b>	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
<b>Accessible from nearest road head</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Date of Visit</b>	
<b>Next Referral Point</b>	Facility: Distance:
Indicator	Remarks/ Observation
4. OPD Timing	
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
6. Condition of infrastructure/ building	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available

	Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital			
7. Number of functional in-patient beds				
8. List of Services available				
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	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"> <li>If any of the specialists are available 24*7</li> </ul>	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available			
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General emergency: <b>or</b> facilities available for: 1. Triage 2. Resuscitation 3. Stabilization			
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:			
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____			
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all			
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
14. Details of HR available in the facility (Sanctioned and In-place)	<b>HR</b>		<b>San.</b>	<b>Reg.</b>
	MO (MBBS)			
	Specialists	Medicine		
		ObGy		

	Pediatrician			
	Anesthetist			
	Dentist			
	SNs/ GNM's			
	LTs			
	Pharmacist			
	Dental Assistant/ Hygienist			
	Hospital/ Facility Manager			
	EmOC trained doctor			
	LSAS trained doctor			
	Others			
15. IT Services	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____			
16. Kayakalp	Initiated: _____ score: _____ Facility _____ Award received: _____			
17. NQAS	Assessment done: _____ Internal/State score: _____ Facility _____ Certification Status: _____			
18. LaQshya	Labour Room: _____ Operation Theatre: _____			
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____			
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No  No. of drugs available on the day of visit (out of the EDL) _____			
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____			
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed			
<ul style="list-style-type: none"> <li>In-house tests (for 2020-21)</li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:			
<ul style="list-style-type: none"> <li>Outsourced/ PPP</li> </ul>	Timing:			

(for 2020-21)	Total number of tests performed: _____ Details of tests performed:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <span style="float: right;">Supply</span> <input type="checkbox"/> Minimal <span style="float: right;">Shortage</span> <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
27. If there is any shortage of major instruments/ equipment (List the Name of Equipment)	
28. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
29. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
• Comment on condition of:	Labour room: OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
30. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
31. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services

	<input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
32. PMSMA services provided on 9 <sup>th</sup> of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how are high risks identified on 9 <sup>th</sup> ?  If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
36. Number of Maternal Death reported in the facility	Previous year: <b>2019-20</b> ____ Current year: <b>2020-21</b> __
37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
40. Number of newborns immunized with birth dose at the facility in last 3 months	
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
42. Number of sterilizations performed in last one month	Male__ Female____
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
44. Who counsels on FP services?	
45. Please comment on utilization of other FP services	
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____

48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		<b>Screened</b>	<b>Confirmed</b>
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
e. Cervical Cancer			
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
	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		
54. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
55. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
56. How much fund was received and utilized by the facility under NHM?	Fund Received last year:		
	Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		

57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available Number_____
	<input type="checkbox"/> CHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Sub centre PHC  Types of cases referred in:
• How many cases from the CHC were referred to the DH last month?	Number:  Types of cases referred out:
<b>60. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	

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

#### Service Delivery:

<b>Name of facility visited</b>		
<b>Facility Type</b>		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
<b>Whether the facility has been converted to HWC</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Standalone/ Co-located</b>		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
<b>Accessible from nearest road head</b>		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Date of Visit</b>		
<b>Next Referral Point</b>		Facility: Distance:
<b>Indicator</b>	<b>Remarks/ Observation</b>	
1. OPD Timing		
<ul style="list-style-type: none"> <li>For U-PHC, check if evening/morning OPD/Clinics being conducted</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
3. Condition of infrastructure/ building	Comments:	
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding	
4. Number of functional in-patient beds		
5. List of Services available		
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No 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)	<b>HR</b>	<b>San.</b>	<b>Reg.</b>	<b>Cont.</b>
	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"> <li>• Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____			
11. Kayakalp	Initiated: _____ Facility _____ score: _____ Award received: _____			
12. NQAS	Assessment done: _____ Internal/State Facility score: _____ Certification Status: _____			
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____			
	EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	No. of drugs available on the day of visit (out of the EDL) _____			
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
16. Drugs Available for Hypertension & Diabetic patients:	1			
	2			
	3			
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1			
	2			
	3			
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage Supply Shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)			

19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ <input type="checkbox"/> Both/ Mixed	PPP
<ul style="list-style-type: none"> <li>In-house tests <b>For 2020-21</b></li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:	
<ul style="list-style-type: none"> <li>Outsourced/ PPP <b>For 2020-21</b></li> </ul>	Timing: Total number of tests performed: _____ Details of tests performed:	
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage	Supply 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"> <li>If yes, details</li> </ul>	Comment on condition of labour room:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:	
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables	

	<input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
29. Number of normal deliveries in last three month		
30. Availability of Daksh/ 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:2019-2020 Current FY:2020-2021	
33. Number of Child Death reported in the facility	Previous year: Current year:	
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
35. Number of newborns immunized with birth dose at the facility in last 3 months		
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)		
37. Number of sterilizations performed in last one month	Male Female	
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
39. Who counsels on FP services?		
40. Please comment on utilization of other FP services		
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days	
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
	<b>Screened</b>	<b>Confirmed</b>

45. Number of individuals screened for the following in last 6 months:	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"> <li>• investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
	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"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		
53. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		

	Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number_____
	<input type="checkbox"/> PHC has contracted out ambulance services Number_____
	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> <li>How many cases from sub centre were referred to this PHC last month?</li> </ul>	Number: Types of cases referred in:
<ul style="list-style-type: none"> <li>How many cases from the PHC were referred to the CHC last month?</li> </ul>	Number: Types of cases referred out:
<b>56. Key challenges in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	
<b>Only for U-PHC</b>	
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:

Yes/ No

If yes, no. of UHND conducted during last quarter \_\_\_\_\_

Type of specialties provided during special outreach camps:  
\_\_\_\_\_

### Sub-Centre (SC) Level Checklist

#### Service Delivery: Sub Centre

<b>Name of facility visited</b>	
<b>Whether the facility has been converted to HWC</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Standalone/ Co-located</b>	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
<b>Accessible from nearest road head</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Date of Visit</b>	
<b>Next Referral Point</b>	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"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>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"> <li>Functional Tablet/ laptop with CHO: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Electronic Tablets with MPWs (ANM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Smart phones given to all ASHAs: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>																								

Indicator	Remarks/ Observation										
	<ul style="list-style-type: none"> <li>Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px; text-align:center;">1</td><td style="width:300px;"></td></tr> <tr><td style="text-align:center;">2</td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td></tr> <tr><td style="text-align:center;">4</td><td></td></tr> <tr><td style="text-align:center;">5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px; text-align:center;">1</td><td style="width:300px;"></td></tr> <tr><td style="text-align:center;">2</td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50px; text-align:center;">1</td><td style="width:300px;"></td></tr> <tr><td style="text-align:center;">2</td><td></td></tr> <tr><td style="text-align:center;">3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No										
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient <input type="checkbox"/> Minimal <input type="checkbox"/> Acute shortage List of Kits (Shortage) _____ <span style="float:right;">Supply Shortage</span>										
13. Availability of:	<ul style="list-style-type: none"> <li>BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____</li> <li>Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>										
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>										
15. Number of Maternal Death Review conducted	Previous year:2019-20 Current year:2020-21										
16. Number of Child Death Review conducted	Previous year: Current year:										
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>										

Indicator	Remarks/ Observation		
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:	<b>Screened</b>		<b>Confirmed</b>
	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)		
30. Status of use of:	<ul style="list-style-type: none"> <li>• Tele-consultation services</li> <li>• HWC App</li> </ul> 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:	<b>Indicators</b>	<b>2019-20</b>	<b>2020-21</b>
	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		

Indicator	Remarks/ Observation		
	Number of TB patients taking treatment under the Sub centre area		
34. ASHA Interaction			
<ul style="list-style-type: none"> <li>• Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)</li> </ul>			
<ul style="list-style-type: none"> <li>• Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</li> </ul>			
<ul style="list-style-type: none"> <li>• ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher.               <ul style="list-style-type: none"> <li>○ Average delay</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>• ASHA is aware about provision of incentives under NTEP (Informant Incentives, Treatment Supporter Incentives) and Nikshay Poshan Yojana (₹500 per month incentive to the TB patient for the duration of treatment)</li> </ul>			
35. Number of Village Health & Sanitation days conducted in last 6 months			
36. Incentives:	<ul style="list-style-type: none"> <li>• Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
37. Frequency of VHSNC/ MAS meeting (check and obtain minutes of last meeting held)			
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>		
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			

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> <li>How many cases from the Sub Centre were referred to PHC in last month?</li> </ul>	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

