
National Health Mission

A REPORT ON
MONITORING OF IMPORTANT COMPONENTS OF NHM
PROGRAMME IMPLEMENTATION
RAMPUR DISTRICT, UTTAR PRADESH



Prof. Suresh Sharma

Ms. Sonal Chaudhary



Population Research Centre
Institute of Economic Growth
University of Delhi Enclave

Delhi-110007
November, 2021

Table of Contents

Executive Summary	6
1 Demographic Profile: Rampur District, Uttar Pradesh	8
1.1 Health Profile: Infrastructure & HMIS Service Delivery Indicators	10
1.2 State Resource Envelope and District Allocations	12
1.3 List of Visited Healthcare Facilities & AWC	14
2 Public Health Planning & Implementation of National Programmes	15
2.1 Public Health Planning	15
2.1.1 National Health Mission Fund Utilization	15
2.1.2 Health Infrastructure, Ambulance & Referral Services	19
2.1.3 Human Resources	20
2.2 Service Delivery & Implementation Status of National Programme	22
2.2.1 Maternal Health, New Born & Child Health Services/ Programmes	22
2.2.2 Communicable & Non- Communicable Diseases Control Programmes	26
2.2.3 Community Health Worker (CHW) & Programmes	28
3 Service Availability: Focus Group Discussions (FGDs) with Community	29
3.1 Community Awareness & Health Seeking Behaviors	29
3.2 Out of pocket expenditure, Access of Medicine & Transportation services:.....	29
3.3 Staff Behavior with the Community	30
3.4 Key Challenges at Grass root level	30
4 Service Availability: Facility wise Observation	31
4.1 District Hospital, Rampur	31
4.2 Urban Community Health Centre, Bilaspur	33
4.3 Rural Community Health Centre, Shahbad.....	35
4.4 Urban Primary Health Centre, Saifni	36
4.5 Rural Primary Health Centre, Manpur Ojha	38
4.6 Sub-Centre/ Health & Wellness Centre, Manpur Ojha	39
5 Discussion & Key Recommendations.....	41
District level Monitoring Checklist	42
DH level Monitoring Checklist.....	51
CHC/ UCHC level Monitoring Checklist	57
PHC/ U-PHC level Monitoring Checklist.....	62
Sub-Centre (SC) Level Checklist.....	67
Community level Monitoring Checklist	70

List of Tables

Table 1: Key Demographic Indicators: All India, Uttar Pradesh & Rampur District.....	9
Table 2: Details of Public Health Infrastructure in Rampur Uttar Pradesh, 2020-21	10
Table 3: Health Care Service Delivery Indicators in Rampur District, 2020-21	11
Table 4: Breakup of resource envelope, NHM FY 2020-21, Uttar Pradesh	13
Table 5: Physical and Financial outlay approved under NHM, Rampur FY 2020-21.....	14
Table 6: List of Visited Healthcare Facilities in Rampur District, Uttar Pradesh	15
Table 7: FMR wise Status of Budget Utilization for the year 2020-21, Rampur Uttar Pradesh .	16
Table 8: Programme wise Status of Budget Utilization for the year 2020-21, Rampur District.	18
Table 9: Status of Health Infrastructure in Rampur District, Uttar Pradesh, 2020-21.....	19
Table 10: Status of Delivery Points in Rampur District, Uttar Pradesh	20
Table 11: Status of Ambulance & Referral services in Rampur District.....	20
Table 12: Status of Human Resources in the Rampur District, Uttar Pradesh.....	21
Table 13: Mortality Indicators in Rampur District, 2019-20 & 2020-21.....	22
Table 14: Overall Status of JSSK Program in Rampur District, Uttar Pradesh, 2020-21	24
Table 15: Neonatal Health Service Delivery in Rampur District, 2020-21	24
Table 16: Status of HBNC programme in the Rampur District of Uttar Pradesh, 2020-21	25
Table 17: Status of RBSK programme in Rampur District, Uttar Pradesh.....	25
Table 18: NTEP Programme: Public Vs Private Sector, 2020-21	27
Table 19: Status of Non-Communicable Diseases (under UHC) in Rampur, 2020-21	28
Table 20: Contemporary status of ASHAs Worker, 2020-21	28
Table 21: Enrolled status of ASHAs under Different Programme, 2020-21	29
Table 22: Infrastructure, Services & Equipment Availability in DWH Rampur.....	32
Table 23: Infrastructure, Services & Equipment Availability in CHC, Bilaspur	34
Table 24: Infrastructure, Services, Medicine & Equipment Availability in CHC Shahbad	36
Table 25: Infrastructure, Services, Medicine & Equipment Availability in PHC Saifni.....	37
Table 26: Infrastructure, Services & Equipment Availability in SC/ HWC, Manpur Ojha	39

List of Figures

Figure 1: Map/ location of Rampur District in Uttar Pradesh	8
Figure 2: Top Five areas of Major Budget Utilization (%) in Rampur District, Uttar Pradesh ..	17
Figure 3: A Snapshot of the Fund Utilization under different Flexi Pool, 2020-21	17
Figure 4: Vacancy of Manpower in Rampur, Uttar Pradesh, 2020-21	21
Figure 5: JSSK program in Rampur District, 2020-21: Pregnant Women vs. Sick Infants	23
Figure 6: FGD with Community members, Kadari Mohalla (Nayi Basti)	30
Figure 7: DH, Rampur Uttar Pradesh	31
Figure 8: CHC, Bilaspur	33
Figure 9: CHC, Shahbad	35
Figure 10: PHC Saifni, Rampur.....	37
Figure 11: R- PHC, Manpur Ojha.....	38
Figure 12: HWC, Manpur Ojha	39

Acknowledgement

Monitoring and Evaluation of NHM PIP in Rampur district of Uttar Pradesh was successfully completed due to the help and cooperation received from district NHM staff and support extended by officials from state medical, health and family welfare department.

We wish to extend, first, our immense gratitude to Shri, D.K. Ojha, DDG (Statistics) Ministry of Health and Family Welfare, Government of India for trusting Population Research Centre, Institute of Economic Growth, Delhi with the work of monitoring of the important components of NHM Programme Implementation Plan. Our heartfelt thanks go to Mrs. Anjali Rawat, Director (Stats) and Mrs. Pooja Verma, Assistant Director (Stats), MOHFW for their unconditional support.

We are grateful to the district Chief Medical Officer, Dr. Sanjeev Yadav, DPM Mr. Ankit Sharma and his team without whose support and cooperation the evaluation of health facilities would not be possible.

The Monitoring & Evaluation of National Health Mission Programme Implementation Plans would not have been possible without the active participation and insightful inputs by each and every Medical, Paramedical and Administrative staff, which form the public health system of Rampur. Last but not the least, I would like to thank Mr. Rahul Kumar and Ms. Bindiya for his immense support and cooperation during the field visits.

November, 2021

**Prof. Suresh Sharma
Ms. Sonal Chaudhary**

List of Acronyms & Abbreviations

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

Executive Summary

The National Rural Health Mission was launched on 12th April 2005, to provide accessible, affordable and accountable quality health services to the poorest households in the remote rural regions. National Health Mission (NHM) approved by the Cabinet on 1st May, 2013, with National Urban Health Mission (NUHM) as the new sub-mission, besides existing NRHM. Annual PIP Monitoring, assigned by Ministry of Health and Family Welfare (MoHFW) has been one of the important monitoring mechanisms under NHM conducted by PRCs pan-India to provide valuable understanding of the strategies and programmes under the purview of NHM.

The PIP Monitoring visit to Rampur was held from 25th October to 27th October 2021, to review implementation progress of the National Health Mission in the district. During the visit six health facilities across different health tiers were visited and studied. The focus of the undertaking this monitoring exercise was to undertake a rapid assessment of the implementation status of NHM and its key strategies and priority areas, analyze strengths and challenges with respect to strengthening health systems, identify trends in progress of key indicators, particularly relating to coverage, equity and affordability, document innovations and best practices, evaluate the readiness of the state to undertake implementation of new initiatives etc. the major executive summary of the district are as follows:

Maternal & Child Health Programmes

- Institutional delivery coverage of total ANC registration was found to be particularly low in the district as most of the women who are near the border migrate to another district to obtain the ANC services.
- The team for the RBSK program was utterly incomplete as per the composition in some blocks.
- In comparison to the maternal and child death, infant deaths are quite higher in the district.
- In the last financial year, the district has recorded around 300 number of stillbirths.

Communicable & Non-Communicable Diseases Control Programmes

- The IDSP programme for epidemic prone diseases was effectively implemented in the district. Providing dedicated IHIP data entry at each block level can play a significant role as block level MCTS data entry operator already overloaded/ overburden with work.
- A total of 6 NCD clinics are functioning in the district at DH and CHC level.

- The NVBDCP programme for seasonal diseases was executed effectively in the district.

Human Resources/ Manpower & Training

- Chronic shortage of specialists i.e., OBGY, Radiologist, Radiographer & Anaesthetist are notably concerning in the district.
- The district entails more family planning counselor as most of the facilities were not equipped with the said staff.
- Vacant positions of ANM & Staff Nurses are radically high in the district.

Infrastructure, Medicines & Equipment maintenance

- The district has 1 district hospitals, 5 CHC, 27 PHC, and 211 SCs. Out of total SCs, around 40% SCs have been converted in HWC.
- There is no District Early intervention Center (DEIC) in the district.
- Proper facade branding was not displayed in the visited HWCs as well as infrastructure were not upgraded/developed as per the guidelines.
- Starting of C- section delivery has been observed a major progress at CHC Shahbad.

Finance and Accountability

- Among all the flexipool, maximum fund utilization can be seen in NUHM pool with the more than 100% against the sanctioned amount, while the least observed in NCD flexipool.
- Out of the total budget allocation, most of the fund was used for the infrastructure strengthening & maternal health services.

Access, Equity & Quality care

- Owing to crunch of Staff nurse & ANM institutional delivery care services at public institutions were highly hampered.
- Health facilities that are essentially co-located or likely to be non-functional with respect to healthcare services must be identified and worked on it, this includes particularly SCs/ PHCs.

ASHAs, Community Processes & Others

- There is heightened shortage of ASHAs worker in the district, especially in urban areas. There are 80 such villages/slums in the district, where ASHAs were covering more population than the specified population norms.
- Number of rape victims' cases was reported to gradually increasing. In the given scenario strengthening of mental health programmes/ system concerning the same needs to be strengthened.

1 Demographic Profile: Rampur District, Uttar Pradesh

Uttar Pradesh is one of the most populous state in India with a population of 199,812,341 people. The state contributes 16.5 per cent of India's population. The population density of Uttar Pradesh is 829 per sq. km., making it fourth most densely populated state in the country. It is situated on the northern part of India and shares border with nine states and share an international boundary as well (i.e., Nepal). The state is bounded by Bihar in the east, Rajasthan in the west, Uttarakhand & Nepal in the north, Madhya Pradesh in the south, Jharkhand & Chhattisgarh in the southeast and Haryana, Himachal, Delhi in the northwest. It contains 7.3 percent of the total geographical area of the country, comprising of 240,928 sq. kilometer area-wise, which makes it the fourth largest Indian state as well. At present, the state is divided into eighteen divisions and seventy-five districts; Rampur District being one of them.

The District Rampur falls in Moradabad Division of Uttar Pradesh State. It is located between Longitude 78-0-54 & 69-0-28 East and Latitude 28-25 & 29-10 North and surrounded by district Udham Singh Nagar in North, Bareilly in East, Moradabad in West and Badaun in South. Rampur was spread in area of 2367 sq km and population is 23, 35,819. The map of Rampur District is given in figure 1.

Figure 1: Map/ location of Rampur District in Uttar Pradesh



The district has a total of 6 tahsils namely Suar, Bilaspur, Rampur, Milak, Shahabad and Tanda (newly created tahsil after 2001 census). There are 6 development blocks in the district namely; Suar, Bilaspur, Saidnagar, Chamraua, Shahabad and Milak. In urban area there are 8 statutory towns and 2 census towns. A statutory town comprises of 5 Nagar Palika Parishad and 3 Nagar Panchayats. There are 393,736 households in the district accounting for 1.2 percent of the total households in the state. The average size of households in the district is 5.9 persons (District Census Handbook Rampur, 2011). Table 1 shows the main demographic indicators scenario of the Jaisalmer District, Uttar Pradesh & India.

Table 1: Key Demographic Indicators: All India, Uttar Pradesh & Rampur District

Indicators	Rampur	Uttar Pradesh	India
Population (Census 2011)	23.36 (in Lakh)	19.98 (in Crore)	1.21 (crore)
Male	12,23,889	104,480,510	62,37,24,248
Female	11,11,930	95,331,831	58,64,69,174
Decadal growth rate in % (Census 2011)	21.4	20.1	17.6
Literacy rate (%)	53.3	67.7	73
Male literacy rate (%)	61.4	79.2	80.9
Female literacy rate (%)	44.4	59.3	64.6
Urban population (%)	25.2	30.8	31.6
Schedule caste (%)	13.2	20.7	16.6
Sex ratio	909	912	943
Child sex ratio	924	899	914
Density/km ²	987	829	382
Area (in Sq. Km.)	2367	240928	3,287,240

Source: Census of India, 2011

The district is home to about 23.6 lakhs people, among them about 12.2 lakhs are male and about 11.1 lakhs are female. Of the total female population in Rajasthan, 1.17 per cent resides in Jaisalmer District. Majority of the population still resides in the rural area (75 per cent) whereas the remaining minute share occupies the urban sector. As per census 2011, the district records 21.4 per cent decadal growth rate while decadal growth rate of the state is 20.1 per cent. Therefore, decadal growth rate of the said district is higher than the state average. Rampur district has population density of 987 persons per sq. km. which is more than the state average of 829 persons per sq. km. The literacy rate of the district is 53.3% which is lower than the state as well as national level. Furthermore, Male and female literacy was also lower proportion than the state.

1.1 Health Profile: Infrastructure & HMIS Service Delivery Indicators

Table 2: Details of Public Health Infrastructure in Rampur Uttar Pradesh, 2020-21

Health facility	Facilities	Bed count	Population covered	Area covered
Medical College	-	-	-	-
District Hospital	2	210	2335398	2367
CHC	5	150	1093256	1960
PHC	35	130	1927618	1801
SC	173	4	1613531	1159
HWC	38	NA	302438	224

Source: HMIS Master Report of Health facilities, 2020-21

Table 2 depicts the details of health infrastructure in Rampur District of Uttar Pradesh in the year 2020-21. The district has total 2 DH, 5 CHC & 35 PHC. At present, there are a total 173 SCs. The district has no medical college.

The following table 3 depicts the health care service delivery indicators in Rampur district of Uttar Pradesh with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2020-21. Antenatal Care (Pre-Natal care), is one of the most important components of the Maternal Health. ANC refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the fetus as well. Furthermore, with regular prenatal care, women can reduce the risk of pregnancy complications. According to the HMIS, more than 80 per cent of women in Rampur Uttar Pradesh registered for ANC in the first trimester while around 85 per cent women have registered for ANC up to 4 or more checkups. According to the HMIS data source, IFA supplementation was given to 90 per cent of all women who registered for ANC. Total 56 Maternal Deaths recorded in the district.

Delivery care is a vital factor of Infant health. Of the total home deliveries in Rampur Uttar Pradesh, just 1 per cent deliveries were conducted by SBA worker. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 65 per cent of all reported deliveries were institutional deliveries and of all the institutional deliveries in Rampur Uttar Pradesh, around 71 per cent women discharged in less than 48 hours of delivery at public institutions. Of all women who registered for ANC, only 25 per cent went for institutional delivery and around 2 per cent of all institutional deliveries were C-section deliveries. With regards

to Post Natal Care, 97 per cent of the newborns were breast fed within 1 hour of delivery and almost all newborns were weighed at birth in the district. About 8% of the births are categorized as low birth weight babies (weight below 2.5 kg). Approximately 70 per cent of women received the 1st post-partum checkup within 48 hours and 14 days of delivery. Still birth for the district is significantly high i.e. around 300 in number.

Table 3: Health Care Service Delivery Indicators in Rampur District, 2020-21

Health and Health Care Service Delivery Indicators	India	UP	Rampur
1. Maternal Health			
% of beneficiaries registered for 1st trimester to total ANC registration	73.9	61.8	81.1
% of pregnant women with 4 or more ANC check-up to total ANC regist.	78.3	77.1	84.1
% of pregnant women given 180 IFA to total ANC registrations	90.8	90.5	89.8
a) Institutional and Home Deliveries			
% of SBA attended home deliveries to total home deliveries	18.8	12.6	0.7
% of institutional deliveries to total reported deliveries	94.8	89.9	66.6
% of institutional deliveries to total ANC registrations	70.3	55.4	25.1
% of C-Section deliveries to total institutional deliveries	21.5	9.2	1.7
b) Post-natal Care			
% of women discharge in < 48 hours of delivery to total deliveries	33.7	53.1	71
% 1st post-partum check-up b/w 48 hours and 14 days to total deliveries	51.7	48.4	70.9
c) New-born and Child Health			
% of new-born weighted to total live birth	95.2	91.7	97.9
% of new-born breast fed within 1 hour of birth to total live birth	90.2	90.2	97.3
% of new-borns having weight < 2.5 kg to new-borns weighted at birth	12.1	10.6	8.4
2. Child Immunization & Diseases			
Number of children (9-11 months) fully immunized	23410258	4870671	58411
% of children received measles to full immunization	99.1	98	100.5
% of children received BCG to full immunization	96.3	99.1	95.1
3. Family Planning			
Total Sterilization conducted	2695626	296406	1520
% of male sterilization to total sterilization	1	0.7	0.6
% of female sterilization to total sterilization	99	99.3	99.4
4. Mortality Indicators			
Maternal Death	25777	5199	56
Child Death	25704	1011	13
Infant Death	205046	9482	135
Still Birth	255222	39263	297
5. Other Services			
IPD	57401713	4499793	43108
OPD (Ayush + Allopathic)	1235519697	67938469	603692
% IPD to OPD	4.6	6.6	7.1

Source: HMIS Standard Report, 2020-21

In the last financial year, 135 number of Infant deaths & 13 child deaths were reported in Rampur district, Uttar Pradesh. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) systematically assimilates all possible interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, more than 58 thousand children fully immunized (9-11 months) observed in Rampur Uttar Pradesh and about 95% of the children received BCG vaccine.

Female sterilization as a method of permanent family planning dominates the statistics with 99.4 per cent of all sterilization conducted in the year 2020-21 in Rampur Uttar Pradesh (Tubectomies). Total sterilization conducted was reported to be 1520 in numbers.

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. Facility Service Delivery with regards to patient services, the OPD patient load is as high as 6 lakh number of OPD patients in 2020-21 as against around 43 thousand IPD patients. In terms of percentage, IPD to OPD accounts 7.1 per cent in Rampur District.

1.2 State Resource Envelope and District Allocations

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.878 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%). The total support from Government of India is Rs. 3920.5 Crore whereas the state share of 40% works out to be Rs.2613.7 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.1854.6 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 Non- Communicable Diseases (NCD) Flexible Pool is around Rs.98 Crore, Rs.180 Crore and Rs.102 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 4: Breakup of resource envelope, NHM FY 2020-21, Uttar Pradesh

Particulars	Amount (GoI Share)	Percent (GOI Share)	State share
RCH Flexible Pool (including RI, IPPI, NIDDCP)	808.55	20.6%	
RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	560.75	-	
RCH Flexible Pool (Kind grant support under Immunization)	247.80	-	
Health System Strengthening (HSS) under NRHM	1854.58	47.3%	
Other HSS covered under NRHM	1499.78	-	
Comprehensive Primary Health Care under HSS	213.31	-	
Additional ASHA Benefit Package incl. support to ASHA facilitators	141.49	-	
Total NRHM-RCH Flexible Pool	2663.13	68%	
NUHM Flexible Pool	98.37	2.5%	
Other Health System Strengthening covered under NUHM	71.58	-	2613.70
Comprehensive Primary Health Care under NUHM	26.79	-	
NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP)	178.96	4.6%	
NVBDCP (Cash & Kind)	35.59	-	
RNTCP (Cash & Kind)	122.88	-	
NVHCP (Cash & Kind)	10.38	-	
NLEP	4.20	-	
IDSP	5.91	-	
NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	102.15	2.6%	
Infrastructure Maintenance (incl. 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

*indicated amount in Crore

The following table 5 depicts the physical and financial outlay approved for Rampur district in last financial year. Overall, physical and financial outlay approved for Rampur district is Rs.5534.27 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 20% 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. Under National Urban Health Mission (NUHM) activities in the district received about only 4% of the approved outlay. Child health (7%), communicable diseases (6%), RBSK (4%) and infection management and environmental plan (IMEP) activities receive about 4% of the total outlay of the district (as depicted in table 5).

Table 5: Physical and Financial outlay approved under NHM, Rampur FY 2020-21

Sr. No.	Program Sub-Division	Amount (Rs. Lakh)	% Share
1	AYUSH	125.04	2.3%
2	Blood Cell	7.44	0.1%
3	Communicable Diseases	328.71	5.9%
4	Child Health	369.53	6.7%
5	Community Processes	1536.26	27.8%
6	District Health Society	140.74	2.5%
7	Finance Division	5.91	0.1%
8	Family Planning	133.69	2.4%
9	Family Planning / PNDT	2.27	0%
10	Family Planning / CAC	0.87	0%
11	Human Resources (Divisional)	NA	NA
12	Health Systems	36.54	0.7%
13	IEC	42.62	0.8%
14	IEC / Family Planning	2.08	0%
15	IEC / PNDT	0.85	0%
16	IMEP	199.18	3.6%
17	Monitoring and Evaluation (ME)	23.76	0.4%
18	Maternal Health	1099.61	19.9%
19	Management and Information System (MIS)	30.93	0.6%
20	NCD	87.75	1.6%
21	NUHM	236.96	4.3%
22	Nursing	NA	NA
23	Program Management (PM)	46.53	0.8%
24	Quality Assurance (QA)	39.73	0.7%
25	RBSK	230.07	4.2%
26	Routine Immunization	230.64	4.2%
27	RKSK	101.04	1.8%
28	Others / Unspecified	475.52	8.6%
Total		5534.27	100%

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

1.3 List of Visited Healthcare Facilities & AWC

The monitoring report is based on both primary as well as secondary data. Primary data collected from visited health facility and CMO Office while secondary data has been collected from HMIS Web Portal for Rampur District of Uttar Pradesh, 2020-21. Therefore, this monitoring and evaluation report concerned with the Rampur District where the monitoring was carried out in October 2021. The field team members were Ms. Sonal Chaudhary & Mr. Rahul Kumar of the PRC Delhi. Structure interview schedules were used for nodal officers and health facilities. Hence,

qualitative and quantitative data have been used for collecting the relevant data (Annexure). Prior to visiting to Rampur District, the monitoring and evaluation team reviewed the Rampur PIP document and formulated the semi structured interviews schedules for the DPM, facility staff and beneficiaries. The healthcare facilities visited are listed below:

Table 6: List of Visited Healthcare Facilities in Rampur District, Uttar Pradesh

Visited Healthcare Facility/ Place	Name of the Facilities / Place
District Hospital	District Women Hospital, Rampur
Community Health Centre	CHC Bilaspur & R-CHC Shahbad
Primary Health Centre	U-PHC Saifni & R- PHC, Manpur Ojha
Health & Wellness Centre/ SC	HWC, Manpur Ojha

Before visiting the different level of healthcare facilities, a meeting with key personnel of NHM, Rampur District was held. The main motive of the interaction with the officials i.e., CMO, DPMO and Nodal officer, was to know their problems and take their opinions for the improvement of the programmes. Furthermore, the interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The present study would focus on the performance of the Rampur District of Uttar Pradesh in NRHM activities. This study would analyze different issues and problems of the district.

2 Public Health Planning & Implementation of National Programmes

This section will attempt to discuss in details public health planning & Implementation of various national programmes related to mother, child neo natal healthcare services under National Health Mission:

2.1 Public Health Planning

This section will attempt to discuss in details National Health Mission fund utilization against the sanctioned amount for the last financial year. The important components that have been highlighted in this section include- DHAP, NHM Fund utilization & physical infrastructure including Ambulance & referral transportation.

2.1.1 National Health Mission Fund Utilization

Budgeting plays an important role in the effective utilization of available resources in order to achieve over all objectives. Furthermore, every state's/ district's future will depend upon the

efficient utilization of funds like growth, and expanding the facilities. If funds are used effectively then the district has healthy growth in all the ways.

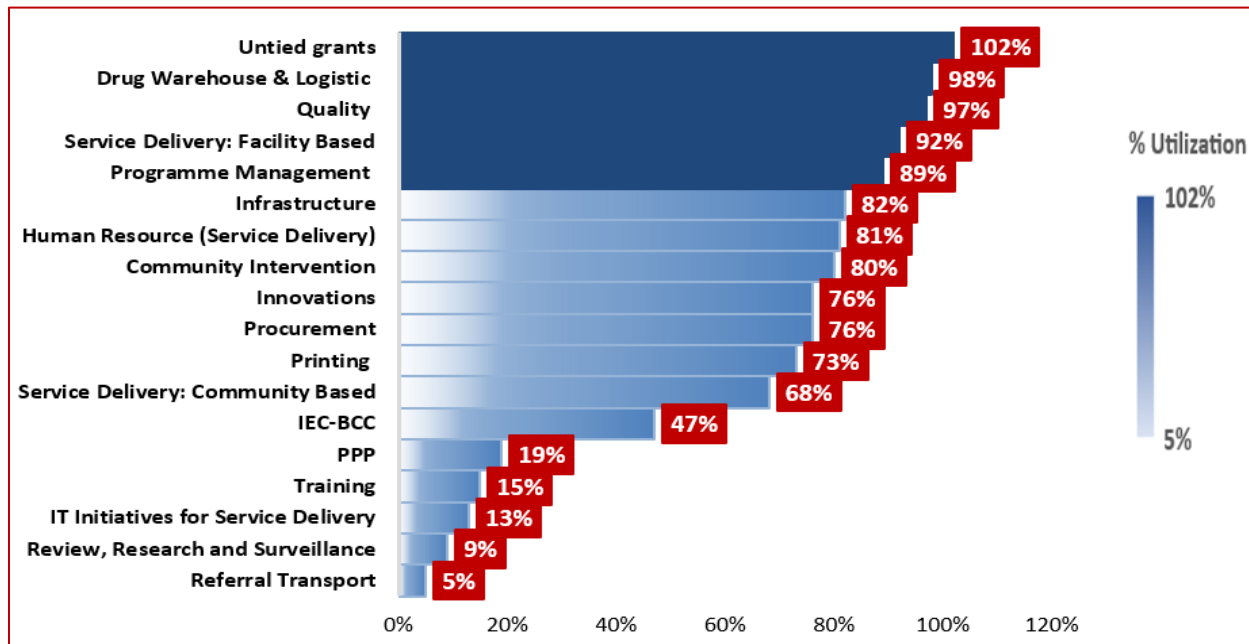
Table 7: FMR wise Status of Budget Utilization for the year 2020-21, Rampur Uttar Pradesh
(In lakhs)

Indicator (Budget Head)	Budget Released	Budget Utilized	% Utilization
FMR 1: Service Delivery: Facility Based	672.97	618.29	92%
FMR 2: Service Delivery: Community Based	85.39	57.89	68%
FMR 3: Community Intervention	1170.48	932.54	80%
FMR 4: Untied grants	162.79	166.55	102%
FMR 5: Infrastructure	311.67	256.79	82%
FMR 6: Procurement	219.56	167.45	76%
FMR 7: Referral Transport	5.73	0.28	5%
FMR 8: Human Resource (Service Delivery)	1902.67	1534.53	81%
FMR 9: Training	106.93	15.99	15%
FMR 10: Review, Research and Surveillance	1.25	0.11	9%
FMR 11: IEC-BCC	66.32	31.15	47%
FMR 12: Printing	68.93	50.17	73%
FMR 13: Quality	15.20	14.77	97%
FMR 14: Drug Warehouse & Logistic	45.08	44.18	98%
FMR 15: PPP	36.40	6.92	19%
FMR 16: Programme Management	407.99	363.39	89%
FMR 17: IT Initiatives for Service Delivery	4.99	0.67	13%
FMR 18: Innovations	9.24	7.04	76%
Total	5293.59	4268.71	81%

Source: CMO Office, Rampur District, Uttar Pradesh, 2020-21

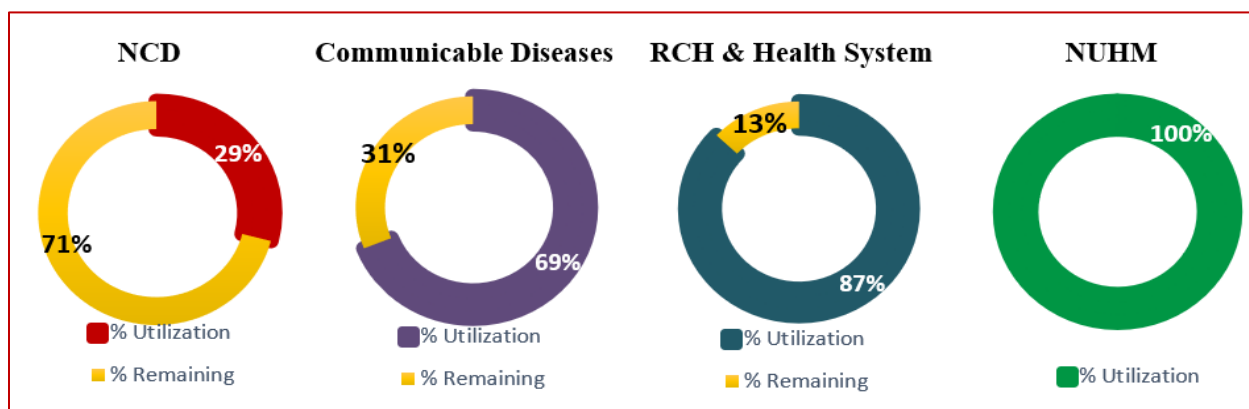
The extent of utilization of NHM funds is analyzed here using the utilization ratio. The utilization ratio is defined as the ratio of actual expenditure to total Budget allocation. As per FMR, around 20 per cent of funds remained unspent at the end of the last financial year. However, there is significantly least utilization (%) were observed for referral transport, IT initiatives for service delivery, Research & Review, trainings, PPP and on IEC BCC. The major reason behind the unspent was reported that due to COVID-19 outbreak, fewer activities were performed in the district in previous year. As per FMR, top five areas of major budget utilization (%) are untied grants, drug warehouse & logistic, quality, facility-based service delivery and programme management was observed in the district in last financial year (as depicted in figure 2). The budget utilization summary for Rampur District by the programme wise/different flexi pool and their major components is presented in following table 8 & in figure 3. The highest part of the budget accrues to Reproductive & child health (RCH) and Health Systems flexipool.

Figure 2: Top Five areas of Major Budget Utilization (%) in Rampur District, Uttar Pradesh



In the last financial year, the district was unable to utilize the entire sanctioned amount under all the flexipool i.e. RCH, NCD & Communicable diseases flexipool. Among all the flexipool, maximum utilization of fund was observed in NHUM flexipool with the more than 100% utilization against the sanctioned amount. While, least utilization can be seen in the non-communicable diseases pool.

Figure 3: A Snapshot of the Fund Utilization under different Flexi Pool, 2020-21



In non-communicable disease pool, the maximum utilization of funds is observed in the NHMP Programme i.e. entire 100%. With regards to communicable disease pool, the maximum utilization of funds is observed in the National Tuberculous Eradication Programme (NTEP) with 95% utilization. On the contrary, the least utilization is being in NLEP programme nearly 3%.

Table 8: Programme wise Status of Budget Utilization for the year 2020-21, Rampur District
(In lakhs)

Indicator (Budget Head)	Budget Released	Budget Utilized	% Utilization
RCH and Health Systems Flexi pool	1905.96	1662.03	87%
Maternal Health	262.56	247.40	94%
Child Health	97.50	70.75	73%
RBSK	69.20	63.30	91%
Family Planning	96.17	90.23	94%
RKSK/ Adolescent health	30.18	26.20	87%
PC-PNDT	8.00	6.75	84%
Immunization	200.46	188.91	94%
Untied Fund	189.78	167.53	88%
Comprehensive Primary Healthcare	-	-	-
Blood Services and Disorders	-	-	-
Infrastructure	452.00	375.10	83%
ASHAs	220.00	201.00	91%
HR	23.90	22.96	96%
Programme Management	20.19	18.27	90%
MMU	-	-	-
Referral Transport	5.73	0.28	5%
Procurement	201.00	170.20	85%
Quality Assurance	16.00	12.10	76%
PPP	-	-	-
NIDDCP	13.29	1.05	8%
NUHM	169.58	172.80	102%
Communicable Diseases Pool	380.22	262.74	69%
IDSP	11.58	0.86	7%
NVBDCP	22.73	5.73	25%
NLEP	79.61	2.31	3%
NTEP	266.30	253.84	95%
Non-Communicable Diseases Pool	175.13	50.27	29%
NPCB+VI	117.68	25.82	22%
NMHP	7.35	7.35	100%
NPHCE	3.62	1.34	37%
NTCP	21.62	10.59	49%
NPCDCS	24.86	5.17	21%
National Dialysis Programme	-	-	-
NPCCHH	-	-	-
NOHP	-	-	-
NPPC	-	-	-
NPPCF	-	-	-
NRCP	-	-	-
NPPCD	-	-	-
Total (RCH+NUHM+CD+NCD)	2630.89	2147.84	82%

Source: CMO Office, Rampur District, Uttar Pradesh, 2020-21

2.1.2 Health Infrastructure, Ambulance & Referral Services

Table 9 depicts the health infrastructure details of the Rampur District. The district has 1 district hospital and there is no sub-district hospital in the same. It has 5 CHC, 27 PHC, and 211 SCs. The district has 6 urban PHC, out of which 2 PHCs have been converted in HWC. Out of total SCs, 77 SCs have been converted in Health & Wellness Centre (HWC).

The district has 1 blood bank. Furthermore, availability of blood storage units was reported in the district. The district has 1 Special newborn care units (SNCU), 1 NRC Centre, and 30 Designated Microscopy Center. However, it must be noted that the district doesn't have District Early Intervention Centre (DEIC). With regards to NCD clinics, total number of functional is 6 at DH, and CHC level in the district. Out of the total NCD clinic, there is 1 NCD clinic functional at the DH level, and 5 at CHC level. The total number of institutions providing comprehensive abortion care services (CAC) is reported to be at 3 facilities.

Table 9: Status of Health Infrastructure in Rampur District, Uttar Pradesh, 2020-21

Facility Details	Operational
District Hospitals	1
Sub District Hospital	0
Community Health Centres	5
Primary Health centre	27
Sub-Centres	211
Urban Primary Health Centers (U-PHC)	6
No. of UPHC converted to HWCs	24
No. of Sub-centre converted to HWCs	77
Special Newborn Care Units (SNCU)	1
Nutritional Rehabilitation Centres (NRC)	1
District Early intervention Center (DEIC)	0
First Referral Units (FRU)	2
Blood Bank	1
Blood Storage Unit (BSU)	1
Designated Microscopy Center (DMC)	30
Tuberculosis Units (sanctioned/ planned)	13
CBNAAT/TruNat Sites	16
Drug Resistant TB Centres	2
Facility with NCD clinics	6
Facility with Abortion care services	6

Source: CMHO Office (2020-21), Rampur District, Uttar Pradesh

*Sanctioned/ planned

Following table 10 clearly depicts that hardly 2 per cent SCs are conducting more than 3 deliveries per month out of total SCs (211) in the district. Therefore, the situation is extremely bleak in case of Sub-centre. The district has total 27 PHCs, out of which around 19 per cent PHCs are able to

conduct more than 10 deliveries per month. Moreover, all 100 per cent CHC are able to conduct more than 20 deliveries in a month.

Table 10: Status of Delivery Points in Rampur District, Uttar Pradesh

Delivery points	In number
No. of SC centre conducting > 3 deliveries /month	4
No. of PHC conducting > 10 deliveries /month	5
No. of CHC conducting > 20 deliveries /month	5
No. of DH conducting > 50 deliveries/ month	1
No. of DH conducting C-section	1
No. of Medical college conducting C- section in district	-
Number of institutes with ultrasound facilities	3

Source: CMHO Office (2020-21), Rampur District, Uttar Pradesh

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. The district has 2 Advanced Life Support, 2 MMU and 102 Ambulance are 20. There was no Basic life Support (BLS) reported at the district.

Table 11: Status of Ambulance & Referral services in Rampur District

Transport Facility	In Number	GPS fitted	Average calls received /day	Average trips per Ambulance/ day
ALS	2	Yes	2	2
BLS	NA	-	-	-
102 Ambulance	20	Yes	-	8
Mobile Medical Units	2	-	-	48*

Source: CMHO Office (2020-21), Rampur District, Uttar Pradesh

* Per month

All ambulances are GPS fitted and are being handled through centralized call centers. The average numbers of calls of ALS that are being received are 2-3 calls per day. With regards to the trips conducted, around 8 number of trips are being conducted by per “102 Ambulance” per day.

2.1.3 Human Resources

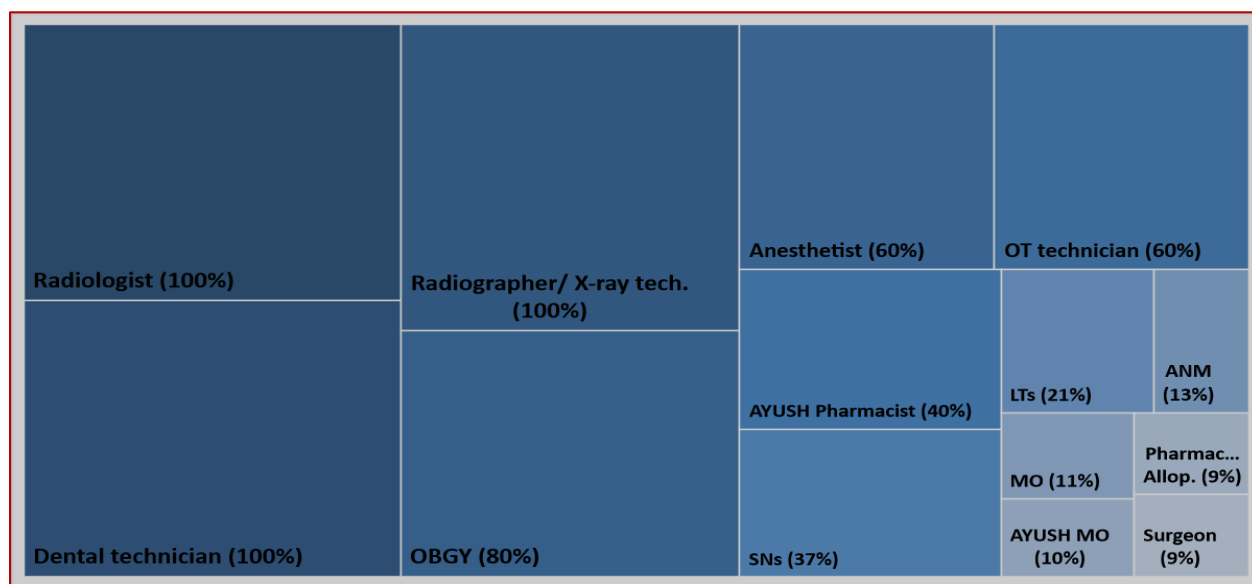
Lack of Human Resource is one of the major concerns of the district. Table 13 depicts the status of manpower in the district. Vacant Position for the ANM, and Staff Nurse is high in the district. Total number of sanctioned post of Gynecologists is 10 out of which only 2 posts has been filled and 8 post is still vacant. The total number of sanctioned posts for Anesthetist is 10 out of which only 4 has been filled and 6 posts is still held vacant. Around 48 MOs in the district against the 54 posts. Against the total number of sanctioned posts for ANM, 30 posts are vacant in the district. Non-availability of Radiologist, dental technician and Radiographer was observed in the district.

Table 12: Status of Human Resources in the Rampur District, Uttar Pradesh

Staff details	Sanctioned	In- place	Vacant Position	% Vacant
ANM	231	201	30	13%
MPW (Male)	-	-	-	-
Staff Nurse	49	31	18	37%
Lab Technician	24	19	5	21%
Pharmacist (Allopathic)	44	40	4	9%
MO (MBBS)	54	48	6	11%
OBGY	10	2	8	80%
Anesthetist	10	4	6	60%
Surgeon	44	40	4	9%
Radiologist	5	0	5	100%
Dentists/Dental Surgeon/ Dental MO	5	5	0	0%
Dental technician	5	0	5	100%
Radiographer/ X-ray technician	5	0	5	100%
OT technician	5	2	3	60%
CHO/MLHP	77	77	0	0%
AYUSH MO	21	19	2	10%
AYUSH Pharmacist	5	3	2	40%

Source: CMHO Office (2020-21), Rampur District, Uttar Pradesh

Figure 4 presents the % vacant position for the various Medical, and Paramedical staff in Rampur District of Uttar Pradesh. High percentage vacancy pertains in the district for mostly for Specialist, Radiologist, OBGY, Radiographer, and Anesthetist. Against the sanctioned post in the district, 80% position for OBGY, 60% position for Anesthetist, and 37% positions are vacant of SNs.

Figure 4: Vacancy of Manpower in Rampur, Uttar Pradesh, 2020-21

2.2 Service Delivery & Implementation Status of National Programme

This section will attempt to discuss in details service delivery & implementation of various national programmes related to mother, child healthcare services under National Health Mission:

2.2.1 Maternal Health, New Born & Child Health Services/ Programmes

Improving the well-being of mothers, infants and children is an important public health goal for Government of India (GOI). India's Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Strategy, was launched in 2013. The RMNCH+A strategy aim to reduce child and maternal mortality through strengthening of health care delivery system. The following table 13 depicts the scenario of mortality indicators in Rampur District of Uttar Pradesh for last two financial years.

Table 13: Mortality Indicators in Rampur District, 2019-20 & 2020-21

Mortality Indicators	2019-20	2020-21
Maternal Death	63	47
Child Death	-	13*
Infant Death	-	135*
Still Birth	-	297*

Source: CMHO Office (2020-21), Rampur District, Uttar Pradesh

* HMIS 2020-21

The above table depicts that total number of maternal deaths has decreased in the district in the year 2020-21, as against the previous year 2019-20. Total number of still birth & infant death was observed quite high as compare to other mortality indicators in the said district in the last financial year. The vast majority of these deaths are preventable. To ensure the maternal & Child health, Government of India (GoI) has launched numerous initiative i.e. JSY, JSSK, PMSMY, HBNC & RBSK etc. In this section we will discuss the implementation status of the national programme for mothers & child health.

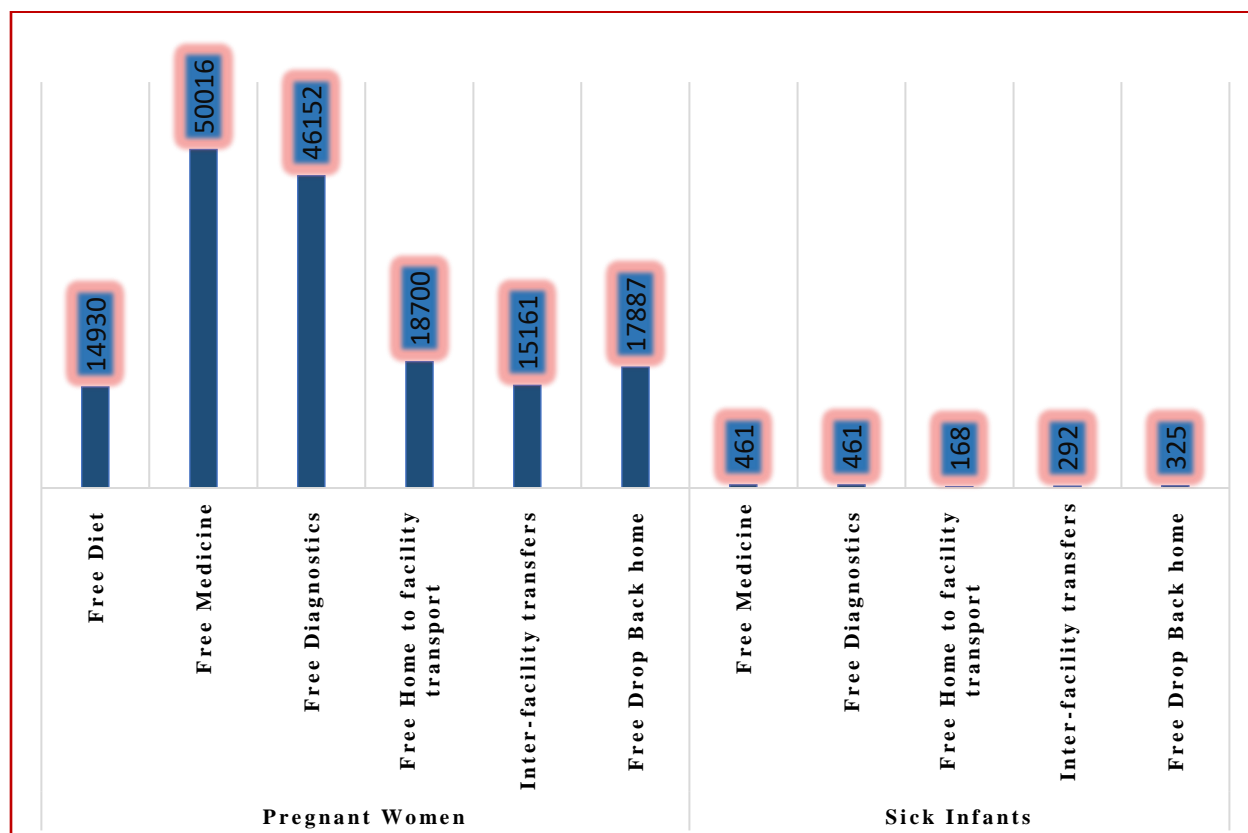
JSY Programme

Janani Suraksha Yojana is an initiative for safe motherhood under NRHM. It aims at reducing maternal and neo mortality rate, promoting institutional deliveries among poor pregnant women by incentivizing them through cash benefits for getting institutional deliveries. The Janani Suraksha Yojana scheme is working well in the Rampur district.

JSSK Programme

Janani Shishu Suraksha Karyakaram aims to improve maternal and child health by minimizing financial expenses of pregnancy and sick new born child. Furthermore, the aim of this scheme is to promote institutional deliveries. Under this scheme cashless services are provided to the pregnant woman and new born in form of free drug, free food, free diagnostics, and free transport or any other cost which might be incurred during the process of normal delivery till 3 days after birth, and 7 days in case of caesarean section. Figure 5 & table 14 shows the JSSK status in Rampur district for the year 2020-21. The JSSK scheme was fully functioned in the Rampur District of Uttar Pradesh. Free diet was given to just 7853 beneficiary mothers. Overall, JSSK fund was being almost completely utilized for the medicine services.

Figure 5: JSSK program in Rampur District, 2020-21: Pregnant Women vs. Sick Infants



Under JSSK scheme, free drugs were given to 117215 mothers and 8 infants in the district. Free diagnostics was conducted for 107260 beneficiary mothers and 13 infants. Home to facility transport was availed by solely 24941 beneficiaries and referral transport was availed by total 2 beneficiaries, facility to home transport was availed by 27903 beneficiaries.

Table 14: Overall Status of JSSK Program in Rampur District, Uttar Pradesh, 2020-21

Pregnant Women/Children provided - Free Medicines under JSSK (Pregnant women + Sick Infants)	In Number
Free Diet	14930
Free Medicine	50477
Free Diagnostics	46613
Free Home to facility transport	18868
Inter-facility transfers when needed	15453
Free Drop Back home	18212

Source: HMIS (2020-21), Rampur District, Uttar Pradesh

Table 15 depicts the neonatal health service delivery with regard to infrastructure in Rampur District of Uttar Pradesh for the year 2020-21. The district has 1 SNCU and 1 NRC. The total numbers of admissions in the SNCU unit were 122 for In-born and 268 for out-born. More than 60 new-borns died in the SNCU in last year. With regards to NRC, the total numbers of admissions in the NRC unit were 186. Total 52 new-born were discharged from NRC in the last financial year. The table even shows that 53 were referred and no new-born died in the NBSU.

Table 15: Neonatal Health Service Delivery in Rampur District, 2020-21

Neo Natal Facility	In number
SNCU	
Total number of SNCU	1
Inborn Admission	122
Out born Admission	268
Referral	127
LAMA	13
Died	62
NRC	1
Admission	186
Referred	52
Discharged	53
LAMA	5
Died	0

Source: CMHO Office (2020-21), Rampur District, Uttar Pradesh

HBNC Programme

ASHAs are responsible for the HBNC & HBYC visits in the villages or slums. HBNC programme is well implemented in the district. The following table 16 depicts the HBNC programme in the district. It was reported that ASHAs were also actively involved in the counseling of Immunization & HBNC visit. More than 32 thousand neonatal visits were conducted by ASHA worker under

HBNC programme in the year 2020-21. Out of the total ASHAs worker, around 88% ASHAs worker having the HBNC Kit.

Table 16: Status of HBNC programme in the Rampur District of Uttar Pradesh, 2020-21

Home Based Newborn Care (HBNC)	In number
Availability of HBNC kit with ASHAs	1437
% ASHA having HBNC kit, of total ASHAs	88%
Availability of drug kit with ASHAs (Rural)	0
Newborns visited under HBNC	32553

Source: CMHO Office (2020-21), Rampur District, Uttar Pradesh

RBSK Program

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include, the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened. RBSK programme is well implemented in the district. In Rampur district, there are a total of 12 RBSK teams, with 2 teams per block, which ensure coverage of children. However, RBSK team in some blocks (like Rampur) were reported to be incomplete. In the district, 12 numbers of vehicles are on the road for RBSK team. Therefore, all the RBSK teams equipped with the vehicles in the district. Overall, more than 16 thousand children were screened for defects at birth by the RBSK team in last financial year. At Aanganwadi centre around 9 thousand children were screened, while more than 14 thousand children were screened at government and government aided school.

Table 17: Status of RBSK programme in Rampur District, Uttar Pradesh

RBSK	In Number
Total no. of RBSK teams sanctioned	12
All Complete teams with all HR in-place	No
No. of vehicles for team	12
No. of Teams / Block	2
No. of blocks without dedicated teams	-
Average no. of children screened per team/ day	-
No. of children screened for defects at birth*	16145
No. of children screened at AWC*	9165
No. of children screened at Govt. & Govt. aided school*	14606

Source: CMHO Office (2020-21), Rampur District, Uttar Pradesh

*HMIS data

2.2.2 Communicable & Non- Communicable Diseases Control Programmes

One of the key objectives of NHM programme is prevention and control of most common communicable and non-communicable disease. The important programme for communicable & non-communicable diseases that have been highlighted in this section include- IDSP, NTEP, NVBDP, and NLEP etc.

IDSP Programme

IDSP programme was effectively running in the district. All the public health facilities have been trained for IHIP portal with regards to reporting & implementation the same. The key objective of the IDSP programme is to strengthen/maintain decentralized laboratory based IT enabled disease surveillance system for epidemic prone diseases to monitor disease trends and to detect and respond to outbreaks in early rising phase through trained Rapid Response Team (RRTs). The surveillance units have been well established in the district. Rapid response teams are available/constituted at district level as well as block level. The RRT team include- Epidemiologist, Pathologist, Physician, Paediatrician, DSO, DMO, ACO, and Vector borne. For the proper quality reporting, DEO/ Data Manager must be appointed in each block. IDSP data utilized properly at the district level in alert generation and to identify/ forecasting any surge in specific diseases, and timely treatment to patient and to control any outbreak. In last financial year there is no outbreaks reported and investigated. Under IDSP programme, 31% private hospitals were reporting weekly data. Providing dedicated IHIP data entry at each block level can play a significant role as block level MCTS data entry operator already overloaded/ overburden with work.

NTEP Programme

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria. It spreads through air when a person suffering from tuberculosis cough, sneeze or spit. TB remains to be major public health problem in India. TB control efforts are initiated countrywide since 1962 with inception of National TB Control Programme. The programme was reviewed and revised strategy was pilot tested in 1993. The Revised National TB Control Programme (RNTCP) was launched in 1997 with implementation of Directly Observed Treatment, Short Course Strategy, Programme is further renamed as National Tuberculosis Elimination Programme in the year 2020 by Central TB Division, Government of India. Diagnosis of TB through Intermediary UDST

testing/lab is established in the district. More than four thousand cases of TB patients are eligible for UDST testing.

Table 18: NTEP Programme: Public Vs Private Sector, 2020-21

NTEP	Public Sector	Private Sector
No of patients notified	4699	1039
Treatment success rate	85%	71%
No. of MDR TB Patients	117	-
Treatment initiation among MDR TB patients	117	-

Source: CMHO Office (2020-21), Rampur District, Uttar Pradesh

Total number of TB cases notified under NIKSHYA significantly varies from 4699 in public sector to 1039 in private sector. Overall, treatment success rate was significantly high in public sector as compare to private sector. In the last financial year, overall total 117 numbers of TB patient deaths review were reported in the district and all MDR TB patient death was observed in public sector. Total 4355 numbers of beneficiaries paid under Nikshay Poshan Yojana.

NVBDCP Programme

The National Vector Borne Disease Control Programme (NVBDCP) is a focal agency of the Government of India responsible for control of 6 vector-borne diseases, i.e. malaria, visceral leishmaniasis, lymphatic filariasis, dengue, chikungunya and Japanese encephalitis. NVBDCP is a vertical programme due to separate budgets, healthcare cadres, supply chains, health information systems, monitoring, and evaluation frameworks but partially embedded in the existing mainstream healthcare system of the country at the grass root level, especially after the advent of National Rural Health Mission (NRHM). Detection methods for Filariasis include blood survey and filarial test strip. Overall Annual blood examination rate was reported 0.44% per cent in the district. Spray of Temephos & BTI larvicides were used in the district. Weekly epidemiological and entomological situations were monitored in the district and no MDR rounds have been observed in the last financial year. There is a proper micro and macro plan available at the district level as to control the vector borne disease prevalent in the district. In the last 3-year, there have been a decrease in the vector borne disease due to COVID scenario no OPD was observed under the said programme in district.

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

Heart Disease, Cancer, etc. are covered under NHM. Above table 19 depicts the status of Non-Communicable Diseases (NCDs) in Rampur District of Uttar Pradesh for the year 2020-21. In last financial year, more than 65 thousand CBAC forms filled in the district. Overall, numbers of cases of screening have been high for hypertension & diabetes in the last financial year. It can be noted that high number of hypertension and diabetes cases have been diagnosed. District is equipped with NCD clinics across most of the facilities and essential medicines are also available. High risk cases are referred to the CHCs and District hospital from the HWC SCs/ PHC.

Table 19: Status of Non-Communicable Diseases (under UHS) in Rampur, 2020-21

NCDs	Screened	Diagnosed	Treated
Hypertension	197177	19177	482
Diabetes	177254	13272	492
Oral Cancer	125667	101	1
Breast Cancer	31789	48	0
Cervical Cancer	197788	73	3

Source: CMO Office, Rampur District, Uttar Pradesh

2.2.3 Community Health Worker (CHW) & Programmes

Community health workers like ASHAs play strategic role in the area of public health. ASHAs have been established as the first port of call for all health related and allied activities at the community level. The bottom-up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors. The broad working status of ASHAs is highlighted in following Table 20.

Table 20: Contemporary status of ASHAs Worker, 2020-21

Status of ASHA	(In number)
Required as per population	1705
Selected	1625
No. of ASHAs covering more than 1500 (rural)/3000 (urban) population	78

Source: CMO Office, Rampur District, Uttar Pradesh, 2020-21

At present, a more than 1600 ASHAs are working in the district. In district, total 78 number of villages/ slum areas was reported that where ASHAs are covering more 1500 (rural)/3000 (urban) population. ASHAs were actively involved in the counseling of ANC, PNC, Immunization and Hygiene and sanitation practices. It was reported that ASHAs received their salary and incentive on time. Enrolled status of ASHAs worker under different programme is depicted in following table 21.

Table 21: Enrolled status of ASHAs under Different Programme, 2020-21

Schemes/ Programme	No. of ASHAs Enrolled
PMJJBY	1493
PMSBY	1625
PMSYBY	-

Source: CMO Office, Rampur District, Uttar Pradesh, 2020-21

MAS (Mahila Arogya Smiti)

MAS is one of the key interventions under National Health Mission aimed at promoting community participation in health at all levels, including planning, implementing and monitoring of health programmes. One Mohalla Arogya Samiti covers approximately one Mohalla. This Samiti addresses local issues related to any new diseases, local awareness, health education i.e. ANC, immunization, family planning, adolescent health, ambulance care services, national programmes related to women, COVID social distance practices, water, and sanitation at slum level. Total 82 number of Samiti formed and trained in the district. Total 82 MAS account was opened and it was reported that ASHA and one elected woman (particularly high educated as well as social) from the respective Mohalla handling the MAS account. This Committee consists ANM & around 10-15 members. Currently, all MAS were functional. Meeting of MAS was held at least once in a month.

3 Service Availability: Focus Group Discussions (FGDs) with Community

3.1 Community Awareness & Health Seeking Behaviors

Community interaction in Kadari Mohalla reflected that most of the people were displeased with the public healthcare services provided by the facility. Therefore, most of the community prefers private clinics over public facilities. The majority of the population in focus group discussion was Muslim. Referral transport services were available in the district; however, community were not aware about the ambulance services.

3.2 Out of pocket expenditure, Access of Medicine & Transportation services:

The beneficiaries at the facilities were largely unsatisfied with the service availability at the public institutions. The out-of-pocket expenditure was extremely high among the community members as they opt private clinics instead of public facilities. Owing to lack of transportation services they

opt personal vehicle to avail the healthcare services. Hence, Ambulance services was being utilized on a good scale.

3.3 Staff Behavior with the Community

Staff behaviors affect not only their own health but also the provision of health promotion services to their patients. Overall, beneficiaries were quite satisfied with the staff's behavior, and attitude. With regards to ASHAs worker, overall community has realized the importance & contribution of ASHAs worker in providing healthcare services i.e. ANC, Immunization and PNC. Community interactions indicated that the role of the ASHA is well appreciated in the community as they bridge the gap between health department and community. ASHA was found to be active in the community and her knowledge and skills are well perceived by the locals.

3.4 Key Challenges at Grass root level

Community concern was majorly reported about the lack of information about the services which is provided in the public facilities. It was a general perception among the community that private clinics provide better quality care services as they are paid. For maternal health care services, most of the community prefers private clinics over public facilities as they received better quality care services to the private hospitals instead of public health facilities. Therefore, utilization & faith towards the public health system was not satisfactory.



Figure 6: FGD with Community members, Kadari Mohalla (Nayi Basti)

4 Service Availability: Facility wise Observation

The observations made by the monitoring team during the visit to various health facilities in Rampur District are listed below. This section of report summarizes the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc as per the IPHS standard.

4.1 District Hospital, Rampur

District women hospital is a 60 bedded facility located on the main road. It was functioning in government premises. 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. Per day average delivery load at this hospital was the reported to be 300 in the district. Monthly around 160-170 deliveries were conducted at the hospital. Out of the total deliveries, around 30 C-section & rest normal deliveries were reported. The facility has well adhered the quality care protocol and it was observed Kayakalp & NQAS awardee with in last financial year.



Figure 7: DH, Rampur Uttar Pradesh



Table 22 clearly depicts the availability & non-availability of the services at the facility. Overall, non-availability of DEIC, NICU, PICU, NRC, X-ray, dialysis unit, and CLMC was observed. EDL were well displayed in OPD area. It was reported that the SNCU has 12 bedded. Furthermore, there were a fully functional NRC in the hospital. The labour room was clean, with shoe covers, slippers masks and head cover are readily available outside. Family planning acceptance is found to be less however; ANTARA is the most preferred method. However, high numbers of drop out rate are observed due to side effect i.e., bleeding.

Table 22: Infrastructure, Services & Equipment Availability in DWH Rampur

Physical Infrastructure Availability	Yes/No	Specialized Services Availability	Yes/No
24*7 running water facility	√	O&G	√
Facility is geriatric and disability friendly	√	Pediatric	√
Hospital located near residential area	√	Medicine	×
Clean functional toilets (separate for M/F)	√	General Surgery	×
Drinking water facility available	√	Anesthesiology	×
OPD waiting area has sufficient sitting space	√	Ophthalmology	×
ASHA rest room is available	×	Dental	×
Drug storeroom with rack is available	√	Imaging Services (X – ray)	×
Power backup at Complete Hospital	√	Imaging Services (USG)	√
Good Condition of Building	√	DEIC	×
Complete Construction Status of Building	√	NRC	×
Diagnostic Services Availability		SNCU/ MNCU	√
Laboratory Service	√	CLMC	×
X-ray	×	NICU	×
CT Scan	×	PICU	×
Fully Equipped Blood Bank	√	Labour room complex	√
OT services	√	Dialysis Unit	×
Medicine & Instruments Availability		Burn Unit	×
All Essential Medicine on the day of visit	-	Skill Lab	√
Major Instrument Available & Functional	√	Teaching block	√
All essential consumable	√	Emergency Care	√

In the last financial year, zero maternal deaths were reported at the facility. In the current year, 2 maternal deaths were seen in the district hospital. With regards to JSY payment, it was reported to be 99 percent in the month of September, 2021. JSSK programme is well implemented at the facility, diet is provided to the delivered women at the premises.

Key Challenges:

- Crunch of manpower was notably concerning at the facility.
- Cleanliness is a notable challenge in the facility premises as public does not cooperate with the healthcare staff. Despite all efforts, the problem of overcrowding still has been unresolved. Thus, providing services with quality care is a serious concern.
- High numbers of rape cases are recorded in the hospital for screening.

4.2 Urban Community Health Centre, Bilaspur

Community Health Centre Bilaspur is 30 bedded spacious health facility, caters around 32 lakh population. The next referral point from this facility is District Hospital Rampur, which is around 32 km away from this CHC. Overall, the facility witnessed a very heavy 400-500 OPD loads per day. Presently there are 4 MO, 1 Dentist, 4 SNs/ GNMs, 2 LTs, and 3 Pharmacists at the facility. There are 211 ASHAs and 37 ANMs under this CHC. All essential services i.e. General OPDs, IPD, MCH services, general emergency and diagnosis were provided at the facility. The facility has well adhered the quality care protocol and it was observed Kayakalp awarded with the 87% score in external assessment in last financial year.



Figure 8: CHC, Bilaspur

Around 200 deliveries per month were reported at this facility. This facility is well equipped for the delivery care services, while the critical trauma cases, high-risk cases directly referred to the District Hospital. In the last financial year, maternal deaths & child deaths were reported to be zero

at the facility. The following table 23 clearly depicts the availability and non-availability of services at the facility.

Table 23: Infrastructure, Services & Equipment Availability in CHC, Bilaspur

Physical Infrastructure Availability	Yes/No	Specialized Services Availability	Yes/No
Accessible from nearest road ahead	√	Medicine	√
24*7 running water facility	√	O&G	√
Facility is geriatric and disability friendly	-	Pediatric	×
Hospital located near residential area	√	General Surgery	×
Clean functional toilets (separate for M/F)	√	Anesthesiology	×
Drinking water facility available	√	Ophthalmology	×
OPD waiting area has sufficient sitting space	√	Dental	×
ASHA rest room is available	√	Imaging Services (X – ray)	√
Drug storeroom with rack is available	√	Imaging Services (USG)	×
Power backup at Complete Facility	√	NBSU	√
Good Condition of Building	√	Instrument Availability	
Services Availability		Major Instrument Avl. & Functional	√
Emergency (General)	√	Medicine & Diagnostic Availability	
Tele-medicine Services	×	Essential Medicine	×
MCH Services	√	Essential diagnostic (In House)	√
OT services	√	Testing Kits/ Rapid diagnostic Kits	√
Blood storage Unit	×	Essential Consumable	√

In last six months, total 2140 cases were screened for hypertension and 2230 number cases of diabetes were screened. However, the confirm cases for hypertension and diabetes were reported 260 and 295 respectively. All the essential equipment was available at the facility. The list of essential medicines has a total of 161 medicines, and all 101 type medicines available on the day of the visit. Therefore, shortage of essential medicine was observed at the facility. With regards to family planning services, ANTRA at the facility is the most preferable family planning method was reported.

Key Challenges:

- The major issue was reported to be the space crunch as the patient load is very high.
- There was a shortage of staff in the facility.
- There are only one ward for male and female at the facility.

4.3 Rural Community Health Centre, Shahbad

CHC Shahbad is running in a government spacious premises. The health facility was easily accessible as located on the main road. It caters around 3.5 lakh populations. Around 250 per day OPD load was observed at this facility. With regards to essential services, General OPDs, IPD, delivery care services including C- section, Diagnostics services, emergency care 24*7, X-ray, NBSU, KMC, Family planning were seen at the facility. Furthermore, all essential tests were provided at the facility. It was well adhered with quality care protocol and found to be Kayakalp certified (consolation) in last financial year.



Figure 9: CHC, Shahbad

Around 300-350 deliveries per month were conducted at the facility including c-section as well. Furthermore, Total 425 no. of test were done at the facility in last financial year. There are 5 PHCs under this CHC out of which 3 are HWC and 39 sub centers out of which 15 are HWC. Total 28 ASHAs are associated with this facility. Out of all of these PHCs and SCs two are delivery points. In last year, here are no maternal deaths was observed at the facility. With regards to child deaths, it was observed to be zero in last two year. Overall non-availability of specialized services i.e. Pediatric, Blood storage unit, and Imaging services (USG) was observed at the facility as depicted in the following table 24.

Table 24: Infrastructure, Services, Medicine & Equipment Availability in CHC Shahbad

Physical Infrastructure Availability	Yes/No	Specialized Services Availability	Yes/No
Accessible from nearest road ahead	√	Medicine	√
24*7 running water facility	√	O&G	√
Facility is geriatric and disability friendly	√	Pediatric	×
Hospital located near residential area	√	General Surgery	√
Clean functional toilets (separate for M/F)	√	Anesthesiology	√
Drinking water facility available	√	Ophthalmology	√
OPD waiting area has sufficient sitting space	√	Dental	√
ASHA rest room is available	×	Imaging Services (X – ray)	√
Drug storeroom with rack is available	√	Imaging Services (USG)	×
Power backup at Complete Facility	√	NBSU	√
Good Condition of Building	√	Instrument Availability	
Services Availability		Major Instrument Avl. & Functional	×
Emergency (General)	√	Medicine & Diagnostic Availability	
Tele-medicine Services	×	Essential Medicine	×
MCH Services (incl. High Risk Pregnant)	√	Essential diagnostic (In House)	√
OT services	√	Testing Kits/ Rapid diagnostic Kits	√
Blood storage Unit	×	Essential Consumable	√

Key challenges:

- This facility needs to be strengthened since the patient load is extremely high.
- HR shortage is challenging handling the over burden.

4.4 Urban Primary Health Centre, Saifni

PHC Saifni is well functioning in a government building. This facility is located in Shahabad block and cater around 20 thousand population. This PHC has a good infrastructure and is quite spacious, however, it was not utilized as per its capacity. This is not a delivery point despite having a labor room. The Facility has been converted in HWC. It is 7 bedded healthcare facility. Around 50 per day OPD load was observed at this facility. There are total 5 sub centers falls under this PHC. With regard to manpower, presently there is 2 MO, 1 staff Nurse, 1 Pharmacist, 1 ward boy and 1 sweeper working at the facility. The facility was not fully equipped with HR in place and there is no LT and ANM at the facility. The following table 25 depicts the availability as well as non-availability of the Infrastructure, Diagnostic Services, Medicine & Equipment at the facility. Overall non-availability of delivery care services, 24*7 service delivery, Imaging Services (X – ray) was observed. Non- communicable diseases (NCD) screening were observed to be at this facility.



Figure 10: PHC Saifni, Rampur

In last six month, total 45 & 65 cases were screened of hypertension & diabetes, of which 35 & 42 cases were confirmed for hypertension & diabetes respectively. With regards to essential medicine, shortage of few medicines was observed in last 30 days at the facility. However, all NCDs medicine were available at the facility on the day of the visit. No major services were catered at this facility.

Table 25: Infrastructure, Services, Medicine & Equipment Availability in PHC Saifni

Physical Infrastructure Availability	Yes/No	Services Availability	Yes/No
Accessible from nearest road ahead	√	24*7 Service Delivery	×
24*7 running water facility	√	Availability of Delivery care services	×
Facility is geriatric and disability friendly	√	Line listing of High-risk pregnancy	-
Facility located near residential area	√	X-Ray	×
Clean functional toilets (separate for M/F)	-	Telemedicine Services	√
Drinking water facility available	√	Instrument Availability	
OPD waiting area has sufficient sitting space	×	Major Instrument Available & Functional	-
ASHA rest room is available	×	Medicine & Diagnostic Availability	
Drug storeroom with rack is available	-	Essential Medicine	×
Power backup at the Facility	-	Essential -diagnostic (In House)	√
Good Condition of Building	√	Essential Consumable	√

Key Challenges:

- The facility was not fully equipped with HR in place and there is no LT and ANM at the facility. Furthermore, crunch of nursing staff was a concern at the facility.
- There is no separate maternity ward at the facility.
- Non- availability of female staff is also worrisome concern at the facility.

4.5 Rural Primary Health Centre, Manpur Ojha

R- PHC Manpur Ojha is located in Bilaspur block. This facility is functioning in a government building where issues pertaining to shortage of staff, infrastructural issue, seepage in the room, sanitation & unhygienic issue, etc. persists. This facility caters more than 20 thousand population. This facility seems to be exceptionally non-functional due to collocated with Sub-centre as well as old premises. In the name of service delivery, only a building stood with very few essential services were provided. This facility is a delivery point, however most of the delivery care services were catered at the co-located Sub-centre. Hardly 40-50 OPD per day was reported at the facility.



Figure 11: R- PHC, Manpur Ojha

The next referral point was reported CHC Bilaspur from the facility. Currently, there is just 1 MO, and 1 SN working at the facility. Basic essential were rendered at the facility. Furthermore, all essential tests were not provided at the facility because of non-availability of LT. All the essential medicines were not available on the day of the visit. Out of the total essential medicine (162), around 92 medicines were available at the facility.

Key Challenges:

- Very old building premises again a big challenge for the facility. This facility entails renovation and expansion.
- Non- availability of staff nurses, no LT and Pharmacist was observed at the facility.
- This PHC does not have enough beds to accommodate patients.

4.6 Sub-Centre/ Health & Wellness Centre, Manpur Ojha

HWC/ SC Manpur Ojha functioning in a government building where issues pertaining to incomplete kit of ASHAs, shortage of Medicine issue, etc. persists. This facility is a delivery point. Total 1120 CBAC forms have been filled in the last 6 months, out of which around 211 cases observed with more than four score. At present there are 1 CHO, 1 ANM & 4 ASHAs workers at the facility.



Figure 12: HWC, Manpur Ojha

The following table 26 clearly depicts the availability as well as non-availability of the infrastructure, diagnostic services, medicine & equipment at the facility. All the essential medicines (38 types available) were available on the day of the visit except Paracetamol tablet. With regards to non-communicable diseases (NCD) medicines, it was well observed at the facility. NCD screening, VHSNC session and HWC activities were performed at the facility. In last six month, total 650 & 560 cases were screened of hypertension & diabetes, of which 42 number of cases & 68 cases were confirmed for hypertension & diabetes respectively. In last financial year, none of the maternal & child deaths were reported at the facility. In total 12 cases were referred to the PHC in the last month for diabetes, and hypertension.

Table 26: Infrastructure, Services & Equipment Availability in SC/ HWC, Manpur Ojha

Physical Infrastructure Availability	Yes/No	Services Availability	Yes/No
Accessible from nearest road ahead	√	Maternal & child health services (few)	√
24*7 running water facility	√	Availability of Delivery care services	√
Facility is geriatric and disability friendly	√	Line listing of Eligible couple	√
Facility located near residential area	√	CBAC form filling	√
Clean functional separate toilets	×	Family planning services	√
Drinking water facility available	√	Instrument Availability	
Waiting area has sufficient sitting space	√	Major Instrument Avl. & Functional	√
ASHA rest room is available	×	Medicine & Diagnostic Availability	
Drug storeroom with rack is available	×	Essential Medicine	×
Branding	√	NCD medicine	√
Specified area for Yoga Activities	√	Essential Consumable	√
Power backup at the Facility	×	ASHAs complete kits	√

With regards to service availability, it was observed that the facility is geriatric and disability friendly, toilet was available but not separated for male and female. There was availability of BP instrument which is digital in nature, thermometer, ample contraceptives such as condoms, EC pills etc., and glucometer. The branding of the facility was completed but not up to the mark. The total fund received last year was Rs. 30000, of which 100% fund have been utilized by the facility. The majority of fund was utilized on electricity. For the power backup, the facility has installed the inverter at the facility.

Key Challenges:

- The shortage of essential medicine i.e., Paracetamol tab was reported at the facility.
- Internet connectivity problem was noticed at the facility; therefore, the facility has struggling in uploading the data on HWC portal.

5 Discussion & Key Recommendations

- Chronic shortage of specialists i.e. OBGY, Radiologist, Radiographer & Anaesthetist are notably concerning in the district. Lacunae in human resource for healthcare must be addressed from a systematic and time-sensitive standpoint.
- Owing to crunch of Staff nurse & ANM institutional delivery care services at public institutions were highly hampered. Government should prioritize recruitment of ANM in each Sub-centre to improve the access of healthcare services.
- During the visits, it was observed that in district proper facade branding was not displayed in the visited HWCs as well as infrastructure were not upgraded/developed as per the guidelines. Before handing over the Health & Wellness Centers to the respective SC's/PHCs it is highly recommended that a proper "Gap-Analysis" of infrastructure should be carried out so that the implementation of HWC will be easier. Any Penalty can be imposed either by the state or the centre for the lacks observed in the same.
- Family planning counselling is essentially required in the district. As monitoring team observed, most of the facilities were not equipped with the said counselor staff. Appropriate counselling of couple on contraception method will help in sensitizing the importance of birth control and healthy family life. Thus, in turn, dedicated counselor should be appointed in the district.
- Number of rape victims' cases was reported to gradually increasing. In the given scenario strengthening of mental health programmes/ system concerning the same needs to be strengthened.
- Health facilities that are essentially co-located or likely to be non-functional with respect to healthcare services must be identified and worked on it, this includes particularly SCs and PHCs. Therefore, frequent monitoring visits & supervision can play an imperative role for making them functional as well as optimal utilization of resources.

District level Monitoring Checklist

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				
16. Mortality Indicators:	Previous year (2019-20)		Current FY (2020-21)	
	Estimated	Reported	Estimated	Reported
Maternal Death				
Child Death				
Infant Death				
Still birth				
Deaths due to Malaria				
Deaths due to sterilization procedure				
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				
8. Special Newborn Care Units (SNCU)				
9. Nutritional Rehabilitation Centres (NRC)				
10. District Early intervention Center (DEIC)				
11. First Referral Units (FRU)				
12. Blood Bank				
13. Blood Storage Unit (BSU)				
14. No. of PHC converted to HWC				
15. No. of U-PHC converted to HWC				
16. Number of Sub Centre converted to HWC				
17. Designated Microscopy Center (DMC)				
18. Tuberculosis Units (TUs)				
19. CBNAAT/TruNat Sites				
20. Drug Resistant TB Centres				
21. Functional Non-Communicable Diseases (NCD) clinic				

<ul style="list-style-type: none"> • At DH • At SDH • At CHC 		
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 		

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"> • Details of Construction pending for more than 2 years • Details of Construction completed but not handed over 	

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

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

Indicator	Remarks/ Observation	
12. Number of Child Death Review conducted <ul style="list-style-type: none"> • Previous year • Current FY 		
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"> • No. of trips per MMU per month • No. of camps per MMU per month • No. of villages covered • Average number of OPD per MMU per month • Average no. of lab investigations per MMU per month • Avg. no. of X-ray investigations per MMU per month • Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month • Avg. no. of sputum collected for TB detection per MMU per month • Average Number of patients referred to higher facilities • Payment pending (if any) • If yes, since when and reasons thereof 		
19. Vehicle for Referral Transport <ul style="list-style-type: none"> • No. of Basic Life Support (BLS) (on the road) and their distribution • No. of Advanced Life Support (ALS) (on the road) and their distribution 		
20. Universal health screening <ul style="list-style-type: none"> • If conducted, what is the target population • Number of Community Based Assessment Checklist (CBAC) forms filled till date • No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> ○ Hypertension 		

Indicator	Remarks/ Observation		
<ul style="list-style-type: none"> ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
<ul style="list-style-type: none"> • Whether call center and toll-free number available 			
<ul style="list-style-type: none"> • Percentage of complains resolved out of the total complains registered in current FY 			
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> • JSY beneficiaries 			
<ul style="list-style-type: none"> • ASHA payment: 			
<ul style="list-style-type: none"> ○ A- Routine and recurring at increased rate of Rs. 2000 pm 			
<ul style="list-style-type: none"> ○ B- Incentive under NTEP 			
<ul style="list-style-type: none"> ○ C- Incentives under NLEP 			
<ul style="list-style-type: none"> • Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 			
<ul style="list-style-type: none"> • Patients incentive under NTEP programme 			
<ul style="list-style-type: none"> • Provider's incentive under NTEP programme 			
<ul style="list-style-type: none"> • FP compensation/ incentive 			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
<ul style="list-style-type: none"> • If Rapid Response Team constituted, what is the composition of the team 			
<ul style="list-style-type: none"> • No. of outbreaks investigated in previous year and in current FY 			
<ul style="list-style-type: none"> • How is IDSP data utilized 			
<ul style="list-style-type: none"> • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP 			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
<ul style="list-style-type: none"> • Micro plan and macro plan available at district level 			
<ul style="list-style-type: none"> • Annual Blood Examination Rate 			
<ul style="list-style-type: none"> • Reason for increase/ decrease (trend of last 3 years to be seen) 			
<ul style="list-style-type: none"> • LLIN distribution status 			
<ul style="list-style-type: none"> • IRS 			
<ul style="list-style-type: none"> • Anti-larval methods 			
<ul style="list-style-type: none"> • Contingency plan for epidemic preparedness 			
<ul style="list-style-type: none"> • Weekly epidemiological and entomological situations are monitored 			
<ul style="list-style-type: none"> • No. of MDR rounds observed 			
<ul style="list-style-type: none"> • No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 			
27. Implementation of National Tuberculosis Elimination Programme (NTEP)			
<ul style="list-style-type: none"> • Target TB notification achieved 			
<ul style="list-style-type: none"> • Whether HIV Status of all TB patient is known 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		

Indicator	Remarks/ Observation
	If No, no. of TB patients with known HIV status _____
<ul style="list-style-type: none"> Eligible TB patients with UDST testing 	
<ul style="list-style-type: none"> Whether drugs for both drug sensitive and drug resistance TB available 	
<ul style="list-style-type: none"> Patients notification from public sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Patients notification from private sector 	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> No. of new cases detected 	
<ul style="list-style-type: none"> No. of G2D cases 	
<ul style="list-style-type: none"> MDT available without interruption 	
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	
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"> Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA 	
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) 	

Indicator	Remarks/ Observation			
<ul style="list-style-type: none"> Any other state specific scheme _____ 				
36. Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened 				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> Formed Trained 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
<ul style="list-style-type: none"> Total no. of posts vacant at the beginning of FY Among these, no. of posts filled by state Among these, no. of posts filled at district level 				
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

Implementation of CPHC

Status as on: _____

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled		
3. Number of HWCs started NCD screening: <ol style="list-style-type: none"> SHC- HWC PHC- HWC UPHC – HWC 		
4. Number of individuals screened for: <ol style="list-style-type: none"> Hypertension Diabetes Oral Cancer Breast Cancer Cervical Cancer 		
5. Number of HWCs providing Tele-consultation services		
6. Number of HWCs organizing wellness activities		

Status of HRH

Status as on: _____

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM			
MPW (Male)			

Staff Nurse				
Lab technician				
Pharmacist (Allopathic)				
MO (MBBS)				
OBGY				
Pediatrician				
Anesthetist				
Surgeon				
Radiologists				
Other Specialists				
Dentists/ Dental Surgeon/ Dental MO				
Dental technician				
Dental Hygienist				
Radiographer/ X-ray technician				
CSSD Technician				
OT technician				
CHO/ MLHP				
AYUSH MO				
AYUSH Pharmacist				
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section	
LSAS trained doctors				
EmOC trained doctors				

State of Fund Utilization

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

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
• FMR 16.1: PM Activities Sub Annexure			

17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: _____ to _____

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

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

Status of trainings

Status as on: _____

List of training (to be filled as per ROP approval)	Planned	Completed
1.		
2.		
3.		
4.		

DH level Monitoring Checklist

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

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

Indicator	Remarks/ Observation																																																																					
	<input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____																																																																					
3. Number of functional in-patient beds	_____ No of ICU Beds available:																																																																					
4. List of Services available																																																																						
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1"> <thead> <tr> <th data-bbox="654 583 732 617">Sl.</th> <th data-bbox="732 583 1263 617">Service</th> <th data-bbox="1263 583 1382 617">Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td></td></tr> <tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td></td></tr> <tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td></td></tr> <tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)</td><td></td></tr> <tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td></td></tr> <tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td></td></tr> <tr><td>16</td><td>Labour Room Complex</td><td></td></tr> <tr><td>17</td><td>ICU</td><td></td></tr> <tr><td>18</td><td>Dialysis Unit</td><td></td></tr> <tr><td>19</td><td>Emergency Care</td><td></td></tr> <tr><td>20</td><td>Burn Unit</td><td></td></tr> <tr><td>21</td><td>Teaching block (medical, nursing, paramedical)</td><td></td></tr> <tr><td>22</td><td>Skill Lab</td><td></td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	District Early Intervention Centre (DEIC)		11	Nutritional Rehabilitation Centre (NRC)		12	SNCU/ Mother and Newborn Care Unit (MNCU)		13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)		14	Neonatal Intensive Care Unit (NICU)		15	Pediatric Intensive Care Unit (PICU)		16	Labour Room Complex		17	ICU		18	Dialysis Unit		19	Emergency Care		20	Burn Unit		21	Teaching block (medical, nursing, paramedical)		22	Skill Lab	
Sl.	Service	Y/N																																																																				
1	Medicine																																																																					
2	O&G																																																																					
3	Pediatric																																																																					
4	General Surgery																																																																					
5	Anesthesiology																																																																					
6	Ophthalmology																																																																					
7	Dental																																																																					
8	Imaging Services (X – ray)																																																																					
9	Imaging Services (USG)																																																																					
10	District Early Intervention Centre (DEIC)																																																																					
11	Nutritional Rehabilitation Centre (NRC)																																																																					
12	SNCU/ Mother and Newborn Care Unit (MNCU)																																																																					
13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)																																																																					
14	Neonatal Intensive Care Unit (NICU)																																																																					
15	Pediatric Intensive Care Unit (PICU)																																																																					
16	Labour Room Complex																																																																					
17	ICU																																																																					
18	Dialysis Unit																																																																					
19	Emergency Care																																																																					
20	Burn Unit																																																																					
21	Teaching block (medical, nursing, paramedical)																																																																					
22	Skill Lab																																																																					
5. Emergency	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization																																																																					
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																																																					
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT:																																																																					

Indicator	Remarks/ Observation																																																																																								
	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																																																																																								
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th data-bbox="654 709 1036 743">HR</th> <th data-bbox="1036 709 1170 743">San.</th> <th data-bbox="1170 709 1305 743">Reg.</th> <th data-bbox="1305 709 1421 743">Cont.</th> </tr> </thead> <tbody> <tr> <td data-bbox="654 743 1036 772">MO (MBBS)</td> <td data-bbox="1036 743 1170 772"></td> <td data-bbox="1170 743 1305 772"></td> <td data-bbox="1305 743 1421 772"></td> </tr> <tr> <td data-bbox="654 772 1036 802">Specialists</td> <td data-bbox="1036 772 1170 802"></td> <td data-bbox="1170 772 1305 802"></td> <td data-bbox="1305 772 1421 802"></td> </tr> <tr> <td data-bbox="654 802 1036 831">Medicine</td> <td data-bbox="1036 802 1170 831"></td> <td data-bbox="1170 802 1305 831"></td> <td data-bbox="1305 802 1421 831"></td> </tr> <tr> <td data-bbox="654 831 1036 861">ObGy</td> <td data-bbox="1036 831 1170 861"></td> <td data-bbox="1170 831 1305 861"></td> <td data-bbox="1305 831 1421 861"></td> </tr> <tr> <td data-bbox="654 861 1036 890">Pediatrician</td> <td data-bbox="1036 861 1170 890"></td> <td data-bbox="1170 861 1305 890"></td> <td data-bbox="1305 861 1421 890"></td> </tr> <tr> <td data-bbox="654 890 1036 919">Anesthetist</td> <td data-bbox="1036 890 1170 919"></td> <td data-bbox="1170 890 1305 919"></td> <td data-bbox="1305 890 1421 919"></td> </tr> <tr> <td data-bbox="654 919 1036 949">Surgeon</td> <td data-bbox="1036 919 1170 949"></td> <td data-bbox="1170 919 1305 949"></td> <td data-bbox="1305 919 1421 949"></td> </tr> <tr> <td data-bbox="654 949 1036 978">Ophthalmologist</td> <td data-bbox="1036 949 1170 978"></td> <td data-bbox="1170 949 1305 978"></td> <td data-bbox="1305 949 1421 978"></td> </tr> <tr> <td data-bbox="654 978 1036 1008">Orthopedic</td> <td data-bbox="1036 978 1170 1008"></td> <td data-bbox="1170 978 1305 1008"></td> <td data-bbox="1305 978 1421 1008"></td> </tr> <tr> <td data-bbox="654 1008 1036 1037">Radiologist</td> <td data-bbox="1036 1008 1170 1037"></td> <td data-bbox="1170 1008 1305 1037"></td> <td data-bbox="1305 1008 1421 1037"></td> </tr> <tr> <td data-bbox="654 1037 1036 1066">Pathologist</td> <td data-bbox="1036 1037 1170 1066"></td> <td data-bbox="1170 1037 1305 1066"></td> <td data-bbox="1305 1037 1421 1066"></td> </tr> <tr> <td data-bbox="654 1066 1036 1096">Others</td> <td data-bbox="1036 1066 1170 1096"></td> <td data-bbox="1170 1066 1305 1096"></td> <td data-bbox="1305 1066 1421 1096"></td> </tr> <tr> <td data-bbox="654 1096 1036 1125">Dentist</td> <td data-bbox="1036 1096 1170 1125"></td> <td data-bbox="1170 1096 1305 1125"></td> <td data-bbox="1305 1096 1421 1125"></td> </tr> <tr> <td data-bbox="654 1125 1036 1155">Staff Nurses/ GNMs</td> <td data-bbox="1036 1125 1170 1155"></td> <td data-bbox="1170 1125 1305 1155"></td> <td data-bbox="1305 1125 1421 1155"></td> </tr> <tr> <td data-bbox="654 1155 1036 1184">LTs</td> <td data-bbox="1036 1155 1170 1184"></td> <td data-bbox="1170 1155 1305 1184"></td> <td data-bbox="1305 1155 1421 1184"></td> </tr> <tr> <td data-bbox="654 1184 1036 1213">Pharmacist</td> <td data-bbox="1036 1184 1170 1213"></td> <td data-bbox="1170 1184 1305 1213"></td> <td data-bbox="1305 1184 1421 1213"></td> </tr> <tr> <td data-bbox="654 1213 1036 1243">Dental Technician/ Hygienist</td> <td data-bbox="1036 1213 1170 1243"></td> <td data-bbox="1170 1213 1305 1243"></td> <td data-bbox="1305 1213 1421 1243"></td> </tr> <tr> <td data-bbox="654 1243 1036 1272">Hospital/ Facility Manager</td> <td data-bbox="1036 1243 1170 1272"></td> <td data-bbox="1170 1243 1305 1272"></td> <td data-bbox="1305 1243 1421 1272"></td> </tr> <tr> <td data-bbox="654 1272 1036 1302">EmOC trained doctor</td> <td data-bbox="1036 1272 1170 1302"></td> <td data-bbox="1170 1272 1305 1302"></td> <td data-bbox="1305 1272 1421 1302"></td> </tr> <tr> <td data-bbox="654 1302 1036 1331">LSAS trained doctor</td> <td data-bbox="1036 1302 1170 1331"></td> <td data-bbox="1170 1302 1305 1331"></td> <td data-bbox="1305 1302 1421 1331"></td> </tr> <tr> <td data-bbox="654 1331 1036 1360">Others</td> <td data-bbox="1036 1331 1170 1360"></td> <td data-bbox="1170 1331 1305 1360"></td> <td data-bbox="1305 1331 1421 1360"></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	MO (MBBS)				Specialists				Medicine				ObGy				Pediatrician				Anesthetist				Surgeon				Ophthalmologist				Orthopedic				Radiologist				Pathologist				Others				Dentist				Staff Nurses/ GNMs				LTs				Pharmacist				Dental Technician/ Hygienist				Hospital/ Facility Manager				EmOC trained doctor				LSAS trained doctor				Others			
HR	San.	Reg.	Cont.																																																																																						
MO (MBBS)																																																																																									
Specialists																																																																																									
Medicine																																																																																									
ObGy																																																																																									
Pediatrician																																																																																									
Anesthetist																																																																																									
Surgeon																																																																																									
Ophthalmologist																																																																																									
Orthopedic																																																																																									
Radiologist																																																																																									
Pathologist																																																																																									
Others																																																																																									
Dentist																																																																																									
Staff Nurses/ GNMs																																																																																									
LTs																																																																																									
Pharmacist																																																																																									
Dental Technician/ Hygienist																																																																																									
Hospital/ Facility Manager																																																																																									
EmOC trained doctor																																																																																									
LSAS trained doctor																																																																																									
Others																																																																																									
12. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____																																																																																								
13. Kayakalp	Initiated: Facility score: Award received:																																																																																								
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:																																																																																								
15. LaQshya	Labour Room: Operation Theatre:																																																																																								
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																																																																								

Indicator	Remarks/ Observation
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	
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage _____
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests (For 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP (For 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
• Whether the services are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
• Number of patients provided dialysis service (for 2020-21)	o Previous year _____ o Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	

Indicator	Remarks/ Observation
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
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	

Indicator	Remarks/ Observation		
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month			
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:			Screened
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input type="checkbox"/> No • TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 		

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 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	
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"> How many cases from CHC, PHC, SC, referred to in last month? 	Number: CHC PHC SC Types of cases referred in:
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: Types of cases referred out:
3. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	

CHC/ UCHC level Monitoring Checklist

Name of facility visited	
Facility Type	<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit	
Next Referral Point	Facility: Distance:
Indicator	Remarks/ Observation
4. OPD Timing	
5. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

<p>6. Condition of infrastructure/ building</p> <p>Please comment on the condition and tick the appropriate box</p>	<p>Comments:</p> <p><input type="checkbox"/> 24*7 running water facility</p> <p><input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.)</p> <p><input type="checkbox"/> Clean functional toilets available (separate for Male and female)</p> <p><input type="checkbox"/> Drinking water facility available</p> <p><input type="checkbox"/> OPD waiting area has sufficient sitting arrangement</p> <p><input type="checkbox"/> ASHA rest room is available</p> <p><input type="checkbox"/> Drug storeroom with rack is available</p> <p>Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital</p>																																			
7. Number of functional in-patient beds																																				
8. List of Services available																																				
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Service</th> <th>Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td></td></tr> <tr><td>2</td><td>O&G</td><td></td></tr> <tr><td>3</td><td>Pediatric</td><td></td></tr> <tr><td>4</td><td>General Surgery</td><td></td></tr> <tr><td>5</td><td>Anesthesiology</td><td></td></tr> <tr><td>6</td><td>Ophthalmology</td><td></td></tr> <tr><td>7</td><td>Dental</td><td></td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td></td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td></td></tr> <tr><td>10</td><td>Newborn Stabilization Unit</td><td></td></tr> </tbody> </table>	Sl.	Service	Y/N	1	Medicine		2	O&G		3	Pediatric		4	General Surgery		5	Anesthesiology		6	Ophthalmology		7	Dental		8	Imaging Services (X – ray)		9	Imaging Services (USG)		10	Newborn Stabilization Unit			
Sl.	Service	Y/N																																		
1	Medicine																																			
2	O&G																																			
3	Pediatric																																			
4	General Surgery																																			
5	Anesthesiology																																			
6	Ophthalmology																																			
7	Dental																																			
8	Imaging Services (X – ray)																																			
9	Imaging Services (USG)																																			
10	Newborn Stabilization Unit																																			
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<p><input type="checkbox"/> Yes available</p> <p><input type="checkbox"/> Yes, available only on-call</p> <p><input type="checkbox"/> Not available</p>																																			
<ul style="list-style-type: none"> Emergency 	<p>General emergency:</p> <p>or</p> <p>facilities available for:</p> <ol style="list-style-type: none"> Triage Resuscitation Stabilization 																																			
9. Tele-medicine/Consultation services available	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, average case per day _____</p>																																			
10. Operation Theatre available	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes,</p> <p>Major:</p> <p>Minor:</p>																																			
11. Availability of functional Blood Storage Unit	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, number of units of blood currently available: _____</p> <p>No. of blood transfusions done in last month: _____</p>																																			
12. Whether blood is issued free, or user-fee is being charged	<p><input type="checkbox"/> Free for BPL</p> <p><input type="checkbox"/> Free for elderly</p> <p><input type="checkbox"/> Free for JSSK beneficiaries</p>																																			

	<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)	<table border="1"> <thead> <tr> <th colspan="2">HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="4">Specialists</td> <td>Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ObGy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pediatrician</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Anesthetist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">SNs/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Dental Assistant/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy				Pediatrician				Anesthetist				Dentist					SNs/ GNMs					LTs					Pharmacist					Dental Assistant/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
	HR		San.	Reg.	Cont.																																																																				
	MO (MBBS)																																																																								
	Specialists	Medicine																																																																							
		ObGy																																																																							
		Pediatrician																																																																							
		Anesthetist																																																																							
	Dentist																																																																								
	SNs/ GNMs																																																																								
	LTs																																																																								
	Pharmacist																																																																								
	Dental Assistant/ Hygienist																																																																								
	Hospital/ Facility Manager																																																																								
	EmOC trained doctor																																																																								
LSAS trained doctor																																																																									
Others																																																																									
15. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____																																																																								
16. Kayakalp	Initiated: Facility score: Award received:																																																																								
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:																																																																								
18. LaQshya	Labour Room: Operation Theatre:																																																																								
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																																																								
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																																																								
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																																																								
21. Shortage of 5 priority drugs from EDL in last 30 days, if any																																																																									
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"> In-house tests (for 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:																																																																								
<ul style="list-style-type: none"> Outsourced/ PPP (for 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:																																																																								

24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
26. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage (List the name of kits for which there is shortage)
27. If there is any shortage of major instruments/ equipment	
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 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
34. Practice related to Respectful Maternity Care	
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
36. Number of Maternal Death reported in the facility	Previous year: 2019-20 _____ Current year: 2020-21 _____

37. Number of Child Death reported in the facility	Previous year: Current year:
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
40. Number of newborns immunized with birth dose at the facility in last 3 months	
41. Newborns breastfed within one hour of birth	
42. Number of sterilizations performed in last one month	Male____ Female_____
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
44. Who counsels on FP services?	
45. Please comment on utilization of other FP services	
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months _____
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
50. Number of individuals screened for the following in last 6 months:	
	Screened
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: • investigations within public sector for TB testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No • investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input type="checkbox"/> No • outsourced testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No

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

PHC/ U-PHC level Monitoring Checklist

Name of facility visited	
Facility Type	<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
Whether the facility has been converted to HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located	<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):

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

12. NQAS	Assessment done: Internal/State Facility score: Certification Status:
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	
16. Drugs Available for Hypertension & Diabetic patients:	
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)
19. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP For 2020-21	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
• If yes, details	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No

26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:		
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges		
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
29. Number of normal deliveries in last three month			
30. Availability of Daksh/ 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			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		

	e. Cervical Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for:		
	<ul style="list-style-type: none"> • investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input type="checkbox"/>No • outsourced testing? <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
51. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
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:		
53. Status of data entry in (match with physical records)	Reasons for underutilization of fund (if any)		
	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)			
55. Availability of ambulance services in the area	<input type="checkbox"/> PHC own ambulance available Number _____		

	<input type="checkbox"/> PHC has contracted out ambulance services Number _____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
• How many cases from sub centre were referred to this PHC last month?	Number: Types of cases referred in:
• How many cases from the PHC were referred to the CHC last month?	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others _____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month _____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter _____ Type of specialties provided during special outreach camps: _____

Sub-Centre (SC) Level Checklist

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

Indicator	Remarks/ Observation
1. List of Services available	
2. Condition of infrastructure/ building	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for M/F)

Indicator	Remarks/ Observation																								
	<input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <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 data-bbox="716 506 1000 533">HR</th> <th data-bbox="1000 506 1143 533">San.</th> <th data-bbox="1143 506 1265 533">Reg.</th> <th data-bbox="1265 506 1386 533">Cont.</th> </tr> </thead> <tbody> <tr> <td data-bbox="716 533 1000 562">ANM/ MPW Female</td> <td data-bbox="1000 533 1143 562"></td> <td data-bbox="1143 533 1265 562"></td> <td data-bbox="1265 533 1386 562"></td> </tr> <tr> <td data-bbox="716 562 1000 592">MPW Male</td> <td data-bbox="1000 562 1143 592"></td> <td data-bbox="1143 562 1265 592"></td> <td data-bbox="1265 562 1386 592"></td> </tr> <tr> <td data-bbox="716 592 1000 621">MLHP/ CHO</td> <td data-bbox="1000 592 1143 621"></td> <td data-bbox="1143 592 1265 621"></td> <td data-bbox="1265 592 1386 621"></td> </tr> <tr> <td data-bbox="716 621 1000 651">ASHA</td> <td data-bbox="1000 621 1143 651"></td> <td data-bbox="1143 621 1265 651"></td> <td data-bbox="1265 621 1386 651"></td> </tr> <tr> <td data-bbox="716 651 1000 680">Others</td> <td data-bbox="1000 651 1143 680"></td> <td data-bbox="1143 651 1265 680"></td> <td data-bbox="1265 651 1386 680"></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____ 																								
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																								
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No																								
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr> <td data-bbox="716 1142 808 1171"></td> <td data-bbox="808 1142 1360 1171"></td> <td data-bbox="1360 1142 1421 1171"></td> </tr> <tr> <td data-bbox="716 1171 808 1201"></td> <td data-bbox="808 1171 1360 1201"></td> <td data-bbox="1360 1171 1421 1201"></td> </tr> </table>																								
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1"> <tr> <td data-bbox="716 1226 808 1255">1</td> <td data-bbox="808 1226 1360 1255"></td> <td data-bbox="1360 1226 1421 1255"></td> </tr> <tr> <td data-bbox="716 1255 808 1285">2</td> <td data-bbox="808 1255 1360 1285"></td> <td data-bbox="1360 1255 1421 1285"></td> </tr> <tr> <td data-bbox="716 1285 808 1314">3</td> <td data-bbox="808 1285 1360 1314"></td> <td data-bbox="1360 1285 1421 1314"></td> </tr> </table>	1			2			3																	
1																									
2																									
3																									
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1"> <tr> <td data-bbox="716 1362 808 1392">1</td> <td data-bbox="808 1362 1360 1392"></td> <td data-bbox="1360 1362 1421 1392"></td> </tr> <tr> <td data-bbox="716 1392 808 1421">2</td> <td data-bbox="808 1392 1360 1421"></td> <td data-bbox="1360 1392 1421 1421"></td> </tr> </table>	1			2																				
1																									
2																									
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																								
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage																								
13. Availability of:	<ul style="list-style-type: none"> • BP instrument: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Thermometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Contraceptives: <input type="checkbox"/>Yes/ <input type="checkbox"/>No. If yes, Type: _____ • Glucometer: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																								
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • High risk women identified: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • MCP cards duly filled: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 																								

Indicator	Remarks/ Observation		
15. Number of Maternal Death Review conducted	Previous year: Current year:		
16. Number of Child Death Review conducted	Previous year: Current year:		
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. NO. of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> Tele-consultation services HWC App Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	Last year	Current year
	No. of presumptive TB patients identified:		

Indicator	Remarks/ Observation
	No. of presumptive patients referred for testing
	No. of TB patients diagnosed out of the presumptive patients referred
	No. of TB patients taking treatment under the Sub centre area
34. ASHA Interaction	
<ul style="list-style-type: none"> Status of availability of Functional HBNC Kits 	
<ul style="list-style-type: none"> Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) 	
<ul style="list-style-type: none"> ASHA Incentives: Any Time lag /Delay in Payment after submission of voucher. 	
<ul style="list-style-type: none"> ASHA is aware about provision of incentives under NTEP 	
35. Number of Village Health & Sanitation days conducted in last 6 months	
36. Incentives:	<ul style="list-style-type: none"> Performance Incentives is disbursed to CHOs on monthly basis: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Team-based incentive being disbursed for all HWC staffs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
37. Frequency of VHSNC/ MAS meeting	
38. Whether CHOs and HWC staffs are involved in VHSNC/ MAS meeting	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Maintenance of records on	<ul style="list-style-type: none"> TB cases: <input type="checkbox"/>drug sensitive/ <input type="checkbox"/>drug resistant cases/ <input type="checkbox"/>both Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges observed in the facility and the root causes	
Challenge	Root causes

Community level Monitoring Checklist

Name of Village/ slum visited	
-------------------------------	--

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

Indicator	Please comment
43. Health seeking behavior Preferred health facility for primary, secondary and tertiary healthcare services <ul style="list-style-type: none"> Public or Private? If private, reason for not preferring public facilities 	
44. Lifestyles (tobacco, alcohol, substance abuse and physical activity level) and living conditions (Indoor air pollution, use of solid fuel, use of iodized salt, drinking water, hygiene and sanitation, ODF Status)	
45. Access to health: drugs, diagnostics, referral transport	
46. Behavior of health service providers	
47. Out of Pocket expenditure in public health facilities	
48. Coverage, Knowledge and skills of ASHA as perceived by the community	
49. Support, supervision, training and payment of incentives of ASHA (as per discussion with ASHAs)	
50. Availability of services for Immunization, ANC, PNC, AH counselling, Contraceptive services, Nutrition counselling and preferred facilities for each	
51. Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment	
52. Screening for Leprosy, TB and preferred facilities for seeking treatment	
53. Availability of services for treatment of Malaria, Dengue, Kala-azar, Chikungunya, JE, Filariasis, Fluorosis, rabies etc.	
54. Preferred facilities for emergency services (Burn, Accidents etc.)	
55. Preferred facilities for: <ul style="list-style-type: none"> Eye ailments (eg. Cataract) Dental ailments (e.g. for toothache, denture, RCT etc.) 	
56. Screening for 4Ds (by RBSK Team) at schools and Anganwadi centre	
57. Key challenges observed in the community and the root causes	
Challenge	Root causes
a)	
b)	