



REPORT

Monitoring of Important Components of the Programme Implementation Plan under National Health Mission

SAHARANPUR DISTRICT OF UTTAR PRADESH



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Table of Contents

Table of Contents.....	1
List of Tables	2
List of Figures	3
Acronyms and Abbreviation	4
Executive Summary.....	6
Chapter 1 : Overview of key demographic and health indicators	8
Population and Household Profile	8
Maternal and Child Health.....	8
Nutritional Status of Women and Children	10
Family Planning Services	11
HMIS Service Delivery Indicators	11
Chapter 2 : NHM Budget Allocations, Expenditure and Utilization	14
Chapter 3 : Status of Service Delivery at the Selected Health Facilities.....	20
Coverage of Services based on HMIS.....	20
Community Level Checklist.....	39
Chapter 4 : Public health planning and implementation of programmes	44
District Health Action Plan (DHAP)	44
Chapter 5 Public health planning and implementation of programmes	50
Key Findings	51
Main Recommendations.....	52

List of Tables

Table 1-1: Key Indicators for Saharanpur, Uttar Pradesh and India, Census of India 2011.....	9
Table 1-2: Number of health facilities in Saharanpur, 2020-21.....	11
Table 1-3: Status of key maternal and child health indicators, Saharanpur, HMIS 2020-21.....	12
Table 2-1: Breakup of resource envelope, NHM FY 2020-21, Uttar Pradesh.....	14
Table 2-2: Physical and financial outlay approved under NHM, Saharanpur FY 2020-21.....	15
Table 2-3: Health Systems Strengthening (HSS) expenditure distribution, Saharanpur, Uttar Pradesh, 2020-21.....	17
Table 2-4: Distribution of Reproductive and Child Health (RCH) expenditure, Saharanpur, Uttar Pradesh, 2020-21.....	17
Table 2-5: Distribution of Expenditure on NHM, Saharanpur, Uttar Pradesh, 2020-21.....	19
Table 3-1: Distribution of ANC related services, CHC, Saharanpur.....	20
Table 3-2: Distribution of ANC related services, SC, Saharanpur.....	20
Table 3-3: Distribution of PNC related services, CHC, Saharanpur.....	21
Table 3-4: Distribution of PNC related services, SC, Saharanpur.....	21
Table 3-5: Distribution of delivery related services, CHC, Saharanpur.....	21
Table 3-6: Distribution of delivery related services, SC, Saharanpur.....	22
Table 3-7: Distribution of pregnancy outcome, CHC, Saharanpur.....	22
Table 3-8: Distribution of pregnancy outcome, SC, Saharanpur.....	23
Table 3-9: Distribution of immunization related indicators, CHC, Saharanpur.....	23
Table 3-10: Distribution of immunization related indicators, SC, Saharanpur.....	24
Table 3-11: Distribution of diseases related indicators, CHC, Saharanpur.....	24
Table 3-12: Distribution of outpatient related indicators, CHC, Saharanpur.....	26
Table 3-13: Distribution of family planning related indicators, CHC, Saharanpur.....	26
Table 3-14: Distribution of family planning related indicators, SC, Saharanpur.....	27
Table 3-15: Status of health infrastructure, District community health centre Saharanpur 2021.....	27
Table 3-16: Availability of specialized services (in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, and Laboratory services), In Saharanpur, 2021.....	28
Table 3-17: Availability of Operational Theatre in Saharanpur, 2021.....	29
Table 3-18: Detail of HR available in the facility sanctioned and in-place in Saharanpur, 2020-21.....	31
Table 3-19: Status of health services available at Saharanpur, 2020-21.....	32
Table 3-20: Status of health services records maintain at Saharanpur, 2020-21.....	33
Table 3-21: Status of health infrastructure, CHC Nagal and CHC Deoband, Saharanpur, 2021.....	33
Table 3-22: Availability of specialized services (in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services), CHC Nagal and CHC Deoband, Saharanpur, 2021.....	34
Table 3-23: Human resources availability, CHC Nagal and CHC Deoband, Saharanpur, 2021.....	34
Table 3-24: Status of data entry portal, CHC Nagal and CHC Deoband, Saharanpur, 2021.....	35
Table 3-25: Status of health services, CHC Nagal and CHC Deoband, Saharanpur, 2021.....	35
Table 3-27: Status of infrastructure, SC Basara and Khadi asha, Saharanpur, 2021.....	36
Table 3-28: Human resources availability at SC Basara and Khadi asha, Saharanpur, 2021.....	36
Table 3-29: Status of health services, SC Basara and Khadi asha, Saharanpur, 2021.....	37

Table 3-30: Status of infrastructure, PHC Talhedi and Ramkhedi, Saharanpur, 2021.....	38
Table 3-31: Human resources availability at PHC Talhedi and Ramkhedi, Saharanpur, 2021.....	38
Table 3-32: Status of health services, Talhedi and Ramkhedi, Saharanpur, 2021.....	39
Table 4-1: Information about District Health Action Plan (DHAP).....	44
Table 4-2: Detail of health facility available at District Women Hospital, Saharanpur	44
Table 4-3: Availability of human resource in Saharanpur district.....	45
Table 4-4: Availability of delivery care services in the district, 2020-21	46
Table 4-5: Availability Newborn and child health care services in Saharanpur district, 2020-21	47
Table 4-6: Status of emergency services and mobile medical unit available in Saharanpur district.....	48
Table 4-7: Status about implementation of Comprehensive Primary Health Centre (CPHC), Saharanpur	48
Table 4-8: Status of disease control programmes under NHM in Saharanpur district.....	49
Table 4-9: Status of social benefit scheme for ASHAs and ASHA Facilitators in Saharanpur district	50

List of Figures

Figure 1-1: Outline map of Saharanpur district in Uttar Pradesh, India	9
Figure 1-2: Prevalence of underweight and overweight among women (15-49 years), Saharanpur NFHS 2015-16	10
Figure 1-3: Prevalence of child (0-5 years) undernutrition in Saharanpur, NFHS 2015-16	10
Figure 2-1: Share of various budget heads in overall NHM budget, Saharanpur, FY 2020-21	16
Figure 2-2 : Item wise distribution of total expenditure, Saharanpur, Uttar Pradesh, 2020-21	18

Acronyms and Abbreviation

AFHS	Adolescent Friendly Health Clinic
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
BB	Blood Bank
BCC	Behaviour change communication
BCG	Bacillus Calmette Guerin
BEmOC	Basic Emergency Obstetric Care
BPL	Below Poverty Line
BSU	Blood Storage Unit
CHC	Community Health Centre
CMO	Chief Medical Officer
DEIC	District Early Intervention Centre
DH	District Hospital
DHQ	District Health Quarter
DOTS	Directly Treatment Strategy
DPMU	District Programme Management Unit
DPT	Diphtheria Pertussis Tetanus
DWH	District Women Hospital
EmOC	Emergency Obstetric Care
F-IMNCI	Facility based Integrated Management of Neonatal and Childhood Illness
FRU	First Referral Unit
HBNC	Home Based New Born Care
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HWC	Health & Wellness Centre
ICDS	Integrated Child Development Services
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IMEP	Infection Management and Environment Plan
IPD	Indoor-Patients Department
IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSSK	Janani Shishu Suraksha Karyakaram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care
LaQshya	Labour room Quality improvement initiative

LHV	Lady Health Visitor
LSAS	Life Saving Anaesthesia Skill
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MOIC	Medical Officer In-Charge
MTP	Medical Termination of Pregnancy
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NGO	Non-Government Organization
NHM	National Health Mission
NLEP	National Leprosy Eradication Programme
NPCB	National Programme for Control of Blindness
NPCC	National Program Coordination Committee
NRC	National Rehabilitation Centre
NRHM	National Rural Health Mission
NSSK	Navjat Shishu Surksha Karyakram
NSV	Non Scalpel Vasectomy
NUHM	National Urban Health Mission
NVBDCP	National Vector Borne Disease Control Programme
NVHCP	National Viral Hepatitis Control Programme
OBG	Obstetrics Gynaecologist
OCP	Oral Contraceptive Pill
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PFMS	Public Financial Management System
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PPIUCD	Post-Partum Intrauterine Contraceptive Device
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SNCU	Special Newborn Care Unit
SPUHC	Seed Primary Urban Health Centre
STI	Sexually Transmitted Infection
U5MR	Under 5 Mortality Rate
VHND	Village Health and Nutrition Day

Executive Summary

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centres (PRCs) the task of monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2019-20). It is expected that a timely and systematic assessment of the key components of National Health Mission can be critical for further planning and resource allocations. Considering PIP as a major task, Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the NHM components. This report presents the key findings from the concurrent monitoring of essential components of NHM in Saharanpur of Uttar Pradesh. The following public health care facilities were visited by the PRC-IEG Team: District Hospital, CHC Deoband and Nagal, SC Basera. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of National Health Mission. Following are the key findings and recommendations based on the monitoring visits and interaction with health officials at the site.

- In Saharanpur, although 69% of the ANC registrations occur in the first trimester but more than 95% pregnant women receive four or more ANC checkups. The coverage of 180 IFA tablets among pregnant women is 78% and is lower than the state level coverage of 90%. In the district, 82% births are institutional deliveries with C-section deliveries accounting for 11% of the total institutional births.
- The breakup of the total resource envelope shows that Rs.808.55 Crore is allocated for RCH Flexible Pool (including RI, IPPI, NIDDCP), Rs.1854.58 is allocated for Health System Strengthening (HSS) under NHM. Thus the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs.2663.13. the GOI contribution toward NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is Rs.98.37 Crore, Rs.178.96 Crore and Rs.102.15 Crore, respectively.
- In FY 2020-21, a total of Rs. 78 crore was spent in Saharanpur district of Uttar Pradesh. This includes a total of 49 crore (63 per cent) incurred on Health system strengthening and 13 crore (17 per cent) spent through Reproductive and Child Health component. Apart from these, 3 crore (4.7 per cent) was spent on National Tuberculosis Elimination Program

- The Reproductive and Child health care component of NHM received 13 crore in FY 2020-21 which was 17 per cent of NHM expenditure. Of which 75 per cent was spent on Service delivery - facility based (39 per cent) and Programme management (36 per cent). Bulk of the NHM funds (32.3%) in the district is allocated for Human Resources.
- The JSY payments are not disbursed timely. The payments are pending for the last two months which is associated with banking related shifting of NHM financial account. This should be prioritized and completed because all other program related financial activity, especially disbursement of salaries and incentives are adversely affected.
- A newly constructed building for CHC facility near PHC Rankhedi is completed and awaiting inaugural for almost more than two years now. This newly constructed facility should be made functional for service delivery.
- The service delivery in peripheral areas, particularly in the primary health centers is severely affected because of lack of Medical Officers. The appointment and deployment of Medical Officers as well as ANMs for delivery care is critical.
- The Health and Wellness Centres are managed by the Community Health Officers (CHO). However, the CHOs have not received their salaries for the last two months or so. Also, the performance linked incentives for the CHOs are not released for the last six months. The release of payment should be timely to motivate continued public health service delivery by the CHOs.
- The HWCs also lack adequate supplies of drugs and medicines for distribution. This should be addressed on priority to discourage out of pocket expenditure on drugs and medicine in the community. The distribution should be verified as health care seeking has picked after the COVID-19 slowdown in the state.
- The IFA distribution in the community should be improved. While some of the IFA tablets are available for pregnant and lactating mothers but the distribution of IFA tablets for school-going children and adolescents as well as IFA syrup for children (under-five years) is severely disrupted. The schools have now re-opened hence it is important to distribute the IFA supplements through the nodal agencies (education and ICDS) for these beneficiary groups.
- The visited facilities in the district have received equipment for diagnostic services under the NPCDCS and for the NCD clinic. However, the equipment (such as autoanalysers etc.) were found unused. The reagents etc. were not available or may have expired. It is important that these are installed immediately and used for service delivery at the respective facilities.

Chapter 1 : Overview of key demographic and health indicators

Population and Household Profile

Saharanpur district of Uttar Pradesh is located at 29.97°N 77.55°E. Saharanpur district is geographically a part of *doab* region and shares her border with three states namely Himachal Pradesh, Uttarakhand and Haryana. Saharanpur covers a total area of 3689 sq km and has a population of 3.46 million (Census of India 2011) residing across 11 administrative blocks of the district. The district has a total of 11 municipalities and 887 villages. The district is primarily an agricultural district known for its agricultural produce such as sugar, mangoes and rice. It is also a leading regional centre for wholesale and retail trade, agro-based industries and industrial products.

The Census of India (2011) provides the following highlights for the district. It may be noted that the district of Saharanpur ranks 24th in terms of population across districts in Uttar Pradesh. The percentage share of urban population in the district is 30.8 percent. The district ranks 41st in terms of sex ratio (890) which is lower than the state average of 912 females per 1000 males. The literacy rate of the district is 70.5 percent as compared to 67.7 percent of Uttar Pradesh.

As per the National Family Health Survey (NFHS 2015-16), the sex ratio of the total population (females per 1000 males) is 954 (rural 955 and urban 951). The sex ratio at birth of children in the last five years is 906 girls per 1000 boys with a lower estimate for urban areas (845 girls per 1000 boys) than rural areas (935 girls per 1000 boys). Three-fourths of the children under five had their births registered. The district has 93% households with electricity and 99% with improved source of drinking water. The level of improved sanitation facility was 51% whereas 38% households used clean fuel for cooking.

Maternal and Child Health

As per NFHS 2015-16, 75% mothers had antenatal check up in the first trimester and 42% had undertaken at least four ANC visits. IFA consumption for 100 days or more was lower at 15% during pregnancy. A total of 62% births took place in institutional facilities with 33% births happening across public health facilities. Of the total births, 67% births were assisted by a skilled birth attendant whereas 12% births were through caesarean section. About 69% mothers received postnatal care from a doctor or other skilled health personnel. Further, 44% mothers also received financial assistance under Janani Suraksha Yojana. The average out of pocket expenditure per delivery in public health facility was Rs. 2146.

In Saharanpur, 63% children age 12-23 months are fully immunized (BCG, measles, and 3 doses each of polio and DPT). The coverage of 3 doses of polio is estimated to be 75% and the coverage of 3 doses of Hepatitis B vaccine is 71%. About 41% children age 9-59 months have received a vitamin A dose in last 6 months. The district has high prevalence of diarrhea in the last two weeks prior to the survey among children (19%). The treatment of diarrhea is also low (69%) with about 38% receiving oral rehydration solution and only 5% receiving zinc.

Figure 1-1: Outline map of Saharanpur district in Uttar Pradesh, India

Note: Not to scale

Table 1-1: Key Indicators for Saharanpur, Uttar Pradesh and India, Census of India 2011

Indicators	Saharanpur	Uttar Pradesh	India
Actual Population	3,466,382	19,98,12,341	1,21,05,69,573
Male	1,834,106	10,44,80,510	6,231,843
Female	1,632,276	9,53,31,831	58,74,47,730
Child sex ratio (0-6 year)	887	899	914
Sex ratio (females per 1000 males)	890	912	943
Literacy rate (%)	70.5	67.7	73
Male literacy rate (%)	78.3	77.2	80.9
Female literacy rate (%)	61.7	57.2	64.6
Decadal population growth	19.7%	20.2%	17.7
Density/Km ²	940	829	382
Area (in sq. Km.)	3,689.0	240928	3287240

Source: Census of India, 2011

Nutritional Status of Women and Children

In Saharanpur, 28% women in the age group 15-49 years have a low body mass index (BMI < 18.5 kg/m²). In addition, 20% women are overweight or obese (BMI > 25.0 kg/m²). Anemia is another major concern among women in Saharanpur. A total of 61% women age 15-49 years are anemic. The anemia prevalence among pregnant and non-pregnant women is 69% and 61%, respectively. The prevalence of high blood sugar among women is 6.7% and hypertension (slightly above normal with systolic 140-159 mm of Hg and/or diastolic 90-99 mm of Hg) is 5%.

Figure 1-2: Prevalence of underweight and overweight among women (15-49 years), Saharanpur NFHS 2015-16

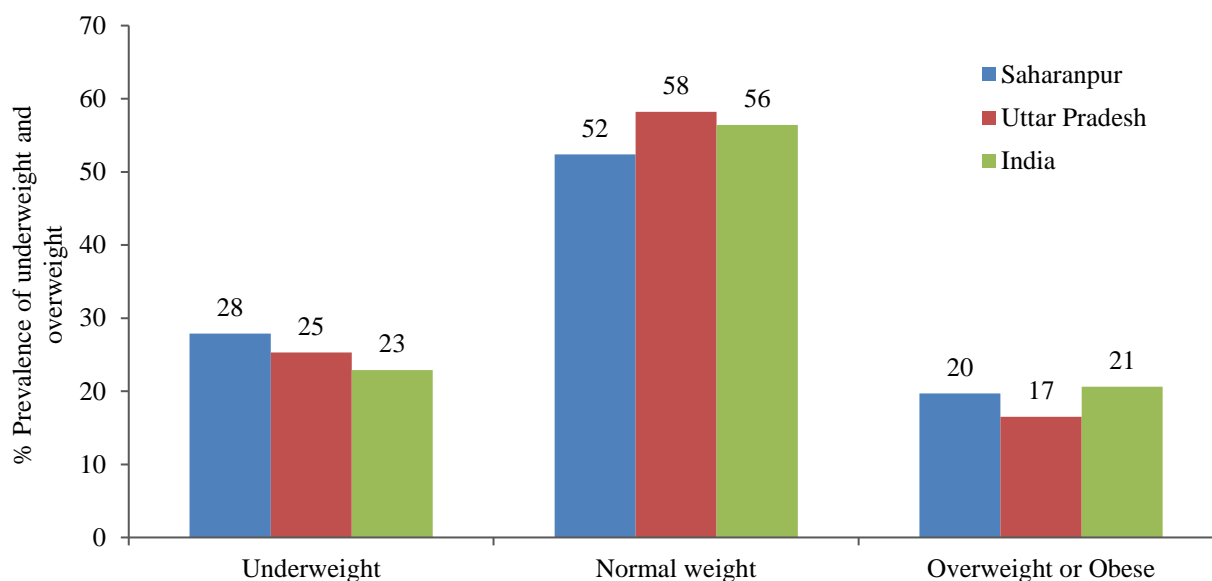
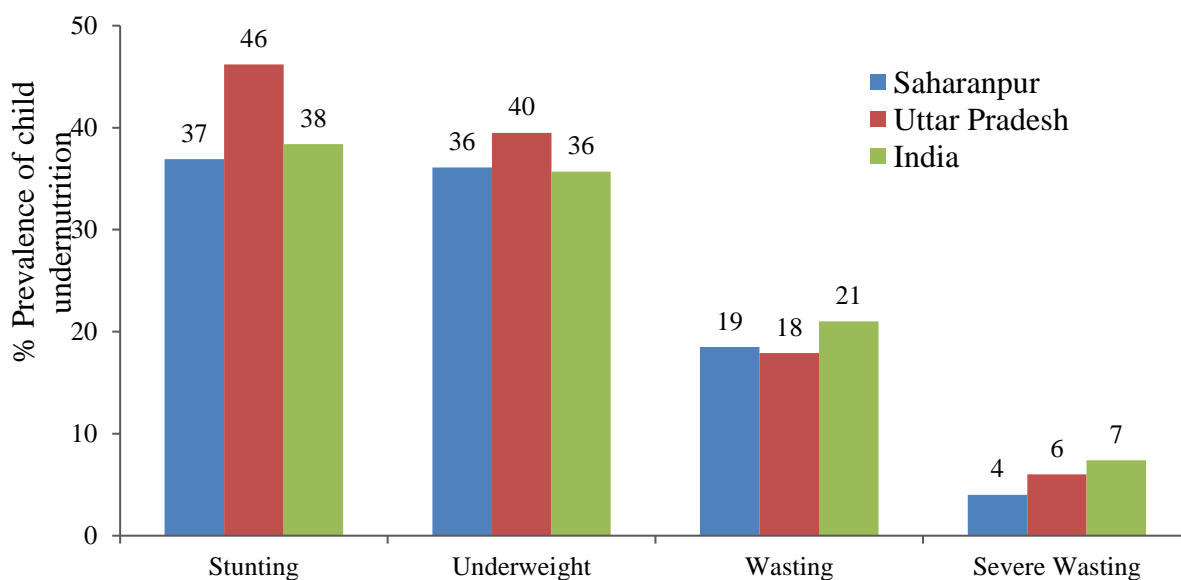


Figure 1-3: Prevalence of child (0-5 years) undernutrition in Saharanpur, NFHS 2015-16



In Saharanpur, 37% children under five years are stunted, 36% are underweight and 19% are wasted including 4% with severe wasting. With a prevalence of 75%, anemia is also a major concern among children. Only 6% children age 6-23 months are estimated to receive an adequate diet as per NFHS 2015-16. The practice of important interventions such as breastfeeding within one hour of birth is low at 22%. Besides, only 23% children are exclusively breastfed for the first 6 months after birth.

Family Planning Services

Education has an important influence on family planning. As per NFHS (2015-16), in Saharanpur, 66% women are literate compared to 82% men. Only 34% women have 10 or more years of schooling. Further, in Saharanpur, 8% of women aged 20-24 years were married before the age of 18 whereas 19% of men aged 25-29 years were married before the age of 21 years. About 2 percent women age 15-19 years were already mother or pregnant at the time of the survey.

The use of any modern method of contraception was 43% with female sterilization having 14% coverage and 24% reported using of condoms. Use of IUD/PPIUD (0.9%) and pills (3.4%) is also low. Male sterilization is negligible at 0.3%. Overall, the total unmet need for family planning was 10.4% including a 4.3% unmet need for spacing.

Table 1-2: Number of health facilities in Saharanpur, 2020-21

Health facility	Facilities	Bed count	Population covered	Area covered	Difficult Areas
Medical College	1	400	0	0	-
District Hospital	2	420	3464228	7200	-
CHC	21	630	2442477	992	-
PHC	62	210	2829733	1072	-
HWC	63	NA	502454	352	-
SC	300	NA	2308640	1479	-

Table 1.2 presents the distribution of health facilities in Saharanpur. There are a total of 2 DH, 21 CHCs, 62 PHCs, 63 HWCs and 300 SCs in the district. The district also has one medical college with a bed count of 400. Overall, the district has a total of 1660 beds across these public health facilities which altogether cover a total of 3.46 million (as per Census of India 2011). None of the health facilities are classified as to be falling under difficult area for services.

HMIS Service Delivery Indicators

In Saharanpur, although 69% of the ANC registrations occur in the first trimester but more than 95% pregnant women receive four or more ANC checkups. The coverage of 180 IFA tablets among pregnant women is 78% and is lower than the state level coverage of 90%. In the district, 82% births are institutional deliveries with C-section deliveries accounting for 11% of the total institutional births. More than 60% women are discharged within 48 hours of the delivery.

Table 1-3: Status of key maternal and child health indicators, Saharanpur, HMIS 2020-21

Health and Health Care Service Delivery Indicators	Uttar Pradesh	Saharanpur
1. Maternal Health		
% of beneficiaries registered for 1st trimester to total ANC registration	61.8	69.4
% of pregnant women with 4 or more ANC checkups to total ANC registration	77.1	95.1
% of pregnant women given 180 IFA to total ANC registrations	90.5	77.9
a) Institutional and Home Deliveries		
% of SBA attended home deliveries to total home deliveries	12.6	0.9
% of institutional deliveries to total reported deliveries	89.9	82.2
% of institutional deliveries to total ANC registrations	55.4	34.3
% of C-Section deliveries to total institutional deliveries	9.2	11.0
Post natal Care		
% of women discharge in < 48 hours of delivery to total deliveries (Public)	53.1	62.5
% 1st post-partum checkup between 48 hours and 14 days to total deliveries	48.4	63.8
Newborn and Child Health		
% of newborn weighted to total live birth	91.7	99.4
% of newborn breast fed within 1 hour of birth to total live birth	90.2	88.3
% of newborns having weight less than 2.5 kg to newborns weighted at birth	10.6	13.4
2. Child Immunization & Diseases		
Number of childrens (9-11 months) fully immunized	4870671	76054
% of children received measles to full immunization	98.0	100.4
% of children received BCG to full immunization	99.1	95.0
3. Family Planning		
Total Sterilization conducted	296406	1829
% of male sterilization to total sterilization	0.7	1.3
% of female sterilization to total sterilization	99.3	98.7
4. Mortality Indicators		
Maternal Death	5199	63
Child Death	1011	12
Infant Death	9482	103
Still Birth	39263	523
5. Other Services		
IPD	4499793	78035
OPD (Ayush + Allopathic)	67938469	1166233
% IPD to OPD	6.6	6.7

Source: Based on HMIS 2020-21, MoHFW

The HMIS report shows that 88% of the newborn are breastfed within the first hour of the birth. About 13% of the births are categorized as low birth weight babies (weight below 2.5 kg). Based on the measles vaccine, it is estimated that full immunization is universal in the district. About 95% of the children received BCG vaccine.

The mortality indicators are also presented in Table 1.3. The district reported a total of 63 maternal deaths during 2020-21. The number of infant deaths reported is 103 whereas the number of still births reported is 523. The volume of OPD services is 11.6 Lakhs per year whereas the district provides care for more than 78 thousand IPD cases in a year. Female sterilization is dominant method of family planning in the district.

Chapter 2 : NHM Budget Allocations, Expenditure and Utilization

It may be noted that the Uttar Pradesh had proposed a total of Rs.9804.72 Crore for NHM and Rs.339.3 Crore for NUHM. The state received approvals of Rs.8472.75 Crore for NHM and Rs.318.69 Crore for NUHM. Thus, 86.4% of the proposed budget under NHM and 93.9% of the budget under NUHM is approved by the National Program Coordination Committee. The state has received the full proposed amount of Rs.877.9 Crore for infrastructure maintenance during 2020-21. Similarly, the state also proposed and received immunization kind grants of 247.8 Crore. For the financial year (FY) 2020-21, against a resource envelope of 6535.24 Crore (calculated assuming state share of 40%), Uttar Pradesh received administrative approval for an amount of Rs.9917.16 Crore. The resource envelope for FY 2020-21 consists of union government's support of Rs.2505.70 Crore for flexible pool allocation including cash and kind, Rs.536.91 Crore for incentive pool based on last year's performance and Rs. 877.93 Crore for infrastructure maintenance. The total support from Government of India is Rs. 3920.54 Crore whereas the state share of 40% works out to be Rs.2613.70 Crore.

Table 2-1: Breakup of resource envelope, NHM FY 2020-21, Uttar Pradesh

S.No.	Particulars	Amount (GoI Share)	Percent (GOI Share)	State share
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	808.55	20.6%	
1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	560.75	-	
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	247.80	-	
2	Health System Strengthening (HSS) under NRHM	1854.58	47.3%	
2(i)	Other Health system Strengthening covered under NRHM	1499.78	-	
2(ii)	Comprehensive Primary Health Care under HSS	213.31	-	
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	141.49	-	
	Total NRHM-RCH Flexible Pool	2663.13	-	
3	NUHM Flexible Pool	98.37	2.5%	
3(i)	Other Health System Strengthening covered under NUHM	71.58	-	2613.70
3(ii)	Comprehensive Primary Health Care under NUHM	26.79	-	
4	NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP)	178.96	4.6%	
4(i)	NVBDCP (Cash & Kind)	35.59	-	
4(ii)	RNTCP (Cash & Kind)	122.88	-	
4(iii)	NVHCP (Cash & Kind)	10.38	-	
4(iv)	NLEP	4.20	-	
4(v)	IDSP	5.91	-	
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	102.15	2.6%	
6	Infrastructure Maintenance (including Direction and Administration)	877.93	22.4%	
	Total Resource Envelope	3920.54	100%	2613.70
	Grand Total Resource Envelope (Central Allocation + State Share)	6534.24		

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

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

Table 2-2: Physical and financial outlay approved under NHM, Saharanpur FY 2020-21

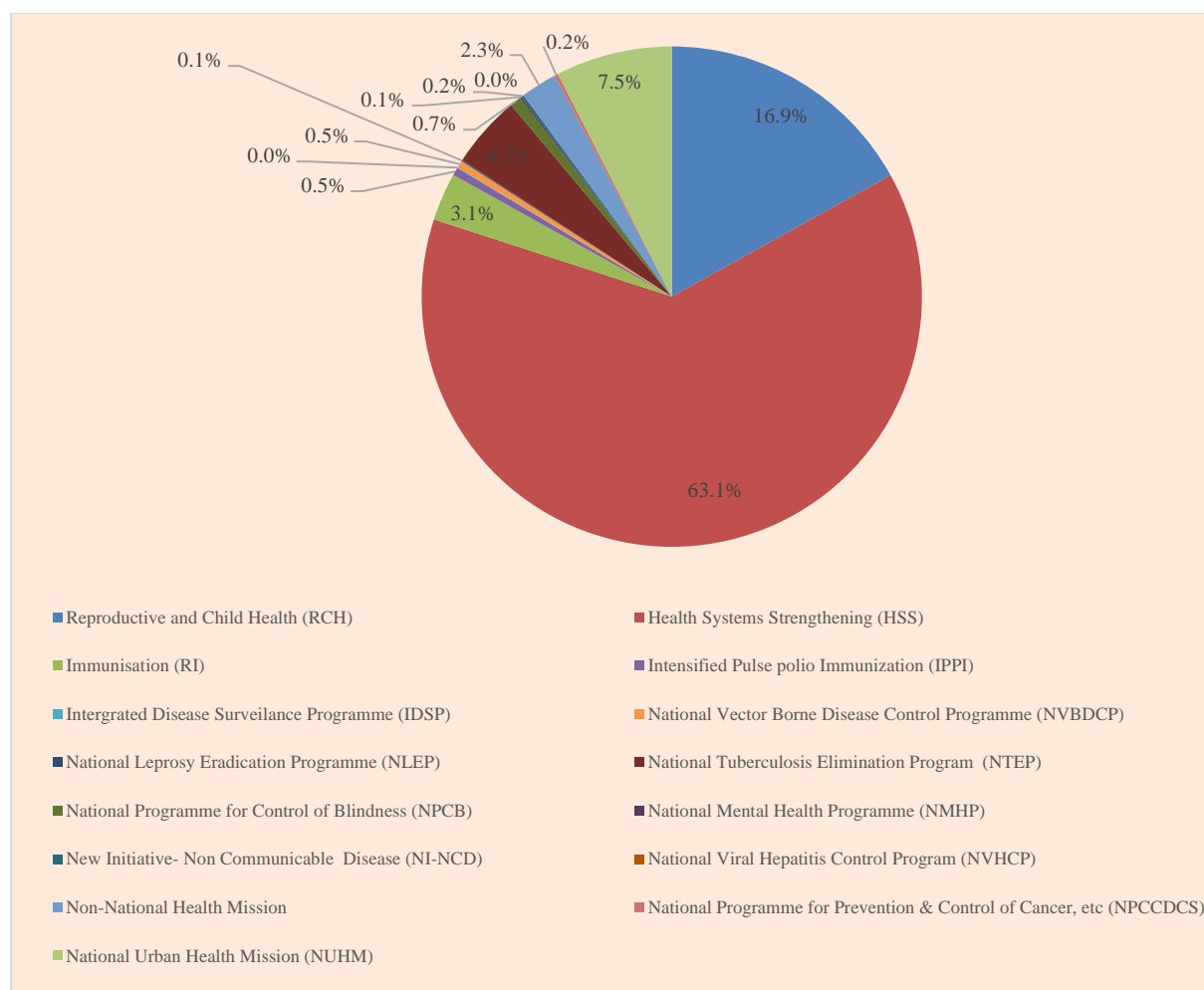
Sl.No.	Program Sub-Division	Amount (Rs. Lakh)	% Share
1	AYUSH	193.0	2.1
2	Blood Cell	89.7	1.0
3	Communicable Diseases	464.2	5.0
4	Child Health	528.3	5.7
5	Community Processes	2430.9	26.0
6	District Health Society	140.4	1.5
7	Finance Division	2.0	0.0
8	Family Planning	210.0	2.2
9	Family Planning / PNDT	5.4	0.1
10	Family Planning / CAC	1.5	0.0
11	Human Resources (Divisional)	18.2	0.2
12	Health Systems	210.2	2.3
13	IEC	50.5	0.5
14	IEC / Family Planning	3.0	0.0
15	IEC / PNDT	1.9	0.0
16	IMEP	421.9	4.5
17	Monitoring and Evaluation (ME)	43.6	0.5
18	Maternal Health	1604.7	17.2
19	Management and Information System (MIS)	58.5	0.6
20	NCD	208.2	2.2
21	NUHM	775.2	8.3
22	Nursing	41.3	0.4
23	Program Management (PM)	97.5	1.0
24	Quality Assurance (QA)	55.7	0.6
25	RBSK	444.5	4.8
26	Routine Immunization	318.5	3.4
27	RKSK	27.0	0.3
28	Others / Unspecified	892.4	9.6
	Total	9337.8	100.0

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

The physical and financial outlay approved for Saharanpur for FY 2020-21 is Rs.9337.8 Lakhs. The outlays are categorized in 28 different groups as per the program sub-division codes. Of the total outlay, 26% is allocated for community processes which largely include performance and incentive supports for frontline workers. About 17% of the outlay is earmarked for Maternal Health which includes financial incentives for institutional birth as well as human resource support for the maternal health services. NUHM activities in the district receive about 8% of the approved outlay. Child health, communicable diseases, RBSK and infection management and environmental plan (IMEP) activities each receive about 5% of the total outlay of the district.

In FY 2020-21, a total of Rs. 78 crore was spent in Saharanpur district of Uttar Pradesh. This includes a total of 49 crore (63 per cent) incurred on Health system strengthening and 13 crore (17 per cent) spent through Reproductive and Child Health component. Apart from these, 3 crore (4.7 per cent) was spent on National Tuberculosis Elimination Program.

Figure 2-1: Share of various budget heads in overall NHM budget, Saharanpur, FY 2020-21



In FY 2020-21, a total of Rs. 49 crore was spent in Saharanpur district of Uttar Pradesh on Health system and strengthening activities. This includes a total of 21 crore (43 per cent) on service delivery-human resources and 10 crore (21 per cent) on community interventions. While 9 per cent of this fund was spent on COVID-19, approximately 9 per cent was spent on procurement and 6.9 per cent on service delivery facility based. Three crore (6.1 per cent) of the budget was incurred on Infrastructure component.

Table 2-3: Health Systems Strengthening (HSS) expenditure distribution, Saharanpur, Uttar Pradesh, 2020-21

Item	Expenditure (in Rs.)	Share (in %)
Service Delivery - Facility Based	34142199	6.9%
Service Delivery - Community Based	60855	0.0%
Community Interventions	102587205	20.8%
Untied Fund	14292855	2.9%
Infrastructure	29863871	6.1%
Procurement	42621346	8.7%
Referral Transport	0	0.0%
Service Delivery - Human Resource	210789338	42.8%
Training & Capacity Building	1255637	0.3%
Review, Research, Surveillance & Surveys	0	0.0%
IEC/BCC	1187921	0.2%
Printing	3829014	0.8%
Quality Assurance	1084796	0.2%
Drug Warehousing and Logistics	1337845	0.3%
Public Private Partnership	0	0.0%
Programme Management	1461238	0.3%
IT Initiatives for strengthening Service Delivery	1798203	0.4%
Innovations (if any)	179432	0.0%
COVID-19	45809384	9.3%
Total	492301139	100

Table 2-4: Distribution of Reproductive and Child Health (RCH) expenditure, Saharanpur, Uttar Pradesh, 2020-21

Reproductive and Child Health (RCH)	Expenditure	%
Service Delivery - Facility Based	51605271	39.0%
Service Delivery - Community Based	9353100	7.1%
Community Interventions	16818900	12.7%
Infrastructure	0	0.0%
Procurement	3993741	3.0%
Service Delivery - Human Resource	403650	0.3%
Training & Capacity Building	1177493	0.9%
Review, Resea, Surveillance & Surveys	3000	0.0%
IEC/BCC	61254	0.0%
Printing	250000	0.2%
Drug Warehousing and Logistics	176885	0.1%
Public Private Partnership	0	0.0%
Programme Management	48417272	36.6%
Total	132260566	100

The Reproductive and Child health care component of NHM received 13 crore in FY 2020-21 which was 17 per cent of NHM expenditure. Of which 75 per cent was spent on Service delivery - facility based (39 per cent) and Programme management (36 per cent). Bulk of the NHM funds (32.3%) in the district is allocated for Human Resources. This includes funds allotted for appointment of medical specialists, nurses (ANMs and staff nurses), paramedical staff, dental staff, medical officers, staff for SNCU / NBSU and lactation management centers, administrative staff and support staff for health facilities.

Figure 2-2 : Item wise distribution of total expenditure, Saharanpur, Uttar Pradesh, 2020-21

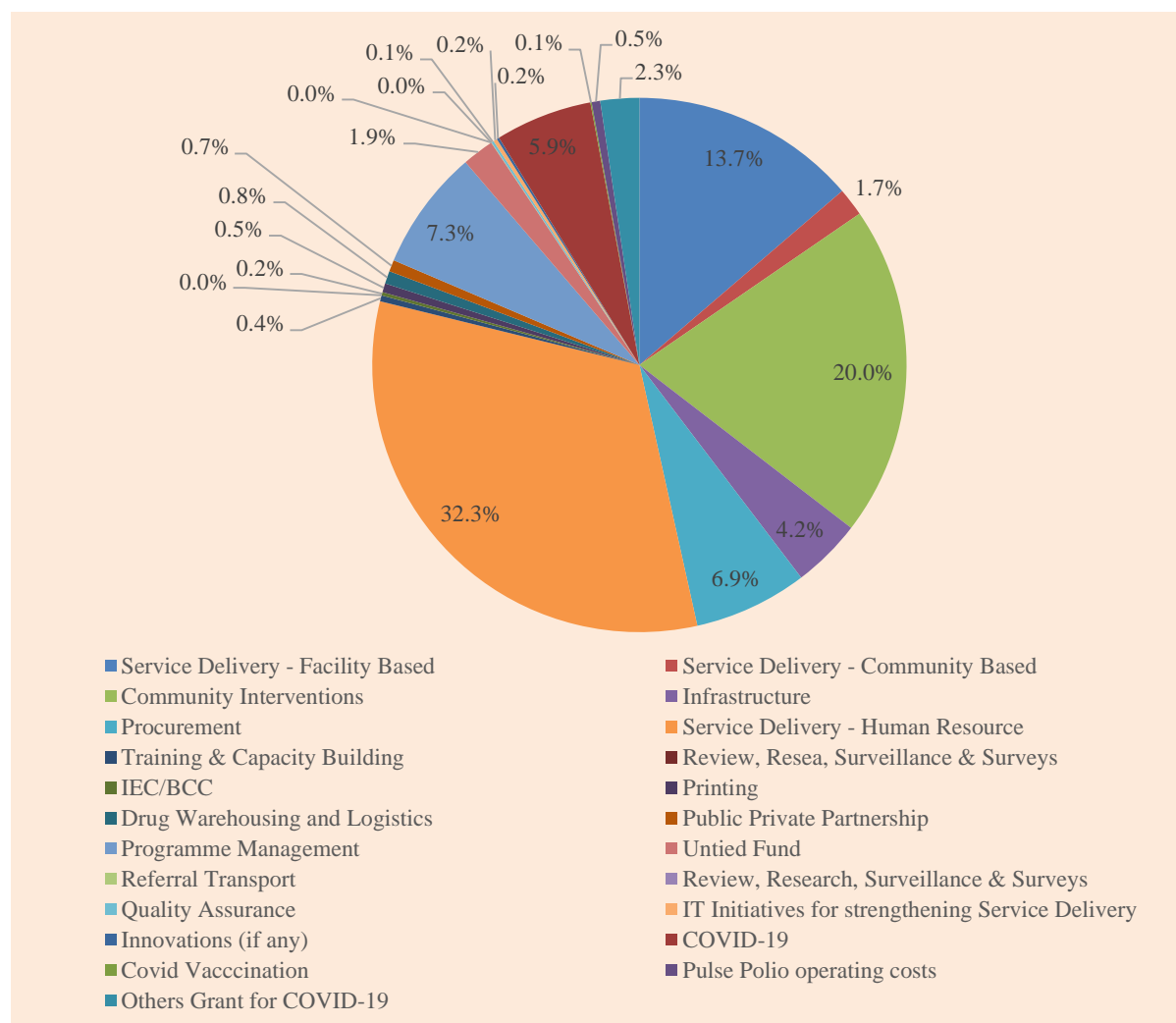


Table below presents the expenditure incurred on NUHM component. A total of 6 crore was spent on NUHM of which 65 per cent was spent on human resources. In FY 2020-21, a total of Rs. 57 crore was allotted to Sambhal district of Uttar Pradesh. Out of the total allotted budget, Rs. 37 crore is utilized (66.5% utilization rate). The utilization rate is high for Immunization (85.4 per cent), Reproductive and Child Health (81 per cent), Pulse Polio Immunization (69.7 per cent), National Urban Health Mission (69.3 per cent) followed by National Programme for Prevention

& Control of Cancer (67.8 per cent). The utilization rate is low for Blindness control Programme, Mental Health programme and new initiative non-communicable diseases.

Table 2-5: Distribution of Expenditure on NHM, Saharanpur, Uttar Pradesh, 2020-21

	Expenditure	%
Service Delivery - Facility Based	1454102	2.5%
Service Delivery - Community Based	1592800	2.7%
Community Interventions	8310164	14.1%
Untied Fund	683677	1.2%
Infrastructure	2688000	4.6%
Procurement	2706838	4.6%
Service Delivery - Human Resource	37906633	64.5%
Training & Capacity Building	47411	0.1%
Review, Research, Surveillance & Surveys	0	0.0%
Printing	77629	0.1%
Quality Assurance	0	0.0%
Programme Management	2336234	4.0%
IT Initiatives for strengthening Service Delivery	0	0.0%
Innovations (if any)	1009564	1.7%

Chapter 3 : Status of Service Delivery at the Selected Health Facilities

Coverage of Services based on HMIS

Table 3-1 provides information regarding ANC services at CHC Deoband and Nagal in Saharanpur district during 2018-20. Data shows that women who received 180 IFA, 360 calcium tablets and 4 or more ANC check-ups has declined across both the CHCs. Less than 100 women received various services at Deoband while 210 had registered in 2020-21. Women who received 180 IFA and 360 calcium tablets has declined from more than 30 in 2019-20 to 17 in 2020-21 in Nagal.

Table 3-1: Distribution of ANC related services, CHC, Saharanpur

	CHC Deoband-2018-19	CHC Deoband-2019-20	CHC Deoband-2020-21	CHC Nagal-2018-19	CHC Nagal-2019-20	CHC Nagal-2020-21
Total number of pregnant women registered for ANC	371	409	210	55	41	19
Out of the total ANC registered, number registered within 1st trimester (within 12 weeks)	286	323	42	45	32	12
Number of PW given TT Booster	48	45	14	21	12	3
Number of PW given 180 Iron Folic Acid (IFA) tablets	366	411	54	29	41	17
Number of PW given 360 Calcium tablets	54	280	76	20	34	17
Number of PW received 4 or more ANC check ups	259	197	1410	433	29	15

Table 3-2: Distribution of ANC related services, SC, Saharanpur

	SC Basera-2018-19	SC Basera-2019-20	SC Basera-2020-21
Total number of pregnant women registered for ANC	174	159	83
Out of the total ANC registered, number registered within 1st trimester (within 12 weeks)	125	143	66
Number of PW given TT Booster	39	30	11
Number of PW given 180 Iron Folic Acid (IFA) tablets	157	150	66
Number of PW given 360 Calcium tablets	58	116	71
Number of PW received 4 or more ANC check ups	140	135	77

Table 3-2 provides information regarding ANC services at SC Basera in Saharanpur district during 2018-20. The number of women who registered for ANC declined from 174 to 83 and those who registered within 1st trimester declined from 125 to 66. Data shows that women who received 180 IFA has declined from 157 in 2019-20 to 66 in 2020-21. The women receiving 4 or more ANC check-up declined from 140 to 77.

Table 3-3 provides information regarding PNC services at CHCs in Saharanpur during 2018-20. Data shows that women who received 180 IFA and 360 calcium tablets after delivery has declined to 355 and 413 respectively in 2020-21 in Deoband and to 496 at Nagal. None of the women who had registered at Basera received post-partum check-up in 2020-21 (table 3-4).

Table 3-3: Distribution of PNC related services, CHC, Saharanpur

	CHC Deoband- 2018-19	CHC Deoband- 2019-20	CHC Deoband- 2020-21	CHC Nagal- 2018-19	CHC Nagal- 2019-20	CHC Nagal- 2020-21
Women receiving 1st postpartum checkup within 48 hours of home delivery	805	3	0	869	0	0
Women receiving 1st postpartum checkup between 48 hours and 14 days	165	804	173	102	1089	549
Number of mothers provided full course of 180 IFA tablets after delivery	692	898	355	445	1080	496
Number of mothers provided 360 Calcium tablets after delivery	333	854	413	94	554	496

Table 3-4: Distribution of PNC related services, SC, Saharanpur

	SC Basera- 2018-19	SC Basera- 2019-20	SC Basera- 2020-21
Women receiving 1st post partum checkup within 48 hours of home delivery	18	12	0
Women receiving 1st post partum check up between 48 hours and 14 days	0	6	0

Table 3-5 provides information regarding delivery related services at CHCs in Saharanpur district during 2018-20. Data shows that number of institutional deliveries conducted has declined from 1904 in 2019-20 to 770 in 2020-21 at Deoband and from 1089 to 551 at Nagal. Total C-section deliveries performed declined to 2 from 67 at Deoband.

Table 3-5: Distribution of delivery related services, CHC, Saharanpur

	CHC Deoba nd- 2018- 19	CHC Deoba nd- 2019- 20	CHC Deoba nd- 2020- 21	CHC Nagal -2018- 19	CHC Nagal -2019- 20	CHC Nagal- 2020- 21
Number of Institutional Deliveries conducted (Including C-Sections)	1765	1904	770	942	1089	551
Out of total institutional deliveries number of women discharged within 48 hours of delivery	961	495	243	883	2	0
Number of newborns received 6 HBNC visits after Institutional Delivery	10	72	17	10	0	0
Total C -Section deliveries performed	32	67	2	0	0	0

Table 3-6 provides information regarding delivery related services at SC in Basera district during 2018-20. Data shows that number of institutional deliveries conducted has declined from 6 in 2019-20 to 0 in 2020-21. The number of newborns who received 6 HBNC declined to 28 from 94 in 2019-20.

Table 3-6: Distribution of delivery related services, SC, Saharanpur

	SC Basera- 2018-19	SC Basera- 2019-20	SC Basera- 2020-21
Number of Institutional Deliveries conducted (Including C-Sections)	3	6	0
Out of total institutional deliveries number of women discharged within 48 hours of delivery	3	0	0
Number of newborns received 6 HBNC visits after Institutional Delivery	84	94	28
Total C -Section deliveries performed			

Table 3-7 provides information regarding pregnancy outcomes at CHCs in Saharanpur district during 2018-20. Data shows that number of new born having weight less than 2.5 kg has declined from 409 to 174 at Deoband and from 96 to 49 at Nagal. The number of newborn breastfed has declined from 1871 to 730 between 2019-20 and 2020-21 at Deoband. The decline in number of births at Deoband has been more drastic as compared to Nagal.

Table 3-7: Distribution of pregnancy outcome, CHC, Saharanpur

	CHC Deoband-2018- 19	CHC Deoband- 2019-20	CHC Deoband -2020-21	CHC Nagal 2018- 19	CHC Nagal 2019- 20	CHC Nagal 2020- 21
Live Birth - Male	971	934	416	491	560	275
Live Birth - Female	935	955	345	445	523	259
MTP up to 12 weeks of pregnancy	0	2	2	0	0	0
MTP more than 12 weeks of pregnancy	0	0	12	0	0	0
Number of newborns having weight less than 2.5 kg	373	409	174	67	96	49
Number of Newborns breast fed within 1 hour of birth	1882	1871	730	935	1083	534

Table 3-8 provides information regarding pregnancy outcomes at SC in Saharanpur district during 2018-20. Data indicates that no activity took place at the SC Basera in 2020-21.

Table 3-8: Distribution of pregnancy outcome, SC, Saharanpur

	SC Basera- 2018-19	SC Basera- 2019-20	SC Basera- 2020-21
Live Birth - Male	9	12	0
Live Birth - Female	9	6	0
MTP up to 12 weeks of pregnancy			
MTP more than 12 weeks of pregnancy			
Number of newborns having weight less than 2.5 kg	0	0	0
Number of Newborns breast fed within 1 hour of birth	18	18	0

Table 3-9 provides information regarding child immunization related indicators at CHCs in Saharanpur district during 2018-20. The number of immunization sessions planned and held has declined from 24 to 10 at Nagal. The percentage of male and female children in 9-11 age brackets who received full immunization declined from 30 to 15 and 24 to 12 between 2019-20 and 2020-21 respectively at CHC Nagal. The number of children who received BCG declined from 1043 to 525 at CHC Nagal.

Table 3-9: Distribution of immunization related indicators, CHC, Saharanpur

	CHC Deoban- 2018-19	CHC Deoban- d-2019- 20	CHC Deoban- d-2020- 21	CHC Nagal- 2018- 20x	CHC Nagal- 2019- 20x	CHC Nagal- 2020- 21x
Child immunisation - BCG	454	790	884	837	1043	525
Child immunisation - Pentavalent 1	316	348	96	44	50	23
Child immunisation - Pentavalent 2	311	294	78	47	43	25
Child immunisation - Pentavalent 3	215	249	75	53	47	24
Child immunisation - OPV1	316	348	96	44	50	23
Child immunisation - OPV2	311	294	78	47	43	25
Child immunisation - OPV3	215	249	75	53	47	24
Children aged between 9 and 11 months fully immunized- Male	95	123	37	31	30	15
Children aged between 9 and 11 months fully immunized - Female	89	118	35	26	24	12
Immunisation sessions planned	8	0	0	22	24	10
Immunisation sessions held	8	0	0	22	24	10
Child immunisation - Vitamin A Dose - 1	196	241	72	51	67	27
Child immunisation - Vitamin A Dose - 5	0	0	15	0	56	0
Child immunisation - Vitamin A Dose - 9	0	25	11	0	52	0
Child immunisation - Vitamin K1 (Birth Dose)	178	0	745	902	1017	523
Child immunisation - OPV 0 (Birth Dose)	296	701	808	900	1047	523
Child immunisation - Hepatitis-B0 (Birth Dose)	128	505	760	900	1047	523

Table 3-10 provides information regarding child immunization related indicators at SC in Saharanpur district during 2018-20. The number of immunization sessions planned has declined from 312 to 91 and the number of immunization sessions held have declined from 57 to 25 between 2019-20 and 2020-21. The percentage of male and female children in 9-11 age bracket who

received full immunization declined from 70 to 34 and 66 to 29 between 2019-20 and 2020-21 respectively. The number of children who received BCG declined from 125 to 52.

Table 3-10: Distribution of immunization related indicators, SC, Saharanpur

	SC Basera- 2018-19	SC Basera- 2019-20	SC Basera- 2020-21
Child immunisation - BCG	127	125	52
Child immunisation - Pentavalent 1	171	153	56
Child immunisation - Pentavalent 2	167	179	67
Child immunisation - Pentavalent 3	158	207	71
Child immunisation - OPV1	171	153	56
Child immunisation - OPV2	167	179	67
Child immunisation - OPV3	158	207	71
Children aged between 9 and 11 months fully immunized- Male	61	70	34
Children aged between 9 and 11 months fully immunized - Female	52	66	29
Immunisation sessions planned	57	57	25
Immunisation sessions held	57	57	25
Child immunisation - Vitamin A Dose - 1	111	146	63
Child immunisation - Vitamin A Dose - 5	0	86	65
Child immunisation - Vitamin A Dose - 9	0	38	55

Table 3-11 provides information regarding child diseases indicators at CHC Deoband in Saharanpur district during 2018-20. Only 61 cases of diarrhoea were reported in 2020-21 as compared to 151 in 2019-20.

Table 3-11: Distribution of diseases related indicators, CHC, Saharanpur

	CHC Deoband- 2018-19	CHC Deoband- 2019-20	CHC Deoband- 2020-21
Childhood Diseases - Pneumonia	60	75	3
Childhood Diseases - Sepsis	4	2	0
Childhood Diseases - Tuberculosis (TB)	12	27	8
Childhood Diseases - Measles	0	1	1
Childhood Diseases - Malaria	13	8	0
Childhood Diseases - Diarrhoea	149	151	61
Childhood Diseases - Severe Acute Malnutrition (SAM)	2	0	0



Fig 1: District Women Hospital, Saharanpur

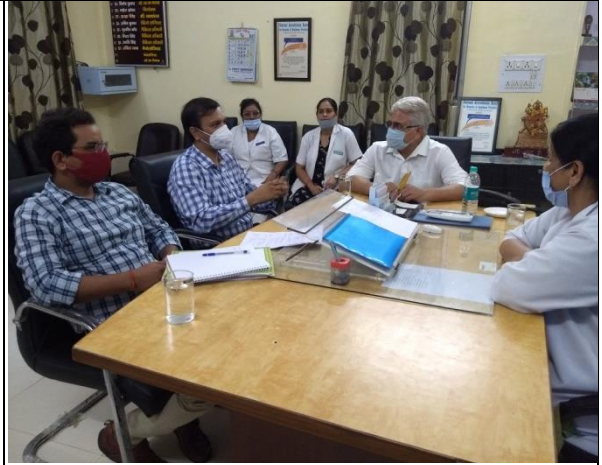


Fig 2: Meeting with CMS, DWH, Saharanpur



Fig 3: SNCU Ward, DWH, Saharanpur



Fig 4: Labour room, DWH Saharanpur



Fig 5: PICU Ward, DWH Saharanpur



Fig 6: HWC-SC, Khedi Aasa, Saharanpur

Tables below presents the number of cases of diabetes and hypertension at CHC in Saharanpur. A significant decline in number of cases of diabetes and hypertension related treatment is observed at all the facilities.

Table 3-12: Distribution of outpatient related indicators, CHC, Saharanpur

	CHC Deoband- 2018-19	CHC Deoband- 2019-20	CHC Deoband- 2020-21
Outpatient - Diabetes	3920	7064	511
Outpatient - Hypertension	1503	3336	391

Table 3-13 and 3-14 provides information regarding family planning related indicators at CHC and SC in Saharanpur district during 2018-20. The number of sterilizations has gone down. Data shows that number of post abortion IUCD insertions, condom pieces distributed and contraceptive injected have declined between 2019-20 and 2020-21.

Table 3-13: Distribution of family planning related indicators, CHC, Saharanpur

	CHC Deoband- 2018-19	CHC Deoband- 2019- 20	CHC Deoband- 2020- 21	CH C Na gal- 201 8-	CH C Na gal- 201 9-	CH C Na gal- 202 0-
Number of Non Scalpel Vasectomy (NSV) / Conventional Vasectomy conducted	3	8	0	0	0	0
Number of Laparoscopic sterilizations (excluding post abortion) conducted	101	112	3	32	82	5
Number of Interval Mini-lap (other than post-partum and post abortion) sterilizations conducted	4	3	0	0	0	0
Number of Postpartum sterilizations (within 7 days of delivery by minilap or concurrent with caesarean section) conducted	14	3	0	0	0	0
Number of Post Abortion sterilizations (within 7 days of spontaneous or surgical abortion) conducted	0	0	0	0	0	0
Number of Interval IUCD Insertions (excluding PPIUCD and PAIUCD)	20	144	13	141	3	5
Number of Postpartum (within 48 hours of delivery) IUCD insertions	257	167	19	0	7	2
Number of Post Abortion (within 12 days of spontaneous or surgical abortion) IUCD insertions	0	0	0	0	5	0
Injectable Contraceptive-Antara Program- First Dose	101	93	9	258	284	10
Injectable Contraceptive-Antara Program- Second Dose	11	31	1	155	148	1
Injectable Contraceptive-Antara Program- Third Dose	0	12	1	6	85	2
Injectable Contraceptive-Antara Program- Fourth or more than fourth	0	9	1	0	0	1
Number of Combined Oral Pill cycles distributed	0	19	0	82	23	8
Number of Condom pieces distributed	0	0	200	65	150	0

Table 3-14: Distribution of family planning related indicators, SC, Saharanpur

	SC Basera- 2018- 19	SC Basera- 2019- 20	SC Basera- 2020- 21
Number of Interval IUCD Insertions (excluding PPIUCD and PAIUCD)	2	7	8
Number of Combined Oral Pill cycles distributed	32	34	0
Number of Condom pieces distributed	730	498	536

In both the selected CHCs (Nagal and Deoband), the facility was accessible from nearest road head. However, the area was congested as these are located (especially, CHC Deoband) in busy market areas. The CHCs, however, had 24*7 running water as well as facilities for drinking water and toilet facilities for males and females, separately. ASHA rest room as well as delivery care services are functional in the CHC. The CHCs also have power back up for the complete hospital. Both the CHCs have 30 in-patient beds. While CHC Nagal and CHC Deoband both do not have any provisions for C-section services.

Table 3-15: Status of health infrastructure, District community health centre Saharanpur 2021

S.No	Infrastructure/ building	Y/N
1	24*7 running water facility	Y
2	Facility is geriatric and disability friendly (ramps etc.)	Y
3	Clean functional toilets available (separate for Male and female)	Y
4	Drinking water facility available	Y
5	OPD waiting area has sufficient sitting arrangement	Y
6	ASHA rest room is available	Y
7	Drug storeroom with rack is available	Y
8	Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital	Y
	Last major renovation done in (year): AMC is going on	

The District Hospital Saharanpur is well connected through road transportation. The health infrastructure at DH in Saharanpur was found satisfactory. This district hospital had easily accessibility of road, 24*7 running water facility for drinking and clean drinking and water facility were available for male and female hospital. There is also facility is geriatric and disability friendly (ramps etc.). There was sufficient sitting arrangement in OPD waiting hall. There was rest room for the ASHA, drug storeroom with rack and electricity power backup.

Table 3-16: Availability of specialized services (in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, and Laboratory services), In Saharanpur, 2021

S.N		Y/ N
o	Service	N
1	Medicine	N
2	O&G	Y
3	Pediatric	Y
4	General Surgery	N
5	Anesthesiology	Y
6	Ophthalmology	N
7	Dental	N
8	Imaging Services (X – ray)	N
9	Imaging Services (USG)	Y
10	District Early Intervention Centre (DEIC)	Y
11	Nutritional Rehabilitation Centre (NRC)	Y
12	SNCU/ Mother and Newborn Care Unit (MNCU)	Y
13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	N
14	Neonatal Intensive Care Unit (NICU)	Y
15	Pediatric Intensive Care Unit (PICU)	Y
16	Labour Room Complex	N
17	ICU	N
18	Dialysis Unit	N
19	Emergency Care	N
20	Burn Unit	N
21	Teaching block (medical, nursing, paramedical)	N
22	Skill Lab	Y

The status of availability of specialized services at the district hospital was also reviewed. Services like O&G, paediatrician, anaesthesiology, Imaging Services (USG), District early intervention centre (DEIC), Nutritional Rehabilitation centre (NRC), SNCU/Mother and New-born care unit (MNCU), Neonatal Intensive care unit (NICU), Pediatric intensive care unit (PICU) and skill lab services were available at the facility. Emergency care and tele-medicine/consultation services were available. There are various general emergency services (triage, resuscitation and stabilization) available at the facility.



Fig 1: Maternity wing, CHC Deoband, Saharanpur



Fig 2: MOIC meeting, CHC Deoband, Saharanpur



Fig 3: PHC-Talhedi, Nagal block, Saharanpur



Fig 4: Visited PHC-Rankhedi, Deoband block, Saharanpur

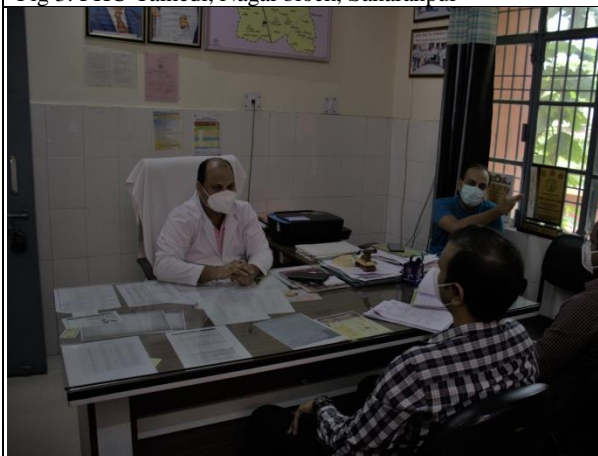


Fig 5: Meeting with MOIC, CHC Nagal, Saharanpur



Fig 6: CHC Nagal, Saharanpur



Fig 1: VHND session at AWC, Nanhera Aasa, Saharanpur



Fig 2: HWC-SC, Khedi Aasa, Deoband, Saharanpur



Fig 3: Interaction with CHO, HWC-SC, Khedi Aasa



Fig 4: HWC-SC Basera, Nagal block, Saharanpur



Fig 5: Beneficiaries interaction in Basera village, Nagal



Fig 6: Visited AWC-Nanhera Aasa, Saharanpur

Table 3-17: Availability of Operational Theatre in Saharanpur, 2021

Operation Theatre available	Y/N
Single general OT	Y
Elective OT-Major (General)	N
Elective OT-Major (Ortho)	N
Obstetrics & Gynaecology OT	Y
Ophthalmology/ENT OT	Y
Emergency OT	Y

The DH had operational theatre like Single general OT, Obstetric & Obstetrics & Gynaecology OT, Ophthalmology/ENT OT and Emergency OT available for the district women hospital in Saharanpur. Besides, functional blood bank were freely available and easily accessible for all beneficiaries. Biomedical waste management was done through outsourcing services and was found to be satisfactory in the facility. IT services like Laptop, desktop were available at the district hospital.

Table 3-18: Detail of HR available in the facility sanctioned and in-place in Saharanpur, 2020-21

Detail of HR available in the facility (sanctioned and in-place)				
	HR	San.	Reg.	Cont.
	MO (MBBS)	9	1	1
	Medicine	0	0	0
	ObGy	7	1	2
	Pediatrician	4	1	3
	Anesthetist	5	2	0
Specialists	Surgeon	0	0	1
	Ophthalmologist	0	0	0
	Orthopedic	0	0	0
	Radiologist	2	0	1
	Pathologist	2	1	1
	Others	4	1	3
	Dentist	0	0	0
	Staff Nurses/ GNMs	75	27	31
	LTs	4	2	2
	Pharmacist	11	11	0
	Dental Technician/ Hygienist	0	0	0
	Hospital/ Facility Manager	0	0	1
	EmOC trained doctor	0	0	0
	LSAS trained doctor	0	0	0
	Others	-		

Table 3-19 shows the availability of the human resources at the district women hospital at Saharanpur in 2021. All the HR as per the sanctioned position are not available. Some of the key posts that of specialist medicine, Surgeon, Ophthalmologist and Orthopedic, dentist, Dental Technician/Hygienist, Hospital/Facility Manager/ LASA trained doctors post is vacant at the facility. All the sanctioned post of staff out of nine MO (MBBS) only one post was regular. Obstetrics and gynaecology out of seven post (1 regular and 2 contractual) are in place. All sanctioned staff paediatrician, Pathologist and LTs are occupied at the facility. While out of five Anesthetist only two were in the regular post. Staff Nurses/ GNMs were sanctioned seventy five (27 regular and 31 contractual) post and LTs there was only four filled with (2 regular and 2 contractual).

A total of 201 drugs in the EDL were available at facility level. EDP/EML were also displayed on the walls of OPD area. Moreover, the facilitators mentioned that DVDMS supply chain management were also maintained. Diagnostic services such as - fixed and portable X-ray was not available. Whereas, sample collection and processing lab, USG centre were available in the health facility. However, services like CT scan were not available. There is no Implementation of PM-National Dialysis programme.

The quality of delivery services were good at facility level. The services available and the facility were designated as FRU. All the infrastructure and condition were satisfactory. Under the entitlements of JSSK all the services provide such as Free delivery services (Normal delivery/ C-section), Free diets, Free drug and consumables, Free diagnostics, Free blood services, Free referral transport(Home to facility), Free referral transport (drop back from facility to home) and No user charges.

Table 3-19: Status of health services available at Saharanpur, 2020-21

Availability of JSSK entitlements	Y/N
Free delivery services (Normal delivery/ C-section)	Y
Free diet	Y
Free drugs and consumables	Y
Free diagnostics	Y
Free blood services	Y
Free referral transport (home to facility)	Y
Free referral transport (drop back from facility to home)	Y
No user charges	Y

The PMSMA services were provided to identify the high risk mother on 9th of every month. However, this services were further used for line listing of high risk pregnancies assessing proper

maternity care and registration of maternity birth and death. As of now no child and maternal death were recorded at hospital. Comprehensive Abortion Care (CAC) services available in the DH. The DH had vaccine hub cutter were available in the health centre. The practise of breastfeeding were reported with in one an hour of child birth. DEIC was functioning with all staff.

There were trained staff available for providing services like IUCD/PPIUCD and counselling to the beneficiaries. Moreover, FPLMIS was also implemented for effective supply chain management. There was no functional adolescent friendly health clinic available in the health centre. Therefore, no counselling on family planning is noted for adolescents.

NCD clinics are functional and facility were available. In the NCD clinic all screened services are available like Hypertension, Diabetes, Oral cancer, Breast Cancer, Cervical cancer. TB elimination programme was functional and all the facility were available like designated microscopy centre (DMC) and OPD and sample testing. Among all the TB patients 59% are pulmonary TB cases. However, in the centre anti-TB drug available and patient are taking anti-TB drug. Patient were tested via of TruNat. The DH maintained the health services record such as TB treatment card case both for drug sensitive and resistant cases, TB notification and registration and Malaria cases.

Table 3-20: Status of health services records maintain at Saharanpur, 2020-21

Maintenance of Records	Y/N
TB treatment card cases (both for drug sensitive/resistant cases)	Y
TB Notification Registration	Y
Malaria cases	Y
Palliative cases	N
Cases related to Dengue and Chikungunya	N
Leprosy	N

All the service data were updated in HMIS portal whereas the RCH data was also updated in the MCTS portal. The DH was also updating data in Nikshay portal. RKS meeting were held from April to august. In the facility level more than one ambulance were available and emergency ambulance call services are also available. However, in the hospital there were 267 case at CHC, 23 cases at PHC. From DH 38 cases were also referred to the higher centre level. For connectivity and transportation like two ambulance were always available at the DH.

Table 3-21: Status of health infrastructure, CHC Nagal and CHC Deoband, Saharanpur, 2021

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

Both CHC Nagal and CHC Deoband had services for medicine and O&G care. However, CHC Nagal was lacking services of paediatrician, general surgeon, anesthesiology, ophthalmology. CHC Deoband does not have dental services. Imaging services are unavailable in CHC Nagal. However, x-ray service was available for CHC Deoband. Both the CHCs have newborn stabilization unit. Both the facilities have OT services but CHC Nagal does not have functional blood storage unit. Both the CHCs had functional and updated HMIS and MCTS data entry portals for the basic maternal and child health care services. HWC portal and Nikshay portal was also functional in the CHCs.

Table 3-22: Availability of specialized services (in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services), CHC Nagal and CHC Deoband, Saharanpur, 2021

List of Services	CHC Nagal	CHC Deoband
Medicine	Yes	Yes
O&G	Yes	Yes
Pediatrician	No	Yes
General Surgery	No	No
Anesthesiology	No	No
Ophthalmology	No	No
Dental	Yes	No
Imaging Services (X – ray)	No	Yes
Imaging Services (USG)	No	
Newborn Stabilization Unit	Yes	Yes
Tele-medicine/Consultation	Yes	No
Operation theatre	Yes	Yes
Availability of functional blood storage unit	No	Yes

Table 3-23: Human resources availability, CHC Nagal and CHC Deoband, Saharanpur, 2021

HR Positions	CHC Nagal			CHC Deoband		
	Sanction	Regular	Contractual	Sanction	Regular	Contractual
MO (MBBS)	1	1				5
Medicine (Specialist)	0	0				
ObGy (Specialist)		0				
Paediatrician (Specialist)	1	0				1
Anesthetist (Specialist)		0				
Dentist	0	1				
Staff Nurses/ GNMs	6	4				12
LTs	2	1	Cont.			6
Pharmacist	3	2				4
Dental Technician/ Hygienist	1	0				0
Hospital/ Facility Manager	0	0				0
EmOC trained doctor	0	0				2
LSAS trained doctor	0	0				1
Others	0	0				

Table 3-24: Status of data entry portal, CHC Nagal and CHC Deoband, Saharanpur, 2021

Status of data entry	CHC Nagal	CHC Deoband
HMIS	Yes	Yes
MCTS	Yes	Yes
IHIP	Yes	
HWC portal	Yes	
Nikshay portal	Yes	Yes

Because of uncertainties in managing adequate services such as blood storage units, the CHCs usually refer the C-section or high-risk pregnancy cases to DH Saharanpur for treatment and delivery care. Both the CHCs have sharp and deep burial pits for biomedical waste management practices. Both the facilities do line-listing of high risk pregnancies and also have registers for entering birth and deaths information. However, both lack Comprehensive abortion care (CAC) services. Both the facilities had vaccine and hub cutter. Also, there are trained provider for IUCD / PPIUCD services. The facilities are also implementing FP-LMIS. The facilities are also using P, S and L forms reporting under IDSP. The CHCs are also providing fixed day services for NCD clinic however they are not having functional Adolescent Friendly Health Clinic (AFHC).

Table 3-25: Status of health services, CHC Nagal and CHC Deoband, Saharanpur, 2021

Status of services	CHC Nagal	CHC Deoband
Availability of delivery services	Yes	Yes
Availability of JSSK entitlement	Yes	Yes
Line listing of high risk pregnancies	Yes	Yes
Registers for entering birth and deaths	Yes	
Comprehensive abortion services available	No	No
Availability of vaccines and hub cutter	Yes	Yes
Availability of trained provider for IUCD/ PPIUCD	Yes	Yes
FP-LMIS has been implemented	Yes	Yes
Availability of functional Adolescent Friendly Health Clinic	No	Yes
If Yes, separate male and female counsellor for AFHC	No	

Both SC Basara and SC Khedi Asha are accessible from the nearest road head. However, both the facilities lacked 24*7 running water facility. There was not adequate space for geriatric of disable friendly services. None of the SCs had clean or functional toilets available for male and female. However, there was scope to develop the waiting area in both the SCs. There was no power backup either for the SCs. Both the facilities had around 6-7 ASHAs under the SC area for the community services. Both the SC had one regular ANM position for service delivery. The SCs also had a CHO appointed for the HWC services. However, the services was affected because of poor availability of drugs and medicine.

Table 3-26: Status of infrastructure, SC Basara and Khadi ash, Saharanpur, 2021

Condition of infrastructure	SC Basara	Khadi ash
Accessible from nearest road head	Yes	Yes
24*7 running water facility	No	No
Facility is geriatric and disability friendly (ramps etc.)	No	No
Clean functional toilets available (separate for Male and female)	No	No
Drinking water facility available	No	No
OPD waiting area has sufficient sitting arrangement	Yes	Yes
ASHA rest room is available	No	Yes
Drug storeroom with rack is available	Yes	No
Branding of the health facility	Yes	Yes
Power backup	No	No

Table 3-27: Human resources availability at SC Basara and Khadi ash, Saharanpur, 2021

Human Resources	Basara			Khadi asha		
	Sanction	Regular	Contractual	Sanction	Regular	Contractual
ANM/MPW female	1	1		1	1	1
MLHP / CHO	1	1		1	1	1
ASHA	6	6		7	7	7

Both the subcentres reported availability of BP instrument, Thermometer, Contraceptives, Glucometer as well as vaccines and hub cutter. Various services were provided through the subcentres but with some gaps. For instance, SC Khedi Asha had limited focus on family planning services. Both the facilities also varied in terms of the practice of record maintenance. While Basera was maintaining a record on TB, Malaria cases, no such practice was consistently followed in both the facilities for maintenance of records for palliative cases, dengue and chikungunya as well as leprosy cases. The performance based incentives was not disbursed to the CHOs. Also, the team based incentives was also not disbursed for the last few months.

Table 3-28: Status of health services, SC Basara and Khadi asha, Saharanpur, 2021

Drugs and diagnostics services	SC Basara	SC Khadi asha
Availability of list of essential medicines (EML)/ drugs (EDL)	Yes	No
EDL/EML display in OPD area	Yes	Yes
Availability of anti-TB drugs at SC	No	Yes
Shortage of 5 priority drugs from EDL in last 30 days, if any	Yes	
Availability of Testing kits/ Rapid Diagnostic Kits	Yes	
Availability of BP instrument	Yes	Yes
Availability of Thermometer	Yes	Yes
Availability of Contraceptives	No	Yes
Availability of Glucometer	Yes	Yes
Availability of vaccines and hub cutter	Yes	Yes
Availability of micro-plan for immunization	Yes	Yes
Follow up of SNCU discharge babies by ASHA	No	No
Follow up of LBW babies by ASHA	No	Yes
Line listing of all eligible couple in the area	Yes	Yes
Availability of trained provider for IUCD / PPIUCD	Yes	No
Whether universal screening of NCD has started	No	No
Whether reporting weekly data in S form under IDSP	Yes	
Whether CHOs and HWC staffs are involved in VHSNC / MAS meeting	Yes	Yes
Maintenance of Records		
Maintenance of records on TB cases (drug sensitive/resistant cases)	Yes	No
Maintenance of records on Malaria cases	Yes	No
Maintenance of records on Palliative cases	Yes	No
Maintenance of records on Dengue and Chikungunia	No	No
Maintenance of records on Leprosy cases	No	No
Performance based incentives is disbursed to CHOs on monthly basis	NA	NA
Team-based incentives is disbursed for all HWC staffs	NA	NA

The status review of health services at PHC Talhedi and PHC Ramkhedi was also conducted. Both the facilities are accessible from nearest road head. Both the facilities have 24*7 running water facility as well as clean functional toilets (separate for male and female) and drinking water facility. There was an OPD waiting area with sufficient sitting arrangement. There was scope for both the PHCs to be more geriatric and disabled friendly (ramps etc.). Both facilities lacked ASHA rest room as these were not very functional for delivery care services. PHCs also had power back up options. Both the facilities however lacked delivery care services. There was a regular MO posted at PHC Talhedi whereas there was only a contractual MO at PHC Rankhedi. However, the attendance for duty of the MOs was a matter of concern. The pharmacists assume major responsibility of OPD care in the absence of MOs.

Table 3-29: Status of infrastructure, PHC Talhedi and Ramkhedi, Saharanpur, 2021

Condition of infrastructure	PHC Talhedi	PHC Ramkhedi
Accessible from nearest road head	Yes	Yes
24*7 running water facility	Yes	Yes
Facility is geriatric and disability friendly (ramps etc.)	Yes	Yes
Clean functional toilets available (separate for Male and female)	Yes	Yes
Drinking water facility available	Yes	Yes
OPD waiting area has sufficient sitting arrangement	Yes	Yes
ASHA rest room is available	Yes	No
Drug storeroom with rack is available	Yes	Yes
Branding of the health facility	Yes	No
Power backup	Yes	Yes

Table 3-30: Human resources availability at PHC Talhedi and Ramkhedi, Saharanpur, 2021

HR	PHC Talhedi			PHC Ramkhedi		
	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)	1	1		1		1
MO (AYUSH)						
SNs/ GNMs	1	1	Cont	1		1
ANM	1	1	cont			
LTs						
Pharmacist	1	1		2		2
LHV/PHN						
Others				1		1

In both the PHCs there was availability of list of essential medicines (EML)/ drugs along with the display of EDL in the OPD area. However, both the PHCs lacked DVDMS or similar supply chain management system. There was no reported shortage of priority drugs from EDL in last 30 days in PHC Rankhedi. However, PHC Talhedi reported that they did not have drugs as per some of the EDL items.

PHC Talhedi maintained records for TB cases, malaria cases, palliative cases and leprosy cases. The records for dengue and chikungunya cases were not mentioned. However, no such record maintenance practice is followed at PHC Rankhedi. Absence of MO and thus absence of system to monitor and review the day-to-day functioning of the services is a critical area of concern.

Table 3-31: Status of health services, Talhedi and Ramkhedi, Saharanpur, 2021

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

Community Level Checklist

Health care service delivery

There is a wide gap in the availability of both the specialists as well as graduate doctors across public and private sector hospitals. There is shortfall of staff in public hospitals and therefore government hospital staff do not attend the patient timely. That ultimately impact on the quality of healthcare provided by the public facilities. As such, deficiency of doctors, besides impacting the delivery of curative services, also reflect adversely in the overall functioning of the health services. The primary health facilities are partially equipped with healthcare and laboratory testing equipment such as basic diagnostics services. There are separate doctors for OPDs.

The PHC, CHC and district hospital provide essential medicines to their beneficiaries. Supply of safe, quality, effective and affordable drugs is one of the important parameter to assess functioning health system. However, in all facilities, a pharmacy is available at the same location, however, but functional laboratory was present in few facilities. Mostly, patients were able to have their blood tested and get medicines in the same facility.

There are separate washrooms for males and females but washrooms are not clean and there is lack of accessibility of clean drinking water. Lack of basic necessities, including water, sanitation, hygiene, healthcare waste management and cleaning services increases the risk of infection for patients visiting public health facility to seek treatment. The skewed use of institutions has clogged the available bed strength and services with simple delivery cases in FRUs, which otherwise would have accommodated patients with serious health problems. Some participants raised concerns that they believed that there are medicine shortages at primary health care facilities. The Health and Wellness Centers also provide prescriptions for purchasing of drugs from outside pharmacies.

The community health worker (ANMs) disseminates information about various government initiated health and nutrition programs through IEC material at the facility, anganwadi or the VHND sessions. However, the beneficiaries reported that the frontline workers such as ASHA and ANMs do not necessarily inform them about the program benefits and as majority of them are unable to read and write so, they fail to understand the information. The gap need to be filled through engaging community leaders in information dissemination.

Private hospitals are expensive, however, they provide quality services. The government hospital doctors are often unavailable and hence they seek extensive treatment from the private clinics. The community members also reported satisfaction with private healthcare facilities. The private providers charge a lumpsum amount for treatment which includes cost of practitioner fee, diagnostics, injections, medications or drugs. Often the patients are not able to distinguish the cost components but usually the fee payment is higher when injections and medicine etc. is provided.

Lifestyles and living condition

The use of alcohol and tobacco in the district is higher. The highest at-risk population include socio-economically deprived children, child laborers and teens who have a family history of behavioral challenges at home. The effect of substance consumed is highest on the psychological health of population. Use of tobacco (nicotine) in adolescence and young adulthood poses a unique risk for long-term and long-lasting effects on developing brains. Social consequences of substance consumed also include quarrels with friends, family or relatives, as well as accidents and severe health disorders, with some also losing their jobs or dropped out of school due to poor performance.

During recent time, the agricultural practices has evolved from traditional to modernized method of cultivation. Therefore, the degree of physical activity has gone down among the agricultural labor. Now days, more of rural as well as urban population has adopted sedentary lifestyle. Extended periods of inactivity has resulted into reduced metabolism and impair the body's ability to control blood sugar levels. This has further impacted the disease profile in the community.

The COVID-19 pandemic has brought this fast-moving world to a standstill. The impact of this pandemic is massive, and the only strategy to curb the rapid spread of the disease is to follow social distancing. The imposed rules and regulations for COVID-19 containment has disrupted many aspects of the lives of people.

Agricultural activities, such as 'slash and burn' are prime reasons for photochemical smog resulting from the smoke generated during the process. The further causes of raising external air pollution were vehicular exhaust, odors from sewage and garbage dump. On the other hand, indoor air pollution is caused by cooking in hearth, kitchen fumes and poor ventilation. Long-term indoor and outdoor air pollution exposure has resulted into risks of respiratory diseases. Inadequate clean water facility, poor sanitation and hygiene have a ripple effect on health development of the community.

Behaviors of health service providers

The ASHAs play a critical and effective role in bridging the gap in service delivery between health facilities and the communities. Therefore, it's important that ASHAs are regularly motivated to strengthen community engagement and promote healthcare services and also address issues related to provision of quality services.

The knowledge of the ASHAs on the nature of the activities and job responsibility is the pre requisite for effective service delivery. Awareness among ASHAs about certain responsibilities like mobilizing community for PNC, sanitation and prevention of illnesses is less focused than desired. As a result, beyond improvements that need to be made in training, it is critical that a clear definition of roles and responsibilities must be provided to each ASHA during induction.

The ASHA workers counsel various community members and they were satisfied with the behavior of the ASHAs and ANMs. The ANMs care about pregnant women and the beneficiaries feel well-treated with adequate care and information support to avail pregnancy related services. They listen to their problem attentively and provide instant solution. She is polite and respectful towards every patient.

ASHA workers are responsible for arranging referral transport for patients to avail treatments from government health facilities. Beneficiaries mostly reported that they pay their transportation cost and also pay the cost of commutation for ASHA didi who accompany them to the public health facility. Only few respondents reported that they have received transportation incentives few days after availing the services from public health facilities.

Most of the beneficiaries responded that the ANMs counsel them on immunization, ANC, PNC, and contraceptive services in VHND and ANC immunization sessions. The community members are satisfied with the counseling provided by the ANMs. They even agreed that the information provided in the counselling sessions are useful for delivering healthy babies and for child care. Few women responded that they use to take their family members in those sessions to make them also aware of these issues. The ANMs even provides family and individual sessions to community members with poor health status or with low knowledge about health and nutrition.

The ASHAs also intimate about the counseling sessions and also provide counselling on important health benefits of these services. They are the first point of counsellors for the community members. However, few of the beneficiaries responded that ASHAs never visit their house for providing counselling services. Additionally, they also fail to attend the VHND sessions, even if they want to attend the counselling sessions organized by ANM due to lack of information.

The ANM and ASHA workers has broken the ice between the hesitant and backward community mindsets and acceptance of healthcare services. The community members are now more open to ASHA workers to talk about any sensitive issues. They trust more on professional healthcare providers like Doctors at the same time they are hesitant to discuss issues such as contraception use, reproductive health with them.

Out of Pocket expenditure in public health facilities

The public healthcare facilities provide free of cost services to the beneficiaries. However, the services provided in CHC and PHC are very limited. For extensive and invasive treatment plan such as ultrasound, CT-Scan and MRI, they refer them to private clinic. The invasive treatment plan cost huge amount to the beneficiaries. Moreover, the beneficiaries prefer to seek healthcare from private for better quality of treatment that further cost them out of pocket expenditure. In case of stock out of essential medicines or to purchase medicine which are not available in government drug store. The beneficiaries buy medicine from private drug store that cost them out of pocket expenditure.

Knowledge and skills of ASHA as perceived by community

ASHA workers are trained and are responsible towards their work and functioning in the community. They are most outspoken women of the village as they openly discuss about various sensitive issues with both genders. They receive training on various issues to educate the community members. The information provided by the ASHA workers are very limited and not sufficient enough to convince community member to avail the healthcare benefits. For example, regular consumption of IFA tablets by pregnant women and lactating mothers is an important area of concern. The population per ASHA ratio is also an important area of concern as ASHAs are burdened with work across various programmes and hence are not able to spend adequate time on counseling related services and home visits. Moreover, various programs are executed parallel on ground by ASHA workers. Therefore, remembering all important information provided about the program is not possible.

Supportive supervision

Training is the key to enhance the knowledge of the ASHA workers as they are responsible to provide counseling on various health aspects but they are not professional health workers. Therefore, the Block MOICs and ASHA supervisors provide frequent trainings to all ground level staffs for better health outcomes. They also receive special trainings on family planning components, wherein they use modules and IEC material to train the motivators on contraceptive methods and its use. During monthly meeting short training sessions are conducted for ASHA. The ASHA supervisor assess the service delivery report and on the basis of that they transfer

incentives to the ASHA workers. Many a times due to various reasons / processes, the incentives are disbursed with some delays.

Screening for common NCDs

As the degree of physical activity has gone down therefore, the population is at an elevated risk of various health burden: infectious diseases like tuberculosis, pneumonia, dengue, and diarrhea; non-communicable diseases like heart disease, stroke, asthma and other respiratory illnesses, cancers, diabetes and depression; and violence. After Covid-19, suffering from malnutrition and impacts on physical and cognitive development of children are important concerns.

The community health and wellness centres or sub-centers are equipped with various healthcare equipment such as BP machine, Glucometer, Hemoglobinometer, weighing machine etc. The HWC Community Health Officer (CHO) and ANMs are providing routine NCD screening and counselling to community members including pregnant women. During VHND sessions, ANM provide special sensitization session on NCD awareness especially on blood pressure issues. However, community members prefers to seek NCD treatment from private clinic.

Chapter 4 : Public health planning and implementation of programmes

District Health Action Plan (DHAP)

Table 4.1 and 4.2 presents information about District Health Action Plan and details of health facility available. Saharanpur district have 3 district hospitals, 40 primary health centers and 345 sub-centres. Only 1 Special Newborn Care Unit and Nutritional Rehabilitation Centres was functioning in the district to providing child health care services. 35 primary health centre and 13 U-PHC was converted into health & wellness centre. Only 1 blood storage unit was functioning in the district. 181 sub centers were converted to Health and Wellness Center

Table 4-1: Information about District Health Action Plan (DHAP)

Indicators	Observation
Whether district prepared District Plan (PIP) for current year and submitted it to states	Yes
Whether the District received the approved District Health Action Plan (DHAP) from state (verify)	No
Date of first release of fund against DHAP	NA
Infrastructure: Construction Status	
Details of Construction pending for more than 2 years	No
Details of Construction completed but not handed over	No

Table 4-2: Detail of health facility available at District Women Hospital, Saharanpur

Facility Details	Sanctioned/ Planned	Operational
1.District Hospitals	3	3
2.Sub District Hospital	0	0
3.Community Health Centers (CHC)	21	19
4. Primary Health Centers (PHC)	40	40
5. Sub Centers (SC)	345	345
6. Urban Primary Health Centers (U-PHC)	19	19
7. Urban Community Health Centers (U-CHC)	0	0
8. Special Newborn Care Units (SNCU)	2	1
9. Nutritional Rehabilitation Centres (NRC)	1	1
10. District Early intervention Center (DEIC)	0	0
11. First Referral Units (FRU)	6	5
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	1	1
14. No. of PHC converted to HWC	35	26
15. No. of U-PHC converted to HWC	13	11
16. Number of Sub Centre converted to HWC	181	87
17. Designated Microscopy Center (DMC)	26	26
18. Tuberculosis Units (TUs)	20	20
19. CBNAAT/TruNat Sites	3/12	3/11

20. Drug Resistant TB Centres	01	01
21. Functional Non-Communicable Diseases (NCD) Clinic at DH	01	01
22. Functional NCD Clinic at CHCs	14	14

Source: District Checklist, NHM PIP Monitoring, 2021

Table 4-3 below describes the status of human resources available at health facilities in Saharanpur District. It shows that post for Dental technician were vacant at health facilities in Saharanpur. Staff nurse post was fully in-placed for 163 against 257 posts which were sanctioned. Post for AYUSH MO, AYUSH pharmacist, X-ray technician and Paediatrician were vacant in the district.

Table 4-3: Availability of human resource in Saharanpur district

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Short-fall
ANM	406	376	30
MPW (Male)	51	0	51
Staff Nurse	257	163	94
Lab technician	44	31	13
Pharmacist (Allopathic)	126	121	05
MO (MBBS)	313	162	151
OBGY	30	06	24
Pediatrician	17	10	07
Anesthetist	37	04	33
Surgeon	24	04	20
Radiologists	6	03	03
Other Specialists	24	06	18
Dentists/ Dental Surgeon/ Dental MO	16	15	01
Dental technician	1	0	01
Dental Hygienist	19	02	17
Radiographer/ X-ray technician	22	14	08
CSSD Technician	-	-	-
OT technician	12	08	08
CHO/ MLHP	181	87	94
AYUSH MO	30	28	02
AYUSH Pharmacist	11	11	0

Table 4.4 is based on information related to health services provided in the district. District provided free drug services and diagnostic services for all. Information on lab test conducted in the district was not available. On the other hand, institutional delivery services at sub-centers were available in the district.

One primary health center were conducting more than 10 deliveries in a month and one DH / child hospital was conducting more than 50 deliveries in a month. Only 1 district hospitals was providing C-section delivery service in the district. There was only one medical college available in the district. District has reported 177 health facilities which provided ultrasound services in the district.

Table 4-4: Availability of delivery care services in the district, 2020-21

Indicators	Observations
1 Implementation of Free drugs services (if it is free for all)	Yes
2 Implementation of diagnostic services (if it is free for all)	Yes
3 Number of lab tests notified	-
4 Status of delivery points	
No. of SCs conducting >3 deliveries/month	17
No. of 24X7 PHCs conducting > 10 deliveries /month	01
No. of CHCs conducting > 20 deliveries /month	14
No. of DH/ District women and child hospital conducting > 50 deliveries /month	01
No. of DH/ District women and child hospital conducting C-section	01
No. of Medical colleges conducting > 50 deliveries per month	0
No. of Medical colleges conducting C-section	01
5 Number of institutes with ultrasound facilities (Public+Private)	177
Of these, how many are registered under PCPNDT act	177
6 Details of Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) activities performed	36 facilities
7 Rashtriya Bal Swasthya Karyakram (RBSK)	
7.1 Total No. of RBSK teams sanctioned	22
7.2 No. of teams with all HR in-place (full-team)	17
7.3 No. of vehicles (on the road) for RBSK team	22
7.4 No. of teams per block	02
7.5 No. of blocks without dedicated teams	0
7.6 Average no. of children screened per day per team	-
8 Nutrition Rehabilitation Centers (NRC)	
8.1 Total admission	48
8.2 Bilateral pitting oedema	0
8.3 Mid-Upper Arm Circumference (MUAC) <115 mm	22
8.4 <-3SD WFH	41
8.5 With Diarrhea, ARI/Pneumonia, TB, HIV, Fever and	0
8.6 Nutrition related disorder	27
8.7 Referred by Frontline worker	08
8.9 Self	06
8.10 Refer from VCDC / CTC	0
8.11 RBSK	04
8.12 Pediatric ward / emergency	30

8.13	Discharged	35
8.14	Referral / Medical transfer	05
8.15	LAMA	08

Source: District Checklist, NHM PIP Monitoring, 2021

Table 4.5 deals with outcome of SNCU at district hospital in Saharanpur in 2020-21. A total of 158 children were admitted in SNCU in 2020-21 which included the both in-born and out-born children. While 83 in-born children were admitted a total of 75 out born children were admitted. 4 in-born children were admitted in SNCU due to defect at birth. On the other hand, total 32 newborn children were admitted in Newborn Stabilization Unit (NBSU) out of which 32 were inborn and 05 were outborn. 22 children were discharged in 2020-21 in the district.

Table 4-5: Availability Newborn and child health care services in Saharanpur district, 2020-21

Special Newborn Care Units (SNCU)			
Total number of beds			-
In radiant warmer			18
Step-down care			-
Kangaroo Mother Care (KMC) unit			01
Number of non-functional radiant warmer for more than a week			0
Number of non-functional phototherapy unit for more than a week			0
Special Newborn Care Units (SNCU)		Inborn	Out born
Admission		83	75
Defects at birth		04	04
Discharged		61	51
Referral		08	07
LAMA		12	05
Died		06	05
Newborn Stabilization Unit (NBSU)		Inborn	Out born
Admission		32	05
Discharged		22	03
Referral		10	02
LAMA		0	0
Died		0	0
Home Based Newborn Care (HBNC)			
Status of availability of HBNC kit with ASHAs			2380
Newborns visited under HBNC			20397
Status of availability of drug kit with ASHAs			1053

Maternal Death	
Maternal deaths review conducted-Previous year	36
Maternal deaths review conducted -Current year	19

There are no basic life support on road. On average ambulance travel 150 km and make 148 trips per day. There are 29 vehicles fitted with GPS on the road. There are 3 mobile medical unit on the road and they make 72 trips per month. A total of 36 villages are covered by the mobile units.

Table 4-6: Status of emergency services and mobile medical unit available in Saharanpur district

Vehicle for referral transport		Observations	
1	No. of Basic Life Support (BLS) on the road and their distribution	0	
2	No. of Advance Life Support (ALS) on the road and their distribution	03	
3	Details about referral transport	ALS	BLS
3.1	Operational agency (State / NGO / PPP)	PPP	NA
3.2	Ambulances are GPS fitted and handled through centralized call centre	Yes	-
3.3	Average number of calls received per day	03	-
3.4	Average number of trips per ambulance per day	0-1	-
3.5	Average Km. travelled per ambulance per day	0-50	-
4	No. of transport vehicle / 102 vehicle (on the road)	29	
4.1	Vehicles are GPS fitted and handled through centralized call centre	29	
4.2	Average Km. travelled per ambulance per day	150	
4.3	Average number of trips per ambulance per day	148	
4.	Status of Mobile Medical Unit (MMU)		
4.1	No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	03	
4.2	No. of trips per MMU per month	72	
4.3	No. of camps per MMU per month	72	
4.4	No. of villages covered	36	
4.5	Average no. of OPD per MMU per month	1560	
4.6	Average no. of lab investigations per MMU per month	720	
4.7	Average no. of X-ray investigations per MMU per month	600	
4.8	Average no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month	360	
4.9	Average no. of patients referred to higher facilities	120	
4.10	Payment pending (if any)	No	

Table 4-7: Status about implementation of Comprehensive Primary Health Centre (CPHC), Saharanpur

Indicator	Planned	Completed
1. Number of individuals enumerated	251	251
2. Number of CBAC forms filled	251000	45724
3. Number of HWCs started NCD screening		
3.1 SHC- HWC	181	84
3.2 PHC- HWC	26	26
3.3 UPHC – HWC	11	11
4. Number of individuals screened for:		
4.1 Hypertension	-	920
4.2 Diabetes	-	289
4.3 Oral Cancer	-	160

5. Number of HWCs providing Tele-consultation services	84	84
6. Number of HWCs organizing wellness activities	84	84
7. Universal health screening conducted		Yes
8. If conducted, what is the target population		3,76,500
9. No. of CBAC form filled till date		45,724

Table 4.7 presents information about implementation of comprehensive primary health centre in Saharanpur. A high number of individuals were screened for hypertension followed by diabetes and oral cancer. Table 4.8 deals with status of disease control in Saharanpur in 2020-21. The programmes which have been implemented in Amroha include Integrated Disease Surveillance Programme, National Vector Borne Disease Control Programme, National Tuberculosis Elimination Programme and National Leprosy Eradication Programme. 82 per cent TB notification was achieved in the district.

Table 4-8: Status of disease control programmes under NHM in Saharanpur district

National Disease Programmes		Observations
1	Implementation of Integrated Disease Surveillance Programme	Yes
2	Implementation of National Vector Borne Disease Control Programme	Yes
2.1	Micro plan and macro plan available at district level	Yes
2.2	Annual Blood Examination Rate	4.16
2.3	Reason for increase/ decrease (trend of last 3 years to be seen)	Increased due to more sensitization and training of ASHAs
2.4	Anti-larval methods	Spray/gambudia fish in 69 ponds
2.5	Contingency plan for epidemic preparedness	-
2.6	No. of MDR rounds observed	NA
3	Implementation of National Tuberculosis Elimination Programme	Yes
3.1	Target TB notification achieved	82%
3.2	Whether HIV Status of all TB patient is known	-
3.3	Whether drugs for both drug sensitive and drug resistance TB available	Yes
3.4	Eligible TB patients with UDST testing	52% (3756)
3.4	Patients notification from public sector under NTEP programme	
	No of patients notified	5699
	Treatment success rate	85
	No. of MDR TB Patients	240
	Treatment initiation among MDR TB patients	240
3.5	Patients notification from private sector under NTEP programme	
	No of patients notified	1299
	Treatment success rate	85
	No. of MDR TB Patients	01
	Treatment initiation among MDR TB patients	01
3.6	Beneficiaries paid under Nikshay Poshan Yojana	Yes
3.7	Active Case Finding conducted as per planned for the year	Yes
4	Implementation of National Leprosy Eradication Programme (NLEP)	Yes
	No. of new cases detected	14
	No. of G2D cases	0

MDT available without interruption	Yes
MCR footwear and self-care kit available	Yes

Source: District Checklist, NHM PIP Monitoring, 2021

Table 4.9 presents the status of social benefit schemes for ASHA and ASHA facilitators in Saharanpur. 2996 ASHA are required as per population but 2842 have been selected. Total of 1430 villages have no ASHA. 2473 ASHA have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana, while 131 for Pradhan Mantri Jeevan Jyoti Bima Yojana and 2473 for Pradhan Mantri Suraksha Bima Yojana.. 1043 village Health and Sanitation and Nutrition Committee have been formed of which 769 have been trained and 966 MAS account have been opened.

Table 4-9: Status of social benefit scheme for ASHAs and ASHA Facilitators in Saharanpur district

National Disease Programmes		Observations
1	Status of ASHAs	
1.1	Required as per population	2695+274 (Urban)
1.2	Selected ASHAs	2576+266 (Urban)
1.3	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	2842
1.4	No. of villages/ slum areas with no ASHA	1287+143 (Urban)
2	Status of social benefit scheme for ASHAs and ASHA Facilitators	
2.1	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	2473
2.2	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana	131
2.3	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana	2473
2.4	No. of ASHA facilitator enrolled for Pradhan Mantri Suraksha Bima Yojana	131
2.5	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	1604
2.6	ASHA facilitator enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana	113
3	Status of Mahila Arogya Samitis (MAS)	
3.1	Formed	266
3.2	Trained	196
3.3	MAS account opened	201
4	Status of Village Health Sanitation and Nutrition Committee (VHSNC)	
4.1	Formed	1043
4.2	Trained	769
4.3	MAS account opened	966

Chapter 5 Summary & Conclusions

Key Findings

- 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 total support from Government of India is Rs. 3920.54 Crore whereas the state share of 40% works out to be Rs.2613.70 Crore.
- NUHM activities in the district receive about 8% of the approved outlay. Child health, communicable diseases, RBSK and infection management and environmental plan (IMEP) activities each receive about 5% of the total outlay of the district.
- The physical and financial outlay approved for Saharanpur for FY 2020-21 is Rs.9337.8 Lakhs. The outlays are categorized in 28 different groups as per the program sub-division codes. Of the total outlay, 26% is allocated for community processes which largely include performance and incentive supports for frontline workers.
- About 17% 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.
- Specialized services such as general surgery, Ophthalmology, Critical care/Intensive Care (ICU), Dental and District Early Intervention Centre (DEIC) was not functioning at District Women Hospital.
- Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU) and burn unit were functioning at the district hospital.
- The DH had operational theatre like Single general OT, Obstetric & Obstetrics & Gynaecology OT, Ophthalmology/ENT OT and Emergency OT available for the district women hospital in Saharanpur
- Blood bank facility available in Saharanpur district hospital and CHC Deoband has blood storage facility while CHC Nagal was functioning without blood storage unit.
- Health facility Nagal was handed over as CHC in 2016 and functioning with 30 bed hospital. However, data reporting on HMIS portal send as PHC format and also received untied fund as PHC norm.
- Saharanpur district was converted 35 primary health centres and 13 U-PHC into health & wellness centre. Of these, 26 primary health centre as HWC was operational in the district.
- Post for AYUSH MO, AYUSH pharmacist, X-ray technician and Paediatrician were vacant in the district.
- In the district, 17 Sub-Centres were conducting more than 3 deliveries per month, 1 primary health center was conducting more than 10 deliveries per month and 14 community health centers were conducting more than 20 deliveries per month.
- There was no Basic Life Support (BLS) on the road for referral transport in the district and only 3 vehicles for Advance Life Support (ALS) were available in the district.
- There are 3 Mobile Medical Units (MMU) on the road and they make 72 trips per month. A total of 36 villages are covered by the mobile units.
- As per population norm 2996 ASHAs are required but 2842 have been selected in Saharanpur district. on the hand, a total of 1430 villages have no ASHA.

Main Recommendations

- The JSY payments are not disbursed timely. The payments are pending for the last two months which is associated with banking related shifting of NHM financial account. This should be prioritized and completed because all other program related financial activity, especially disbursement of salaries and incentives are adversely affected.
- A newly constructed building for CHC facility near PHC Rankhedi is completed and awaiting inaugural for almost more than two years now. This newly constructed facility should be made functional for service delivery.
- The service delivery in peripheral areas, particularly in the primary health centers is severely affected because of lack of Medical Officers. The appointment and deployment of Medical Officers as well as ANMs for delivery care is critical.
- The Health and Wellness Centres are managed by the Community Health Officers (CHO). However, the CHOs have not received their salaries for the last two months or so. Also, the performance linked incentives for the CHOs are not released for the last six months. The release of payment should be timely to motivate continued public health service delivery by the CHOs.
- The HWCs also lack adequate supplies of drugs and medicines for distribution. This should be addressed on priority to discourage out of pocket expenditure on drugs and medicine in the community. The distribution should be verified as health care seeking has picked after the COVID-19 slowdown in the state.
- The IFA distribution in the community should be improved. While some of the IFA tablets are available for pregnant and lactating mothers but the distribution of IFA tablets for school-going children and adolescents as well as IFA syrup for children (under-five years) is severely disrupted. The schools have now re-opened hence it is important to distribute the IFA supplements through the nodal agencies (education and ICDS) for these beneficiary groups.
- The visited facilities in the district have received equipment for diagnostic services under the NPCDCS and for the NCD clinic. However, the equipment (such as autoanalysers etc.) were found unused. The reagents etc. were not available or may have expired. It is important that these are installed immediately and used for service delivery at the respective facilities.



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

Please remember that along with the checklist you have to list five key challenges observed in the facility, explore the root causes during the discussion in the facility, and document them.

Indicator	Remarks/ Observation
1. OPD Timing	
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____
3. Number of functional in- patient beds	_____

Indicator	Remarks/ Observation		
	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 	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,		

Indicator	Remarks/ Observation																																																																																							
	Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:																																																																																							
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																																																																																							
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																																																							
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.																																																																																							
11. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="626 873 1013 905">HR</th> <th data-bbox="1013 873 1143 905">San.</th> <th data-bbox="1143 873 1281 905">Reg.</th> <th data-bbox="1281 873 1412 905">Cont.</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="626 905 1013 940">MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="626 940 781 976" rowspan="9">Specialists</td> <td data-bbox="781 940 1013 976">Medicine</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 976 1013 1012">ObGy</td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1012 1013 1047">Pediatrician</td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1047 1013 1083">Anesthetist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1083 1013 1119">Surgeon</td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1119 1013 1155">Ophthalmologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1155 1013 1190">Orthopedic</td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1190 1013 1226">Radiologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1226 1013 1262">Pathologist</td> <td></td> <td></td> </tr> <tr> <td data-bbox="781 1262 1013 1297">Others</td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1297 1013 1333">Dentist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1333 1013 1369">Staff Nurses/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1369 1013 1404">LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1404 1013 1440">Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1440 1013 1476">Dental Technician/ Hygienist</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1476 1013 1512">Hospital/ Facility Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1512 1013 1547">EmOC trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1547 1013 1583">LSAS trained doctor</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" data-bbox="626 1583 1013 1619">Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR		San.	Reg.	Cont.	MO (MBBS)					Specialists	Medicine				ObGy			Pediatrician			Anesthetist			Surgeon			Ophthalmologist			Orthopedic			Radiologist			Pathologist			Others			Dentist					Staff Nurses/ GNMs					LTs					Pharmacist					Dental Technician/ Hygienist					Hospital/ Facility Manager					EmOC trained doctor					LSAS trained doctor					Others				
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12. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____																																																																																							
13. Kayakalp	Initiated: Facility score: Award received:																																																																																							

Indicator	Remarks/ Observation															
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:															
15. LaQshya	Labour Room: Operation Theatre:															
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL_____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____															
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____															
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">1</td> <td style="width: 50%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td></td> </tr> </table>	1			2			3			4			5		
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19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____															
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed															
<ul style="list-style-type: none"> • In-house tests 	Timing: Total number of tests performed: _____ Details of tests performed:															
<ul style="list-style-type: none"> • Outsourced/ PPP 	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															

Indicator	Remarks/ Observation
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> ○ Previous year _____ ○ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<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

Indicator	Remarks/ Observation
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		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
a. Hypertension			
b. Diabetes			
c. Oral Cancer			
d. Breast Cancer			
e. Cervical Cancer			
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
I. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		

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

Indicator	Remarks/ Observation
	Types of cases referred out:
3. Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

Please remember that along with the checklist you have to list five key challenges observed in the facility, explore the root causes during the discussion in the facility, and document them.

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

Indicator	Remarks/ Observation																																																												
	2. Resuscitation 3. Stabilization																																																												
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																																												
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:																																																												
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____																																																												
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all																																																												
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:																																																												
14. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th data-bbox="634 919 1003 955">HR</th> <th data-bbox="1003 919 1138 955">San.</th> <th data-bbox="1138 919 1284 955">Reg.</th> <th data-bbox="1284 919 1421 955">Cont.</th> </tr> </thead> <tbody> <tr> <td data-bbox="634 955 1003 991">MO (MBBS)</td> <td data-bbox="1003 955 1138 991"></td> <td data-bbox="1138 955 1284 991"></td> <td data-bbox="1284 955 1421 991"></td> </tr> <tr> <td data-bbox="634 991 792 1037">Specialists</td> <td data-bbox="792 991 1003 1037">Medicine</td> <td data-bbox="1003 991 1138 1037"></td> <td data-bbox="1138 991 1284 1037"></td> </tr> <tr> <td data-bbox="634 1037 792 1073"></td> <td data-bbox="792 1037 1003 1073">ObGy</td> <td data-bbox="1003 1037 1138 1073"></td> <td data-bbox="1138 1037 1284 1073"></td> </tr> <tr> <td data-bbox="634 1073 792 1108"></td> <td data-bbox="792 1073 1003 1108">Pediatician</td> <td data-bbox="1003 1073 1138 1108"></td> <td data-bbox="1138 1073 1284 1108"></td> </tr> <tr> <td data-bbox="634 1108 792 1144"></td> <td data-bbox="792 1108 1003 1144">Anesthetist</td> <td data-bbox="1003 1108 1138 1144"></td> <td data-bbox="1138 1108 1284 1144"></td> </tr> <tr> <td data-bbox="634 1144 1003 1180">Dentist</td> <td data-bbox="1003 1144 1138 1180"></td> <td data-bbox="1138 1144 1284 1180"></td> <td data-bbox="1284 1144 1421 1180"></td> </tr> <tr> <td data-bbox="634 1180 1003 1215">SNs/ GNMs</td> <td data-bbox="1003 1180 1138 1215"></td> <td data-bbox="1138 1180 1284 1215"></td> <td data-bbox="1284 1180 1421 1215"></td> </tr> <tr> <td data-bbox="634 1215 1003 1251">LTs</td> <td data-bbox="1003 1215 1138 1251"></td> <td data-bbox="1138 1215 1284 1251"></td> <td data-bbox="1284 1215 1421 1251"></td> </tr> <tr> <td data-bbox="634 1251 1003 1287">Pharmacist</td> <td data-bbox="1003 1251 1138 1287"></td> <td data-bbox="1138 1251 1284 1287"></td> <td data-bbox="1284 1251 1421 1287"></td> </tr> <tr> <td data-bbox="634 1287 1003 1323">Dental Assistant/ Hygienist</td> <td data-bbox="1003 1287 1138 1323"></td> <td data-bbox="1138 1287 1284 1323"></td> <td data-bbox="1284 1287 1421 1323"></td> </tr> <tr> <td data-bbox="634 1323 1003 1358">Hospital/ Facility Manager</td> <td data-bbox="1003 1323 1138 1358"></td> <td data-bbox="1138 1323 1284 1358"></td> <td data-bbox="1284 1323 1421 1358"></td> </tr> <tr> <td data-bbox="634 1358 1003 1394">EmOC trained doctor</td> <td data-bbox="1003 1358 1138 1394"></td> <td data-bbox="1138 1358 1284 1394"></td> <td data-bbox="1284 1358 1421 1394"></td> </tr> <tr> <td data-bbox="634 1394 1003 1430">LSAS trained doctor</td> <td data-bbox="1003 1394 1138 1430"></td> <td data-bbox="1138 1394 1284 1430"></td> <td data-bbox="1284 1394 1421 1430"></td> </tr> <tr> <td data-bbox="634 1430 1003 1465">Others</td> <td data-bbox="1003 1430 1138 1465"></td> <td data-bbox="1138 1430 1284 1465"></td> <td data-bbox="1284 1430 1421 1465"></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	MO (MBBS)				Specialists	Medicine				ObGy				Pediatician				Anesthetist			Dentist				SNs/ GNMs				LTs				Pharmacist				Dental Assistant/ Hygienist				Hospital/ Facility Manager				EmOC trained doctor				LSAS trained doctor				Others			
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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:																																																												

Indicator	Remarks/ Observation										
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">1</td> <td style="width: 300px;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> </tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
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_____										
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 	Timing: Total number of tests performed: _____ Details of tests performed:										
<ul style="list-style-type: none"> • Outsourced/ PPP 	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										

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

Indicator	Remarks/ Observation		
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: Current year:		
37. Number of Child Death reported in the facility	Previous year: Current year:		
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month			
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		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		

Indicator	Remarks/ Observation		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
53. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • 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:		

Indicator	Remarks/ Observation
	Reasons for underutilization of fund (if any)
57. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
58. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
59. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <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: 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 observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

Please remember that along with the checklist you have to list five key challenges observed in the facility, explore the root causes during the discussion in the facility, and document them.

Indicator	Remarks/ Observation
A. OPD Timing	
a. For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
B. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
C. Condition of infrastructure/ building	Comments:
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding

Indicator	Remarks/ Observation																																								
D. Number of functional in-patient beds																																									
E. List of Services available																																									
F. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																								
G. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____																																								
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M. 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) _____																																								
N. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																								

Indicator	Remarks/ Observation	
O. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	
	2	
	3	
	4	
	5	
P. Drugs Available for Hypertension & Diabetic patients:	1	
	2	
	3	
Q. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1	
	2	
	3	
R. 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 _____	
S. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	
• In-house tests	Timing: Total number of tests performed: _____ Details of tests performed:	
• Outsourced/ PPP	Timing: Total number of tests performed: _____ Details of tests performed:	
T. 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	
U. 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	
V. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	
W. If there is any shortage of major instruments/ equipment		
X. Average downtime of equipment. Details of		

Indicator	Remarks/ Observation
equipment are nonfunctional for more than 7 days	
Y. 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
Z. 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:
AA. 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
BB. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
CC. Number of normal deliveries in last three month	
DD. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
EE. Practice related to Respectful Maternity Care	
FF. Number of Maternal Death reported in the facility	Previous year: Current FY:
GG. Number of Child Death reported in the facility	Previous year: Current year:
HH. 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
II. Number of newborns immunized with birth dose at the facility in last 3 months	
JJ. Newborns breastfed within one hour of birth (observe if	

Indicator	Remarks/ Observation		
practiced and women are being counselled)			
KK. Number of sterilizations performed in last one month			
LL. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
MM. Who counsels on FP services?			
NN. Please comment on utilization of other FP services			
OO. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
PP. 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		
QQ. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
RR. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
SS. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
TT. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency: _____		
UU. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
VV. 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): _____		
WW. 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: _____			

Indicator	Remarks/ Observation
	<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 <p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:</p>
XX. 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:
YY. 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
ZZ. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: Fund utilized last year:</p> <p>Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Reasons for underutilization of fund (if any)</p>
AAA. Status of data entry in (match with physical records)	<p>HMIS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>
BBB. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
CCC. Availability of ambulance services in the area	<p><input type="checkbox"/>PHC own ambulance available</p> <p><input type="checkbox"/>PHC has contracted out ambulance services</p> <p><input type="checkbox"/>Ambulances services with Centralized call centre</p> <p><input type="checkbox"/>Government ambulance services are not available</p> <p>Comment (if any):</p>
• How many cases from sub centre were referred to this PHC last month?	<p>Number:</p> <p>Types of cases referred in:</p>
• How many cases from the PHC were referred to the CHC last month?	<p>Number:</p> <p>Types of cases referred out:</p>

Indicator	Remarks/ Observation
DDD.	Key challenges observed in the facility and the root causes
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
EEE. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
FFF. Number of CBAC forms filled (NUHM)	
GGG. 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_____
HHH. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
III. 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: _____ _____



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Sub-Centre (SC) Level Checklist

Service Delivery: Sub Centre

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

Please remember that along with the checklist you have to list five key challenges observed in the facility, explore the root causes during the discussion in the facility, and document them.

Indicator	Remarks/ Observation																								
1. List of Services available																									
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASHA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									

Indicator	Remarks/ Observation										
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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px; text-align: center;">1</td><td style="width: 350px;"></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px; text-align: center;">1</td><td style="width: 350px;"></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px; text-align: center;">1</td><td style="width: 350px;"></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td></tr> </table>	1		2		3					
1											
2											
3											
11. Are CHOs dispensing medicines for hypertension and diabetes at SHC-HWC	<input type="checkbox"/> Yes/ <input type="checkbox"/> No										
12. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient 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 										
15. Number of Maternal Death Review conducted	Previous year: Current year:										
16. Number of Child Death Review conducted	Previous year: Current year:										

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

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

Indicator	Remarks/ Observation
	<ul style="list-style-type: none"> 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
a)	
b)	
c)	
d)	
e)	



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Community Level Checklist

Community Level

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	

Please remember that along with the checklist you have to list five key challenges observed in the community, explore the root causes during the discussion with the community members, and document them.

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	

Indicator	Please comment
46. Behaviour 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)	
c)	
d)	
e)	



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Schedule for PIP Monitoring

District Profile

The profile is to be filled based on secondary data and sent to state/ district for validation prior to the visit

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		Current FY	
	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 	
<ul style="list-style-type: none"> • 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 	
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 	

Indicator	Remarks/ Observation	
<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		

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Previous year Current FY 		
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 		
<ul style="list-style-type: none"> No. of camps per MMU per month 		
<ul style="list-style-type: none"> No. of villages covered 		
<ul style="list-style-type: none"> Average number of OPD per MMU per month 		
<ul style="list-style-type: none"> Average no. of lab investigations per MMU per month 		
<ul style="list-style-type: none"> Avg. no. of X-ray investigations per MMU per month 		
<ul style="list-style-type: none"> Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 		
<ul style="list-style-type: none"> Avg. no. of sputum collected for TB detection per MMU per month 		
<ul style="list-style-type: none"> Average Number of patients referred to higher facilities 		
<ul style="list-style-type: none"> 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 		
<ul style="list-style-type: none"> No. of Advanced Life Support (ALS) (on the road) and their distribution 		
	ALS	BLS
<ul style="list-style-type: none"> Operational agency (State/ NGO/ PPP) 		
<ul style="list-style-type: none"> If the ambulances are GPS fitted and handled through centralized call centre 		
<ul style="list-style-type: none"> Average number of calls received per day 		
<ul style="list-style-type: none"> Average number of trips per ambulance per day 		

Indicator	Remarks/ Observation		
○ Average km travelled per ambulance per day			
○ Key reasons for low utilization (if any)			
● No. of transport vehicle/102 vehicle (on the road)			
○ If the vehicles are GPS fitted and handled through centralized call centre			
○ Average number of trips per ambulance per day			
○ Average km travelled per ambulance per day			
○ Key reasons for low utilization (if any)			
20. Universal health screening			
● 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 ○ Diabetes ○ Oral cancer ○ Breast Cancer ○ Cervical cancer 			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
● Whether call center and toll-free number available			
● 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
● JSY beneficiaries			
● ASHA payment:			
○ A- Routine and recurring at increased rate of Rs. 2000 pm			
○ B- Incentive under NTEP			
○ C- Incentives under NLEP			
● Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)			
● Patients incentive under NTEP programme			
● Provider's incentive under NTEP programme			

Indicator	Remarks/ Observation
<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 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 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 	

Indicator	Remarks/ Observation
<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) Any other state specific scheme _____ 	

Indicator	Remarks/ Observation			
36. Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened				
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened				
38. Number of facilities quality certified				
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)				
40. Activities performed by District Level Quality Assurance Committee (DQAC)				
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	Previous year		Current FY	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY				
• Among these, no. of posts filled by state				
• Among these, no. of posts filled at district level				
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				

Implementation of CPHC

Status as on: _____

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

6. Number of HWCs organizing wellness activities		
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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			

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

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

Status of trainings

Status as on: _____

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

