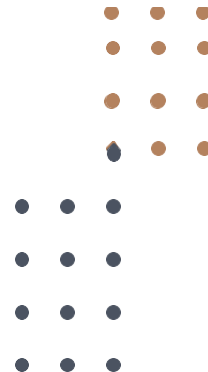


JULY, 2023

A MONITORING AND EVALUATION REPORT OF THE KEY COMPONENTS OF

NATIONAL HEALTH MISSION

PROGRAMME IMPLEMENTATION PLAN



SAMBHAL DISTRICT
UTTAR PRADESH



POPULATION RESEARCH CENTRE
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ACKNOWLEDGEMENT

The Government of India's most important program for promoting public health and family welfare is the National Health Mission which aims to improve healthcare infrastructure and service delivery throughout the country. We are humbled and honored by the trust shown in Population Research Centre, Delhi by the Ministry of Health and Family Welfare, GoI, to conduct the Monitoring and Evaluation exercise pertaining to the primary elements of NHM Programme Implementation Plans (NHM- PIP). In light of this, our utmost gratitude for financial assistance and support goes to Shri Sukh Ram Meena, Director General; Ms. Anjali Rawat, Deputy Director General, Mr. Kumar Sundaram, Director, and Ms. Preeti Tiwari, Assistant Director, from the MoHFW (Stat.), GoI.

The field operations necessary for the successful completion of this M&E exercise would not have been possible without the tireless and much appreciated support of Dr Tarannum Raza, Chief Medical Officer, Sambhal, and Sanjeev Rathore, DPM, Sambhal. We extend our heartfelt thanks for their uninterrupted co-operation in facilitating the facility visits.

We are further thankful to the Medical Officers stationed at the visited facilities of the district for their valued time and insights on programme implementation lags. We further extend our kindest regards to the beneficiaries/patients across these health facilities for dedicating their time to our questions/interactions.

Last, but not the least, we extend most sincere thanks to Mr. Amarjeet Kumar for his valued assistance during the course of facility visits.

Prof. Suresh Sharma
Dr. Priyanka Yadav

EXECUTIVE SUMMARY

Background:

One of the key components of the National Health Mission Programme Implementation Plan (NHM- PIP) is monitoring and evaluation of the district-level health systems throughout India's states and union territories undertaken by The Ministry of Health and Family Welfare (MoHFW) on a regular basis. For further planning and resource allocation in any area, it is anticipated that a timely and systematic assessment of the essential NHM components is important. In this assessment and monitoring process, first the secondary data is thoroughly examined to understand the structure of the health systems and the state of the health outputs, and then the structures are examined in relation to the implementation machinery at the grassroots level.

The findings from the monitoring and evaluation of the primary NHM PIP elements in the Sambhal district for the years 2022–2023 are presented in this report. The report emphasizes on the important findings regarding the health needs at the district and sub-district levels so that the concerned authority may be directed to prioritize each area using the strategy most suitable for achieving the objectives of the National Health Mission.

Key Findings and Recommendations:

Status of Maternal Health and Health Outcomes

- The district ranks well during the FY 2022-23 in term of Institutional deliveries in the state with 7 percent of the cases are C-Section. The district has a good coverage of ANC, inspite of all the efforts the cases of Anemia and Hypertension among pregnant women is one of the highest compared to other districts of the state.
- The number of cases of pregnant women with Obstetric Complications is also very high in the district. The district has high cases of birth Asphyxia.
- Maternal death (54) and Still birth (510) cases are also present in the district.
- The district is heavily dense with a mix population of every religion. Muslim dominates the area. The people here follow certain old practices which forbids them to accept the modern healthcare practices, leading to low consumption of IFA tablets, home deliveries, which in turn leads to adverse health effects of the pregnant women.
- Every woman has an average 4-5 children, which shows the unwillingness of accepting family planning practices.
- The cases of Syphilis are also prevalent in the district.
- The average OOPE incurred during delivery in a Public facility is Rs 2300 for UP whereas it stands Rs 1214 for the Sambhal district (NFHS 5)

Child Health and Nutrition

- The districts lag in child health and nutritional parameters.
- A rise in the anemia indicators among children is also seen in the Fifth Round of the National Family Health Survey (2019-21).

- The district has one of the highest cases of Stunting and Wasting among children.
- With such poor situation the district has only 10 bedded functional Nutrition Rehabilitation Centre (NRC), whereas District Early Intervention Centre (DEIC) is not available in the district.

Public health financing on the management of Reproductive health, Communicable and Non-Communicable Diseases

- The total budget allotted for Sambhal district of UP under the NHM Resource in 2022–2023 was 91.80 crore out of which 55.61 crore was utilized.
- RBSK is working very efficiently in the district with the utilization percentage of 84 percent.
- Under the Communicable Diseases Pool, bulk of the fund is allotted for NTEP. The utilization rate is 61 percent for the same.
- Under the Non- Communicable Diseases Pool, bulks of the funds are allotted for NNMHP and NPCDCS. It is clearly visible that the utilization rate is very low in Non-Communicable disease category.

Insufficient Delivery Site with poor infrastructure across primary health tiers

- The district of Sambhal have few delivery sites to cater such a huge load. SCs and PHCs caters the population at the community level, insufficient facilities at primary and secondary levels creates a heavy load at the DH.
- The JSSK scheme, which gives a nutritional and financial help to the pregnant mother and new born child needs revision in its diet amount.
- The facilities building general infrastructure and physical maintenance standard are in a very miserable state. According to policy requirements and norms under (LaQshya) Guidelines, the labor rooms and maternity operation theatres require serious attention.

Lack of Human Resource and Shortage of Computer Unit

- There is a great shortage of Human resource in the district as on March, 2023. The sanctioned position has not been filled and remains vacant for a long time.
- In the district there is lack of Surgery specialist, Obstetrician/Gynecologist, Paediatrician, Anaesthetist, Radiologist, Casualty Doctors, Staff Nurse, Sanitary Worker, Counsellor and Technician. The negative gap between the sanctioned and positioned staff brings a negative outcome in providing the services.
- In some of the facilities, there is only 1 Computer unit for all the work; which leads to delay in data entry and poor data maintenance.

High urgency of Infrastructure Maintenance, Hygiene and Civil work

- For a longer period of time, the facility's civil work requirements are ignored and unaddressed. The buildings condition is very pathetic and dangerous and require serious maintenance. Hygiene standard is not up to the mark in the facilities.
- The inter-sectoral coordination suffers from major flaws in terms of staff orientation on the process of making a request, as well as unusual delays on the part of the civil authority.

Overburdened and Underpaid ASHA





- The main objective behind ASHA was “ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilise the community towards local health planning and increased utilisation and accountability of the existing health services.”¹
- However, at present time all the work related to health, election, etc. are being done by ASHA Worker. ASHA’s are overburdened with a heavy work load ranging from bringing awareness, immunization, family planning, data entry which in result brings low outcome. The real objective of ASHA is not fulfilled.
- The incentives of ASHA are very less in urban areas, which is also a major concern.

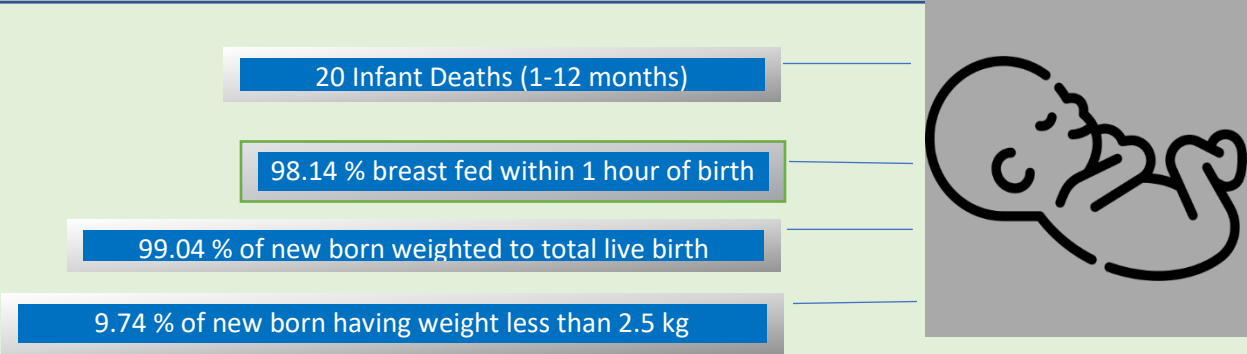
Recommendations:

1. Expanding the number of birth sites within the secondary health tier and revamping the existing labor rooms in accordance with LaQshya regulations and labor room standards.
2. Enabling the District Early Intervention Center (DEIC), Comprehensive Lactation Management Center (CLMC), to operate in the area to meet the needs of children in terms of health and nutrition
3. Addressing maternal anemia by up-scaling efforts to consumption of full-course of IFA tablets to pregnant women by bringing awareness.
4. Rational allocation of SNCU beds to out-born neonates.
5. Increasing immunization in certain pockets by bringing awareness.
6. There is a need to revise the diet charge under JSSK Scheme; providing nutritional meal in such an amount becomes tough.
7. Strengthening TB centres across the district by improving IT support systems, and deploying HR to address the existing staffing shortages.
8. Quacks practices is high in the district, curbing down will strengthen the health system.
9. Strengthen capacities in NHM budgeting, and HMIS data entry of the healthcare staff at the facility level.
10. Addressing accessibility constraints beyond NCD screening, to cover NCD management and post-therapies in cases of cancer, stroke, etc.
11. Facilitating activities and programmes addressing the health needs of adolescents.
12. Effort should be made to revamp the infrastructure and maintain hygiene in the facilities.

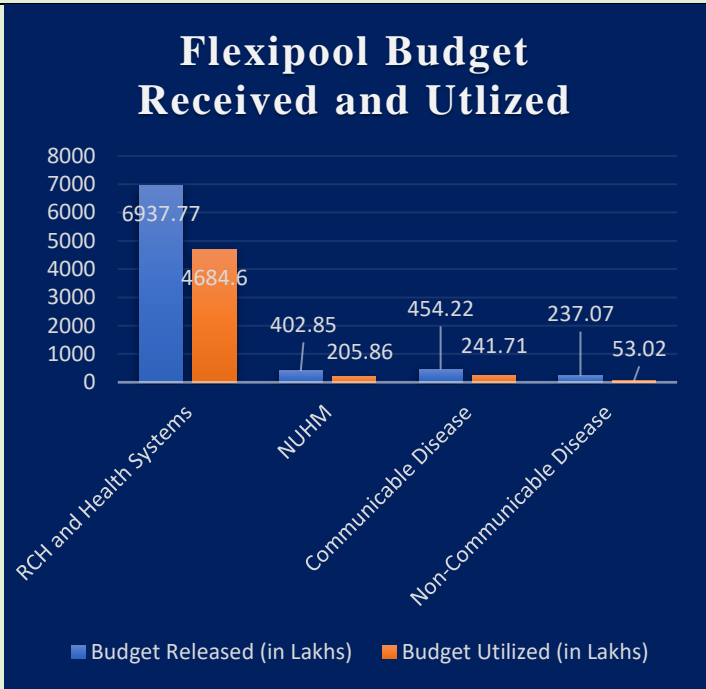
¹<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=150&lid=226>







KEY HIGHLIGHTS SAMBHAL DISTRICT, UTTAR PRADESH, 2022-23

			
District Hospital 01	Community Health Centres (CHC) 10	Primary Health Centers (PHC) 28	Sub Centers (SC) 279



94.68 %	Pregnant women with 4 or more ANC Check ups to total ANC registration
80.59 %	Institutional deliveries to total reported deliveries
6.66 %	C-Section deliveries to total reported deliveries
48	Maternal Deaths, 2022-2023
95.48 %	Pregnant women given 180 IFA to total ANC registrations



 <p>District Combined Hospital</p> <ul style="list-style-type: none"> High Delivery load Requirement of Security Guard 	 <p>CHC Bahjoi</p> <ul style="list-style-type: none"> Lacks on sanitation grounds. Unavailability of Pediatrician 	 <p>CHC Chandausi</p> <ul style="list-style-type: none"> Shortage of Human Resource 	 <p>UPHC Hatimsarai</p> <ul style="list-style-type: none"> Shortage of laboratory and medicine 	 <p>PHC Gawan</p> <ul style="list-style-type: none"> Unavailability of Specialist Poor infrastructure. 	 <p>Sub- Centre Singholi</p> <ul style="list-style-type: none"> Shortage of medicine and Human resource.
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ABOUT THE REPORT

National Health Mission was launched with a mission's goal to provide all people with accessible, affordable, accountable, and effective primary health care. Though the majority of NHM goals remain focused on mother and child health and family planning, considerable changes have occurred in the approaches over the decade. With a more holistic approach, the focus is not only on health but also on universal access to public services for food, nutrition, sanitation, and cleanliness. The emphasis is on comprehensive primary care with prevention of both communicable and noncommunicable diseases in a pluralistic health system where modern and traditional medical methods are used as needed.

One of the key indicators of NHM progress is the ongoing monitoring and evaluation operations carried out by the Ministry of Health and Family Welfare. A timely and systematic assessment of the essential components of NHM is predicted to be critical for subsequent planning and resource allocation in any area.

NHM is publicly funded by the central and state government. NHM would have six financing components, namely (i) NRHM/RCH Flexi-pool, (ii) NUHM Flexi-pool (iii) Flexible pool for Communicable Disease, (iv) Flexible pool for Non-Communicable Disease including injury and trauma, (v) Infrastructure Maintenance and (vi) Family Welfare Central Sector Component. The fund flow from the Central Government to the states/UTs would be as per the procedure prescribed by the Government of India.

This NHM-PIP monitoring report discusses the implementation of NHM Programme in the district of Shahdara, NCT of Delhi. The report basically sheds light on the overall state of the district's healthcare systems, covering the district's demographic profile, health financing, and physical health infrastructure, followed by sections on human resources for healthcare, community health, and facility assessments. The report intends to address all aspects of the health system, such as service delivery, access to essential medicines, health workforce, health funding, health information system, and leadership and governance.

The assessment is based on primary data collected from the healthy facilities along with the secondary data collected from HMIS Web Portal and reports of National Family Health Survey-6. Structured interview schedules were used for data collection from the nodal officers and health facilities.

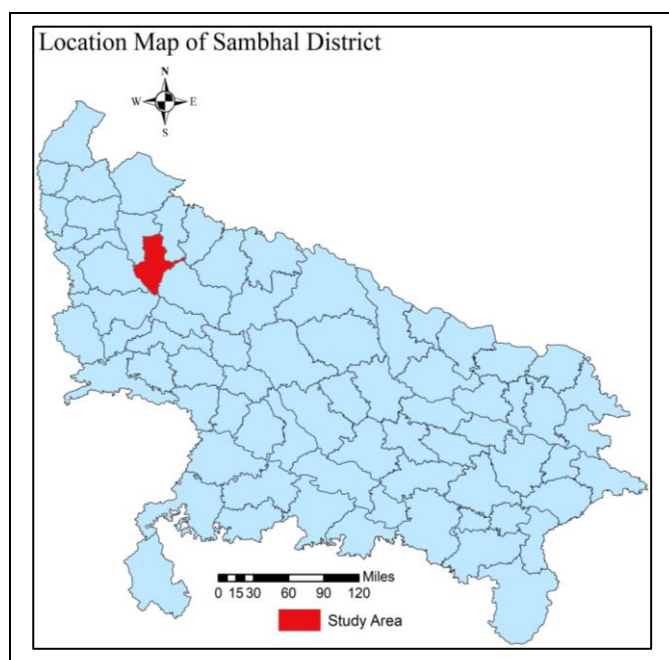
The assessment and the report are based on observations and information collected during:

- Round table meeting with CDMO, NHM Nodal Officers and staff
- Health Facilities visit
- Interactions with Community health workers and beneficiaries
- Evaluation of secondary data and reports (HMIS, NFHS)

The conclusions of this research are intended to help key stakeholders determine whether the health system in its current shape is capable of meeting the health requirements and ambitions of its people.

SAMBHAL DISTRICT: AN OVERVIEW

1.1 GEOGRAPHIC AND SOCIO-DEMOGRAPHIC PROFILE



Geography: The district was declared on September 28, 2011, and on July 23, 2012, the state government officially established it. Sambhal had been an important town in medieval India. The geographical area of the district is 2277 sq. km.

The district of Sambhal lies within the division of Moradabad in the state of Uttar Pradesh. Its district headquarters is Bahjoi town. The districts that border Sambhal are Amroha, Moradabad, Rampur, Badaun, Aligarh, and Bulandshahr, going clockwise from north to south.

Sambhal is well-known for its unique line of horn and bone crafts, which are produced in Saraitareen, 4 km outside of Sambhal City but still part of Sambhal, and are exported. It's among the largest markets for menthol products.

Figure 1.1 District Map of Sambha

Presently Sambhal district has 3 tehsils- Sambhal, Chandausi, and Gunnaur. The district has three Municipal Councils- Sambhal, Chandausi, and Bahjoi and five Nagar Panchayats- Gunnaur, Babrala, Gawan, Narauli and Sirsi. There are eight blocks in the district – Bahjoi, Sambhal, Bania Kheda, Rajpura, Asmoli, Pawansa, Junavai, Gannaur, and four assembly constituencies – Gunnaur, Asmoli, Sambhal and Chandausi.

Demographic: The population of the Sambhal district was 2,199,774 according to the 2011 census. Sambhal district has an average sex ratio of 1019 females for every 1000 according to the NFHS 5. As per NFHS 5, the Child Sex Ratio of Sambhal district is 940 which is much lower than the Average Sex Ratio (1019) of Sambhal district.

The total literacy rate of Sambhal Tehsil is 49.27%. The male literacy rate is 47.53% and the female literacy rate is 32.78% in Sambhal Tehsil. 16.56% of the population belongs to the Scheduled Castes. 80.90% of the population of the district spoke Hindi and 18.57% Urdu as their first language.

In Sambhal Tehsil out of total population, 303,847 were engaged in work activities. 80.8 percent of workers describe their work as Main Work (Employment or Earning more than 6 Months) while 19.2 percent were involved in Marginal activity providing livelihood for less than 6 months. Of 303,847 workers engaged in Main Work, 83,853 were cultivators (owner or co-owner) while 69,084 were Agricultural labourers.



Household Profile:

The National Family Health Survey 5 also brings out some noteworthy demographic findings about the district:

- 35.5 percent of the population is below the age of 15 years.
- The registration of birth and death is very low in the district. As per NFHS 5, 54.8 percent of children under 5 years whose birth was registered with the civil authority whereas 37.7 percent deaths in the last 3 years registered with the civil authority.
- 13.7 percent of the households have any usual member covered under a health insurance/financing scheme.
- The average household size in the district is 6-7 family members and about 35 per cent of the households have a child in the age group of 0-5 years.

1.2 HEALTH AND HEALTHCARE

The technical officers of the Integrated District Health Society of Sambhal coordinate public health services and program implementation under the National Health Mission, who report to the Chief Medical Officer. The following programmes under NHM are catered through DHS: National Tuberculosis Elimination Program (NTEP), The National Leprosy Eradication Programme (NLEP), National Vector Borne Disease Control Programme (NVBDCP), Integrated Disease Surveillance Programme (IDSP), Non-Communicable Diseases Control Programme, National AIDS Control Programme, Routine Immunisation, State specific Incentive for ASHA, etc., and other Programmes such as Pulse Polio, National Programme for Health Care of Elderly, etc.

National Family Health Survey 5 brings out some of the highlights of the key Health indicators. Table 1 displays the health profile of the Sambhal district. It demonstrates the performance of important service delivery indicators and the resulting health outcomes in terms of NHM measurable goals. In Sambhal district, 61 percent of pregnant women had ANC check-up in the first trimester, which is higher than the state average of 62 percent. The percentage of pregnant women who had four or more ANC check-ups to total ANC registration is 33 percent which is much lower than the state average of 42 percent. Pregnant women attending antenatal appointments should be counselled on the significance of delivering in institutions while avoiding home deliveries. Institutional birth comprises of 74 percent which is lower than the state average of 83 percent.

Unmet need for family planning is a substantial contributor to population expansion. Family planning services attempt to reduce unmet need. Female sterilization (Tubectomies) accounting for 9 percent which is almost half of the state average. The total unmet need in the district is 9 percent. 40 percent of the women use modern methods. The result shows the district as very far behind in family planning methods.



In terms of Child Health, 83 percent of the children are fully immunized in the age group of 12-23 which is higher than the state average of 70 percent. However, the district lags in basic child health parameters and stands far behind from the state average.

Anaemia and hypertension are highly prevalent in the district among men and women. This is an issue of higher concern.

Table 1.1: Status of Key Health indicators, Sambhal District, Uttar Pradesh

Key indicators	Sambhal	Uttar Pradesh
1. Reproductive Health		
% women using:		
a. Any Contraceptive method	65.9	62.4
b. Any modern method	40.1	44.5
c. Female Serilization	8.6	16.9
Total unmet need for Family Planning (%)	8.5	18.1
2 Maternity and Delivery Care		
% mothers who:		
a. had antenatal check-up in the first trimester	60.8	62.5
b. had atleast 4 antenatal care visits	32.9	42.4
Institutional births (%)	74.2	83.4
Institutional births in public facility (%)	45.1	57.7
3. Child Health		
Children age 12-23 months fully immunized (%)	83	69.6
Children age 12-23 months who received most of the vaccinations in public health facility (%)	86.1	94.4
Children under 5 years who are stunted (%)	51.6	39.7
Children under 5 years who are overweight (%)	3.8	3.1
Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	69.8	66.4
4. Adult Health		
% women aged 15-49 years:		
a. who are anaemic	51.3	50.4
a. have high blood sugar levels	8.5	11.6
b. have hypertensions	19.3	18.4
% men aged 15-49 years:		
a. have high blood sugar levels	8.5	11.6
b. have hypertension	22.7	21.7

Source: NFHS-5, 2019-21



PUBLIC HEALTH FINANCING



2.1 STATE PROGRAM IMPLEMENTATION PLAN

The NHM has a decentralised approach to the planning and budgeting process wherein plans are formulated at different levels and integrated into the final state program implementation plan (SPIP). As a Centrally Sponsored Scheme (CSS), the funding for NHM is distributed in accordance in the following ratios: 60:40 for general states and 90:10 for special category states¹ following the 14th Finance Commission. For each programmatic component, the funds are moved into flexipools, to allow financial flexibility and encourage effective fund utilisation. Under the flexipools, the states are given the freedom to distribute funding among initiatives "as per local needs and broad national priorities". The obligation to use funds under the national program initiatives, however, places a higher focus on the latter. The use of funds in the prior year for the intended purpose is also a requirement for the release of funds. Prior to approving new grants, the Ministry evaluates the performance of the states using audits and utilisation certificates. According to the plans submitted and approved as part of the SPIP, the devolution of funding under the Mission to the lower levels is authorized.

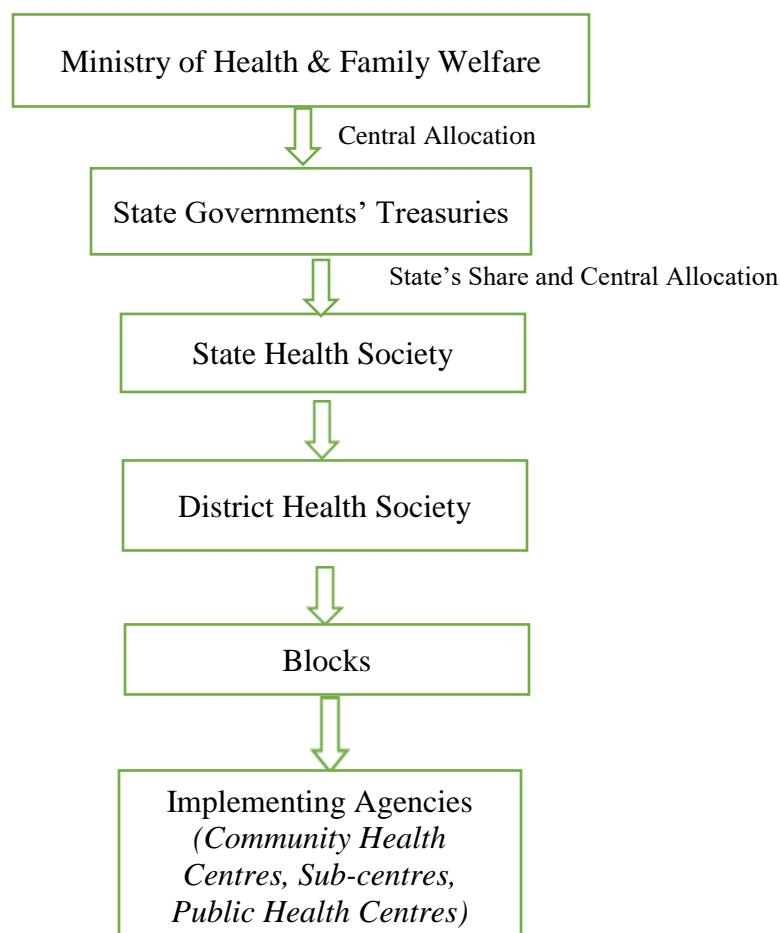


Figure 2.1: Fund Devolution Pathways

¹The special category states are the eight north-eastern states and the three hilly states of Jammu and Kashmir, Himachal Pradesh and Uttarakhand, identified on the basis of their low resource base. This makes them eligible for greater central assistance through funds and concessions.



The most important NHM documents are Program Implementation Plans (PIPs), which are used by the States/UTs to plan, prioritize, and suggest strategies and activities to address public health concerns. The evaluations and discussions are conducted based on the proposed plan and budget, leading to the National Program Coordination Committee (NPCC) meetings where approvals are given through the Record of Proceedings (RoP). It is still necessary to follow the bottom-up planning and District Health Action Plans (DHAPs) requirements since the fundamental planning principles outlined in the NHM framework text are unaltered. For the purpose of streamlining the planning and budgeting process, states must adopt the "Health Systems Approach."

Input from the PIP papers is essential for creating the Record of Proceedings (RoPs). The RoP document presents a summary of the approvals that the NPCC granted in accordance with the state PIP. It acts as a reference guide for putting important programs and processes into practice. The prompt issue of RoP is viewed as a facilitator in accelerating the execution of permitted operations. A prompt and organized start aids in allowing the state and districts enough time to manage and track the advancement of each permitted activity.

2.2 DISTRICT HEALTH ACTION PLAN

District Health Action Plans (DHAP), which are similar to State PIPs, are the district's annual action plans. A DHAP outlines the requirements for program execution at sub-district level units in terms of infrastructure, human resources, purchasing, multiple schemes running, etc. and offers the entire budget needed to carry out those operations. The District Health Mission is in charge of putting the DHAP together, and does so by assembling a team of planners who are in charge of giving the planning process general direction and support.

The total budget allotted for the district of Sambhal under the NHM Resource in 2022–2023 was 91.80 crore out of which 55.61 crore was utilized.

Under RCH and Child Health System the utilization per cent was 79.16 and 53.64 percent respectively. RBSK is working very efficiently in the district with the utilization percentage of 84 percent. In the category of Family Planning the utilization rate was 49 per cent. In case of HR the utilization was 79 per cent. In the category of NUHM the utilization per cent is merely 51 per cent. Only 20 percent of the untied fund have been utilized.

Under the Communicable Diseases Pool, bulk of the fund is allotted for NTEP. The utilization rate is 61 percent for the same. The district also received funds for IDSP, NVBDCP and NLEP activities. While 30 percent, 16 percent and 25 percent of the funds under IDSP, NVBDCP and NLEP are utilized.

Under the Non- Communicable Diseases Pool, bulks of the funds are allotted for NNMHP and NPCDCS. It is clearly visible that the utilization rate is very low in Non-Communicable disease category. Most of the important programs such as Tobacco Control have very low utilization during the financial year 2022-23.


Table 2.1: NHM Expenditure by FMR Budget Heads, Sambhal, Uttar Pradesh, 2022-23

Sl.No	Indicator	Budget Released (in Lakhs)	Budget Utilized (in Lakhs)	Per cent Utilized
1.	RCH AND Health Systems Flexipool			
	Maternal Health	1339.27	1060.11	79.16
	Child Health	442.64	237.43	53.64
	RBSK	314.21	264.33	84.13
	Family Planning	232.94	113.05	48.53
	RKSK/ Adolescent Health	42.98	13.00	30.25
	PC-PNDT	0	0	0
	Immunization	297.48	215.21	72.34
	Untied Fund	258.80	52.43	20.26
	Comprehensive Primary Healthcare (CPHC)	3.01	1.93	64.12
	Blood Services and Disorders	39.48	0	0
	Infrastructure	213.18	140.79	66.04
	ASHAs	1974.45	1352.76	68.51
	HR	138.22	109.21	79.01
	Programme Management	1538.87	1091.94	70.96
	Procurement	20.67	16.17	78.22
	Quality Assurance	81.57	16.24	19.91
2.	NUHM	402.85	205.86	51.10
3.	Communicable Diseases Pool			
	Integrated Disease Surveillance Programme (IDSP)	10.82	3.20	29.57
	National Vector Borne Disease Control Programme (NVBDCP)	51.33	7.98	15.55
	National Leprosy Eradication Programme (NLEP)	25.34	6.42	25.34
	National TB Elimination Programme (NTEP)	366.73	224.11	61.11
4.	Non-Communicable Diseases Pool			
	National Program for Control of Blindness and Vision Impairment (NPCB+VI)	29.85	5.25	17.59
	National Mental Health Program (NNMHP)	54.83	17.04	31.08
	National Programme for Health Care for the Elderly (NPHCE)	40.62	8.92	21.96
	National Tobacco Control Programme (NTCP)	40.20	3.06	7.61
	National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	57.23	17.27	30.18
	National Program for Prevention and Control of Deafness (NPPCD)	14.34	1.48	10.32

Source: District FMR Report 2022-23

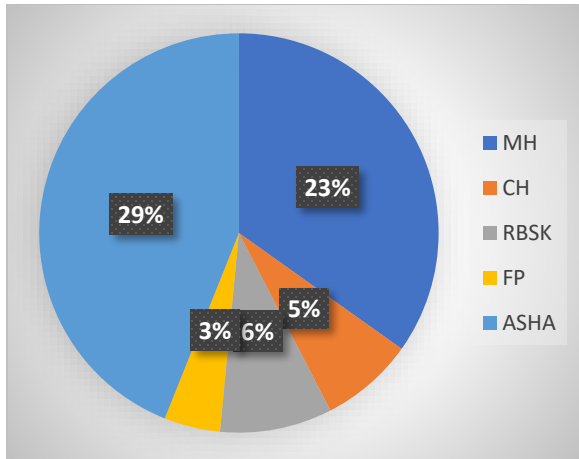


Figure 2.2: Expenditure under the NHM-RCH Flexipool, 2022-2023

Expenditure under the NHM-RCH Flexipool:

During the financial year 2022-23, Sambhal district incurred total expenditure amounting to Rs 1060.11 lakhs, 237.43 lakhs, 264.33 lakhs and 113.05 lakhs under the NHM- RCH flexipool sub-components, i.e., Maternal Health, Child Health, RBSK and Family Planning, respectively.

Among, all the four sub-components of NHM-flexipool, majority of the budget have been utilized. The maximum budget have been utilized is by the RBSK team, it accounts for 84 percent. Maternal Health 79 percent of the budget have been utilised during the last financial year. Family planning has the lowest utilization of 49 percent.

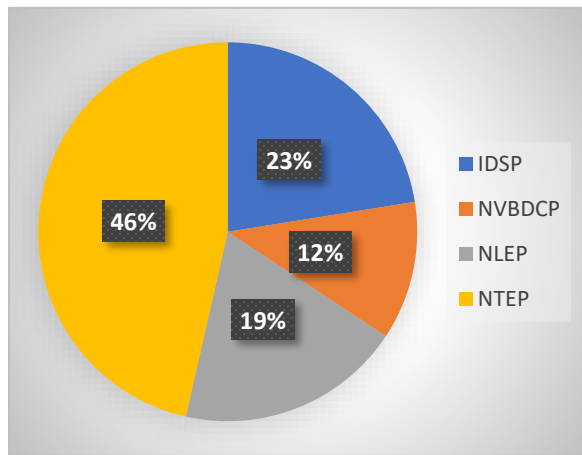


Figure 2.3: Expenditure under Communicable Disease Flexipool, 2022-2023

Expenditure under Communicable Disease Flexipool:

The total expenditure incurred under the Communicable diseases flexipool in Sambhal during FY 2022-23 corresponds primarily to activities under four programmes only: Integrated Disease Control Programme (IDSP – Rs. 3.20 lakh), National Vector Borne Disease Control Programme (NVBDCP – Rs. 7.98 lakh), National Leprosy Elimination Programme (NLEP – Rs. 6.42 lakh), and National Tuberculosis Control Programme Rs. (NTEP – 224 lakh).

With close to 93 percent of the total flexipool expenditure being incurred on NTEP activities, the Communicable Diseases flexipool total expenditure for the district sums to Rs. 241.71 lakh.

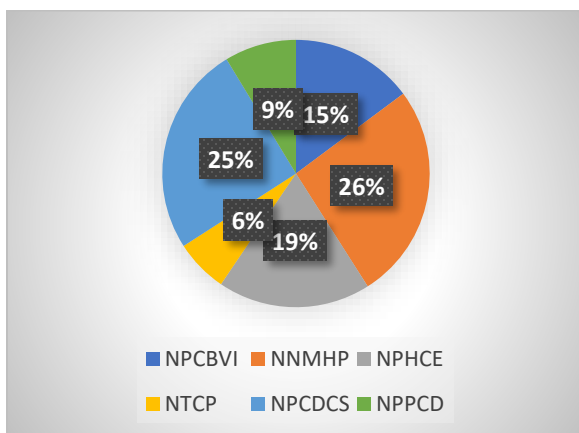


Figure 2.4: Expenditure under Non-Communicable Disease Flexipool, 2022-2023

Expenditure under Non- Communicable Disease Flexipool:

Total expenditure incurred by the district during FY 2022-23 on activities/programmes under the NCD flexiblepool aggregates to Rs. Rs. 53.02 lakh; bulks of the funds are allotted for NNMHP and NPCDCS. It is clearly visible that the utilization rate is very low in Non-Communicable disease category. The budget allotted for NNMHP and NPCDCS have been 30 percent utilized.

Some of the important programs such as Tobacco Control have very low utilization (8 percent) during the financial year 2022-23.



Physical and Human Resources



3.1: HEALTH INFRASTRUCTURE

Health infrastructure is regarded as being of the utmost importance because it gives communities, states, and the nation the ability to prevent diseases, promote good health and well-being, and get ready to respond to emergencies, chronic diseases, severe illnesses, and challenges to health. It also provides individuals with the resources, materials, and facilities they need to promote good health and well-being.

There are three tiers to the healthcare system: primary, secondary, and tertiary. Sub Centers (SC) and Primary Health Centers (PHCs) are at the primary level. Community Health Centers (CHCs) and smaller Sub-District hospitals are available at the secondary level. Lastly, the tertiary level, which is made up of District/General Hospitals and Medical Colleges, is the highest degree of government-provided healthcare. Over the previous six years, there has been a growth in the number of PHCs, CHCs, Sub Centers, and District Hospitals; however, not all of them meet the guidelines established by Indian Public Health Standards.²

Each of the tier has its own importance and impact on the health system. Sub Centres also work to educate rural people about healthy habits for a more long-term impact. For more complex and serious cases patients are transferred from Sub-centres to PHCs. PHCs are generally funded by the state government. PHCs emphasis more on preventative measures. CHCs are referral unit of PHCs and transfer it cases to general hospitals. Additionally, known as first referral units, or FRUs, CHCs are mandated to provide obstetric care, new born and child care, and blood storage capabilities around-the-clock. District hospitals are the final referral centres for all CHCs and PHCs.

During the financial year 2022-23, with regard to Public health infrastructure, there is 1 District Hospital in the district. Sambhal has 10 CHC, 28 PHC AND 279 SCs. There are 4 U-PHC. After assessing the delivery points of the district, the results show that out of 279 SCs only 3 SCs are conducting deliveries more than 3 in the month. It shows that SCs have not been much strengthened and a lot is needed to bring out its potential. Out of 28 PHCs, only 4 PHCs are 24*7 conducting more than 10 deliveries. There are 10 CHCs in the district which have a heavy patient load and 9 of the CHCs conducting more than 20 deliveries in a month. With the existing infrastructure the CHCs cannot handle the patients load and will fail eventually.

The table below also gives us a glimpse of other ancillary health infrastructure in the district. The district has a functional Nutritional Rehabilitation Centre (NRC) in the district. A functional NRC is an important requirement for the child care and for strengthening the health infrastructure of the infant and child care. A district where half of its Pregnant women and children (6-59 months) population is Anaemic, the requirement of NRC becomes mandatory. In the absence of District Early Intervention Center (DEIC) the holistic development of the special children is not met. “District Early Intervention Services are needed to support children in a holistic manner addressing Defects at Birth, Diseases, Deficiencies and those with

² *Twelfth Five Year Plan (2012-17)* (Vol-III ed.). Planning Commission, Government of India, New Delhi.



developmental delays or Disabilities or Neuro-behavioral problems or children “at risk” for disabilities.”³

First Referral Units (FRU) provides comprehensive obstetric care services including like cesarean section, newborn care, emergency care of sick children, full range of family planning services, safe abortion services treatment of STI/RTI availability of blood storage unit and referral transport services. Number of FRUs has increased significantly.⁴ The district has 3 FRUs.

The district has a huge case of TB patients. 5384 patients notified from public sector, and 6022 patients notified from private sector. In view of the serious concern, the district has only 10 TB Units.

Table 3.1: Health facilities in Sambhal, Uttar Pradesh, 2022-23

Facility Details	Operational
District Hospitals	01
Sub- District Hospitals	0
Community Health Centers (CHC)	10
Primary Health Centers (PHC)	28
Sub Centers	279
Urban Primary Health Centres (U-PHC)	04
Urban Community Health Centers (U-CHC)	0
Special Newborn Care Units (SNCU)	01
Nutritional Rehabilitation Centres (NRC)	1
District Early Intervention Center (DEIC)	0
First Referral Units (FRU)	03
Blood Bank	01
Blood Storage Unit (BSU)	01
Number of PHC converted to HWC	28
Number of U-PHC converted to HWC	4
Number of Sub Centre converted to HWC	241
Designated Microscopy Centre (DMC)	15
Tuberculosis Units (TUs)	10
CBNAAT/TruNat Sites	07
Drug Resistant TB Centres	07

Source: District Checklist, NHM PIP Monitoring, 2022-23

The Ayushman Bharat- Health and Wellness Centres (AB-HWCs) were launched under the Ayushman Bharat Programme in an attempt to move away from selective health care to a more comprehensive range of services. Health and Wellness Centers, are envisaged to deliver and expanded range of services to address the primary health care needs of the entire population in their area, expanding access, universality and equity close to the community. The emphasis of health promotion and prevention is designed to bring focus on keeping people healthy by engaging and empowering individuals and communities to choose healthy behaviours and make

³https://www.nhmmp.gov.in/WebContent/RBSK/01-08-16/OG_DEIC.pdf

⁴<https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1220&lid=190#:~:text=Primary%20Health%20Centre%3A%201%20per,difficult%20tribal%20and%20hilly%20areas.>



changes that reduce the risk of developing chronic diseases and morbidities.⁵ Towards this attempt, PHCs and Sub- Centres are being actively converted into HWCs. In the district of Sambhal, 28 PHCs, 4 U-PHCs and 279 Sub Centre have been converted to HWCs.

Comprehensive Primary Health Care (CPHC): The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care.

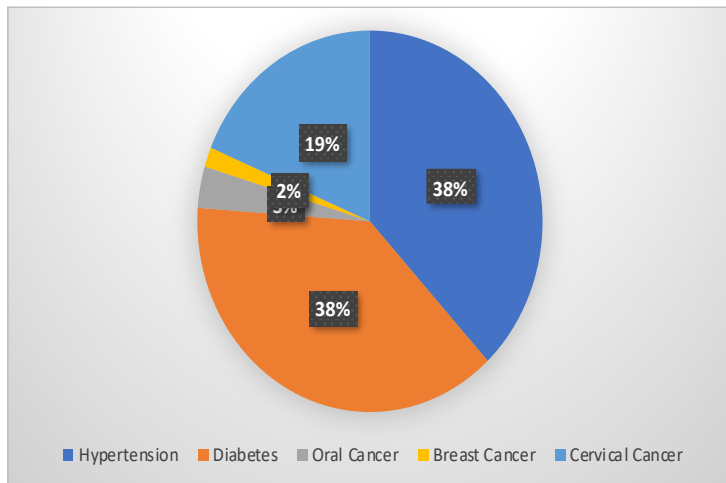


Figure 3.1: Percent of people screened under Comprehensive Primary Health Care (CPHC)

203 SHC-HWC have started NCD screening.

During the financial year 2022-2023, on the implementation of CPHC, a large number of screening have been done. The largest screening done is for Hypertension and Diabetes almost 52250 patients were screened.

Teleconsultation services are also available at 203 HWC.

3.2: HUMAN RESOURCE FOR HEALTHCARE

The knowledge, abilities, and motivation of these people determine the efficacy and results of the provision of healthcare, making human resources one of the key inputs into the health system. Under NHM, financial assistance is given to improve the health system, including the contractual hiring of nurses, doctors, and specialists based on the assessment of the needs put forth by the States in their yearly Programme Implementation Plans. HR is offered to any given health facility in the district by the NHM, whether they are Permanent or Contractual. As a result, there are significant variations in the pay, attitudes, and practises of healthcare professionals at various health agencies, as well as in the sanctions for HRH.

A district's ability to offer an area enhanced healthcare facility is significantly influenced by the quantity of health workers that are available in that district. The table below gives an insight overview of the healthcare staff/ medical in the district of Sambhal. Here we can see that there is an immense shortage of Medical specialist in the district. There are no Medical Specialist in the

⁵ <https://ab-hwc.nhp.gov.in/home/aboutus>



district. In case of Surgeon only 2 Sanctioned posts are there out of which 1 is vacant. There is an immense shortage of Obstetrician/ Gynecologist in the district, out of 13 only 2 posts are filled. In the case of Anesthetist, the data shows that only 1 position is filled in comparison to 11 sanctioned positions.

In the financial year 2022-23, in the category of Paediatrician and Pathologist also need great attention. Out of 10 sanctioned positions there are no Paediatrician in the district. 40 percent seats of the casualty doctors are vacant.

Staffing shortages were found to be particularly acute in the positions of chemists, lab technicians, data entry operators, and class IV personnel across the health institutions from the lower levels (PHCs, SCs).

The majority of paramedical employees under NHM are hired on a contractual basis. Several employees claimed that the pay for contractual employees is considerably lower than that of permanent employees. Additionally, even after many years of employment, their earnings remain constant due to the nearly non-existent annual rise. Salary adjustments need to be considered in order to keep the personnel motivated and help them perform better.

Table 3.2: Details of Healthcare Staff– Medical: Sambhal, Uttar Pradesh, 2022-23

Human Resource: Doctors	Sanctioned/ Approved	In-Position	% Vacant
Medical Specialist	03	00	100
Surgery Specialist	02	01	50
Obstetrician/ Gynecologist	13	02	85
Paediatrician	10	0	100
Anesthetist (Regular/ Trained)	11	01	91
ENT Surgeon	01	01	-
Ophthalmologist	01	01	-
Orthopedician	01	01	-
Radiologist	01	01	-
Pathologist and Blood Bank Incharge	01	00	100
Casualty Doctors/ General Duty Doctors (Medical Officer)	57	34	40
Dental Surgeon	01	01	-
Staff Nurse	167	87	48

Source: Health Management Information System, 2022-23



NATIONAL HEALTH MISSION PROGRAMMES



4.1. DISTRICT ASSESSMENT: KEY INDICATORS

A number of programmes/schemes are running under the umbrella of National Health Mission, with although specific aims and targets for each programme, but collectively aimed at improving healthcare accessibility and coverage for all.

Table 4.1 elicits how the district of Sambhal key performance indicators across the themes of Reproductive, Maternal, Newborn and Child Health. The district records lowest rate of Post-partum IUCD acceptance at the state level with only 24.08 percent, also the state has one of the lowest post-partum female sterilization rate in UP, the district performs worse in terms of family planning. While, the district fairs well with in terms of the share of pregnant women (PW) registered for ANC receiving 4+ ANC consultations, the district have one of the highest cases of Anaemia; the maternal mortality ratio reported for the year 2022-23 is rather disconcerting. Sambhal reported 48 maternal deaths during the said financial year, translating to a Maternal Mortality Ratio of 75.86 per 1 lakh live births. The recorded MMR is lower than the state average of 123.9 maternal deaths per 1 lakh liver births. The district also ranks fairly low with regards to the Key indicators of Newborn and Child Health included in the Table below.

Table 4.1: Key Indicators under NHM: 2022-23

Key Performance Indicators	Uttar Pradesh	Sambhal
Reproductive Health/ Family Planning		
Post-partum IUCD to Total Institutional Deliveries (%)	28.15	24.08
Post-partum sterilization to total institutional deliveries (%)	10.09	0.05
Maternal Health		
Pregnant women received 4+ ANC to total ANC registrations (%)	88.75	94.68
PW provided 180 IFA tablets to total ANC registrations (%)	99.46	95.48
Institutional deliveries to total deliveries (%)	88.59	80.59
% of C-Section deliveries to total institutional deliveries	5.77	6.66
Maternal Mortality Ratio (Maternal deaths per 100000 live births)	123.89	75.86
Newborn Health		
Outborn SNCU admissions to total SNCU admissions (%)	117.51	34.55
SNCU deaths to total SNCU admissions (%)	5.56	0.9
Birth Dose coverage: BCG (to total live births) (%)	200.41	118.75
Birth Dose coverage: OPV (to total live births) (%)	104.80	58.19
Birth Dose Coverage: Hep-B (to total live births) (%)	76.21	47.44
Newborns received 6 HBNC visits to total institutional deliveries (%)	100	81.63
Child Health		
Under-5 Mortality Rate (Child deaths per 10000 live births)	6.37	0.15
Share of IPD admissions: children < 18 to total IPD admissions (%)	22.77	16.35

Source: Health Management Information System, 2022-23



4.2 NHM PROGRAMMES CHALLENGES

Programmes/NHM Components	Challenges
Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCHA+)	<ul style="list-style-type: none"> • The district has one of the highest Anaemic pregnant women inspite of high ANC registration. • As the district is an industrial area, due to influx of migrant workers, there is non-availability of Aadhar card or bank account of the beneficiaries, which is a hindrance of the cash benefit scheme. • ANC services are greatly hampered because of the orthodox perception and belief system of the Pregnant women (PW). • 54 maternal death reported at PHC during 2022-2023. • Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is running in the district. 85300 MCP card have been issued in the last financial year 2022-2023. • There is a great shortage of Human resource for Maternal Health care facilities in the district. • Janani Shishu Suraksha Karyakram (JSSK) is functional in all the facilities; however, efforts should be made to revise the diet charge, as its not sufficient to provide nutritional food at such cost. • Home deliveries are still prevalent in some areas of the district creating a pressure on the healthcare workers. • The condition of the labour rooms in some of the facilities are very pathetic and unhygienic with old infrastructure; creating a pressure on the District Hospitals. • The district suffers from one of the highest cases of Still births, Obstetric complications, Hypertension, Birth Asphyxia and Eclampsia, • The district has one of the highest cases of Newborn weight less than 2.5 kg • The health profile of children in the district is very poor with high cases of stunted, wasted. With such poor performance the district has only 10 functional bed NRC, which is a matter of great concern. • DEIC is not functional in the district.
Maternal Health	
Child Health	



- RBSK is functional in the district with 16 teams but only 8 teams have full HR in place.
- SNCU admission is one of the highest in the district creating a great pressure on the limited resources; there is requirements of SNCU and health professionals for the specific purpose.
- NBSU is functional with 704 admission in the last financial year, with 126 referral cases.
- 667 child death reported during 2022-2023.

Family Planning

- The district still suffers from the belief system of a greater number of children with low contraception acceptance. The health care workers have to bring great awareness among these pockets.
- Being a backward district, the people still follow orthodox practices which is a barrier for accepting family planning methods, as it obstructs their belief and faith.

Adolescent Health

- The district registered one of the highest Adolescent deaths and Adolescent TB patients.
- There is a requirement of Adolescent Counsellor in the district.

Health Systems Strengthening Immunization

- There were few incidents of immunisation failure and unvaccinated children in the district as some section of the society do not accept immunization due to their sociocultural beliefs.

Communicable Diseases

Integrated Disease Surveillance Programme (IDSP)

- The programme running smoothly in the district.
- 10 Rapid Response Team constituted.

National Vector Borne Disease Control Programme (NVBDCP)

- The programme is running smoothly.
- There have been decrease in blood examination rate during 2022-2023.
- 16 percent of the budget during the last financial year 2022-23 have been utilized.

National Leprosy Eradication Programme (NLEP)

- The programme running smoothly in the district.
- 349 new cases of leprosy have been detected in 2022-2023.
- 25 percent of the budget have been utilized during the last financial year 2022-23.

National Tuberculosis Elimination Programme (NTEP)

- The programme running smoothly in the district.
- The patients have a success rate of 88 percent.

Non-Communicable Diseases National Tobacco Control

- Trainings have been conducted during 2022-23 in



Programme (NTCP)

Schools, IEC, COTPA, DLCC Meeting, Pravartan Karyawahi.

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

- 8 percent of the budget have been utilized during the last financial year 2022-23.
- The programme lags in proper functioning
- Shortage of staff and equipment's is a major issue in the district.

Quality Assurance Programme

LaQshya, Kayakalp, NQAS

- In the district 1 facility have been awarded for NQAS and LaQshya each.
- 1 DH, 05 CHC, 03 PHC, 01 SC facilities have been awarded for Kayakalp



HEALTH FACILITY ASSESSMENT



HEALTH FACILITY ASSESSMENT:

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarize the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc.

5.1: DISTRICT COMBINED HOSPITAL, SAMBHAL

District Combined Hospital, Sambhal is a 70-bedded district hospital. There are no ICU Beds available in the hospital. The facility provides an integrated mix of specialized and general services like; Medicine, Obstetrics and Gynecology, Pediatrics, General Surgery, Anesthesiology, Ophthalmology, Dental, etc. It also provides specialized facilities for the Mother and the New born child with facilities such as SNCU and Mother and Newborn Care Unit (MNCU). The hospital lack in facilities of Comprehensive Lactation Management Centre (CLMC), Neonatal Intensive Care Unit (NICU) and Pediatric Intensive Care Unit (PICU). The hospital also has the facilities of Skill Lab and Imaging Services (X-ray and USG). Among the major services the Dialysis Unit is not available in the hospital. The hospital does not have the facility of Adolescent Friendly Health Clinic.



Figure 5.1: Team visit to District Combined Hospital, Sambhal

Key Points:

The hospital is maintained with all the resources provided. However, the patient load is too high as there is only 1 district hospital and only 10 CHCs in the district. The population density in the district is 11433/sq km. The facility scored 89 percent in Kayakalp for the year 2022-2023 and received an award and 78 percent for NQAS in the same year. All the records are maintained very well in all the departments of the hospital, which shows the facility as more patient oriented. The facility is also LaQshya certified it scored 89 percent in Labour room and 82 percent in Operation Theatre which shows its standard in the intra-partum and immediate post-partum care, mainly in the labour room and maternity operation theatre.



The area is mostly Muslim dominated. Literacy rate is very lower in the district and have 4-5 children per women. The hospital has the facility of Tele-medicine. The average cases per day is 150. However, there are 50 percent issues of Network connectivity. A total 287 medicine are listed in the essential medicine drug list, with no shortage.

In-house diagnostic facility is available in the hospital. During the last three months 57986 test were done. CT Scan facility is available in the hospital in Public-Private Partnership (PPP) mode. The district hospital has 3 BLS and 1 ALS ambulance service.

Challenges:

Lack of Human resource, functional bed and Unavailability of Blood Bank:

The hospital lacks in Medical Specialist, EMOC and Paramedics officers. There is only 1 Gynaecologist available in the hospital, due to which there is a smaller number of C-Section. There are no doctors available for NCDs. Due to unavailability of space there is less no of beds. The hospital does not have the facility of Blood Bank due to shortage of pathologist however there is blood storage unit available.

High proportion of Delivery Load:

The facility has a very high load of institutional birth in the district. In the year 2022-23 the average monthly delivery was between 350- 400. In the last month 380 normal deliveries were performed out of which 33 were C-sections. The high number of deliveries in the facility is also due to unavailability of any other tertiary care public facility in the district. The facility has a functional New-born care corner (functional radiant warmer with neo-natal ambu bag).

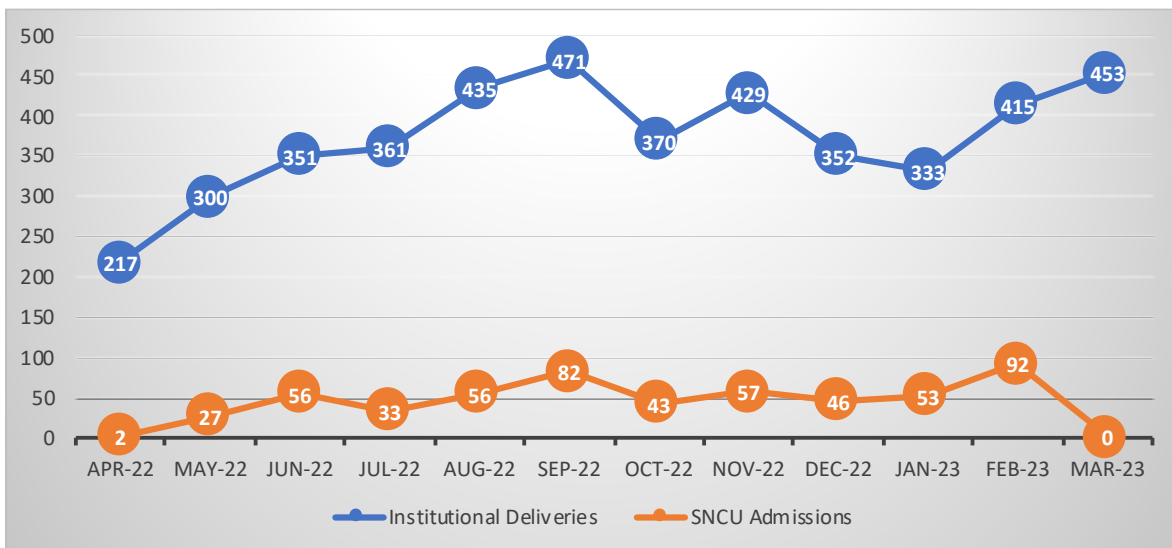


Figure 5.2: Trends in Institutional Deliveries and SNCU Admissions in Sambhal district, HMIS 2022-2023



High cases of Hepatitis -C and Birth Asphyxia:

The area has large number of cases of Hepatitis C. The dominating region are Asmoli and Baniya khera. The main cause is printing of Tattoos in the body. All the infected patients have history of tattoos. Quacks services are also prevalent in the district which uses same syringe to multiple patients. Birth Asphyxia cases are very high in the district.

Security Issues

As the hospital is loaded with heavy flow of patients, there is requirement of security guards to maintain the easy flow of services. Security officer is only available in the SNCU.

5.2: Community Health Centre BAHJOI

The Community Health Centre (CHC), Bahjoi is functional in a cramped space with a heavy workload of patients coming for treatment. The daily OPD ranges between 400-450 patients. The facility has 50 functional inpatient beds. The facility provides a wide range of primary care services, such as, ANC services, family planning, Immunization, ARSH, DOT Center, ICTC, Laboratory testing, HIV Counselling. The facility also has Specialized services for Obstetrics and Gynecology, Anesthesiology, Dental. In the year 2022-23 the facility Qualified for Kayakalp.

The CHC reported 10 Maternal Death and 65 Child Death in the last financial year 2022-23.

Strength:

- The facility has been designated as FRU, in which total 238 normal deliveries and 08 C-Sections were performed last month.
- The facility provides a large no of free In-house tests such as Hemoglobin, Typhoid, VDRL, RA, CRP etc.
- Telemedicine service is available in the facility.
- Counselling sessions is available for both Family Planning as well as for Adolescent.
- The facility has kept the DOT Centre at separate at the back of the facility which makes a barrier between a normal patient and a TB infected person, making the chances of infection minimal. The TB Centre has maintained a well-documented record of all the patients.

However, in spite of providing such remarkably good services the facility also lacks certain features such as:

- There is unavailability of Blood Storage Unit, however blood is issued free for JSSK beneficiaries. X-ray service is not available in the facility.
- Lack of human resource in the facility. There is not a single Pediatrician, EmOC OR LSAS trained doctor in the CHC.
- AC facilities are not present in New-born care corner and Laboratory.
- The facility fails on sanitation grounds. The toilets were clogged and the premises was dirty with cluttered rags. There is a high need of improving the sanitation level in the facility.



5.3: Community Health Centre Chandausi

The CHC is well maintained with all the resources provided catering a huge population of the area with heavy load of patients providing a wide range of specialized services such as Medicine, Obstetrics and Gynecology, Dental. The facility has 60 functional inpatient beds. The per day OPD load is 700-800 per day. The CHC have a heavy load of institutional birth with average 300 monthly delivery. In the year 2022-23 the facility scored 74 percent in Kayakalp.

Strength:

- The facility provides a large no of free In-house tests which helps the patients in reducing the out of pocket (OOP) expenditure.
- All the documents and records are well-maintained.
- The facility has a Dialysis unit running at PPP mode started in December 2022 with an average 16 patients per day. Patients from nearby districts also come to this facility.
- The facility has huge space and can be used with proper infrastructure which can benefit the surrounding population and will also reduce the burden of the referral point.

Major Challenges:

- Lack of human resource in the facility. There is not a single Medicine Specialist, Pediatrician, Anesthetist, EmOC OR LSAS trained doctor in the CHC. There is absence of BPM, DAM and Data entry operator.
- There is shortage of Manual Vacuum Aspiration (MVA) Kit.
- Lift is not functional, which creates a problem as Post-natal unit and NRC are situated at the upper floor.
- There is issue of fund allocation and electricity.



Figure 5.3: Team visit to CHC Bahjoi



Figure 5.4: Team visit to CHC Chandausi



Nutritional Rehabilitation Centres (NRC):

The centre has a functional NRC with 10 bedded facility. In the last financial year 2022-2023, 134 children were admitted in the NRC. There are total 8 providers in the NRC. The NRC is equipped with all the facilities and follow all the mandate and guidelines. The diet is Quality checked at regular intervals. Rotational Gaming facilities are available. There is a requirement of additional AC and fencing of the terrace area as it is co joined with the NRC. The facility is also Kayakalp awarded for “**Best Performing NRC**”.

5.4: URBAN PRIMARY HEALTH CENTRE HATIMSARAI

The district’s Urban Primary Health Centre (UPHC) Hatimsarai provides a variety of services related to maternal and child health. The services available are OPD, IPD, ANC, PNC Immunization, Family Planning, NCD, etc. The daily OPD ranges between 150-200 patients. The facility have 03 functional inpatient beds The facility's referral point for high-risk birth situations is the District Combined Hospital. In the year 2022-23 the facility scored 75 per cent in Kayakalp.

- The facility lags at certain points; such as there is shortage of essential medicine such as CPM, Azithromycin, Amoxicillen, Solbutamol. Laboratory testing service are available only for pregnant women in the facility.
- There is a huge shortage of manpower in the facility; the facility does not have any Medical Officer (MO).
- The facility is not designated as Designated Microscopy Centre (DMC).
- The area has issue of political unrest; female staff are not safe thus requires security.
- A lot of orthodox stigma prevail in the area.



Figure 5.5: Team visit to UPHC Hatimsarai



5.5: PRIMARY HEALTH CENTRE GAWAN

The district's Primary Health Centre (PHC) Gawan have a daily OPD ranges between 110-150 patients. The facility has 04 functional inpatient beds. The facility has 24*7 delivery services available. The facility's referral point for high-risk birth situations is the Rajpura CHC, which is 10 km away from the facility. In the year 2022-23 the facility scored 86 per cent in Kayakalp.

There are certain challenges that are being faced by the maternity home:

- Unavailability of any MO in the PHC. There is requirement of Pharmacist.
- In the facility there were 02 Maternal Deaths and 06 Child Deaths during 2022-2023.
- The facility does not have fixed day for NCD Clinic.
- ANC visit is very less as the facility lacks some basic test.
- The buildings need proper renovation.
- There is unavailability of Desktop and Internet Services in the facility. All the data are feed manually.

5.6: SUB- CENTRE SINGHOLI POORVI

The district's Sub- Centre (SC) Singholi Poorvi is functioning very well catering 10,000 population. The facility has a daily OPD ranges between 15-20 patients. The facility provides list of services such as Delivery, Lab, ANC, OPD. The facility has 04 functional inpatient beds and 24*7 delivery services available. The facility's referral point for high-risk birth situations is the Rajpura CHC, which is 08 km away from the facility. In the year 2022-23 the facility scored 86 per cent in Kayakalp. The facility is NQAS certified.

There are certain challenges that are being faced by the maternity home:

- There is shortage of Human resource.
- Shortage of medicine persist in the SC.



Figure 5.6: Team visit to PHC Gawan



Figure 5.7: Team visit to SC Singholi Poorvi

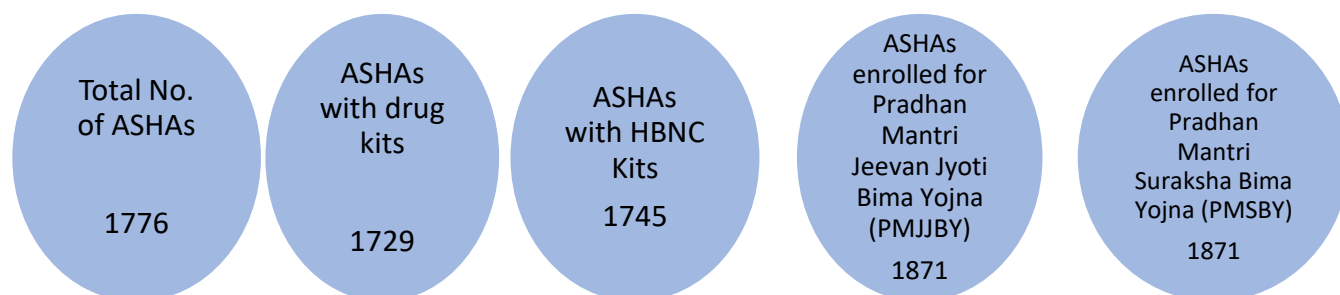


COMMUNITY HEALTH



6.1 COMMUNITY HEALTH WORKERS

The Community Health Workers like ASHAs, ANMs are the main pillars of delivering the programmes under the National Health Mission. They are the strength and stands at the frontline during the programme implementation. To guarantee seamless and continuous service delivery in the NCT of Delhi, ASHA personnel are frequently assigned to locations with vulnerable population groups. There are total 1776 ASHA workers in Sambhal district, Uttar Pradesh., however the district required 2109 ASHA for proper functioning. 15 villages do not have any ASHA.



6.2 COMMUNITY PARTICIPATION

Along with the continuing double burden of communicable diseases and malnutrition, there has been an increase in morbidity and death attributable to non-communicable diseases (NCD). In order to meet these objectives, India has placed a strong emphasis on developing comprehensive primary healthcare delivery models that would offer complete services close to the population. Several comprehensive primary national program models that address particular health issues has been prioritized with the goal of meeting these demands. These models have been developed and implemented at public health institutions.

The health systems as a whole must be strengthened by community engagement in generating demand for healthcare and expressing their health needs. Through important interventions like health camps, nutrition, cleanliness days, Mahia Arogya Smitis (MAS), etc., the National Health Mission has defined different degrees of community involvement in promoting health and wellness.

In Sambhal district there are 126 Mahila Aarogya Samitis (MAS) formed during the FY 2022-23 and out of which 37 are trained. 102 MAS account have been opened during the term. The district serves a lot of challenging locations, compact living spaces, stigma, orthodox practices, which are comparatively more susceptible to the endemicity of vector-borne diseases, poor health habits, and limited access to healthcare. The MAS specifically targets local concerns connected to health, nutrition, water, sanitation, etc. in these areas, assisted by the ASHA staff.

One of the main problems with community involvement in Sambhal is the social-culturally belief system creating a barrier to getting health care. Instead of adopting integrated health



interventions, certain community groups would participate and express coordination with regard to health services/practices they view to be relevant and of their importance. Such as, the community is reluctant to accept services such as mosquito nets, ORS solution, etc., but there might be strong opposition to contraception use, kid immunization, etc.

Although it is widely acknowledged that community involvement increases the use of health services, the district still needs to evaluate its community engagement strategy in order to focus on population-specific impediments.

6.3 COMMUNITY INTERACTION

It is crucial to assess whether the community's expectations of public health facilities align with the current model of service delivery. As a result, the report should include a separate section devoted to discussing how the community views the healthcare services offered by public health facilities. Beneficiaries of the NHM Programme were engaged and discussed at the public health facilities all around the area. The conversations mostly centered on the community's perceived health needs and how the services could be improved to meet them. The following is a brief presentation of the discussion:

Health Seeking Behaviour	
Community perception:	<ul style="list-style-type: none"> For the treatment of what people called as “small ailments” like cold, cough, fever, generic pain, and skin infections, people reported going to the nearest public health Centres including HWCs and PHCs. Some reported that they resort to home remedies for small ailments. For specialized care, people prefer Private facilities.
Access to health	
Community Perception	<ul style="list-style-type: none"> Heavy burdened tertiary care facilities, Delivery points should be improved.
Behaviour to health service providers	
Community Perception	<ul style="list-style-type: none"> All providers including medical and para medical staff was reported to have acordial behavior. No major issue/complaint in this regard was raised.
Out of Pocket expenditure in public health facilities	
Community Perception	OOPE are incurred on Imaging and Diagnostics Services and Specialized care – Oncology, Orthopedics, etc., Delivery care, Transport services .
Coverage, Knowledge and skills of ASHA as perceived by the community	
Community Perception	The work of the ASHA employees was deemed to be satisfactory. ASHA employees reportedly



	accompanied pregnant women during their ANC checkups and deliveries.
Availability of services for Immunization, ANC, PNC, family planning services, Nutrition counselling and preferred facilities for each	
Community Perception	Provided at all the facilities – Community Health Centre, Primary Healthcare facilities; Sub Centres. ASHA workers work are satisfactory in bringing awareness and enrolling the masses for all service delivery facilities.
Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment	
Community Perception	CHCs, PHCs, Sub-Centre.

Availability of specialists at the health facilities, more diagnostic services across the district can ease out the high OOPE incurred by the people. Filling up vacant post, improved availability of drugs and expanding diagnostic services and upgrading MCW Centres can improve the healthcare provision.



Figure 6.1: Community Interaction



CONCLUSION



The National Health Mission is the government's flagship healthcare program. Each year, the Ministry of Health and Family Welfare, Government of India, facilitates the Monitoring and Evaluation of the key components of the NHM through Population Research Centers. The NHM's Programme Implementation Plan is a key document that highlights physical and financial targets/provisions.

The assessment is based on primary data collected from the healthy facilities along with the secondary data collected from HMIS Web Portal and reports of National Family Health Survey-5. Structured interview schedules were used for data collection from the nodal officers and health facilities. The assessment and the report is based on observations and information collected during: Round table meeting with CMO, NHM Nodal Officers and staff; Health Facilities visit; Interactions with Community health workers and beneficiaries and Evaluation of secondary data and reports (HMIS, NFHS).

The conclusions of this research are intended to help key stakeholders determine whether the health system in its current shape is capable of meeting the health requirements and ambitions of its people.

The district was declared on September 28, 2011, and on July 23, 2012, the state government officially established it. Sambhal had been an important town since medieval India. The geographical area of the district is 2277 sq. km. The district of Sambhal lies within the division of Moradabad in the state of Uttar Pradesh. Its district headquarters is Bahjoi town. Sambhal is well-known for its unique line of horn and bone crafts.

Sambhal district has an average sex ratio of 1019 females for every 1000 according to the NFHS 5. As per NFHS 5, the Child Sex Ratio of Sambhal district is 940 which is much lower than the Average Sex Ratio (1019) of Sambhal district. 13.7 per cent of the households have any usual member covered under a health insurance/financing scheme. The average household size in the district is 6-7 family members and about 35 per cent of the households have a child in the age group of 0-5 years.

The technical officers of the Integrated District Health Society of Sambhal coordinate public health services and program implementation under the National Health Mission, who report to the Chief Medical Officer. The following programmes under NHM are catered through DHS: National Tuberculosis Elimination Program (NTEP), The National Leprosy Eradication Programme (NLEP), National Vector Borne Disease Control Programme (NVBDCP), Integrated Disease Surveillance Programme (IDSP), Non-Communicable Diseases Control Programme, National AIDS Control Programme, Routine Immunisation, State specific Incentive for ASHA, etc., and other Programmes such as Pulse Polio, National Programme for Health Care of Elderly, etc.

The total budget allotted for the district of Sambhal under the NHM Resource in 2022–2023 was 91.80 crore out of which 55.61 crore was utilized. Under RCH and Child Health System the utilization per cent was 79.16 and 53.64 percent respectively. RBSK is working very efficiently in the district with the utilization percentage of 84 percent. In the category of Family Planning the utilization rate was 49 per cent. In case of HR the utilization was 79 per cent. In the category of NUHM the utilization per cent is merely 51 per cent. Only 20 percent of the Untied fund have



been utilized. Under the Communicable Diseases Pool, bulk of the fund is allotted for NTEP. The utilization rate is 61 percent for the same. The district also received funds for IDSP, NVBDCP and NLEP activities. While 30 percent, 16 percent and 25 percent of the funds under IDSP, NVBDCP and NLEP are utilized. Under the Non- Communicable Diseases Pool, bulks of the funds are allotted for NNMHP and NPCDCS. It is clearly visible that the utilization rate is very low in Non-Communicable disease category. Most of the important programs such as Tobacco Control have very low utilization during the financial year 2022-23.

During the financial year 2022-23, with regard to Public health infrastructure, there is 1 District Hospital in the district. Sambhal has 10 CHC, 28 PHC AND 279 SCs. There are 4 U-PHC. After assessing the delivery points of the district, the results show that out of 279 SCs only 3 SCs are conducting deliveries more than 3 in the month. It shows that SCs have not been much strengthened and a lot is needed to bring out its potential. Out of 28 PHCs, only 4 PHCs are 24*7 conducting more than 10 deliveries. There are 10 CHCs in the district which have a heavy patient load and 9 of the CHCs conducting more than 20 deliveries in a month. With the existing infrastructure the CHCs cannot handle the patients load and will fail eventually.

The district has a huge case of TB patients. 5384 patients notified from public sector, and 6022 patients notified from private sector. In view of the serious concern, the district has only 10 TB Units.

There is an immense shortage of Medical specialist in the district. There are no Medical Specialist in the district. In case of Surgeon only 2 Sanctioned posts are there out of which 1 is vacant. There is an immense shortage of Obstetrician/ Gynecologist in the district, out of 13 only 2 posts are filled. In the case of Anesthetist, the data shows that only 1 position is filled in comparison to 11 sanctioned positions. In the financial year 2022-23, in the category of Paediatrician and Pathologist also need great attention. Out of 10 sanctioned positions there are no Paediatrician in the district. 40 percent seats of the casualty doctors are vacant.

Staffing shortages were found to be particularly acute in the positions of chemists, lab technicians, data entry operators, and class IV personnel across the health institutions from the lower levels (PHCs, SCs). The majority of paramedical employees under NHM are hired on a contractual basis. Several employees claimed that the pay for contractual employees is considerably lower than that of permanent employees. Additionally, even after many years of employment, their earnings remain constant due to the nearly non-existent annual rise. Salary adjustments need to be considered in order to keep the personnel motivated and help them perform better.

The district records lowest rate of Post-partum IUCD acceptance at the state level with only 24.08 percent, also the state has one of the lowest post-partum female sterilization rate in UP, the district performs worse in terms of family planning. While, the district fairs well with in terms of the share of pregnant women (PW) registered for ANC receiving 4+ ANC consultations, the district have one of the highest cases of Anemia; the maternal mortality ratio reported for the year 2022-23 is rather disconcerting. Sambhal reported 48 maternal deaths during the said financial year, translating to a Maternal Mortality Ratio of 75.86 per 1 lakh live births. The recorded MMR is lower than the state average of 123.9 maternal deaths per 1 lakh liver births. The district also ranks fairly low with regards to the Key indicators of Newborn and Child Health



In the district there is huge prevalence of Skin diseases. The reason cited out is the working condition as most of the people are working in the bone factory along with other reason being living in small congested unhygienic places. The district has one of the highest Anaemic pregnant women inspite of high ANC registration. ANC services are greatly hampered because of the perception and belief system of the Pregnant women (PW). 54 maternal death reported at PHC during 2022-2023.

There is a great shortage of Human resource for Maternal Health care facilities in the district. Janani Shishu Suraksha Karyakram (JSSK) is functional in all the facilities; however, efforts should be made to revise the diet charge, as its not sufficient to provide nutritional food a such cost. Home deliveries are still prevalent in some areas of the district creating a pressure on the healthcare workers. The condition of the labour rooms in some of the facilities are very pathetic and unhygienic with old infrastructure; creating a pressure on the District Hospitals.

The district suffers from one of the highest cases of Still births, Obstetric complications, Hypertension, Birth Asphyxia and Eclampsia.

The district has one of the highest cases of Newborn weight less than 2.5 kg. The health profile of children in the district is very poor with high cases of stunted, wasted. With such poor performance the district has only 10 functional bed NRC, which is a matter of great concern. DEIC is not functional in the district.

The district still suffers from the belief system of a greater number of children with low contraception acceptance. The health care workers have to bring great awareness among these pockets. Being a newly formed district with political unrest and prevalence of old belief system in the society is a barrier for accepting family planning methods.

Recently, it appears that the district has implemented quality care programs with good success. In the district, more facilities are putting Kayakalp initiatives into practice. LaQshya accreditation is something that the district needs to properly plan for. The planning and execution of these programs must place a strong emphasis on providing high-quality care. In the district 1 facility have been awarded for NQAS and LaQshya each. 1 DH, 05 CHC, 03 PHC, 01 SC facilities have been awarded for Kayakalp

The district must develop resilient, sufficient, and effective healthcare systems in order to achieve the aim of universal healthcare coverage when planning its future program implementation strategies. A committed team is responsible for organizing and carrying out the healthcare operations in the Sambhal district. The health systems must take advantage of its current HR pool to improve positive health outcomes because it has a common vision with the NHM. The district has a significant opportunity to make the healthcare system even stronger and more adaptable. For better accountability, the segmented governance processes may be combined via regulated information-based portals. Positive outcomes for the benefit base must be ensured through routine monitoring, evaluation, and supervision of activities and results.



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

Key Correspondence: DPMU

A. District Profile

A.1. Healthcare				
Indicator	Values		Source	
1. Name of the District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
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	Public:			
	Private:			
15. Estimated number of cataract surgeries to be conducted				
*Estimated numbers (Sl. No 9-15) to be filled for the financial year 2021-22				
Mortality Indicators:	Financial year (2021-22)		Financial Year (2022-23)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
A.2. Healthcare Infrastructure				
Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				
8. Special Newborn Care Units (SNCU)				

9. Nutritional Rehabilitation Centres (NRC)		
10. District Early intervention Center (DEIC)		
11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	_____	_____
• At SDH	_____	_____
• At CHC	_____	_____
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	_____	_____
• Providing 1st trimester services	_____	_____
• Providing both 1st & 2nd trimester services	_____	_____
A.3 Infrastructure Construction Status Details		
• Details of Construction pending for more than 2 years		
• Details of Construction completed but not handed over		

B. Overview: Submission & approval timelines of DHAP

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

C. Service Availability

Indicator	Remarks/ Observation
C.1. Drugs & Diagnostics	
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all)	
• Number of lab tests notified	
C.2. Status Of Delivery Points	
• No. of SCs conducting >3 deliveries/month	

Indicator	Remarks/ Observation							
<ul style="list-style-type: none"> No. of 24x7 PHCs conducting > 10 deliveries /month 								
<ul style="list-style-type: none"> No. of CHCs conducting > 20 deliveries /month 								
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting > 50 deliveries /month 								
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting C-section 								
<ul style="list-style-type: none"> No. of Medical colleges conducting > 50 deliveries per month 								
<ul style="list-style-type: none"> No. of Medical colleges conducting C-section 								
<ul style="list-style-type: none"> Number of institutes with ultrasound facilities (Public+Private) 	Public: Private:							
<ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act 	Public: Private:							
C.3. National Health Programmes								
3. Pradhan Mantri SurakshitMatritva Abhiyan (PMSMA)	1. No. issued MCP card and Safe Motherhood Booklet: _____ 2. Number of health facilities where current round of PMSMA was conducted: a. Medical College: _____ b. DH: _____ c. SDH: _____ d. CHC/UHC: _____ e. PHC/UPHC: _____ f. Private Clinics: _____							
4. Rashtriya Bal Suraksha Karyakram (RBSK)	Total no. of RBSK teams sanctioned No. of teams with all HR in-place (full-team) No. of vehicles (on the road) for RBSK team No. of Teams per Block No. of block/s without dedicated teams Average no of children screened per day per team Number of children born in delivery points screened for defects at birth							
5. Special Newborn Care Units (SNCU)	<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer _____ Stepdown care _____ Kangaroo Mother Care (KMC) unit _____ Number of non-functional radiant warmer for more than a week _____ Number of non-functional phototherapy unit for more than a week _____ <table border="1" data-bbox="876 1948 1417 2051"> <thead> <tr> <th data-bbox="876 1948 1109 1982">Inborn</th> <th data-bbox="1109 1948 1417 1982">Out born</th> </tr> </thead> <tbody> <tr> <td data-bbox="876 1982 1109 2016"> <ul style="list-style-type: none"> Admissions (2022-23) </td> <td data-bbox="1109 1982 1417 2016"></td> </tr> <tr> <td data-bbox="876 2016 1109 2051"> <ul style="list-style-type: none"> Defects at birth </td> <td data-bbox="1109 2016 1417 2051"></td> </tr> </tbody> </table>		Inborn	Out born	<ul style="list-style-type: none"> Admissions (2022-23) 		<ul style="list-style-type: none"> Defects at birth 	
Inborn	Out born							
<ul style="list-style-type: none"> Admissions (2022-23) 								
<ul style="list-style-type: none"> Defects at birth 								

Indicator	Remarks/ Observation	
• Discharged		
• Referral		
• LAMA		
• Died		

6. Newborn Stabilization Unit (NBSU)	Inborn	Out born
• Admission (2022-23)		
• Discharged		
• Referral		
• LAMA		
• Died		
7. Nutrition Rehabilitation Centers (NRC)	<ul style="list-style-type: none"> • Total Admissions(2022-23) • Discharged • Referral/ Medical transfer • LAMA • Died • Admission <ul style="list-style-type: none"> • Bilateral pitting oedema • MUAC<115 mm • <'-3SD WFH • with Diarrhea • ARI/ Pneumonia • TB • HIV • Fever • Nutrition related disorder • Others • Admission to NRC Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency 	
8. Home Based Newborn Care (HBNC)	<ul style="list-style-type: none"> • Status of availability of HBNC kit with ASHAs >Total No. of ASHAs: _____ > No. of ASHAs with HBNC kits: _____ > Reasons of Non-provision: _____ _____ _____ • Total Newborns visited under HBNC: _____ • Status of availability of drug kit with ASHAs: > Total No. of ASHAs: _____ > No. of ASHAs with drug kits: _____ > Reasons of Non-provision: _____ _____ _____ 	
9. Peer Education (PE) programme	<ul style="list-style-type: none"> • No. of Blocks covered under Peer 	

(Adolescent Health) & Weekly Iron Folic Acid Supplementation(WIFS)	Education (PE) programme:..... <ul style="list-style-type: none"> No. of villages covered under PE programme:..... No. of Peer Educators: No. of Adolescent Friendly Clinic (AFC) meetings held:..... WIFS stockout:..... 																		
10. Mobile Medical Unit (MMU) (on the road) and micro-plan	<ul style="list-style-type: none"> No. of Mobile Medical Unit (MMU) (on the road) and micro-plan _____ MMU team Composition _____ _____ List of Services provided by MMU _____ _____ No. of trips per MMU/month No. of camps per MMU/month No. of villages covered Average number of OPD per MMU per month Average no. of lab investigations per MMU per month Avg. no. of X-ray per MMU per month Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU/month Avg. no. of sputum collected for TB detection per MMU per month Average Number of patients referred to higher facilities Payment pending (if any) If yes, since when and reasons thereof																		
11. Universal health screening <ul style="list-style-type: none"> No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer 	<ul style="list-style-type: none"> If conducted, what is the target population Number of Community Based Assessment Checklist (CBAC) forms filled till date <table border="1" data-bbox="892 1563 1385 1776"> <thead> <tr> <th>Screened</th> <th>Diagnosed</th> <th>Treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Screened	Diagnosed	Treated															
Screened	Diagnosed	Treated																	
12. Integrated Disease Surveillance Programme (IDSP)	<ul style="list-style-type: none"> Rapid Response Team (RRT) Constituted: Y/N Team Composition: Outbreaks investigated: <ul style="list-style-type: none"> 2021-22: 2022-23: Proportion (% out of total) of Pvt health facilities reporting weekly data 																		

	of IDSP • How is IDSP data utilized? Elaborate. _____ _____ _____
--	---

13. National Viral Hepatitis Control Program (NVHCP)	• % of health workers immunized against Hep B • Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis
14. If District notified a State Mental Health Authority (SMHA)	• If District notified a State Mental Health Authority (SMHA) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No SMHA in place <input type="checkbox"/> No Mental Health Service or Facility in the district

15. Vehicle for Referral Transport

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

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

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

Year	Ambulances Purchased	Total Cases	Pregnant Women	Accident Cases	Referral from one health facility to another	Others
2021-22						
2022-23						

	ALS	BLS
○ Operational agency (State/ NGO/ PPP)		
○ If the ambulances are GPS fitted and handled through centralized call centre		
○ Average number of calls received per day		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
• 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)		

○	
16. National Fluorosis Control Programme	<ul style="list-style-type: none"> Key activities performed in 2022-23 as per ROP:
17. National Iron Deficiency Disorders Control Programme	<ul style="list-style-type: none"> Key activities performed in 2022-23 as per ROP:
18. National Tobacco Control Programme	<ul style="list-style-type: none"> Key activities performed in 2022-23 as per ROP:
19. National Vector Borne Disease Control Programme (NVBDCP)	<ul style="list-style-type: none"> Micro plan and macro plan available at district level Y/N Annual Blood Examination Rate: <ul style="list-style-type: none"> ○ 2020-21: ○ 2021-22: ○ 2022-23 ○ Reason for increase/ decrease (as per the trend of last 3years) LLIN distribution status IRS Anti-larval methods Contingency plan for epidemic preparedness Weekly epidemiological and entomological situations are monitored No. of MDR rounds observed No. of blocks achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%
20. National Tuberculosis Elimination Programme (NTEP)	<ul style="list-style-type: none"> Target TB notification achieved Y/N Whether HIV Status of all TB patient is known: <ul style="list-style-type: none"> <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____ Eligible TB patients with UDST testing Whether drugs for both drug sensitive and drug resistance TB available <ul style="list-style-type: none"> Patients notification from public sector (2022-23) <ul style="list-style-type: none"> No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: Patients notification from private sector (2022-23) <ul style="list-style-type: none"> No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients: Beneficiaries paid under NikshayPoshan Yojana <input type="checkbox"/> <ul style="list-style-type: none"> Yes/ <input type="checkbox"/> No

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

22. ASHAs	<p>Number of ASHAs</p> <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural) population No. of ASHAs covering more than 3000 (urban) population Villages with no ASHA Slum areas with no ASHA <p>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</p> <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme _____
23. Mahila Arogya Samitis (MAS)-	<p>Status of Mahila Arogya Samitis (MAS)-</p> <ol style="list-style-type: none"> Formed Trained MAS account opened Samiti addresses issues related to.....
24. Village Health Sanitation and Nutrition Committee (VHSNC)	<p>Status of Village Health Sanitation and Nutrition Committee (VHSNC):</p> <ol style="list-style-type: none"> Formed: Trained: MAS account opened:
25. Kayakalp and Quality Assurance	<ul style="list-style-type: none"> No. of facilities quality certified NQAS..... LaQshya Status of Kayakalp programme-

	No. of awarded DH CHC PHC SC..... <ul style="list-style-type: none"> • Activities performed by District Level Quality Assurance Committee (DQAC)
--	--

26. Maternal and Child Health	<ul style="list-style-type: none"> • Number of maternal deaths reported at: DH: _____ SDH: _____ CHC: _____ PHC: _____ SC: _____ Prime reason for the maternal death..... • Number of Maternal Death Review conducted <ul style="list-style-type: none"> • 2021-22: _____ • 2022-23: _____
	<ul style="list-style-type: none"> • Number of Neonatal Deaths: _____ • Number of Total Child Deaths: _____ • Number of Child Death Review conducted <ul style="list-style-type: none"> • 2021-22: _____ • 2022-23: _____

C.4. Healthcare Systems				
27. 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				
• FP compensation/ incentive				
28. Recruitment for any staff position/ cadre conducted at district level				
29. Details of recruitment	Previous year (2021-22)		Current Year (2022-23)	
	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				
30. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place				
31. If grievance redressal mechanism in place: Y/N	<ul style="list-style-type: none"> • Whether call center and toll-free number available..... • Percentage of complains resolved out of the total complains registered in current FY..... 			
32. Mera-Aaspatal (Attach MeraAspataal performance report)	<ul style="list-style-type: none"> • Implemented in how many facilities..... DH.....CHC.....PHC • Total Responses collected: • % reported Very Satisfied: • % reported Satisfied: • % reported not satisfied: • Total response for dis-satisfied: Dissatisfied with staff behaviors... Dissatisfied with cleanliness..... Dissatisfied with cost of treatment..... Dissatisfied with quality of treatments..... With other reason 			

D. Implementation of CPHC

Status as on: **31st March, 2023**

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

E. Status of HRH

Status as on: _____

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

F. State of Fund Utilization

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

Status of Expenditure year (Financial year 2022-23):

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based			
2. FMR 2: Service Delivery: Community Based			
3. FMR 3: Community Intervention			
4. FMR 4: Untied grants			
5. FMR 5: Infrastructure			
6. FMR 6: Procurement			
7. FMR 7: Referral Transport			
8. FMR 8: Human Resource (Service Delivery)			
9. FMR 9: Training			
10. FMR 10: Review, Research and Surveillance			
11. FMR 11: IEC-BCC			
12. FMR 12: Printing			
13. FMR 13: Quality			
14. FMR 14: Drug Warehouse & Logistic			
15. FMR 15: PPP			
16. FMR 16: Programme Management			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure (Financial year 2022-23):

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

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

G. Status of trainings

Status as on: _____

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

Date:

Name:

Signature:

Designation:

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

A. Service Delivery:

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

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

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

Indicator	Remarks/ Observation				
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5. Other				
11. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Regular	Cont.
	MO (MBBS)				
	Specialist	Medicine			
		ObGy			
		Pediatician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
	Others				
	Dentist				
	Staff Nurses/ GNMs				
	LTs				
Pharmacist					
Dental Technician/ Hygienist					
Hospital/ Facility Manager					
EmOC trained doctor					
LSAS trained doctor					
Others					
12. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____				
13. Kayakalp (for year 2022-23)	Initiated: Facility score: Award received:				
14. NQAS (for year 2022-23)	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				
17. Implementation of DVDMS (Drugs & Vaccine Management Distribution System) or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____				
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1				
	2				
	3				
	4				
	5				
19. Availability of Essential	<input type="checkbox"/> Sufficient Supply				

Indicator	Remarks/ Observation
Consumables:	<input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage List the consumables for with there was shortage In last 6 months how many times there was shortage_____
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests (For 2022-23) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
<ul style="list-style-type: none"> Outsourced/ PPP (For 2022-23) 	Number of Tests available:----- Total number of tests performed during Apr 2021- March 22: _____ Days & Timing on which tests are done:
21. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
22. CT scan services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all If not, charges for lab tests, X-Ray, USG, CT, etc

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> ○ Previous year (2021-22) _____ ○ Current FY(2022-23) _____
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
27. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
28. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	

Indicator	Remarks/ Observation		
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of Maternal Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)		
36. Number of Child Death reported in the facility	Previous year: (2020-21) Current year: (2021-22)		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant		
42. Number of sterilizations performed in last one month	Male: Female:		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescentscounseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in 2021-2022:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		

Indicator	Remarks/ Observation
	<p>If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____</p> <p>If anti-TB drugs available at the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Availability of CBNAAT/ TruNat: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____</p> <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>
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?	<p>Fund Received last year (2021-22)</p> <p>Fund utilized last year: (2021-22)</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>
54. 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>
55. Frequency of RKS meeting Last meeting held on (date):	
<ul style="list-style-type: none"> • Availability of ambulance services in the area 	<p><input type="checkbox"/>Own ambulance available (Number)_____</p> <p><input type="checkbox"/>DH/ SDH has contracted out ambulance services (Number)_____</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>
<ul style="list-style-type: none"> • How many cases from CHC, PHC, SC, referred to in last month? 	<p>Number:</p> <p>CHC</p> <p>PHC</p> <p>SC</p> <p>Types of cases referred in:</p>

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

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

H. Service Delivery:

Name of facility visited			
Facility Type		<input type="checkbox"/> CHC/ <input type="checkbox"/> U-CHC	
FRU		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):	
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Date of Visit			
Next Referral Point		Facility: Distance:	
Indicator		Remarks/ Observation	
3. OPD Timing			
4. Whether the facility is functioning in PPP mode		<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
5. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box		Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital	
6. Number of functional in-patient beds			
7. List of Services available			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	
	2	O&G	
	3	Pediatric	
	4	General Surgery	
	5	Anesthesiology	
	6	Ophthalmology	
	7	Dental	

	8	Imaging Services (X – ray)		
	9	Imaging Services (USG)		
	10	Newborn Stabilization Unit		
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available			
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization			
8. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
9. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:			
10. 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: _____			
11. 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			
12. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
13. Details of HR available in the facility (Sanctioned and In-place)	HR		San.	Reg.
	MO (MBBS)			
	Specialists	Medicine		
		ObGy		
		Pediatrician		
		Anesthetist		
	Dentist			
	SNs/ GNMs			
	LTs			
	Pharmacist			
	Dental Assistant/ Hygienist			
	Hospital/ Facility Manager			
	EmOC trained doctor			
LSAS trained doctor				
Others				
14. 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: _____			
15. Kayakalp (2022-23)	Initiated: Facility score: Award received:			
16. NQAS (2022-23)	Assessment done: Internal/State Facility score:			

	Certification Status:	
17. LaQshya	Labour Room: Operation Theatre:	
18. 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) _____	
19. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____	
20. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	
	2	
	3	
	4	
	5	
21. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____	
	List the consumables for which there has been shortage_____	
22. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	
• In-house tests (for 2022-23)	Timing: Total number of tests performed: _____ Details of tests performed:	
• Outsourced/ PPP (for 2022-23)	Timing: Total number of tests performed: _____ Details of tests performed:	
23. 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	
24. 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	
25. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	

	(List the name of kits for which there is shortage)
26. If there is any shortage of major instruments/ equipment (List the Name of 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 condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
30. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death	Previous year: 2021-22 __

reported in the facility	Current year: 2022-23		
36. Number of Child Death reported in the facility	2021-22: 2022-23:		
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Number of newborns immunized with birth dose at the facility in last 3 months			
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
41. Number of sterilizations performed in last one month	Male__ Female_____		
42. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Who counsels on FP services?			
44. Please comment on utilization of other FP services			
45. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
46. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____		
47. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
48. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
49. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
50. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		

	<p>Is there a sample transport mechanism in place for:</p> <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>
53. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months:</p> <p>Out of those, how many are having Gr. II deformity:</p> <p>Frequency of Community Surveillance:</p>
54. Maintenance of records on	<ul style="list-style-type: none"> TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No
55. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year:</p> <p>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>
56. 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>
57. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
58. Availability of ambulance services in the area	<p><input type="checkbox"/>CHC own ambulance available Number_____</p> <p><input type="checkbox"/>CHC has contracted out ambulance services Number_____</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>
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	<p>Number: Sub centre PHC</p> <p>Types of cases referred in:</p>
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	<p>Number:</p> <p>Types of cases referred out:</p>

59. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

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

I. Service Delivery:

Name of facility visited		
Facility Type		<input type="checkbox"/> PHC/ <input type="checkbox"/> U-PHC
Whether the facility has been converted to HWC		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Standalone/ Co-located		<input type="checkbox"/> Standalone/ <input type="checkbox"/> Co-located Co-located with (if applicable):
Accessible from nearest road head		<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Date of Visit		
Next Referral Point		Facility: Distance:
Indicator	Remarks/ Observation	
1. OPD Timing • For U-PHC, check if evening/morning OPD/Clinics being conducted	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (Ramps etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Power backup <input type="checkbox"/> Branding	
4. Number of functional in-patient beds		
5. List of Services available		
6. If 24*7 delivery services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
7. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____	
8. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:	

9. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td>MO (MBBS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MO (AYUSH)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SNs/ GNMs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ANM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LTs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pharmacist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Public Health Manager (NUHM)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LHV/PHN</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.	MO (MBBS)				MO (AYUSH)				SNs/ GNMs				ANM				LTs				Pharmacist				Public Health Manager (NUHM)				LHV/PHN				Others			
	HR	San.	Reg.	Cont.																																					
	MO (MBBS)																																								
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	LTs																																								
	Pharmacist																																								
	Public Health Manager (NUHM)																																								
LHV/PHN																																									
Others																																									
10. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____																																								
11. Kayakalp (2022-23)	Initiated: Facility score: Award received:																																								
12. NQAS(2022-23)	Assessment done: Internal/State Facility score: Certification Status:																																								
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No																																								
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____																																								
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____																																								
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	1																																								
	2																																								
	3																																								
	4																																								
	5																																								
16. Drugs Available for Hypertension & Diabetic patients:	1																																								
	2																																								
	3																																								
17. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	1																																								
	2																																								
	3																																								
18. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ (Also list the consumables for which there was shortage)																																								
19. Availability of essential	<input type="checkbox"/> In-house																																								

diagnostics	<input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests For 2022-23 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP For 2022-23 	Timing: Total number of tests performed: _____ Details of tests performed:
20. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
21. Whether diagnostic services (lab, X-ray etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
22. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
23. If there is any shortage of major instruments/ equipment	List of Equipment
24. Average downtime of equipment. Details of equipment are nonfunctional for more than 7 days	
25. Availability of delivery services	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, details 	Comment on condition of labour room: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No
26. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: Payment done till: Reasons for delay:
27. Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics

	<input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges		
28. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
29. Number of normal deliveries in last three month			
30. Availability of Daksh/ Dakshta trained/SBA trained MO/SN/ANM in Labour Room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Practice related to Respectful Maternity Care			
32. Number of Maternal Death reported in the facility	Previous year:2021-2022 Current FY: 2022-2023		
33. Number of Child Death reported in the facility	Previous year: Current year:		
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
35. Number of newborns immunized with birth dose at the facility in last 3 months			
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
37. Number of sterilizations performed in last one month	Male Female		
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Who counsels on FP services?			
40. Please comment on utilization of other FP services			
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
45. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		

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

services in the area	Number_____ <input type="checkbox"/> PHC has contracted out ambulance services Number_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> How many cases from sub centre were referred to this PHC last month? 	Number: Types of cases referred in:
<ul style="list-style-type: none"> How many cases from the PHC were referred to the CHC last month? 	Number: Types of cases referred out:
56. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	
Only for U-PHC	
57. Population enumeration initiated for slum population	<input type="checkbox"/> Not yet initiated <input type="checkbox"/> Initiated <input type="checkbox"/> Completed
58. Number of CBAC forms filled (NUHM)	
59. Is Specialist services provided at U-PHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, specialist services are provided through: <input type="checkbox"/> Teleconsultation/ <input type="checkbox"/> Clinic Schedule: <input type="checkbox"/> Fixed/ <input type="checkbox"/> Rotational Type of specialist services available: <input type="checkbox"/> OBGY, <input type="checkbox"/> Pediatrics, <input type="checkbox"/> Medicine, <input type="checkbox"/> Dermatology, <input type="checkbox"/> Ophthalmology, Others_____
60. UHNDs Conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted per month_____
61. Special Outreach camps conducted:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, no. of UHND conducted during last quarter_____ Type of specialties provided during special outreach camps: _____



Ministry of Health & Family Welfare
Government of India



Sub-Centre (SC) Level Checklist

A. Service Delivery: Sub Centre

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

Indicator	Remarks/ Observation																								
1. List of Services available																									
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available <input type="checkbox"/> Branding <input type="checkbox"/> Specified area for Yoga / welfare activities <input type="checkbox"/> Power backup																								
3. Biomedical waste management practices																									
4. Details of HR available in the facility (Sanctioned and In-place)	<table border="1"> <thead> <tr> <th>HR</th> <th>San.</th> <th>Reg.</th> <th>Cont.</th> </tr> </thead> <tbody> <tr> <td>ANM/ MPW Female</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MPW Male</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MLHP/ CHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASHA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HR	San.	Reg.	Cont.	ANM/ MPW Female				MPW Male				MLHP/ CHO				ASHA				Others			
HR	San.	Reg.	Cont.																						
ANM/ MPW Female																									
MPW Male																									
MLHP/ CHO																									
ASHA																									
Others																									
5. IT Services	<ul style="list-style-type: none"> 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 																								

	<ul style="list-style-type: none"> Internet connectivity: Yes/ No Quality/strength of internet connection: 										
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL)										
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No										
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5	
1											
2											
3											
4											
5											
9. Drugs Available for Hypertension & Diabetic patients:	<table border="1"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>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"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>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 List of Kits (Shortage)										
13. Availability of:	<ul style="list-style-type: none"> BP instrument: <input type="checkbox"/> Yes/ <input type="checkbox"/> No. If yes, Type: _____ Thermometer: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Contraceptives: <input type="checkbox"/> Yes/ <input type="checkbox"/> No. If yes, Type: _____ Glucometer: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 										
14. Line listing of all Pregnant women in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> High risk women identified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No MCP cards duly filled: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 										
15. Number of Maternal Death Review conducted	Previous year: 2021-22 Current year: 2022-23										
16. Number of Child Death Review conducted	Previous year: Current year:										
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> Awareness of ANM on vaccine schedule: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 										

	<ul style="list-style-type: none"> Awareness about open vial policy: Yes/ No 		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> Tele-consultation services HWC App Details:		
31. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
32. Whether reporting weekly data in S form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
33. Status of Tuberculosis in the area:	Indicators	2020-21	2021-22
	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 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 	Number:		

month?	Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

Community Level Checklist

J. 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
1. 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 	
2. 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)	
3. Access to health: drugs, diagnostics, referral transport	
4. Behaviour of health service providers	
5. Out of Pocket expenditure in public health facilities	

Indicator	Please comment
6. Coverage, Knowledge and skills of ASHA as perceived by the community	
7. Support, supervision, training and payment of incentives of ASHA (as per discussion with ASHAs)	
8. Availability of services for Immunization, ANC, PNC, AH counselling, Contraceptive services, Nutrition counselling and preferred facilities for each	
9. Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment	
10. Screening for Leprosy, TB and preferred facilities for seeking treatment	
11. Availability of services for treatment of Malaria, Dengue, Kala-azar, Chikungunya, JE, Filariasis, Fluorosis, rabies etc.	
12. Preferred facilities for emergency services (Burn, Accidents etc.)	
13. Preferred facilities for: <ul style="list-style-type: none"> • Eye ailments (eg. Cataract) • Dental ailments (e.g. for toothache, denture, RCT etc.) 	
14. Screening for 4Ds (by RBSK Team) at schools and Anganwadicentre	
15. Key challenges observed in the community and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	