

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



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CONTENTS

EXECUTIVE SUMMARY	7
Key challenges & Root Causes	8
Recommendations.....	9
BACKGROUND AND OBJECTIVES	11
1.1 Introduction	11
1.2 Major objectives of monitoring & evaluation visit.....	12
1.3 Methodology.....	12
1.4 Report outline	14
DISTRICT PROFILE OF SHAMLI.....	16
2.1 Demographic profile.....	16
2.2 Health and Health Care Service Delivery Indicators	18
2.3 State Resource Envelope and District Allocations.....	20
PUBLIC HEALTH PLANNING.....	25
2.1 Health infrastructure	25
2.2 Human resource.....	28
2.3 Budget utilization.....	30
IMPLEMENTATION OF NATIONAL PROGRAMMES.....	34
4.1 Reproductive Maternal New-born Child and Adolescent Programmes (RMNCH+A)	34
4.1.1 Janani Suraksha Yojana (JSY).....	34
4.1.2 Janani Shishu Suraksha Karyakram (JSSK).....	35
4.1.3 Maternal Death Review.....	35
4.1.4 The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA).....	35
4.1.5 Home Based Newborn Care (HBNC)	36
4.1.6 Rashtriya Bal Swasthya Karyakram (RBSK)	36
4.1.7 Family Planning.....	37
4.2 Disease Control Programme	37
4.2.1 Integrated Disease Surveillance Programme (ISDP)	37
4.2.2 The National Vector Borne Disease Control Programme (NVBDCP)	37

4.2.3	National Leprosy Eradication Programme (NLEP)	38
4.2.4	The National Tuberculosis Elimination Program (NTEP)	38
FACILITY WISE OBSERVATIONS		40
5.1	CHC KANDHALA.....	40
5.2	CHC SHAMLI	42
5.3	UPHC PANSARIYAN	43
5.4	PHC- LISHAD.....	44
5.5	HEALTH & WELLNESS CENTRE: SUNNA.....	45
5.6	COMMUNITY RESPONSE.....	47
6.1	CONCLUSION.....	49
6.2	RECOMMENDATIONS	50
ANNEXURES		51

LIST OF TABLES

Table 1: List of institutions and facilities visited by the PRC-IEG Team, Shamli 2020-21	13
Table 2: Key Demographic Indicators: India, Uttar Pradesh & Shamli District	17
Table 3: Health and Health Care Service Delivery Indicators in Shamli District, 2020-21	19
Table 4: Breakup of resource envelope, NHM FY 2020-21, Uttar Pradesh	22
Table 5: Physical and financial outlay approved under NHM, Shamli FY 2020-21	23
Table 6: Details of Public Health Infrastructure in Shamli District, 2020-21	25
Table 7: Status of Health Infrastructure in facilities visited, Shamli, 2020-21	26
Table 8: Details on Mobile Medical Units service provision in Shamli District	27
Table 9: Details on Referral Transport service provision in Shamli District	27
Table 10: Human Resource in Shamli District 2020-21	28
Table 11: FMR Wise Budget Received and Utilized for Shamli 2020-21	30
Table 12: Flexipool Wise Budget Received and Utilized for Shamli 2020-21	31

LIST OF FIGURES

Figure 1: Outline map of Shamli district in Uttar Pradesh, India	17
Figure 2: Percent vacant positions in human resource in Shamli District 2020-21.....	29
Figure 3: Component wise percentage of funds left unutilized under RCH Flexipool	32
Figure 4: CHC KANDLA, SHAMLI	41
Figure 5: CHC SHAMLI, SHAMLI	42
Figure 6: UPHC PANSARIYAN, SHAMLI	44
Figure 7: PHC LISHAD, SHAMLI	45
Figure 8: HWC, SUNNA,SHAMLI.....	46

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Dr. Suresh Sharma
Ms. Jyoti

ACRONYMS AND ABBREVIATIONS

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

EXECUTIVE SUMMARY

The NHM envisages achievement of universal access to equitable, affordable & quality healthcare services that are accountable and responsive to people's needs. One of the salient factors that measure the progress of NHM remains the Monitoring and Evaluation activities undertaken by The Ministry of Health and Family Welfare on a continuous basis. It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocation for any areas. In this regard, the Ministry of Health and Family Welfare has assigned Population Research Centres (PRC) the task of quality monitoring of essential components of State Programme Implementation Plan.

This report hence focuses on the monitoring of essential components of NHM in Shamli district for the year 2020-21. The evaluation was carried out in the month of August, 2021 and thus captures the status of NHM activities in the said district of Uttar Pradesh. The report highlights key observations made during the team's visit to various health facilities of the district and also brings forth essential inputs provided by the key personnel of NHM.

The following public health care facilities were visited by the PRC-IEG Team: CHC Shamli, CHC Kandhla, UPHC Pansariyan, PHC Lisadh, and HWC Sunna. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of NHM.

Interactions with district and block level health administrators including the Chief Medical Officer (CMO) and the nodal programme officers, the Block Medical Officer-in-Charge (MOIC), facility (Mos, ANMs, etc) and community level health care providers (ASHAs, Anganwadi workers etc) and other supporting staff were conducted to understand the strengths and weakness of the facilities in service provisioning.

The report therefore summarises the status of Public Health Care in Shamli, Uttar Pradesh during the financial year 2020-21 with regards to NHM and its components. Listed below are the key challenge being faced by the district with respect to health service delivery. Also enumerated are the root causes identified with respect to each challenge.

Key challenges & Root Causes

1. The number of Maternal Deaths and Still Births is high in the district. A total of 26 maternal deaths and 105 still births were reported in the year 2020-21.
 - 1.1. There is no gynaecologist in the district.
 - 1.2. Ultrasound facility is not available in any of the public health facilities. Presently the ultrasound facility is very limited and is being carried out in PPP mode.
 - 1.3. The district has no lady medical officer. Thus all the ANC and PNC checkups are being carried out by ANMs. This impacts the quality of service delivery.
 - 1.4. Maternal and Child death review are not sanctioned in the district PIP and thus are not being carried out.
 - 1.5. The districts have no functional SNCU. All such cases are referred to Muzzafarnagar.
2. Absence of health programme for adolescents. No programme under Rashtriya Kishor Swastha Karyakram is functional in the district.
 - 2.1. RKSK is not sectioned in the district PIP.
 - 2.2. There is an acute shortage of manpower in the district. Thus no district level initiative has thus far been taken to cater to the needs of the adolescents.
3. Performance of Primary Health Centre's that have been converted to Health and Wellness centres (HWCs) is not up to the mark. Very limited number of activities enlisted for HWC's are being carried out.
 - 3.1. All PHC's do not have a dedicated Rogi Kalyan Samiti (RKS) wherein the available funds can be utilised as per their requirement. The funds for such PHC's are released from the linked CHC's. This centralised decision making hampers the functioning of the PHC's.
 - 3.2. Shortage of manpower at PHC's is another major cause of underperformance.
4. Overburdened and Underpaid ASHA workers.
 - 4.1. ASHA workers have been made part of almost all programmes under NHM.
 - 4.2. The fixed salary component is very low.
5. Mushrooming private facilities for deliveries in the district.
 - 5.1. Private clinics offer higher incentives to ASHA workers to get deliveries to their clinics.

5.2. Private clinics take in all cases irrespective of the severeness of the cases and several of these results in Maternal Deaths. They take in cases which are refused admission by public hospital.

6. The infrastructure for District hospital is in place and was handed over to the authorities in 2019. Medical equipment has also been procured. However, the hospital stands non-functional till date and the biggest reason cited for the same is non availability of manpower. Although the posts have been sanctioned by the State, but they lie vacant. All health facilities in the district suffers from the shortage of human power this have had a huge impact on the timely delivery of services, lack of specialized OPDs, reproductive health care etc.

Recommendations

- The guidelines concerning the filling up of vacant positions must be issued and the positions must be filled. Specifically, attempts must be made to appoint a gynaecologist in the district.
- Facility based care for the sick new born must be strengthened. Efforts must be made to make the SNCU functional so that lives are not lost in the referral process.
- PHCs and Sub centres that have been converted to HWCs but essentially stand non-functional with respect to various HWC activities must be identified and worked on.
- ASHA workers form the backbone of primary health service delivery in rural India. Initially recruited to cater to RCH programmes, they have now been involved in an extensive number of health policies and programme running under NHM. However, their remuneration has not increased in proportion to their workload and this constraint their performance. Increasing the fixed salary component of ASHA workers must be taken up at priority.
- Regular monitoring and supervision of public health facilities is required to ascertain optimal utilisation of resources. During the visit, it was observed that the district has several dental specialists but not even a single dental chair to treat patients. Similar was the case for eye specialist. While on the other hand, medical equipment for SNCU is available but there is no manpower to run the same.
- In the district, for certain PHC's the Rogi Kalyan Samities for utilisation of untied funds are formed at the linked CHC. However, the same should be constituted at PHC level itself for better fund management and utilisation.

CHAPTER 1

Background and Objectives

BACKGROUND AND OBJECTIVES

1.1 Introduction

National Health Mission (NHM) was launched to make health care more accessible and affordable to all, especially who are vulnerable and underserved, and now it has become one of the integral parts of the health service delivery in the country. The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2020-21). PRC, Delhi has time and again provided a continuous flow of good quality information on inputs, outputs and outcome indicators which are deemed essential for monitoring the progress of NHM at closer intervals.

A state PIP is a comprehensive document comprising of situation analysis, Goals and strategies and corresponding costs. States prepare Program Implementation Plans (PIPs) on an annual basis which goes through a formal process of appraisal each year by MoHFW and with subsequent approval, the states commence implementation. A holistic reporting of commitments made in the State PIP, forms an essential component of Monitoring and Evaluation of NHM progress.

This PIP monitoring report concerns the district of Shamli in Uttar Pradesh. The report is prepared on the basis of field-based observations during visits to selected public health facilities in Shamli and the interviews of CMO, District Health Officials, ANM and beneficiaries. The report provides a review of key population, socio-economic, health and service delivery indicators of the District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, ARSH, bio-medical waste management, referral transport, ASHA scheme and communicable, non-communicable diseases.

1.2 Major objectives of monitoring & evaluation visit

- i. To understand the gap between Demand and supply of health service delivery under NHM programme.
- ii. To assess the current condition of physical infrastructure and health service provision in selected CHCs, PHCs and SCs of the district.
- iii. To examine the status and availability of human resources for health including staffing-position, vacancies and staff trainings at the selected health facilities.
- iv. To assesses functionality of equipment, supply and essential drugs, essential consumables etc at the selected facilities.
- v. To review the status of implementation of key components of the NHM programme including maternal health care, delivery care, child health care services, Rashtriya Bal Swasthya Karyakram (RBSK), adolescent health, family planning measures, Disease Control Programmes (DCPs) and Information, Education and Communication (IEC) activities etc.
- vi. To assess availability of finance for the NHM activities in the district. This includes assessing the utilization of NHM programme budgetary allocations on various components including utilization of untied funds at selected health facilities through RogiKalyan Samitis (RKS).

1.3 Methodology

The report is based on Primary data collected from health facility visits as well secondary data collected from DPMU and CMO office as well as information collected from HMIS Web Portal for Shamli District. Structure interview schedules were used for nodal officers and health facilities.

The assessment is based on observations made and information collected during:

- a) Round table meeting with CMO, DPMU and other Nodal officers and NHM staff
- b) Visits to health facilities
- c) Beneficiary interactions

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Shamli was held. The interactions gave an enriching insight into the health situation of the district, key challenges that

lay ahead, and a prospective way forward. The DPMU further elaborated the plan of visit to the health facilities.

Table 1 reports the list of institutions and facilities visited in the Shamli districts. The Team interacted with key programme officials at the Office of the CMO, the DPMU and discussed the status of the key activities. Apart from detailed interactions with the District Nodal Officers and DPMU staff, the Team visited selected health facilities in the districts.

Table 1: List of institutions and facilities visited by the PRC-IEG Team, Shamli 2020-21

Institutions and Facilities	Key Contact Person
Office of the Chief Medical Officer	CMO: Dr. Sanjay Aggarwal
District Programme Management Unit	DPM: Mr. Ashutosh Kumar
Community Health Centre, Shamli (FRU)	MOIC: Dr. Ramesh Chandra
Community Health Centre, Kandhla	MOIC: Dr. Rambir Singh
Urban Primary Health Centre, Pansariyan	MOIC: Dr. R.K. Sagar
Primary Health Centre, Lishad	MO: Dr. Rahat Ali
Health and Wellness Centre, Sunna	ANM: Smt. Anjali Malik

Health facilities from all the three levels (at district, block and village level) were selected for supportive supervision after consultations with the CMO and the DPM. Further, to understand the health service providers' perspectives about the services delivery, in-depth discussions were done with the Chief Medical Officer, Block Medical Officer-in-Charge, Medical Officers, ANMs and ASHAs.

1.4 Report outline

The report is organized in six chapters. Chapter 1 provides the background and objectives of the evaluation along with the methodology adopted for the evaluation. Chapter 2 describes the demographic and socioeconomic background, and the NHM financial outlay for the Shamli District. Chapter 3 entitled Public Health Planning includes the status of Health Infrastructure and Human Resource under NHM in the district. It also includes information on status of Budget Utilisation FMR wise and Programme wise for the year 2020-21.

Chapter 4 documents the implementation of National Programmes under NHM that are functional in the Shamli district. These include JSY, JSSK, RBSK, Communicable and Non communicable diseases etc. Chapter 5 reports the service availability and highlights some of the best practices at the public health facilities visited during the M&E visit. It also documents the perception of the community members regarding functioning and quality of the health facilities in their area of residence and includes the details of interaction with ASHA workers. Chapter 6 concludes with a set of recommendations for improving various aspects of health provision in Shamli.

CHAPTER 2

Shamli, Uttar Pradesh
District Profile

DISTRICT PROFILE OF SHAMLI

2.1 Demographic profile

Uttar Pradesh is one of the most populous states in India with a population of 199,812,341 people. The state contributes 16.50 per cent of India's total population. The population density of Uttar Pradesh is 829 per sq. km., making it fourth most densely populated state in the country. It is situated on the northern part of India and shares border with nine states and share an international boundary as well (i.e., Nepal). The state is bounded by Bihar in the east, Rajasthan in the west, Uttarakhand & Nepal in the north, Madhya Pradesh in the south, Jharkhand & Chhattisgarh in the southeast and Haryana, Himachal, Delhi in the northwest.

The district of Shamli is a newly formed district, carved out from the district of Muzaffarnagar in the year 2011. It is home to about 13.1 lakh people, among them about 7 lakh (53.24 per cent) are male and about 6.1 lakh (47.71 per cent) are female. Of the total state's population, 0.66 per cent resides in Shamli District. The percentage share of male population is 52.29 percent as against 47.71 percent of female population in the district.

Shamli district has a population density of 1125 persons per sq. km. which is significantly higher than the state level average of 829 persons per sq. km. The sex-ratio of the district is 878 which is significantly lower than the state level. The overall Literacy rate is 53.89 per cent in the district which is again notably lower than the state average (67.7 per cent). Since the district's female literacy rate is found to be very low as compared to state level, promotion of education among females is an immediate priority here.

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



Note: Map not fit to scale

Table 2: Key Demographic Indicators: India, Uttar Pradesh & Shamli District

Indicators	India	Uttar Pradesh	Shamli
Total number of Blocks	6612	822	5
Total number of Villages	649481	106774	322
Actual Population	1,21,08,54,977	19,98,12,341	13,13,650
Male	623,270,58	10,44,80,510	6,99,390
Female	58,75,84,719	9,53,31,831	6,14,260
Decadal Growth Rate	21	20.23	-
Density/ km ²	382	829	1125
Area (Sq. km)	3287240	2,40,928	1167.58
Literates %	72.98	67.7	53.89
Sex Ratio (females per/000 male)	943	912	878
Child Sex Ratio (0-6 age)	914	902	-

Source: Census of India 2011 & Shamli.gov.in

2.2 Health and Health Care Service Delivery Indicators

Antenatal Care (Pre-Natal care), is one of the most important component of the Maternal Health. It refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the fetus as well. Furthermore, with regular prenatal care, women can reduce the risk of pregnancy complications.

About 84 per cent of all deliveries in the district were institutional deliveries and of all the institutional deliveries in Shamli, around 30 per cent women were discharged in less than 48 hours of delivery at public institutions. Approximately 77 per cent of women received the 1st post-partum checkup within 48 hours and 14 days of delivery. Total 27 Maternal Deaths has been recorded in the district, which seems to be a very high figure.

With regards to the service delivery for Child Health, around 35 thousand numbers of children are fully immunized (9-11 months) in Shamli. The most common childhood disease as reported in the last financial year is diarrhoea. The district had 1641 & 312 cases of diarrhoea and Pneumonia respectively. Total 177 numbers of Asthma cases were reported in the district.

Table 3 depicts the health care service delivery indicators of Shamli and Uttar Pradesh with respect to Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2020-21. Delivery care is a vital factor for Infant health. Of the total home deliveries in Shamli, all 100 % per cent deliveries were attended by non- SBA. With regards to Post Natal Care, around 96 per cent of the newborns were breast fed within 1 hour of delivery and 97 percent of all newborns were weighed at birth.

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

Health and Health Care Service Delivery Indicators	Uttar Pradesh	Shamli
1. Maternal Health		
% of beneficiaries registered for 1st trimester to total ANC registration	61.8	69.2
% of pregnant women with 4 or more ANC checkups to total ANC registration	77.1	95.7
% of pregnant women given 180 IFA to total ANC registrations	90.5	63.8
a) Institutional and Home Deliveries		
% of SBA attended home deliveries to total home deliveries	12.6	0
% of institutional deliveries to total reported deliveries	89.9	84.2
% of institutional deliveries to total ANC registrations	55.4	43.1
% of C-Section deliveries to total institutional deliveries	9.2	0.2
Post-natal Care		
% of women discharge in < 48 hours of delivery to total deliveries (Public)	53.1	28.2
% 1st post-partum check-up between 48 hours and 14 days to total deliveries	48.4	86.5
New-born and Child Health		
% of new-born weighted to total live birth	91.7	96.8
% of new-born breast fed within 1 hour of birth to total live birth	90.2	95.9
% of new-borns having weight less than 2.5 kg to new-borns weighted at birth	10.6	10.9
2. Child Immunization & Diseases		
Number of children (9-11 months) fully immunized	4870671	34976
% of children received measles to full immunization	98	100.3
% of children received BCG to full immunization	99.1	86.5
3. Family Planning		
Total Sterilization conducted	296406	400
% of male sterilization to total sterilization	0.7	1
% of female sterilization to total sterilization	99.3	99
4. Mortality Indicators		
Maternal Death	5199	27
Child Death	1011	0
Infant Death	9482	5
Still Birth	39263	150
5. Other Services		
IPD	4499793	36090
OPD (Ayush + Allopathic)	67938469	405829
% IPD to OPD	6.6	8.9

Source: HMIS Standard Report, 2020-21

According to the HMIS, around 70 per cent of women in Shamli registered for ANC in the first trimester. Women who registered for ANC up to 4 or more checkups, is remarkably higher and sums up to 95.7 per cent. According to the HMIS data source, IFA supplementation was given to 96 per cent of women who registered for ANC. Of all women who registered for ANC, 43 per cent went for institutional delivery. Out of all institutional deliveries, 0.27 per cent was C-section deliveries.

The total sterilization conducted in the district is 400. Female sterilization share takes up 99% of the total figure. The district has reported no complications, deaths or failures post the sterilization process. Shamli district had distributed 191542 condoms and 8936 emergency contraceptive pills in the given year.

The mortality indicators are also presented in Table 3. The district reported a total of 27 maternal deaths during 2020-21. The number of infant deaths reported is 5 whereas the number of still births reported is 150. In the last financial year, zero child death was reported in Shamli district. To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. The OPD patient load of Shamli is as high as 405829 in 2020-21 as against 132268 IPD patients. In terms of percentage, IPD to OPD percentage stands at 8.9 per cent in Shamli District, which is significantly higher than the state average i.e. 6.6 per cent.

2.3 State Resource Envelope and District Allocations

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

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

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

The physical and financial outlay approved for Shamli for FY 2020-21 is Rs.2903 Lakhs. The outlays are categorized in 28 different groups as per the program sub-division codes. Of the total outlay, 29% is allocated for community processes which largely include performance and incentive supports for frontline workers. About 22% of the outlay is earmarked for Maternal Health which includes financial incentives for institutional birth as well as human resource support for the maternal health services. NUHM activities in the district receive about 4.7% of the approved outlay. Child health, communicable diseases, and RBSK each receive about 6% of the total outlay of the district.

Table 4: Breakup of resource envelope, NHM FY 2020-21, Uttar Pradesh

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

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

Table 5: Physical and financial outlay approved under NHM, Shamli FY 2020-21

Sl.No.	Program Sub-Division	Amount (Rs. Lakh)	% Share
1	AYUSH	53.28	1.83
2	Blood Cell	0.5	0.02
3	Communicable Diseases	166.67	5.74
4	Child Health	182.94	6.3
5	Community Processes	843.04	29.03
6	District Health Society	-	-
7	Finance Division	2.95	0.1
8	Family Planning	51.46	1.77
9	Family Planning / PNDT	2.27	0.08
10	Family Planning / CAC	0.79	0.03
11	Human Resources (Divisional)	-	-
12	Health Systems	-	-
13	IEC	27.93	0.96
14	IEC / Family Planning	1.9	0.07
15	IEC / PNDT	0.75	0.03
16	IMEP	41.68	1.44
17	Monitoring and Evaluation (ME)	19.8	0.68
18	Maternal Health	640.28	22.05
19	Management and Information System (MIS)	22.4	0.77
20	NCD	40.11	1.38
21	NUHM	136.7	4.71
22	Nursing	-	-
23	Program Management (PM)	42.44	1.46
24	Quality Assurance (QA)	24.5	0.84
25	RBSK	182.09	6.27
26	Routine Immunization	132.03	4.55
27	RKSK	8.18	0.28
28	Others / Unspecified	279.25	9.62
	Total	2903.94	100

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

CHAPTER 3

Public Health
Planning

PUBLIC HEALTH PLANNING

2.1 Health infrastructure

Infrastructure provides health system the foundation to deliver, evaluate and respond to community health needs. It is essential to effectively provide essential public health services. An adequate system is capable of providing preventive, diagnostic, and curative care, according to the requirements of the people being served. The Public Health Care Infrastructure under NHM includes Sub Health Centres at the most peripheral level, Primary Health Centres to provide an integrated curative and preventive health care, and Community Health Centres which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

Table 6 presents the details of Health Infrastructure in Shamli. With regards to Public health infrastructure, there is 1 District Hospital (not yet functional), 8 Community Health Centres (CHCs), 26 Primary Health Centres (PHCs), 3 Urban Primary Health Centres (PHCs), 135 Sub Centres(SCs), 62 Health and Wellness Centres in Shamli. In addition, 1 blood storage unit, 4 Tuberculosis units and 1 CBNAAT Site are functioning in the district.

Table 6: Details of Public Health Infrastructure in Shamli District, 2020-21

Health facility	Facilities	Bed count	Population covered	Area covered	Difficult Areas
Medical College	-	-	-	-	-
District Hospital	1*	-	-	-	-
CHC	8	210	1227182	908	-
PHC	26	104	11111105	782	1
HWC	43	-	-	-	-
SC	135	-	1177322	921	-

Source: HMIS Master Report of Facility, 2020-21; *Not functional

The population norms for setting up of public health facilities in plain areas are as under:

- Sub Centre: 1 per 5,000 population
- Primary Health Centre: 1 per 30,000 population
- Community Health Centre: 1 per 1,00,000 population

The district observes a shortfall of 13 PHCs, 5 CHCs and 65 Sub health centres.

Table 7: Status of Health Infrastructure in facilities visited, Shamli, 2020-21

S. No.	Facilities Visited Physical Infrastructure Indicators	CHC Shamli	CHC Kandhla	PHC Lisarh	UPHCC Barkhandi	HWC Sunna
1	Whether accessible from nearest road head?	Yes	Yes	Yes	Yes	Yes
2	Proper waste disposal system as per National Guidelines?	Yes	Yes	Yes	Yes	Yes
3	24*7 running water facility?	Yes	Yes	No	Yes	Yes
4	Is facility geriatric and disability friendly?	No	Yes	No	Yes	Yes
5	Are clean functional toilets (separate for Male and Female available)?	Yes	Yes	No	Yes	Yes
6	Is drinking water facility available?	Yes	Yes	Yes	Yes	Yes
7	Does the OPD waiting area have sufficient sitting arrangement?	Yes	Yes	Yes	Yes	Yes
8	Is ASHA restroom available?	No	Yes	Yes	No	Yes
9	Is drugstore room with rack available?	Yes	Yes	Yes	Yes	Yes
10	Is there power back up?	Yes	Yes	Yes	Yes	Yes
11	Is Tele-medicine/ communication available?	No	Yes	No	No	Yes
12	Number of functional in-patient beds	30	30	2	4	0

Source: Based on observation during visit, Shamli, 2020-21

Table 7 enlists certain basic indicators in the health facilities visited by the team. Most of the health facilities visited were running in government buildings except for two urban PHCs namely UPHC Pansariyan and UPHC Barkhandi. Infrastructure of the facilities running in government building was found to be satisfactory except for PHC Lishad. The staff quarters at PHC Lishad were in very bad condition and were lying empty. Cleanliness and hygiene at the facility were not maintained. UPHC Pansariyan, which is running in a rented building was very congested and lacked any ventilation.

Table 8: Details on Mobile Medical Units service provision in Shamli District

Mobile Medical Unit Details	Number
No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	2
No. of trips per MMU per month	24
No. of camps per MMU per month	24
No. of villages covered	12
Average number of OPD per MMU per month	62
Average no. of lab investigations per MMU per month	25
Avg. no. of X-ray investigations per MMU per month	50
Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month	100
Avg. no. of sputum collected for TB detection per MMU per month	0
Average Number of patients referred to higher facilities	30
Payment pending (if any)	No

Source: CMO Office, Shamli, 2020-21

Health infrastructure also includes the transport facilities provided by the district for safe and timely movement of patients. These include ambulances or any other form/mode of transport used to commute by the people of the community. Shamli District had 11 Basic Life Support (BLS) ambulances and 2 advance life support ambulances. Table 8 provides details on service provision of mobile medical units. A total of 2 Mobile Medical Units (MMU) are available in the district. Each MMU makes 24 trips per month in the district. They are strategically sent to areas where the facilities where service provision is poor due to lack of staff.

Table 9: Details on Referral Transport service provision in Shamli District

Vehicle for Referral Transport	Number
Basic Life Support (BLS) (on the road)	11
Advanced Life Support (ALS) (on the road)	2
Operational agency (State/ NGO/ PPP)	PPP
If the ambulances are GPS fitted and handled through centralized call centre	Yes
Average number of calls received per day	30
Average number of trips per ambulance per day	3
Average km travelled per ambulance per day	120
No. of transport vehicle/102 vehicle (on the road)	15
If the vehicles are GPS fitted and handled through centralized call centre	15
Average number of trips per ambulance per day	8
Average km travelled per ambulance per day	140

Source: CMO Office, Shamli, 2020-21

2.2 Human resource

Human resources are one of the principle health system inputs with the knowledge, skills and motivation of these individuals deriving the performance and the outcomes of the healthcare delivery. Under NHM, financial support is provided to strengthen the health system including engagement of Nurses, doctors and specialist on contractual basis based on the appraisal of requirements proposed by the States in their annual Programme Implementation Plans.

Table 10: Human Resource in Shamli District 2020-21

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place
ANM	273	132
MPW (Male)	2	1
Staff Nurse	100	56
Lab technician	24	14
Pharmacist (Allopathic)	56	49
MO (MBBS)	89	62
Pediatrician	9	2
Anesthetist	3	2
Surgeon	18	18
Radiologists	1	1
Other Specialists	7	5
Dentists/ Dental Surgeon/ Dental MO	11	10
Dental Hygienist	3	2
Radiographer/ X-ray technician	8	2
OT technician	8	2
CHO/ MLHP	64	43
AYUSH MO	25	22
AYUSH Pharmacist	3	1

Source: CMO Office, Shamli, 2020-21

The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. Table 10 provides the Human Resource Availability in Shamli District. Against 89 sanctioned posts for Medical Officers including specialists only 62 are filled. The district has no gynecologists. 50 percent posts of ANM's and Staff nurses are vacant. There are 2 pediatricians against sanctioned posts of 9. The district has 2 anesthetist, 18 surgeons, 1 radiologist, 10 dentists and 22 Auyush medical officers.

CMO Meeting and discussions with BPMs unanimously cited manpower crunch as a significant limiting factor affecting the NHM effectiveness in the district. There is an acute shortage of HR in Shamli at all facility levels. Sub-optimal HR capacity runs alongside the said issue.

Overall, a significant shortage of skilled human resources was observed across the district. Figure 2 shows the percentage of vacant positions for different posts. It is highest among pediatricians, radiographers, OT technicians and AYUSH Pharmacists. The scarce availability of specialists, paramedical and administrative staff breeds inefficiency in the system. One of the major reasons for the non-operational District Hospital is staff crunch. Thus, timely filling up the vacant positions, training and skill building, etc are urgent factors to consider while addressing the manpower shortfall in the district.

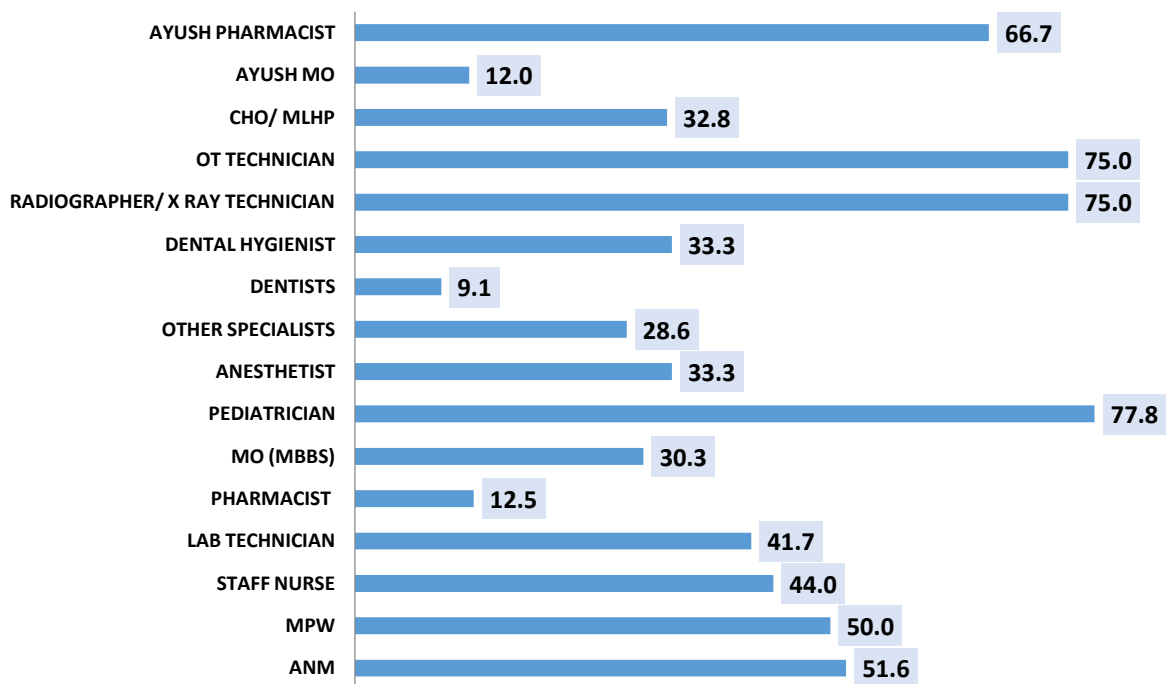


Figure 2: Percent vacant positions in human resource in Shamli District 2020-21

Also during the facility visits, it was reported that the contractual nature of job is hampering the quality of work by health personnel. They are overburdened with work and yet are paid way less than the regular staff. This leads to low levels of motivation for the staff. However, it was observed that despite these problems, the health personnel are delivering their best possible.

Workforce training is another important component. A properly trained and competent workforce is essential to any successful health care system. In the last financial year, 1 kayakalp training, 1 RBSK training and 5 trainings on Tobacco Control programme were conducted in the district. New options for the education and in-service training of health care workers are required to ensure that the workforce is aware of and prepared to meet a particular country's present and future needs.

2.3 Budget utilization

Budget utilisation under NHM is to operationalise an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. The budget utilisation summary for Shamli by FMR is given in table 11. Maximum budget for untied funds and programme management has been utilized. The highest under-utilization rates are for infrastructure, transport and trainings. For these, more than 50 percent sanctioned budget lies unutilized.

Table 11: FMR Wise Budget Received and Utilized for Shamli 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Percent Not Utilized
1. FMR 1: Service Delivery: Facility Based	407.01	312.4	23.24
2. FMR 2: Service Delivery: Community Based	85.24	72.69	14.72
3. FMR 3: Community Intervention	651.99	556.73	14.61
4. FMR 4: Untied grants	106.95	95.04	11.13
5. FMR 5: Infrastructure	140.69	68.25	51.48
6. FMR 6: Procurement	168.38	138.17	17.94
7. FMR 7: Referral Transport	3.14	1.33	57.64
8. FMR 8: Human Resource (Service Delivery)	848.47	727.65	14.23
9. FMR 9: Training	31.74	15.67	50.63
10. FMR 10: Review, Research and Surveillance	0.25	0	100
11. FMR 11: IEC-BCC	49.93	26.41	47.1
12. FMR 12: Printing	43.24	36.91	14.63
13. FMR 13: Quality	4.34	3.65	15.89
14. FMR 14: Drug Warehouse & Logistic	24.97	16.01	35.88
15. FMR 15: PPP	6.16	0	100
16. FMR 16: Programme Management	263.41	251.83	4.39
FMR 16.1: PM Activities Sub Annexure	93.84	67.42	28.15
FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations	1.97	0.56	71.57

Source: CMO Office, Shamli, 2020-21

One of the major reasons cited for underutilization during the meeting with district officials was the delay in receipt of funds. It was also reported that the untimely disbursement of funds fails to cover the pre-sanctioned loans due to audit loops, owing to which 100% utilisation has not been possible.

Table 12: Flexipool Wise Budget Received and Utilized for Shamli 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Percent Not Utilized
1. RCH and Health Systems Flexipool	2561.23	2273.08	11.25
Maternal Health	696.85	503.28	27.78
Child Health	183.68	98.72	46.25
RBSK	182.09	163.22	10.36
Family Planning	57.13	25.15	55.98
RKSK/ Adolescent health	8.88	2.29	74.21
PC-PNDT	3.02	1.65	45.36
Immunization	161.43	112.68	30.2
Untied Fund	106.95	95.04	11.14
Infrastructure	140.69	68.25	51.49
ASHAs	336.72	307.85	8.57
HR	848.41	727.65	14.23
Programme Management	263.41	251.83	4.4
Quality Assurance	4.34	3.65	15.9
NIDDCP	1.6	0	100
2. NUHM	139.22	97.94	29.65
3. Communicable Diseases Pool			
Integrated Disease Surveillance Programme (IDSP)	3.74	2.21	
National Vector Borne Disease Control Programme (NVBDCP)	16.3	5.61	65.58
National Leprosy Eradication Programme (NLEP)	4.57	4.15	9.19
National TB Elimination Programme (NTEP)	165.56	123.41	25.46
4. Non-Communicable Diseases Pool			
National Program for Control of Blindness and Vision Impairment	7.54	3.78	49.87
National Mental Health Program (NMHP)	6.6	4.58	30.61
National Programme for Health Care for the Elderly (NPHCE)	4.8	3.97	17.29
National Tobacco Control Programme (NTCP)	17.8	9.8	44.94
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	33.12	18.37	44.54

Source: CMO Office, Shamli, 2020-21

Budget utilization according to the NHM flexipools and their major components is presented in Table 12. The highest part of the budget accrues to RMNCH+A flexipool followed by communicable disease pool. Figure 3 presents the non-utilization of RCH and Health flexi pool funds according to their components. The maximum non-utilization of funds is seen under NIDDCP (100%), followed by RKSK(74.21%). For family planning and infrastructure, half of the sanctioned budget lies un-utilized. Lowest non-utilization rates are for Programme management and ASHAs component.

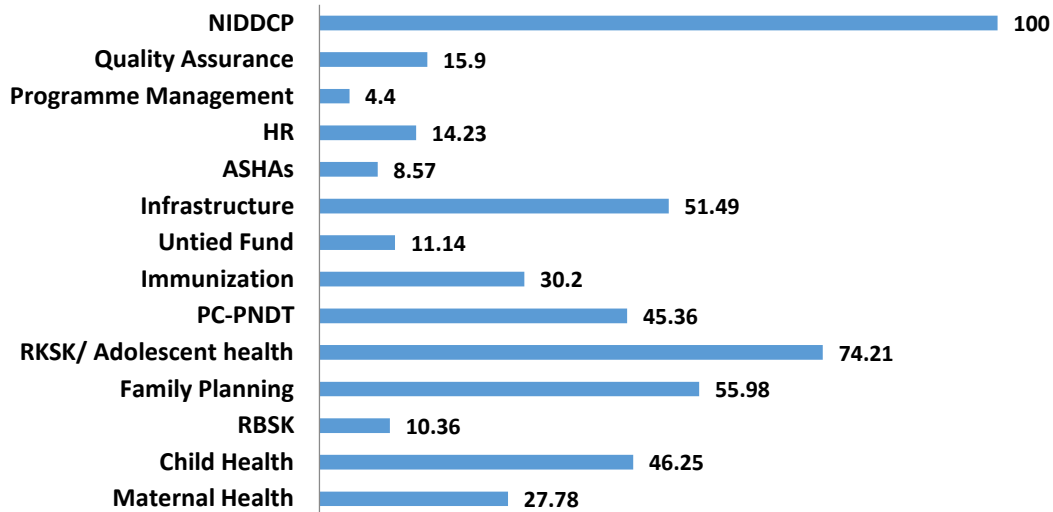


Figure 3: Component wise percentage of funds left unutilized under RCH Flexipool

CHAPTER 4

Implementation
Of
National Programmes

IMPLEMENTATION OF NATIONAL PROGRAMMES

4.1 Reproductive Maternal New-born Child and Adolescent Programmes (RMNCH+A)

The Reproductive, Maternal, Child and Adolescent Health programme is at the heart of the flagship programme National Health Mission (NHM). Central tenets guiding this programme have been equity, universal care, entitlement and accountability. The aim is to protect the lives and safeguard the health of women, adolescents and children. RMNCH+A links maternal and child survival to other components namely, family planning, adolescent health, gender & PNDT. It also denotes inclusion of adolescence as a distinct 'life stage' in the overall strategy.

4.1.1 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana is one of the key maternal health strategies under NHM. JSY, a demand promotion scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality. This is a conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been lauded as a successful scheme bringing about a surge in institutional deliveries since its launch. Cash assistance of INR 1400 is provided to mothers who deliver in institutional facilities.

In Shamli, the health officials have made commendable efforts in promoting institutional deliveries by equipping facilities at all levels to handle deliveries. All subcentres in the district have been made delivery points to provide easy access to beneficiaries. A total of 15134 beneficiaries were registered for JSY cash transfer, out of which 12708 had received the payments. During the visit, it was reported by medical officers that any delay in JSY incentive was mostly because of discrepancies in account details of beneficiaries. Interaction with beneficiaries revealed that they were satisfactorily aware about the JSY schemes, and most of them had bank accounts.

4.1.2 Janani Shishu Suraksha Karyakram (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 to eliminate out of pocket expenditure for pregnant women and sick new-borns and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. Similar entitlements have been put in place for all sick newborns & infants accessing public health facilities.

JSSK has been implemented and is functional in Shamli District. Beneficiaries are being provided free of cost consultation, drugs and referral transport. However, with respect to diet, only the one's delivering at CHC level are being given food. For the deliveries taking place at sub centres and PHCs, there is no provision of free diet. A recommendation was made to provide nutritious dry food packets containing milk, fruits etc to mothers with costs equivalent to diet cost under JSSK.

4.1.3 Maternal Death Review

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service.

Shamli observed 26 Maternal deaths in the year 2020-21. However, it was reported that MDR is not functional in the district. It is not listed in the district health action plan and no fund is received for the same. Also, out of the 26 deaths reported last year, no death was reported at any of the public health facilities.

4.1.4 The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

The programme has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India with aim to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. PMSMA guarantees a minimum

package of antenatal care services to women in their 2nd / 3rd trimesters of pregnancy at designated government health facilities.

The programme is running in the district. ANC checkups are being provided on 9th of every month. Mothers who are found to be severely anemic during the checkups are given injectable iron supplements (iron sucrose). Also the district has initiated to provide milk and bananas to such mothers, instructing them to take similar nutritious diet on daily basis. Also, an elaborate ANC record card is provided to every mother wherein records are being maintained.

4.1.5 Home Based Newborn Care (HBNC)

Under National Health Mission, Home Based New Born Care is being implemented since 2011 for reduction of neonatal mortality in rural areas. Home Based New-born Care scheme for reduction of neonatal mortality, has incentivized Accredited Social Health Activist (ASHA) for making visits to all new-borns and their mothers according to specified schedule up to 42 days of life.

HBNC is functioning in Shamli District. In the year 2020-21, a total of 846 kits were available with ASHAs. Number of new-borns visited in the same year are 14602.

4.1.6 Rashtriya Bal Swasthya Karyakram (RBSK)

National Health Mission has ensured significant progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

Though the programme is functional in the district but due to COVID no screening has been performed at schools in the last year. The number of children born in delivery points screened for defects at birth is 10254. The teams that have been constituted for RBSK have been diverted to perform COVID immunization activities.

4.1.7 Family Planning

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determine the spacing of pregnancies. A woman's freedom to choose "When to become pregnant" has a direct impact on her health and well-being as well as the neonate. This could be achieved only by providing basket of choices for contraceptive methods. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions.

Activities under family planning are functioning in the district. Female sterilization is noted to be the dominate method under permanent sterilization. PPIUCD is being promoted at all facilities. Other prevalent methods include Antara, Chaya and condoms.

4.2 Disease Control Programme

Several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc come under the umbrella of National Disease Control Programme (NDCP). The status of some communicable and non-communicable diseases in the district has been discussed below.

4.2.1 Integrated Disease Surveillance Programme (ISDP)

The key objective of the programme is to strengthen/maintain decentralized laboratory based IT enabled disease surveillance system for epidemic prone diseases to monitor disease trends and to detect and respond to outbreaks in early rising phase through trained Rapid Response Team (RRTs).

An outbreak of Hepatitis C was recorded in Shamli in 2016-17. Since then several measures have been taken to curb the same. However, an increase in cases has been seen in the current year.

4.2.2 The National Vector Borne Disease Control Programme (NVBDCP)

It is an umbrella programme for prevention and control of malaria and other vector borne diseases viz., Lymphatic Filariasis, Kala-azar, Japanese Encephalitis, Chikungunya and Dengue with special focus on the vulnerable groups of the society. Under the programme, it is ensured that the disadvantaged and marginalised sections benefit from the delivery of services so that the desired National Health Policy and Rural Health Mission goals are achieved.

The micro and macro plan for NVBDCP have been reported to be available at the district level. The annual blood examination rate for the diseases has been low for last year due to lab technicians and lab assistants been shifted to COVID duties. Neither LLIN distribution nor any Indoor Residual Spray (IRS) has been done in the last year.

4.2.3 National Leprosy Eradication Programme (NLEP)

It is a chronic infectious disease caused by Mycobacterium leprae. It usually affects the skin and peripheral nerves, but has a wide range of clinical manifestations. The National Leprosy Eradication Programme is a centrally sponsored Health Scheme of the Ministry of Health and Family Welfare, Govt. of India. NLEP is functioning in the district. In last year, 6 new cases were reported. Multi Drug Therapy (MDT) and MCR footwear and self-care kit have been reported to be available without interruption.

4.2.4 The National Tuberculosis Elimination Program (NTEP)

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria. It spreads through air when a person suffering from tuberculosis cough, sneeze or spit. TB remains to be major public health problem in India. TB control efforts are initiated countrywide since 1962 with inception of National TB Control Programme.

NTEP is functional in the district. A total of 2068 target TB notification was achieved in 2020-21. There are 86 percent eligible TB patients with UDST testing. Drugs for both, drug sensitive and drug resistance TB have been reported to be available. Out of 2068 patients notified from public sector, 76 percent have been reported to have been successfully cured. The number notified from private sector is 782, out of these 74 percent have been successfully cured. A total of 4992 beneficiaries have been paid under Nikshay Poshan Yojana.

CHAPTER 5

Service availability at Health facilities

FACILITY WISE OBSERVATIONS

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

5.1 CHC KANDHALA

- The CHC is functioning in government building and is linked to 6 PHCs, 35 sub-centres, and 16 HWC. The referral point for this facility is CHC Shamli or Medical College, Muzaffarnagar.
- The average OPD load at the facility is 400-450 daily which has reduced to 100-150 post COVID. Child OPD load which was 100-150 monthly has reduced to 15-20 post COVID.
- Ambulance service is centralized via 108/102. The facility also has 2 personal ambulances. There are a total of 4 functional ambulances.
- The facility has 3 Medical Officers, 1 Paediatrician, 1 Anesthist, 1 Dentist, 4 staff Nurses, 3 Pharmacists and 1 facility manager.
- There was a temporary halt in Routine Immunization due to COVID, however now it is being conducted timely. There is shortage of manpower in the CHC owing to which most specialized doctors are unavailable, there is no LT and AYUSH OPD is currently non-functional.
- Facility is conducting COVID vaccination campaign and beneficiaries have increased post second wave of the infection. COVID testing was simultaneously taking place in the facility at the time of visit.
- There is no backlog in JSY payment and all provisions under JSSK including diet is provided timely. Though there have been maternal deaths in the area, there is none in the facility.
- There is high load of Hepatitis C cases, reported under IDSP.
- RBSK services are currently under halt owing to lockdown in schools and Anganwadi centers. Currently all works are multipurpose, owing to the COVID case load, testing and vaccination.
- Since the district is newly formed, RKSK, Adolescent friendly clinics, is not yet sanctioned or proposed in PIP for Shamli.

- Currently mobilization and family planning counselling are conducted by ASHA. PPIUCD is the most popular contraceptive among the beneficiaries. The day preceding our visit had recorded 9 deliveries. Out of which 7 opted for PPIUCD.
- For ANC check-up, a colour coded card has been invented to monitor beneficiary's health and risk proximity. Red marks high risk, yellow marks moderate risk and green marks safe. The investment for this card is done from 2% of admin cost offered by the JSY scheme for welfare.
- The delivery room is Kayakalp awarded and is properly maintained. Register is being properly maintained in the delivery room.
- Biomedical waste is timely collected from pits.
- The facility follows nurse mentorship concept where a room is assigned to train ANMs and nurse both in theoretical and practical methods.



Figure 4: CHC KANDLA, SHAMLI

5.2 CHC SHAMLI

- Since the DH is non-functional district, CHC Shamli functions as the main facility centre of the district. The facility is 30 bedded and is open 24/7.
- The average OPD load before COVID accounted for 2000-3000 per day, now reduced to 650-700 per day. The facility has separate OPDs for Male and Female.
- The facility provides specialized services like ENT, Paediatrics, Dental, eye, and gynaecology. There is also an EMO and GP.
- Monthly average delivery accounts for 200-300. JSSK diet is operational with a personal kitchen set up. Although JSY payments are done timely, sometimes payments suffer due to RCH ID generation problem. The double entry in PFMS and FAMS creates problem in complete entry.
- There is a 5 bedded NBSU. There is no SNCU.
- The facility has a Blood storage unit but no blood bank. Blood is procured from Muzaffarnagar and it gets depleted fast owing to high demand.



Figure 5: CHC SHAMLI, SHAMLI

- Staff crunch is an usual issue. Requirement of a permanent gynaecologist is an urgent need. There is no BPM for this facility.
- Family Planning counselling is given to every mother registered for ANC. Contraceptive pills are more accepted among the mothers. PPIUCD is preferred post-delivery, while Chaya is preferred after C section delivery.
- The district recorded high prevalence of hepatitis C since 2016-17. It is owing to lack of awareness or prevention. The FRU was Muzaffarnagar. In order to control the viral load, the epidemiologist of the facility played the key role to spread awareness and prevention.
- The facility has been Kayakalp awarded twice.
- The emergency wards treat, injuries, accident, assaults and MLPCs. Post Covid, the room got equipped with an oxygen concentrator. The Xray room has a digital set up directly connected to Lucknow. The lab has a load of 40-45 tests per day, operating from 8-2 pm.
- Pathology lab has 16 listed tests.

5.3 UPHC PANSARIYAN

- The UPHC is functioning in rented building. The complex is congested considering the services being offered and the patient load. It covers 5 km area and caters to more than 50,000 population.
- The OPD load remains as high as 45 – 50 cases per day. It used to be approx. 100 before COVID. The facility is managed by 1 MO, 2 Staff nurses, 1 Pharmacist and 2 ward boys.
- The services provided here include OPD, testing, Routine Immunization, ANC, PNC and delivery. Delivery rate is high with 100 deliveries per month.
- Lab tests for HIV Hepatitis, COVID 19 Antigen are done by the LT.
- For Family planning Antara, Chaya and IUCD are promoted
- Bio-waste are sent to the CHC or collected by the waste disposal vehicle.
- In 2020-21, 1 Lakh in untied fund has been provided which has been fully utilized.

- Referral register is not properly updated. No data entry operator at the facility.
- In case of JSY payments, 141 out 188 beneficiaries are up to date. The diet under JSSK scheme is not being provided.
- There is no shortage in EDL. Medicines reaching their expiry dates are sent to facilities where they have drug shortages for optimum utilization.
- The immunization room is not up to the mark. There is no available waiting area or AEFI monitoring zones. The space being small, there remains the probability of overcrowding in almost every service being provided



Figure 6: UPHC PANSARIYAN, SHAMLI

5.4 PHC- LISHAD

- PHC Lishad caters to a population of 16000. It has 3 linked sub centres.
- OPD is quite low. An average of 15-20 beneficiary per day for common problem like fever, cold, fungal infection, diabetes, hypertension.
- Although it is a delivery point but the load is very less. The last delivery took place in the month of July.
- At present no staff nurse in the facility. The PHC does not have any female staff.
- Services provided in the facility are delivery, Routine Immunisation and OPD.

- There are above 60 EDL present and there is no drug shortage.
- For waste disposal, pit is being used.
- A laptop has been provided to record NCDs, after screening and recording the daily OPDs. Screening of diabetes and hypertension is done with high risks found mostly in the age group falling above 45
- The facility is under staffed with no LT, less staffs and no sweeper.
- Centralised 108 and 102 services are used.
- Diet via JSSK is not available.



Figure 7: PHC LISHAD, SHAMLI

5.5 HEALTH & WELNESS CENTRE: SUNNA

- Caters to a population of 6000. Staff includes 1 ANM, 1 CHO and 7 ASHAs.
- The services provide are delivery via JSY, RI, Family planning counselling and COVID vaccination. Register is maintained for ANC, RI and Delivery.
- For Family planning, IUCD, Chaya and condoms are actively promoted.
- Telemedicine facility is also provided at the HWC.
- 15-16 deliveries per month are being conducted. Diet provision under JSSK is not available. The mother is discharged soon after the delivery.

- In case of TB and complicated pregnancies, CHC Kandhla is the referred unit.
- Tests for HB, hypertension, BP, height and weight are done for screening.
- Yoga classes for 10-12 attendants are conducted for beneficiaries suffering from diabetes and hypertension
- A new ANC ward has been built out of a garden space. The room is a 3 bedded facility. Premises is clean and hygienic.
- All patient's health records are individually maintained
- For rest, the ASHA workers have been provided with a room consisting of washroom facility and furniture.



Figure 8: HWC, SUNNA,SHAMLI

5.6 COMMUNITY RESPONSE

The team visited Sunna Village for gathering community perception on provision of health services. Villagers were gathered at the Health and Wellness Centre Sunna and the team interacted with villagers both individually as well as in groups.

With regard to health seeking behaviour, it was reported that along with the existing public facilities, there exists multiple private clinics in the surrounding area that are visited by people. People tend to visit private clinics based on the goodwill of the doctors. A reference by friends and neighbours was reported as the driving factor for seeking care from private facilities. A few of them also prefer going to the private facilities in order to avoid long queue. However, for Antenatal Care, majority of women resort to public health facilities. These are driven by ASHAs and availability of female ANM at public facilities.

None of the villagers in the gathered group reported to have incurred any out of pocket expenditure in the public health facilities. Ambulance service was being utilized by people in the district especially by pregnant women. With regard to behaviour of health service providers, it was reported that ANM and CHO at the HWC at Sunna were very cooperative and friendly.

When asked about lifestyle and living conditions in the village, it was reported that almost all households in village have washrooms and the village is majorly open defecation free. Both, clean fuel and solid fuel are being used by the villagers. Substance abuse though is not very prevalent, but there are men in the village who consume alcohol.

There are a total of 915 ASHA Workers in the district. Out of these, 548 are enrolled for PMJJBY scheme and 689 are enrolled for PMSBY. A total of 5 villages in the district have no ASHA worker. For the villagers, the ASHA workers are the source of information for any programme/ scheme running in the district. In the discussion with ASHA workers, they appeared to be well trained and had no complaint about late receipt of incentives. Although they felt that the incentive that they are getting is very low with respect to the amount of work being done by them.

CHAPTER 6

Conclusion &
Recommendations

6.1 CONCLUSION

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in Shamli district of Uttar Pradesh, wherein the team carried out the field visit of the state for quality checks and further improvement of the different components of NHM. The following public health care facilities were visited by the PRC-IEG Team: CHC Shamli, CHC Kandhla, UPHC Pansariyan, , PHC Lisadh, and HWC Sunna. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of NHM. A summary of our findings in the district is presented below:

With regards to Public health infrastructure, there is 1 District Hospital (not yet functional), 8 Community Health Centres (CHCs), 26 Primary Health Centres (PHCs), 3 Urban Primary Health Centres (PHCs), 135 Sub Centres(SCs), and 62 Health and Wellness Centres (HWCs) in Shamli. In addition, 1 blood storage unit, 4 Tuberculosis units and 1 CBNAAT Site are functioning in the district. 2 mobile medical units are available in the district. Most of the visited health care facilities such as District Hospitals (DHs), Community Health Centres (CHCs), and Sub-Centres (SCs) are located in government buildings except for UPHCs which are functioning in rented buildings.

CMO Meeting and discussions with BPMs unanimously cited manpower crunch as a significant limiting factor affecting the NHM effectiveness in the district. There is an acute shortage of HR in Shamli at all facility levels.

With respect to maternal and child health, JSY and JSSK are functional in the district. Institutional deliveries are promoted and are being carried out at all health facilities including sub centres. JSY payments are done on time. Under JSSK, diagnosis, drugs and transport are being provided for free. However, diet under JSSK is only being given at CHC level. A total of 27 maternal deaths occurred in the last financial year and 150 still births were reported. Routine immunization is taking place.

In Shamli, Male sterilization is very less in comparison to female sterilization despite it being the easier and safer option among the two. Achievements of female sterilization, specifically

PPIUCD far outnumbers the targets. Other prevalent methods of Family Planning include Antara and Chaya.

The amount utilised is consistently lower than the total funds sanctioned for the programme in the year. This may be due to delays in the receipt of funds. Community Process is functional in the district. Currently 938 ASHAs are working in the district.

6.2 RECOMMENDATIONS

- The guidelines concerning the filling up of vacant positions must be issued and the positions must be filled. Specifically, attempts must be made to appoint a gynaecologist in the district.
- Facility based care for the sick new born must be strengthened. Efforts must be made to make the SNCU functional so that lives are not lost in the referral process.
- PHCs and Sub centres that have been converted to HWCs but essentially stand non-functional with respect to various HWC activities must be identified and worked on.
- ASHA workers form the backbone of primary health service delivery in rural India. Initially recruited to cater to RCH programmes, they have now been involved in an extensive number of health policies and programme running under NHM. However, their remuneration has not increased in proportion to their workload and this constraints their performance. Increasing the fixed salary component of ASHA workers must be taken up at priority.
- Regular monitoring and supervision of public health facilities is required to ascertain optimal utilisation of resources. During the visit, it was observed that the district has several dental specialists but not even a single dental chair to treat patients. Similar was the case for eye specialist. While on the other hand, medical equipment for SNCU are available but there is no manpower to run the same.
- In the district, for certain PHC's the Rogi Kalyan Samities for utilisation of untied funds are formed at the linked CHC. However, the same should be constituted at PHC level itself for better fund management and utilisation.

ANNEXURES



Ministry of Health & Family Welfare
Government of India



Schedule for PIP Monitoring

District Profile

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

Indicator	Remarks/ Observation			
1. Name of District				
2. Total number of Blocks				
3. Total number of Villages				
4. Total Population				
• Rural population				
• Urban population				
5. Literacy rate				
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries				
10. Estimated number of C-section				
11. Estimated numbers of live births				
12. Estimated number of eligible couples				
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year				
15. Estimated number of cataract surgeries to be conducted				
16. Mortality Indicators:	Previous year (2019-20)		Current FY (2020-21)	
	Estimated	Reported	Estimated	Reported
• Maternal Death				
• Child Death				
• Infant Death				
• Still birth				
• Deaths due to Malaria				
• Deaths due to sterilization procedure				
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals				
2. Sub District Hospital				
3. Community Health Centers (CHC)				
4. Primary Health Centers (PHC)				
5. Sub Centers (SC)				
6. Urban Primary Health Centers (U-PHC)				
7. Urban Community Health Centers (U-CHC)				

8. Special Newborn Care Units (SNCU)		
9. Nutritional Rehabilitation Centres (NRC)		
10. District Early intervention Center (DEIC)		
11. First Referral Units (FRU)		
12. Blood Bank		
13. Blood Storage Unit (BSU)		
14. No. of PHC converted to HWC		
15. No. of U-PHC converted to HWC		
16. Number of Sub Centre converted to HWC		
17. Designated Microscopy Center (DMC)		
18. Tuberculosis Units (TUs)		
19. CBNAAT/TruNat Sites		
20. Drug Resistant TB Centres		
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> • At DH • At SDH • At CHC 		
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 		

Overview: DHAP

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

Service Availability

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	
2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> • Number of lab tests notified 	
3. Status of delivery points	
<ul style="list-style-type: none"> • No. of SCs conducting >3 deliveries/month 	
<ul style="list-style-type: none"> • No. of 24X7 PHCs conducting > 10 deliveries 	

Indicator	Remarks/ Observation	
/month		
• No. of CHCs conducting > 20 deliveries /month		
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month		
• No. of DH/ District Women and child hospital conducting C-section		
• No. of Medical colleges conducting > 50 deliveries per month		
• No. of Medical colleges conducting C-section		
4. Number of institutes with ultrasound facilities (Public+Private)		
• Of these, how many are registered under PCPNDT act		
5. Details of Pradhan Mantri Surakshit Matritva Abhiyan PMSMA activities performed		
6. 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		
7. Special Newborn Care Units (SNCU)		
• Total number of beds <ul style="list-style-type: none"> ○ In radiant warmer ○ Stepdown care ○ Kangaroo Mother Care (KMC) unit 		
• Number of non-functional radiant warmer for more than a week		
• Number of non-functional phototherapy unit for more than a week		
	Inborn	Out born
• Admission		
• Defects at birth		
• Discharged		
• Referral		
• LAMA		
• Died		
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
• Admission		
• Discharged		
• Referral		
• LAMA		
• Died		
9. Nutrition Rehabilitation Centers (NRC)		
• Admission <ul style="list-style-type: none"> ○ Bilateral pitting oedema 		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> ○ MUAC<115 mm ○ <'3SD WFH ○ with Diarrhea ○ ARI/ Pneumonia ○ TB ○ HIV ○ Fever ○ Nutrition related disorder ○ Others 	
<ul style="list-style-type: none"> ● Referred by <ul style="list-style-type: none"> ○ Frontline worker ○ Self ○ Ref from VCDC/ CTC ○ RBSK ○ Pediatric ward/ emergency 	
<ul style="list-style-type: none"> ● Discharged 	
<ul style="list-style-type: none"> ● Referral/ Medical transfer 	
<ul style="list-style-type: none"> ● LAMA 	
<ul style="list-style-type: none"> ● Died 	
10. Home Based Newborn Care (HBNC)	
<ul style="list-style-type: none"> ● Status of availability of HBNC kit with ASHAs 	
<ul style="list-style-type: none"> ● Newborns visited under HBNC 	
<ul style="list-style-type: none"> ● Status of availability of drug kit with ASHAs 	
11. Number of Maternal Death Review conducted	
<ul style="list-style-type: none"> ● Previous year ● Current FY 	
12. Number of Child Death Review conducted	
<ul style="list-style-type: none"> ● Previous year ● Current FY 	
13. Number of blocks covered under Peer Education (PE) programme	
14. No. of villages covered under PE programme	
15. No. of PE selected	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout	
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	
<ul style="list-style-type: none"> ● No. of trips per MMU per month 	
<ul style="list-style-type: none"> ● No. of camps per MMU per month 	
<ul style="list-style-type: none"> ● No. of villages covered 	
<ul style="list-style-type: none"> ● Average number of OPD per MMU per month 	
<ul style="list-style-type: none"> ● Average no. of lab investigations per MMU per month 	
<ul style="list-style-type: none"> ● Avg. no. of X-ray investigations per MMU per month 	
<ul style="list-style-type: none"> ● Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 	
<ul style="list-style-type: none"> ● Avg. no. of sputum collected for TB detection per MMU per month 	
<ul style="list-style-type: none"> ● Average Number of patients referred to higher 	

Indicator	Remarks/ Observation		
facilities			
<ul style="list-style-type: none"> • Payment pending (if any) • If yes, since when and reasons thereof 			
19. Vehicle for Referral Transport			
<ul style="list-style-type: none"> • No. of Basic Life Support (BLS) (on the road) and their distribution 			
<ul style="list-style-type: none"> • No. of Advanced Life Support (ALS) (on the road) and their distribution 			
	ALS	BLS	
<ul style="list-style-type: none"> ○ Operational agency (State/ NGO/ PPP) 			
<ul style="list-style-type: none"> ○ If the ambulances are GPS fitted and handled through centralized call centre 			
<ul style="list-style-type: none"> ○ Average number of calls received per day 			
<ul style="list-style-type: none"> ○ Average number of trips per ambulance per day 			
<ul style="list-style-type: none"> ○ Average km travelled per ambulance per day 			
<ul style="list-style-type: none"> ○ Key reasons for low utilization (if any) 			
<ul style="list-style-type: none"> • No. of transport vehicle/102 vehicle (on the road) 			
<ul style="list-style-type: none"> ○ If the vehicles are GPS fitted and handled through centralized call centre 			
<ul style="list-style-type: none"> ○ Average number of trips per ambulance per day 			
<ul style="list-style-type: none"> ○ Average km travelled per ambulance per day 			
<ul style="list-style-type: none"> ○ Key reasons for low utilization (if any) 			
20. Universal health screening			
<ul style="list-style-type: none"> • If conducted, what is the target population 			
<ul style="list-style-type: none"> • Number of Community Based Assessment Checklist (CBAC) forms filled till date 			
<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 			
21. If State notified a State Mental Health Authority			
22. If grievance redressal mechanism in place			
<ul style="list-style-type: none"> • Whether call center and toll-free number available 			
<ul style="list-style-type: none"> • Percentage of complains resolved out of the total complains registered in current FY 			
23. If Mera-aaspatal has been implemented			
24. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> • JSY beneficiaries 			
<ul style="list-style-type: none"> • ASHA payment: 			

Indicator	Remarks/ Observation		
○ 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			
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
● If Rapid Response Team constituted, what is the composition of the team			
● No. of outbreaks investigated in previous year and in current FY			
● How is IDSP data utilized			
● Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP			
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
● Micro plan and macro plan available at district level			
● Annual Blood Examination Rate			
● Reason for increase/ decrease (trend of last 3 years to be seen)			
● 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 districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%			
27. Implementation of National Tuberculosis Elimination Programme (NTEP)			
● Target TB notification achieved			
● Whether HIV Status of all TB patient is known	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, no. of TB patients with known HIV status _____		
● Eligible TB patients with UDST testing			
● Whether drugs for both drug sensitive and drug resistance TB available			
● Patients notification from public sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:		
● Patients notification from private sector	No of patients notified: Treatment success rate: No. of MDR TB Patients: Treatment initiation among MDR TB patients:		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> No. of new cases detected 	
<ul style="list-style-type: none"> No. of G2D cases 	
<ul style="list-style-type: none"> MDT available without interruption 	
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	
34. Number of ASHAs <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA 	
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme _____ 	
36. Status of Mahila Arogya Samitis (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened 	
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> Formed 	

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

Implementation of CPHC

Status as on: _____

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

Status of HRH

Status as on: _____

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM			
• MPW (Male)			
• Staff Nurse			
• Lab technician			
• Pharmacist (Allopathic)			
• MO (MBBS)			
• OBGY			
• Pediatrician			

• Anesthetist			
• Surgeon			
• Radiologists			
• Other Specialists			
• Dentists/ Dental Surgeon/ Dental MO			
• Dental technician			
• Dental Hygienist			
• Radiographer/ X-ray technician			
• CSSD Technician			
• OT technician			
• CHO/ MLHP			
• AYUSH MO			
• AYUSH Pharmacist			
2. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
• LSAS trained doctors			
• EmOC trained doctors			

State of Fund Utilization

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

Status of Expenditure as on: _____ to _____

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

• FMR 16.1: PM Activities Sub Annexure			
17. FMR 17: IT Initiatives for Service Delivery			
18. FMR 18: Innovations			

Programme Wise

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health			
• Child Health			
• RBSK			
• Family Planning			
• RKSK/ Adolescent health			
• PC-PNDT			
• Immunization			
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)			
• Blood Services and Disorders			
• Infrastructure			
• ASHAs			
• HR			
• Programme Management			
• MMU			
• Referral Transport			
• Procurement			
• Quality Assurance			
• PPP			
• NIDDCP			
2. NUHM			
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)			
• National Vector Borne Disease Control Programme (NVBDCP)			

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• National Leprosy Eradication Programme (NLEP)			
• National TB Elimination Programme (NTEP)			
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)			
• National Mental Health Program (NMHP)			
• National Programme for Health Care for the Elderly (NPHCE)			
• National Tobacco Control Programme (NTCP)			
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme			
• National Program for Climate Change and Human Health (NPCCHH)			
• National Oral health programme (NOHP)			
• National Programme on palliative care (NPPC)			
• National Programme for Prevention and Control of Fluorosis (NPPCF)			
• National Rabies Control Programme (NRCP)			
• National Programme for Prevention and Control of Deafness (NPPCD)			
• National programme for Prevention and Management of Burn & Injuries			
• Programme for Prevention and Control of Leptospirosis (PPCL)			

Status of trainings

Status as on: _____

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



Ministry of Health & Family Welfare
Government of India



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

Service Delivery:

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

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

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

Indicator	Remarks/ Observation				
	2. Resuscitation 3. Stabilization				
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____				
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Single general OT: Elective OT-Major (General): Elective OT-Major (Ortho): Obstetrics & Gynecology OT: Ophthalmology/ENT OT: Emergency OT:				
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____				
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all				
10. Biomedical waste management practices	1. Sharp pit 2. Deep Burial pit 3. Incinerator 4. Using Common Bio Medical Treatment plant 5.				
11. Details of HR available in the facility (Sanctioned and In-place)	HR				
	San. Reg. Cont.				
	MO (MBBS)				
	Specialists	Medicine			
		ObGy			
		Pediatrician			
		Anesthetist			
		Surgeon			
		Ophthalmologist			
		Orthopedic			
		Radiologist			
		Pathologist			
	Others				
	Dentist				
	Staff Nurses/ GNMs				
LTs					
Pharmacist					
Dental Technician/ Hygienist					
Hospital/ Facility Manager					
EmOC trained doctor					
LSAS trained doctor					
Others					
12. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____				
13. Kayakalp	Initiated: Facility score:				

Indicator	Remarks/ Observation															
	Award received:															
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:															
15. LaQshya	Labour Room: Operation Theatre:															
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____															
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____															
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">1</td> <td style="width: 300px;"></td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td></td> </tr> </table>	1			2			3			4			5		
1																
2																
3																
4																
5																
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage 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 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:															
<ul style="list-style-type: none"> • Outsourced/ PPP (For 2020-21) 	Timing: Total number of tests performed: _____ Details of tests performed:															
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															

Indicator	Remarks/ Observation
	any, approx. amount per scan): _____
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: _____
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all
<ul style="list-style-type: none"> Number of patients provided dialysis service (for 2020-21) 	<ul style="list-style-type: none"> o Previous year _____ o Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>
26. If there is any shortage of major instruments/ equipment (List the Equipments)	
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

Indicator	Remarks/ Observation
	<input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how are high risks identified on 9 th ? If No, reasons thereof:
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
33. Practice related to Respectful Maternity Care	
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of Maternal Death reported in the facility	Previous year: Current year:
36. Number of Child Death reported in the facility	Previous year: Current year:
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
38. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Number of newborns immunized with birth dose at the facility in last 3 months	
40. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant
42. Number of sterilizations performed in last one month	
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
44. Who counsels on FP services?	
45. Please comment on utilization of other FP services	

Indicator	Remarks/ Observation		
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Total No of Adolescents counseled in last 6 months _____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:			Screened
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
1. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: _____		
52. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
53. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:		
	Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:		
	Reasons for underutilization of fund (if any)		

Indicator	Remarks/ Observation
54. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated
55. Frequency of RKS meeting (check and obtain minutes of last meeting held)	
2. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available (Number)_____ <input type="checkbox"/> DH/ SDH has contracted out ambulance services (Number)_____ <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> How many cases from CHC, PHC, SC, referred to in last month? 	Number: CHC PHC SC Types of cases referred in:
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: Types of cases referred out:
3. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

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

Service Delivery:

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

	6	Ophthalmology		
	7	Dental		
	8	Imaging Services (X – ray)		
	9	Imaging Services (USG)		
	10	Newborn Stabilization Unit		
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available			
<ul style="list-style-type: none"> Emergency 	General emergency: or facilities available for: 1. Triage 2. Resuscitation 3. Stabilization			
9. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average case per day _____			
10. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major: Minor:			
11. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____			
12. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all			
13. Biomedical waste management practices	Sharp pit: Deep Burial pit: Other System, if any:			
14. Details of HR available in the facility (Sanctioned and In-place)	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				
15. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____			
16. Kayakalp	Initiated:			

	Facility score: Award received:
17. NQAS	Assessment done: Internal/State Facility score: Certification Status:
18. LaQshya	Labour Room: Operation Theatre:
19. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____
20. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____
21. Shortage of 5 priority drugs from EDL in last 30 days, if any	1
	2
	3
	4
	5
22. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ List the consumables for which there has been shortage _____
23. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
• In-house tests (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
• Outsourced/ PPP (for 2020-21)	Timing: Total number of tests performed: _____ Details of tests performed:
24. X-ray services is available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
25. Whether diagnostic services (lab, X-ray, USG etc.) are	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly

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

33. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
34. Practice related to Respectful Maternity Care			
35. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
36. Number of Maternal Death reported in the facility	Previous year: 2019-20 ____ Current year: 2020-21 ____		
37. Number of Child Death reported in the facility	Previous year: Current year:		
38. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
39. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
40. Number of newborns immunized with birth dose at the facility in last 3 months			
41. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)			
42. Number of sterilizations performed in last one month	Male__ Female_____		
43. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
44. Who counsels on FP services?			
45. Please comment on utilization of other FP services			
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Number of Adolescents counseled in last 6 months_____		
48. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
51. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
52. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		

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

	<input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: Sub centre PHC Types of cases referred in:
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: Types of cases referred out:
60. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

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

Service Delivery:

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

	Other System, if any:			
9. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	MO (MBBS)			
	MO (AYUSH)			
	SNs/ GNMs			
	ANM			
	LTs			
	Pharmacist			
	Public Health Manager (NUHM)			
	LHV/PHN			
	Others			
10. IT Services	<ul style="list-style-type: none"> • Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • All ANMs have functional Tablets: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____			
11. Kayakalp	Initiated: Facility score: Award received:			
12. NQAS	Assessment done: Internal/State Facility score: Certification Status:			
13. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____			
14. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____			
15. Shortage of 5 priority drugs from EDL in last 30 days, if any	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 diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed
<ul style="list-style-type: none"> In-house tests For 2020-21 	Timing: Total number of tests performed: _____ Details of tests performed:
<ul style="list-style-type: none"> Outsourced/ PPP For 2020-21 	Timing: Total number of tests performed: _____ Details of tests performed:
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:2019-2020 Current FY:2020-2021
33. Number of Child Death reported in the facility	Previous year: Current year:
34. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
35. Number of newborns immunized with birth dose at the facility in last 3 months	
36. Newborns breastfed within one hour of birth (observe if practiced and women are being counselled)	
37. Number of sterilizations performed in last one month	Male Female
38. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
39. Who counsels on FP services?	
40. Please comment on utilization of other FP services	
41. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
42. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
43. Whether facility has fixed day NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, how many days in a week: _____ days
44. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

		Screened	Confirmed
45. Number of individuals screened for the following in last 6 months:	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
46. Whether wellness activities are performed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Frequency:		
47. Whether reporting weekly data in P and L form under IDSP	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
48. Distribution of Long lasting Insecticidal nets (LLIN) in high-risk areas	No. of LLIN distributed per household: <input type="checkbox"/> 1 per family/ <input type="checkbox"/> Others (Specify): _____		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		
	Is there a sample transport mechanism in place for: <ul style="list-style-type: none"> • 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	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated		

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

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	

Indicator	Remarks/ Observation			
4. Details of HR available in the facility (Sanctioned and In-place)	HR	San.	Reg.	Cont.
	ANM/ MPW Female			
	MPW Male			
	MLHP/ CHO			
	ASHA			
Others				
5. IT Services	<ul style="list-style-type: none"> • Functional Tablet/ laptop with CHO: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Electronic Tablets with MPWs (ANM): <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Smart phones given to all ASHAs: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____			
6. Availability of list of essential medicines (EML)/ drugs (EDL)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____			
7. Are anti-TB drugs available at the SHC?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the SHC? <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
8. Shortage of 5 priority drugs from EDL in last 30 days, if any	1			
	2			
	3			
	4			
	5			
9. Drugs Available for Hypertension & Diabetic patients:	1			
	2			
	3			
10. Shortage of sufficient number of Hypertension & Diabetic in last 7 days	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 			

Indicator	Remarks/ Observation		
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:2019-20 Current year:2020-21		
16. Number of Child Death Review conducted	Previous year: Current year:		
17. Availability of vaccines and hub cutter	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • Awareness of ANM on vaccine schedule: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Awareness about open vial policy: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 		
18. Availability of micro-plan for immunization	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
19. Follow up of:	SNCU discharge babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No LBW babies: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
20. Line listing of all eligible couple in the area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
21. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
22. Please comment on utilization of other FP services			
23. Number of individuals above 30 years of age in the HWC population			
24. Number of CBAC forms filled in last 6 months			
25. Report for number of individuals for whom CBAC form has been filled in last six months.	Score with below 4: 4 and above score:		
26. Whether universal screening of NCD has started	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		
27. Number of individuals screened for the following in last 6 months:			Screened
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
28. Number of individuals who had initiated treatment for HTN, DM and others during last six months	Advised for Lifestyle management: Medicines for Hypertension: Medicines for Diabetes: Medicines for Others:		
29. Source of getting drugs/ medications for individual. Number of individuals taking medication for HTN and DM during last six months from which source Taking medication for HTN/DM	From SC-HWC: From Linked PHC: From other govt. facilities: (Specify) From pvt. Chemist shop: (Average OOP/month)		
30. Status of use of:	<ul style="list-style-type: none"> • Tele-consultation services • HWC App Details:		

Indicator	Remarks/ Observation		
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		
	Number of presumptive TB patients identified:	2019-20	2020-21
	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 		

Indicator	Remarks/ Observation
40. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Reasons for underutilization of fund (if any)
41. Availability of ambulance services in the area	
<ul style="list-style-type: none"> How many cases from the Sub Centre were referred to PHC in last month? 	Number: Types of cases referred out:
42. Key challenges in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	
e)	

